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RAYMOND J. NOONAN, PH.D., CCIES WEBSITE EDITOR

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*Edited by*:

ROBERT T. FRANCOEUR, Ph.D., A.C.S.

*and*

RAYMOND J. NOONAN, Ph.D.

*Associate Editors*:

*Africa*: Beldina Opiyo-Omolo, B.Sc.
*Europe*: Jakob Pastoetter, Ph.D.
*South America*: Luciane Raibin, M.S.
*Information Resources*: Timothy Perper, Ph.D. &
Martha Cornog, M.A., M.S.

*Foreword by*:

ROBERT T. FRANCOEUR, Ph.D., A.C.S.

*Preface by*:

TIMOTHY PERPER, Ph.D.

*Introduction by:*

IRA L. REISS, Ph.D.

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# CONTINUUM *Complete*

# *International*

# ENCYCLOPEDIA OF SEXUALITY

*Updated, with More Countries*

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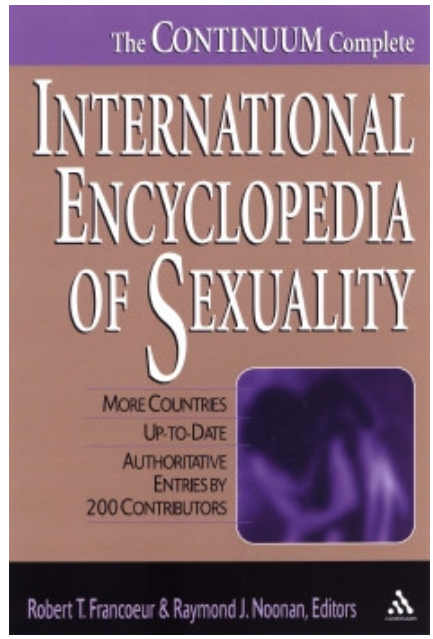


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# Brazil

## (*República Federativa do Brasil*)

Sérgio Luiz Gonçalves de Freitas, M.D.,* with
Elí Fernandes de Oliveira and Lourenço Stélio Rega, M.Th.
*Updates and comments by Raymond J. Noonan, Ph.D., and Dra. Sandra Almeida, and Luciane Raibin, M.S.*

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## *Demographics and a Brief Historical Perspective*

ROBERT T. FRANCOEUR

### A. Demographics

Brazil occupies the eastern half of South America; with 3.28 million square miles (8.5 million km$^2$), Brazil is larger than mainland United States. Its neighbors include French Guiana, Surinam, Guyana, and Venezuela on the north, Columbia, Peru, Bolivia, Paraguay, and Argentina on the west, Uruguay in the south, and the Atlantic Ocean on the east. In the north, a heavily wooded Amazon basin and tropical rain forest covers half the country. All 15,814 miles (25,450 km) of the Amazon River are navigable. The northeast is semiarid scrubland, heavily settled, and poor. With more resources and a favorable climate, the south central region has almost half the county's population, and produces three quarters of the farm goods and four fifths of the industrial output. Most of the major cities are on the 4,600 miles (7,400 km) of tropical and subtropical coastlines.

In July 2002, Brazil had an estimated population of 176.03 million. Estimates for this country explicitly take into account the effects of excess mortality because of AIDS, which can result in lower life expectancies, higher infant mortality and death rates, lower population and growth rates, and changes in the distribution of population by age and sex than would otherwise be expected. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

**Age Distribution and Sex Ratios**: *0-14 years*: 28% with 1.04 male(s) per female (sex ratio); *15-64 years*: 66.4% with 0.97 male(s) per female; *65 years and over*: 5.6% with 0.68 male(s) per female; *Total population sex ratio*: 0.97 male(s) to 1 female


(CIA 2002)

**Life Expectancy at Birth**: *Total Population*: 63.55 years; *male*: 59.4 years; *female*: 67.91 years

**Urban/Rural Distribution**: 77% to 23%

**Ethnic Distribution**: Caucasian (including Portuguese, German, Italian, Spanish, and Polish): 55%; Mixed Caucasian and African: 38%; African: 6%; others, including Japanese, Arab, and Amerindian: 1%

**Religious Distribution**: Nominally Roman Catholic: 70%; Protestant: 5%; Muslim and other: 17%

**Birth Rate**: 18.08 births per 1,000 population

**Death Rate**: 9.32 per 1,000 population

**Infant Mortality Rate**: 35.87 deaths per 1,000 live births

**Net Migration Rate**: –0.03 migrant(s) per 1,000 population

**Total Fertility Rate**: 2.05 children born per woman

**Population Growth Rate**: 0.87%

**HIV/AIDS** (1999 est.): *Adult prevalence*: 0.57%; *Persons living with HIV/AIDS*: 540,000; *Deaths*: 18,000. (For additional details from www.UNAIDS.org, see end of Section 10B.)

**Literacy Rate** (*defined as those age 15 and over who can read and write*): 83.3% for both males and females

**Per Capita Gross Domestic Product** (*purchasing power parity*): $7,400 (2000 est.); *Inflation*: 7.7%; *Unemployment*: 6.4%; *Living below the poverty line*: 22%; socioeconomically, 80% of Brazil's population are classified as low income

### B. A Brief Historical Perspective

The first European to reach the land that is now Brazil is generally believed to have been the Portuguese navigator Pedro Álvares Cabral in 1500. At that time, the country was sparsely settled by various indigenous tribes, whose decimated descendants survive today mostly in the Amazon basin. In the following centuries, Portuguese colonists gradually pushed inland, bringing along with them a large number of African slaves. Slavery was not abolished until 1888.

In 1808, the King of Portugal moved the seat of his government to Brazil when threatened by Napoleon's army, and Brazil became a kingdom under Dom João VI. When

**Communications*: *Main author*: Sérgio Luiz Gonçalves de Freitas, M.D., Associação Brasileira de Sexologia, Rua Tamandaré 693-Conj 77, 01525-001 São Paulo–SP–Brasil. *Updates*: Raymond J. Noonan, Ph.D., Health and Physical Education Department, Fashion Institute of Technology of the State University of New York, 27th Street and 7th Avenue, New York, NY 10001 USA; 212-217-7460; rjnoonan@SexQuest.com. Luciane Raibin, M.S., 315 South Avenue, Garwood, NJ 07027 USA; L.Raibin@hotmail.com.

Dom João returned to Portugal, his son Pedro proclaimed the independence of Brazil in 1822 and he was acclaimed emperor. In 1889, when the second emperor, Dom Pedro II, was deposed, the United States of Brazil was proclaimed as a republic. The country was renamed the Federative Republic of Brazil in 1967.

A military junta controlled the government between 1930 and 1945. A democratic government prevailed from 1945 to 1964 when the institution of new economic policies aggravated inflation and triggered a military revolt. The next five presidents were military leaders. Strict censorship was imposed and political opposition suppressed amid charges of torture and other human rights violations. In the 1974 elections, when the official opposition party made significant gains, some relaxation in the censorship occurred.

Brazil's agricultural production soared between 1930 and the 1970s. In the same years, vast mineral resources and a huge labor force enabled Brazil to make major industrial advances. However, soaring inflation and an unbalanced, two-tiered society with a very wealthy few and a majority of people barely managing to survive, led to a severe economic recession. Brazil's foreign debt, one of the largest in the world, required restructuring in 1982. Announcement of a comprehensive environmental plan to develop the Amazon basin brought an international outcry from environmentalists deeply concerned about the growing destruction of the Amazon ecosystem that is so vital to the world environment.

## *1. Basic Sexological Premises*

### [The New Civil Code: *Update 2001-2003*

RAYMOND J. NOONAN and SANDRA ALMEIDA

[On January 10, 2003, a new civil code with 2,046 articles took effect, which included significant changes affecting the private and family lives of Brazilians. In August 2001, after 26 years of debate, Brazil's Congress, the House of Deputies, voted to replace the 1916 Civil Code. It was signed into law in January 2002 by Brazil's then-President Cardoso, and now makes women and men equal under the law (Rohter 2001; Galanternick 2002). In fact, the law places equality in the Code itself with gender-neutral terminology, referring to "person" in its second article, rather than to *woman* or *man* generally; in the old code, it used to be just *man*. In the same article, it reaffirmed the rights of the unborn from conception, while specifying that legal personhood began with a live birth, although this was apparently not related to the debate on abortion, which remains illegal under the penal code. The Code also changed the age of majority, always the same for both women and men, from 21 to 18, which is now equal in both the civil and penal codes. The age of emancipation was changed from 18 to 16, and can be effected by either the mother or the father; before, only the father had that legal power.

[Among the provisions, the new code revised the concepts of marriage and family, and established equality between the sexes in a relationship. A marriage is any planned union where a man and woman share their life together as spouses, and religious marriages became legally equal to civil marriages. Now, the *sociedade conjugal* ("conjugal society" or as-married association) rests with the couple as a whole; before, it was the sole responsibility of the male, thus ending the father's unilateral legal power. The new understanding of marriage is a planned life communion, based on the equality of rights and obligations of the spouses. The direction of the conjugal society is exercised as a collaboration by the husband and wife, always in the interests of the couple and children. This is in contrast to the past, in which, under the influence of the Roman Catholic Church, the interests of the family as a symbol beyond the core individuals were paramount. The family was reconceived as a group formed through a civil or religious ceremony, a stable relationship between a man and a woman (cohabitation), or a community directed by a man or a woman, i.e., a single-parent-headed household. With respect to proving the stability of a nonmarried relationship, it is no longer necessary to wait a minimum period of two years to demonstrate it; it is enough that the union be public, continuous, and enduring.

[Under the new code, several provisions further make partners in a marriage equal, changing marriage contracts and inheritance rights. Under the old code, separate, partial, or community property was declared at the inception of a marriage; now, it can be changed during its course, facilitating access to a property change. Also, the dowry given by the father of the bride to her future husband was eliminated (it is interesting to note that only in 1962 was a law passed that allowed a wife to work without the permission of her husband). The husband now has the option of using his wife's last name, which before was only available to the wife. In inheritance, the proportions of property received by parents, children, and the spouse have changed and are now shared equally; before, the children received the greater amount, and then the parents and spouse, in that order. Adopted and "illegitimate" children also gained a right to inheritance and share equally with the others, as well as children conceived through assisted reproduction.

[Divorce and separation practices changed with the following provisions in the new code: There is no longer a minimum of two years required being married before a divorce is allowed; now a couple may divorce after one year. (It is also interesting to note that divorce in Brazil was legalized only in 1978.) After separation, if an agreement is not reached, the courts will give custody of the children to the parent who has the better living conditions (taking into account the emotional and financial stability, and the level of education of the parents) and the ability to raise them. Now, also, the desires of the children are taken into account. Before, even if the woman had guardianship of the children, the father had final patrial authority; now, both have familial authority over major decisions related to the children. However, if a parent punishes the children too harshly, abandons the children, or practices acts against public morals and good conduct, he or she loses family authority, including guardianship, under the new code. A man is now also able to ask for alimony from his divorced spouse. Although adultery is still a reason to end a marriage, under the new code, a spouse who commits adultery can remarry without limitation; before, marrying the person with whom one had an adulterous affair was prohibited by law. The "end of love" is now a valid reason for separation, which was not allowed before (incompatibility was starting to be used by some judges, but it was not in the law).

[Some other changes might be considered curiosities by many of the world's standards. For example, the new code eliminates the annulment of a marriage by the husband if he finds out that his wife lost her virginity before marriage. It also eliminates the expressions "legitimate" and "illegitimate" from being specified on birth certificates, which used to be done, because the legal circumstance of a child's birth inside marriage versus outside marriage affected inheritance rights; if a child was not legal, the inheritance was less. Also, the state cannot require or establish rules for family planning, e.g., sterilization. Relatives by blood have also been redefined to consist of those persons only four levels away; before, six levels were included as blood relations. Still, despite these significant changes, the law is considered already outmoded in some subjects, because of the 26-year time lag

from when it was written to when it was passed. For example, nothing is said of subsequent sex-related developments, such as transsexualism, bioethics, or assisted reproduction (except with respect to the presumption of paternity for purposes of inheritance, as noted above), although some more-recent efforts to include marriages between two gay individuals failed. The following sections thus serve as a backdrop to the ideals embodied in the new code (*O Globo* 2001; *Código Civil* 2002; *Folha de S. Paulo* 2003). (*End of update by R. J. Noonan and S. Almeida*)]

## A. Character of Gender Roles

Brazil being a typically Latin and machismo society, males enjoy a superior, almost demigod status. This is reinforced by the economic dependence of women. Only about 18% of the women are employed outside the home; the majority devote their time to caring for their house and children. Nevertheless, women do possess some privileges that protect them in the workplace. For example, they may retire five years earlier than men and maternal leave is available during illness of a child. A special pregnancy leave permits them to be away from work for 120 days after childbirth. However, all these apparent privileges significantly reduce the chances and competitiveness for women seeking to enter the workforce.

[*Editor's Note 1997*: In addition to the value of *machismo* mentioned above, Brazilian sexual attitudes and behaviors are strongly influenced by three other values—*marianismo*, *ediquetta*, and *pronatalism*—which are commonly shared, with some minor variations, across the Latino world of South and Central America. To avoid duplication in several chapters, these four basic values are described in detail in Section 1A, Basic Sexological Premises, in the chapter on Puerto Rico in this volume. (*End of note by R. T. Francoeur*)]

[*Comment 1997*: The structure of sexual life in Brazil has traditionally been conceived in terms of a model focused on the relationship between sexual practices and gender roles—on the distinction between masculine activity (*atividade*) and feminine (*passividade*) as central to the order of the sexual universe. *Comer* (to eat) describes the act of penetration during sexual intercourse, while *dar* (to give) describes those who passively offer themselves to be penetrated and possessed by their active partners. In some respects, these role distinctions are more fundamental than is sexual anatomy. For details on the implications of these premises, see Sections 5, Interpersonal Heterosexual Behaviors, and 6, Homoerotic, Homosexual, and Bisexual Behaviors, below. (*End of comment by R. T. Francoeur*)]

[*Update 1997*: In 1986, the Delegacia da Mulher, The Women's Advocacy group, was formed to protect women against sexual and physical violence. All the employees of this agency are women, because women feel more secure filing complaints when they are speaking to other women. Only 3% of the members of Parliament are women. Feminist organizations are small, not very popular, and have little influence in society.

[Nevertheless, over 20% of Brazilian families are supported exclusively by women. Moreover, the results of a national survey (representing 35% of the economically active women in the country) by *Veja/Feedback* has described the average Brazilian woman over 25 as follows:

> She's married, has two children, entered the work market in the 1980s and wants to earn more. Contrary to her mother and grandmother, she recognizes that eternal marriage does not exist. All-providing husbands do not exist. She prepares herself almost by intuition to keep going alone in life.
>
> In everyday family life, she does everything for the children but gives less to the husband—a husband who still identifies the woman as the support of the home and the happiness. The two become estranged. For this woman busy with her own life, criminal violence and the preservation of health are preoccupations more important than sexual pleasure or the fear of getting older. For that woman who does not work outside of the house, the model of the ideal woman is exactly of one who sweats her body and the double shift [inside and outside the home]. (*Veja* 1994, 11)

[This same 1994 survey (p. 15) reported the following primary concerns of women: violence against women, 98%; sexual abuse, 96%; daycare for children, 94%; equal salaries, 79%; free choice of contraceptives, 73%; more political participation, 73%; division of duties at home, 70%; and legalization of abortion, 56%. (*End of update by R. J. Noonan and S. Almeida*)]

[*Update 2002*: Even though Brazil is still a very male-dominated country, we are seeing slight but significant changes. Every day women are moving into strictly male-dominated professions. Kátia Alves Santos, for example, is the first Secretary of Safety in Brazil. In Bahia, a very conservative state, she is responsible for 46,000 officers and 3,000 inmates. In Bahia, women occupy 49% of all police chief positions in the state. More and more women are entering politics. Marta Suplicy, at one time a leading Brazilian sexologist, became mayor of the city of São Paulo in January of 2001, and there were rumors that she might run for president in the then-upcoming elections. The latest census shows that 26% of women are considered to be head of household. Even with these advances, women are still paid less then men for the same job. In 1999, women were paid 60.7% of what males received for comparable work. This was, however, a significant increase from 53.2% in 1992. A direct relationship between more women working and the birthrates can be drawn. In 1960, the birthrate was 6.3 children per woman. As more women entered the workforce, that number has been decreasing, 3.5 in 1985, 2.6 in 1992, and 2.3 in 1999.

[Men in Brazil have also started to change their attitudes about male and female roles. Over half of Brazilian workingmen, 51.2%, now help in house chores; this might not seem like a large number, but it was only 35.8% in the early 1990s. Those numbers indicate a change in the overall culture, clearly suggesting cultural changes toward more equality of males and females and away from the machismo culture found in South America. (*End of update by L. Raibin*)]

## B. Sociolegal Status of Males and Females

From the legal viewpoint, Brazilian males and females have equal legal rights as children, adolescents, and adults. Adults, those over 18 years of age, both men and women, have the right and obligation to vote. Voting is mandatory. Each voter receives a receipt documenting his or her fulfillment of this obligation. Wages of a worker who does not have this receipt will be attached by the state in the month following the elections. Adolescents between 16 and 18 years of age have the right to choose to vote or not to vote.

[*Comment 1997*: The traditional role of Brazilian women as housewife, derived from the 19th-century European ideal, was that of the "unproductive queen of the house," who was responsible for the respectability and harmony of the household and envied by the working woman. When one achieved the status of housewife, she gained dignity and a higher social status. However, growing numbers of Brazilian women have finally come to recognize their own power and the possibility of being an agent of change. In the last 20 years, the number of economically active women in Brazil grew by 70% to 23 million—39% of Brazil's population of women—a figure almost equal to the populations of Holland and Den-

mark combined (*Veja* 1994). (*End of comment by R. J. Noonan and S. Almeida*)]

A law restricting abortion has produced some discussion about women's rights that developed into a sort of political campaign. Recently, the List of the Rights of Children has been promoted with considerable publicity. The intention is to provide minors with greater protection against the violence they are victims of in the large cities.

[*Comment 1997*: Poverty and the inability of Brazil's majority poor to limit the number of offspring they have drives many youth to abandon their families and make their own lives on the street. Typical of Brazil's urban scene is the city of Salvador. In 1993, Salvador's 2.5 million inhabitants included a floating population of some 16,000 youths, working, playing, begging, stealing, and sleeping on the street. This was up 33% from an estimated 12,000 in 1990. About 100 Salvadorian street children are murdered each year by right-wing extremists. Social recognition of this problem and efforts to remedy it are vital to Brazil's future. (*End of comment by R. T. Francoeur*)]

### C. General Concepts of Sexuality and Love

The development of the communication media, especially television, has greatly influenced the concept of love and sexual behavior of the population. Every day, viewers of soap operas may witness episodes in which the sexual behavior of the protagonists is very permissive. This has definitely transformed Brazilian sexual relations in two ways. Such programs decrease sexual taboos and endorse sexual permissiveness, especially in the areas of the sexually uncommon and "deviant" sexual behaviors.

Overall, the sexual attitudes of Brazilians depend on gender, age, region of residence, and religious influences. The rural population and the migrant rural workers living in large cities suffer profound influences from Catholicism's religious teachings and ceremonies. This group is also characterized by a low level of education and culture. In this group, premarital and extramarital sexual contact is condemned. The Catholic Church approves only the natural means of family planning and condemns abortion. Ignoring Church doctrine, many in this group favor the contraceptive hormonal pill and surgical sterilization; the incidence of condom use is much lower. The Evangelical churches accept the use of the contraceptive pill as well as other methods, but are also vehemently opposed to abortion. Claims that the IUD is an abortifacient rather than a contraceptive method have caused its usage to be proscribed by Evangelicals. However, some government programs support use of the IUD in women of low income with numerous children.

Among Brazilians with a higher level of education, especially in the large cities, various forms of petting are acceptable, as well as premarital sex and extramarital sex, the latter being less frequent than the former. A variety of contraceptives are accepted as normal, with a preference for the contraceptive pill, surgical sterilization, condom, and abortion, in that order. Brazil is the world champion of cesarean births, 35% of all births. The majority of cesarean section deliveries are accompanied by sterilization of the woman through tubal ligation.

In comparing attitudes toward sexuality and love among Brazilians of different socioeconomic levels and different regions of the country, it seems to us that two different societies exist. One culture maintains the traditional attitudes of the Third World; the other culture has been influenced by the modernization trends commonly seen around the world and has gradually adopted more permissive attitudes.

[*Comment 1997*: Popular women's magazines have the purpose of transmitting the cultural norms, such as monogamy, similar to those in the U.S. and other countries. The August 1994 Portuguese edition of *Cosmopolitan*, called *Nova*, for example, highlights such issues for women as "A guide to self-confidence," "Attracting the right man," and "Monogamy: Is it possible to keep the fires hot?" (*End of comment by R. J. Noonan and S. Almeida*)]

## 2. Religious, Ethnic, and Gender Factors Affecting Sexuality

### A. Source and Character of Religious Values

The predominant religion in Brazil is Roman Catholicism, primarily because the Roman Catholic Church has determined that newborns must be baptized and officially registered as Roman Catholic at birth. In 1992, it was estimated that of the country's 148 million people, 70% are Catholics, 20% are Protestants (Baptists, Presbyterians, Pentecostals, Evangelicals, etc.), and 10% are Spiritualists (Mystics, Umbandists, Voodooists, etc.). The predominance of Christian religions has set the stage for the war against abortion, which is officially condemned as a crime. However, in most cities, abortion occurs underground. For similar reasons, sexual education in the public schools is generally nonexistent.

[*Update 2002*: The religious debate over recognition and acceptance of homosexual persons in the Christian churches was accented in October 2002, when the Dean and the 3,500-member congregation of the Holy Trinity Cathedral in Recife, in the northeast of Brazil, decided to withdraw themselves from the Episcopal Church of Brazil. Holy Trinity is the largest Anglican Church in Latin America. At first, the Dean and congregation claimed the reason for the schism was the bishop's support for development of alternative rites to bless divorcées (at the end of a divorce process), and alternative rites to bless couples who are already living together or do not want to marry according to the civil law because of the economic implications. But these are issues Brazilian society has long ago debated and accepted. Holy Trinity Cathedral is a conservative evangelical church, within the mostly evangelical and conservative diocese of Brazil.

Later comments by the Dean indicated that the real issue for the schism was the "exaggerated liberty homosexual people have in the Church," even though the Recife diocesan canons clearly state that no one from a homosexual orientation, or even those who accept this orientation as normal, could be ordained within that diocese. (Ribas, Personal communication October 2, 2002) (*End of update by R. T. Francoeur*)]

### B. Source and Character of Ethnic Values

Brazil has four distinct races of people: Caucasians 54%; Mestizo (mixed race) 34%; Negroes 10%; and Asians 2%. There are also about 200,000 indigenous Indians. Portuguese, Africans, and mulattos make up the vast majority of the population, with Italian, German, Japanese, Indian, Jewish, and Arab minorities.

Brazil was colonized in 1500 by the Portuguese, making it the only Portuguese-speaking country in all of Latin America. Youth is highly valued in this nation where 51% of the population is under the age of 27. This is obvious in many aspects of Brazilian life. For instance, kissing and petting by couples in the streets, theaters, and public places are generally tolerated in liberal Brazilian society, despite conservative religious influences.

[*Comment 1997*: In this respect, Brazilians tend to allow expressions of sexuality and eroticism that are quite unacceptable in other areas of the Latino world, especially in public. This disparity can be traced to a unique blend of Roman Catholic and native Indian values with a strong African in-

fluence. Like other Latinos, Brazilians have taboos and restrictions on public sexual behavior. However, Brazilians draw an important distinction between public and private behaviors that preserves traditional Indian and African values. "Within four walls, beneath the sheets, and behind the mask of *carnaval*, everything can happen!" "Everything," or *tudo*, refers to the world of erotic experiences and pleasure. The phrase *fazendo tudo*, "doing everything," means Brazilian men and women have an obligation to experience and enjoy every form of sexual pleasure and excitement, or more precisely those practices that the public world most strictly prohibits. This, however, must all be done in private, behind the mask, between four walls, or under the sheets.

[The concept of *tudo* is the key element in the domain Brazilians call *sacanagem* (DaMatta 1983). *Sacanagem* is an extremely complex cultural category, with no suitable English translation, except perhaps "the world of erotic experience" or the "erotic universe." Within this erotic world, erotic pleasure is an end in itself, and the classifications of active/passive, the sex of the partner, and the acts engaged in are secondary. A Brazilian most clearly embodies the erotic ideal of *sacanagem* by doing everything, particularly those practices that the public world most condemns and prohibits. The transgression of public norms called for by *sacanagem* brings the playfulness of *carnaval* into everyday life (Parker 1987; Moitoza 1982; Francoeur 1991, 43-47). (*End of comment by R. T. Francoeur*)]

[*Comment 1997*: The African influence on Brazilian life and sexuality takes many forms. For instance, at all levels of Brazilian society, it is customary to offer a guest *cafézinho*, a small cup of espresso made by pouring water over powdered coffee through a cloth strainer. One way this custom is practiced illustrates the influence of how black magic brought to Brazil by slaves from Africa is still strong in some parts of the country. This custom can give the *casadoiras*, young women looking to get married, an opportunity to enhance their prospects of getting married. The young women believe that if they pour the coffee through their own panties and give the drink to their unsuspecting boyfriends, the men will be attached to them forever and will not be able to escape marriage. In *The Scent of Eros: Mysteries of Odor in Human Sexuality* (New York: Continuum Press, 1995, 83-84), Kohl and Francoeur have suggested a possible scientific basis of this folk custom, which occurs in some African cultures, among African Americans in the southern United States, as well as in Brazil. The soiled undergarment used as a filter may contain pheromones, which have been found in primate and human vaginal secretions. Released into the coffee, these may serve as a natural sex attractant or aphrodisiac. However logical it is in terms of what we know about vaginal pheromones, this suggestion is speculation and untested by experimental research. (*End of comment by R. J. Noonan and S. Almeida*)]

Racial prejudices exist, but they are concealed, and racial conflict and skirmishes/clashes are rare, except when economic interests lead to attacks on indigenous peoples in the Amazon basin. Couples with clearly different ethnic origins are very commonly seen in any public gathering. There exists a great mingling of the races that gives Brazil a preeminently Mestizo population, especially in the north and northeast. In the south, those of European Caucasian descent, i.e., German, Italian, Spanish, and Portuguese, predominate.

[*Comment 1997*: The expression *pé na cozinha* ("foot in the kitchen") illustrates the intermixing of the white and non-white races common in Brazil. The phrase goes back to the Brazilian colonial era when the slaves brought from Africa worked in the kitchens and the white masters would have sexual relations with them. Some of the offspring resulting from these illicit liaisons had very light traces of the African influence in their appearance and were considered to be white with their "foot in the kitchen," meaning they had some African features. *Pé na cozinha* is still used today to describe a person who has a vestige of African characteristics. (*End of comment by R. J. Noonan and S. Almeida*)]

## 3. Knowledge and Education about Sexuality

### A/B. Government Policies, Sex Education Programs, and Informal Sources

It is necessary to emphasize that sexual education has been somewhat taboo in Brazil. Since the late 1980s, however, some sexual education programs have surfaced in the private schools. In São Paulo (in 1987), an experimental study of sexual education in five public schools revealed that sex education helped improve student scores in all their subjects, as well as improved the relationships between parents, students, and teachers.

Truthfully, in Brazil, there is no government program for the sexual education of its youth. Recently, in the principal cities of the country, a Program of Adolescent Support surfaced that informs, orients, and teaches adolescents about their sexuality through educational interviews and seminars.

One study revealed that 72% of the men and 45% of the women received their first information about sex from friends and schoolmates. It also showed that in the large cities, youth learned about sex mainly from movies and magazines. It seems that Brazilian families generally prefer that their offspring obtain their sexual information through the school system and published material, such as adult and pornographic magazines. This frees the parents, who feel insecure speaking about sex, from ever mentioning such a "delicate subject" in the family circle and to their children.

One consequence of this lack of sexual education was uncovered in an unusual study of 150 women treated for anorgasmia. They were very poor and worked hard in the fields. They lived in rural areas without radio or television before they married, and had no time to watch television even when it was available. None of these women ever received any sexual education from family members or school. Over a third of them did not know that the sexual act was a normal part of marriage, although they knew that prostitutes and other bad men and women engaged in *sacanagem* ("the world of erotic experience"). For these women, sexual intercourse was not a moral behavior, but immoral and indecent. When they found out what sex was and that it was a part of marriage, they thought that their husbands were crazy and felt as if they had been raped. For these women, the lack of sexual knowledge was the major cause of anorgasmia. In addition, 20% of the wives abandoned the therapy because their marriages were destroyed by violence. For 80 of the women in this study, other factors were responsible for the anorgasmia. These poor rural women are not typical of the real universe of most Brazilian women (de Freitas 1990).

These women had access to sexual therapy only because AB-SEX, headed by the main author, introduced this therapy as a free part of Public Health in 1986 in São Paulo. At present, many of these patients are living in a big city and have been married more than ten years.

[*Comment 1997*: On the television program, "Fantástico," in late 1994 on TV Globo, a national Brazilian network, reporters interviewed two researchers, Emídio Brasileiro and Marislei Espíndola from the city of Goiânia, who had conducted a sex survey over the preceding five years. The researchers, whose book, *Sexo: Problemas e Soluções*, was to

be published by the end of the year, reported that children wanted to know what sex was for; adolescents wanted to know what sex was like; young adults at about 20 years old wanted to know how to avoid the consequences of sex; adults from about 30 wanted to know how to educate their children about sex; those over 40 think they know everything about sex; and those around 60 think it's too late. A few of the questions that these researchers said they were most often asked included: 1. Can a pregnant woman have sex? 2. When is a young person ready for his first sexual intercourse? 3. Sexually, is it easier to be a man or a woman? and 4. If I have sex before or during a sports competition, will I decrease my physical performance? (*End of comment by R. J. Noonan and S. Almeida*)]

## 4. Autoerotic Behaviors and Patterns

A 1983 questionnaire survey indicated that boys and girls in an urban group of 3- to 5-year-olds played together in such a way as to touch or see each others' sexual organs, especially when no adults were present. When this type of behavior was observed in a school setting by some teachers at Colégio Batista Brasileiro in São Paulo, the main author was invited to provide some orientation for the teachers. As we know, this type of behavior in infancy is practically universal and independent of social class or ethnic origins.

As mentioned earlier, it is uncommon for parents to speak about sex to their children at home. When childhood sexual curiosities are not satisfied by the parents, the child naturally seeks answers on their own from other sources. Usually such persons or sources they turn to are not prepared or adequate to guide them efficaciously. In terms of self-pleasuring, the child is likely to encounter one of two attitudes or value judgments. One opinion, and probably the less frequently encountered, is that self-pleasuring is a normal component in the psychosexual development of children. The other opinion views masturbation as a negative road to human development.

Regardless of the value message encountered and the lack of external support, 92% of adolescent boys and 45% of girls engage in self-pleasuring. However, the fear of being found out by parents or other kin is a common accompaniment. In our research, 66% of the boys and 36% of the girls began self-pleasuring between 10 and 15 years of age.

While the Evangelical Protestants express a great preoccupation with, and a negative view of, self-pleasuring, Roman Catholic doctrine also condemns this behavior as disordered and seriously sinful, but seldom if ever mentions it. There are no significant statistics about childhood and adolescent autoeroticism.

## 5. Interpersonal Heterosexual Behaviors

### A. Children

In a retrospective research project about child and adolescent sexual behavior, 57% of all adults played sex games as children (de Freitas 1991). The children, in general, do not receive any sort of sexual guidance or information from their parents, yet their sexual behavior seems generally adequate and appropriate for their developmental ages as psychologists understand this.

Going through the phases of sexual self-discovery and autoeroticism characteristic of infancy, the children imitate their parents and are influenced by peers and the mass media, movies, and television.

Recent research has uncovered that 60% of those interviewed admitted to having played doctor and other games that included the mutual touching of their bodies and the sexual parts when they were children. The majority engaged in this kind of play with children of both sexes. However, there was a tendency for girls to play more with girls, while boys played mostly with children of the opposite sex.

We must call attention to the fact that only 60% of the subjects interviewed revealed having practiced this type of play in childhood, when it is well known that the frequency of this activity is much higher all over the world. From this we understand that many respondents omitted the truth from their information about their infancy. To speak of childhood sexuality is an intolerable outrage for many Brazilians. Even today in our culture, childhood sexuality is a taboo theme that cannot be mentioned with total tranquillity because of the intense anxiety it awakens in adults. Most adults want to forget the sexual experiences of their childhood because they were punished for demonstrating an interest in those activities. This perhaps explains the fact that many people, especially women over 45 years of age, did not answer the questions about sexual play in childhood.

While our observations and data are limited, two general forms of childhood sexual behavior have been observed. Children, 2 to 4 years old, generally limit themselves to speaking words of sex, showing their penises or buttocks, or even lifting the little girls' skirts and making drawings of nude girls or urinating boys. Children, 5 to 7 years old, seek closer contact with the opposite sex. Meanwhile, attitudes of punishment by the older family members for erotic play reinforce fear and redirect behavior towards self-pleasuring in private.

[*Comment 1997*: In contrast with Euro-American sexual values that frown on sexual rehearsal play among children and adolescents, Brazilian culture expects young boys and girls to experiment with sexual pleasure and prepare for marriage within certain limits and in private.

[In the game *troca-troca*—literally "exchange-exchange"— pubescent and adolescent boys take turns, each inserting his penis in the other's anus. In addition, the early sexual interactions of adolescent boys and girls draw on a wide range of nonvaginal sexual practices, in particular on anal intercourse, in order to avoid both unwanted pregnancy and rupture of the hymen, still an important sign of a young woman's sexual purity (Parker 1987). (*End of comment by R. T. Francoeur*)]

Clitorectomy does not exist in Brazil. Male circumcision exists only in the Jewish community. However, postectomy to shorten the prepuce is performed for uncircumcized boys with a long prepuce.

### B. Adolescents

*Puberty Rituals*

Some social celebrations are observed when girls celebrate their 15th birthday. In some rural cities, this involves a "Big Party" with the fathers presenting their daughters to society and the girls dancing their first waltz. In upper-class urban families, these girls are then allowed to court and have a boyfriend. [*Editor's Note 1997*: See also the discussion of *quinceañera* in Section 2, Latino Perspectives, of the U.S.A. chapter. (*End of note by R. T. Francoeur*)]

*Premarital Sexual Activities and Relationships*

The period of puberty involves biological, psychological, and sociological transformations. In Brazilian girls, menarche occurs between the ages of 10 and 13, having already had the partial growth of the breasts and the hips. Research shows that 62% of Brazilian mothers try to teach their daughters about their first menstruation before it occurs. Meanwhile, 38% of the young women confess not having any knowledge of the phenomenon before it happened.

Research indicates that the first menstruation in girls causes a strong emotional reaction that prompts the girls to inform their mothers. It is rare that girls hide their menarche from their mothers, although 15% of the subjects interviewed reported that as their response. The reaction of the boys to the signs of sexual maturation and their first nocturnal emission depends on the level of information they have received from their older friends. Unlike girls' reaction to menarche, boys almost always hide their first nocturnal emission from their parents, preferring to tell their older friends. The sexual maturation of puberty brings interest in the opposite sex, but the majority only start dating about age 15.

Sexual intercourse is generally initiated between the ages of 12 and 17 for men and 17 to 20 for women, again confirming a more permissive standard for men than for women. About the age of 16, dating becomes more intimate with noncoital sexual contact more evident. By age 16, 17% of the men and 8% of the women have had sexual intercourse. Only 40% of the women and 52% of the men revealed that their first sexual experience was positive and pleasant.

Research on adolescents in Botucatu, a rural area of the São Paulo district, and in the capital of São Paulo district revealed sharp differences in the sexual behavior of adolescents. In the rural cohort of 290 adolescents, we found that 65 youngsters or 22.4% had already had heterosexual contact between ages 13 and 19 years. Nineteen of these adolescents had experienced coitus, while 46 had only played sex games without having penile-vaginal intercourse. Of this group, 60% had a pleasant sexual experience and 40% felt guilt, mental anguish, and remorse. By comparison, in a parallel group of 290 youths in the city of São Paulo, a similar number and percentage of adolescents had already had heterosexual contact. However, the breakdown was reversed, with 41 youths or 13.8% having experienced coitus, and 24 engaging in noncoital sex play, or outercourse. In the urban cohort, sexual contact was pleasurable for 69.3%. This demonstrates that the urban Brazilians are more liberal and more venturesome in their sexual behavior.

## C. Adults

### *Premarital Courtship, Dating, and Relationships*

In research conducted by AB-SEX (1991), 81% of adult men reported having had premarital relations, while 53% of women reported the same behavior. Again, this was more commonly reported in the large cities. The preoccupation of women with virginity is more evident in the rural zones in the interior of the country, and less so in the state capitals. Among college students in the larger cities who are politically active and quite influential, there is often a shame attached to being a virgin.

Recent data indicate that single adults suffer from pressure to be married, but about 7% of Brazilian women between the ages of 35 and 45 years of age have children without being married, only 2% of whom marry after the birth of their first child. Single men between the ages of 37 and 46 prefer to remain single, even if their partners have children. There are many couples in the lower economic class who start a family and have many children without being married. About one quarter of all women are pregnant when they get married.

### *Marriage and the Family*

The majority of marriages occur between the ages of 20 and 25, about 65% of all marriages. As in the developed nations, the small family model has become the standard. An accentuated fall in fertility has been noticed, since we have gone from the average of 6.3 children per woman in the 1960s to a current average of 2.8 children. This has come as a result of a series of transformations to which we generally refer as the process of modernization of Brazilian society.

In Brazil, monogamy is the fundamental pattern; bigamy and polygamy are illegal. Research in 1991, reported by IPPM (Institute of Market Research of São Paulo), found that in São Paulo, 54% of the people are opposed to female adultery while an equal number are against male adultery. Extramarital sex is acceptable under "certain circumstances" to 25% of the men and 23% of the women. People in smaller cities and economically lower are more rigorous in their opposition to extramarital sexual relations.

The average frequency of marital intercourse ranges between twice a week and three times per month. However, more and more of those interviewed say that they might feel happier if they had sex more often; they often added that they would feel less anxiety (*E acrescentam que seriam menos nervosos*).

[*Comment 1997*: Based on the University of Chicago's report on sexuality in America, which had recently been released, TV Globo, a national network, in the last quarter of 1994 conducted a mini-survey of the frequency with which Brazilians have sexual relations. On the television program "Fantástico," they reported that 17.6% of Brazilians have sexual relations once a week, 35.9% have none, and 46.5% do so two or more times per week. They also interviewed two researchers, Emídio Brasileiro and Marislei Espíndola, who had conducted a sex survey over the preceding five years. These researchers reported finding that men appeared to be more liberal about sex, but actually were more conservative, in comparison to women, who were apparently more conservative, but actually were more liberal. (*End of comment by R. J. Noonan and S. Almeida*)]

In 1978, divorce was legally recognized after 25 years of Parliamentary discussion. The most frequent cause of divorce is extramarital sex, 33%, followed by excessive use of alcohol, physical violence, personality incompatibility, and irreconcilable differences. Usually it takes from two to four months to obtain a divorce. Divorced persons are not allowed to remarry for at least three years. Bigamy is considered a felony and a guilty verdict is accompanied by a jail term to be determined by a judge. The majority of divorces occurs between three to seven years after marriage. Frequently the divorcing couple has no children, 41%, or only one child. Divorce after 20 to 30 years of marriage is rare, and seems to be connected with andropause (the Brazilian term for male menopause) or menopause.

In one out of every five divorces, the mother retains custody of the child, while the male must pay alimony usually equal to 30% of his salary. In cases where the male refuses or stops paying alimony to the ex-wife, he is immediately arrested by order of the courts.

### *Sexuality and Older Persons*

[*Update 1997*: Lucia Helena de Freitas, a Brazilian psychologist and gerontologist, studied the sexuality of a group of retired commercial workers who participated in the cultural activities of a social club. She found that 73.8% of them still had sexual relations, with 35.7% doing so two or three times a week, 21.4% once a week, and 16.7% less often. Almost all the interviewees (90.5%) felt the necessity of having sexual relations; 95.2% believed that sexual desire does not end with age, with 40% saying that it increased with age and 59% thinking the opposite. However, 33.3% believed that pleasure during the sexual act increased with age, as opposed to 66.7% who said the pleasure decreased. Regarding orgasm, 28.6% said they were able to reach it quickly against 40.5% who said they needed more time. Only 13.5% of

women said they experienced a change in their sexual life as a result of menopause; some said they reached orgasm more quickly once they stopped menstruating. In the case of men, 4.8% acknowledged problems of impotency. Freitas concluded that with the advance of age, typically the frequency of sex decreases, but the quality does not. (*Manchete* 1992, 40). (*End of update by R. J. Noonan and S. Almeida*)]

### *Incidence of Anal and Oral Sex*

IPPM's (Institute of Market Research of São Paulo) survey revealed that at least 23.5% of São Paulo residents (Paulistanos), 12.6% of Rio de Janeiro residents (Cariocas), and 18.8% of those in other Brazilian cities reject oral sex because they consider it abnormal. Also, 53% of the Paulistanos, 38.6% of the Cariocas and 45.7% of those in other cities consider anal sex abnormal; 10% refused to answer.

The belief that oral and anal sex are abnormal sexual practices has its origin in many sources. One of these is the moral order, based in the Catholic tradition. This tradition believes sex in itself to be a mortal sin if it does not involve vaginal intercourse for the purpose of procreation within matrimony, and condemns all other erotic practices. Thus all sexual activities without a procreative end are considered taboos and sexual perversions that should be avoided.

In spite of this prohibition, many people go against the conventional sexual standards, since the primary message of Brazilian folk culture—*fazendo tudo*—prompts a freedom of sexual expression in private where anything can happen and everything is possible, encouraging everyone to broaden one's repertoire of sexual practices even when they violate public sexual norms in private.

The IPPM survey, for example, showed that, at least occasionally, 52.9% of Cariocas, 37.8% of Paulistanos, and 42.1% of other Brazilians have practiced anal intercourse. Statistical analysis revealed that men 30 to 45 years of age were three times more likely to solicit anal sex than women. These results confirm that among married couples, as elsewhere, it is generally the male that initiates new sexual practices, while the female frequently is limited to accepting passively her partner's solicitation. This presents a "delicate situation" for the female who is pressured to accept anal or oral sex, because there are no legal restrictions in Brazil.

The emphasis on *fazendo tudo*, *tesão* (excitement), and *prazer* (enjoyment) promotes "rather elaborate and varied forms of sexual foreplay, a strong emphasis on oral sex, and especially a focus on anal sex" (Parker 1987, 164). Interviews of 5,000 men and women throughout Brazil revealed that over 50% of those surveyed in Rio de Janeiro, and over 40% of those in the rest of Brazil, reported practicing anal sex at least occasionally (Santa Inêz 1983, 41).

### *Carnaval*

In Brazilian sexual culture, the annual celebration and unrestrained exuberance of Carnaval is typical of

> an erotic universe focused on the transgression of public norms through a playfulness reminiscent of . . . one's adolescent sexual experience and the excitations they produced play[ing] themselves out again repeatedly throughout adult life. They undercut the effects of sexual prohibitions and make polymorphous pleasures such as oral and anal intercourse, an important part even of married, heterosexual relationships. Such acts [whether engaged in with same or other gendered persons, with a nonspouse or stranger], along with the *tesão* or excitement which is thought to underlie them and the *prazer* or enjoyment which is understood to be their aim, are essential to the Brazilian sexual culture, with its context of 'no shame,' 'within four walls,' 'beneath the sheets,' or 'behind the mask.' (Parker 1987, 165)

## *6. Homoerotic, Homosexual, and Bisexual Behaviors*

[*Comment 1997*: The categories of homosexuality (*homossexualidade*), heterosexuality (*heterossexualidade*), bisexuality (*bissexualidade*), and a distinct homosexual identity (*identidade homossexual*) were introduced into Brazilian culture in the mid-20th century by social hygienists, medical doctors, and psychoanalysts.

[Despite their current prevalence in the media, these concepts of sexual classification remain, in large measure, part of an elite discourse. As mentioned in Sections 1B, A Brief Historical Perspective, and 2A, Religious, Ethnic, and Gender Factors Affecting Sexuality, Source and Character of Religious Values, Brazilian sexual culture is centered on the distinction between masculine activity—eating (*comer*), conquering and vanquishing (*vencer*), and owning and possessing (*possuir*)—and feminine passivity (giving, being penetrated, dominated, subjugated, and submissive). In keeping with the overriding importance of every male considering himself macho, the Brazilian male considers himself heterosexual man (*homem*), as long as his dominant mode of sexual expression involves active phallic penetration, regardless of the gender of the partner being possessed and penetrated.

[If the category of "men" or *homens* seems clear, its counterpart is less so. Those who *dão* (give or submit) include biological women or *mulheres*, and others, the biologically male *viado* (deer), *bica* (worm, intestinal parasite), and the feminine form of *bicho* (best translated as queer or faggot). Though endowed with male anatomy, the *viado* or *bicha* is linked with the fundamentally passive social role of *mulher*, not *homem*. Within these categories, a male can have sexual relations with *mulheres*, *viado*, and *bicha* and maintain his masculine (heterosexual) identity, provided he exercises phallic dominance. In any discussion of sexual behaviors, gender orientation, and AIDS education, it is essential to keep in mind this Brazilian folk model.

[The interplay between traditional and modern medical models of sexual behavior is evident within the open, shifting, and flexible subculture of *entendidos* and *entendidas* ("those who know") in Brazil's larger cities. Organized around same-sex practices and desires, this subculture is found in certain bars, beaches, saunas, discos, and the like. *Entendidos* (studs) are sometimes contrasted with *homens*, and the traditional *bicha* as the passive partner of the active *bofe*. Both the *entendidos* and *bofe* are considered masculine *homens* despite their participation in same-sex activity.

[The same dichotomy structures the increasingly open presence of the once almost-invisible "lesbian" subculture, where *sapatão* (big shoe, dyke, or butch) contrasts with *sapatilhão* (slipper or femme dyke) (Parker 1987). (*End of comment by R. T. Francoeur*)]

In Brazil, homosexuals communicate among themselves with their own subcultural language, including the signal of an earring in the left ear for gay men and a left ankle bracelet for lesbians. This combination of in-group verbal and nonverbal communication allows homosexual persons to function in a generally hostile environment.

The recent IPPM (Institute of Market Research of São Paulo) survey made it clear that homosexuality is one of the areas of human sexuality most marked by prejudice. Over half, 51.5%, of Paulistanos, 57.1% of Cariocas, and 56.3% of those in other cities oppose homosexuality. On the other hand, a small number of those interviewed, only 13.5%,

8.7%, and 9.4%, respectively, in these same areas, consider homosexuality normal conduct. We do not have data concerning the number of homosexuals in the country, but it is probable that it is similar to that of other Latin American countries.

The social status of homosexuals is favorable only among those who have achieved fame in the arts, music, theater, movies, television, and haute couture. A homosexual orientation and lifestyle seem to facilitate self-promotion and professional success in these fields. In other areas of professional life, homosexuality is not a positive factor. In recent research in São Paulo, it was found that homosexuals, especially those with an exaggerated behavior, were usually rejected for employment following interviews with the company psychologists, although these same psychologists deny being prejudiced against homosexuals. In some areas, such as sales, there are minimal chances for an overt homosexual to find employment. Discrimination is also strong against overt lesbians. But, since they are generally more discreet and less overt in their behavior, they are not as easily identified. They only call attention to themselves when they are on a date with a younger (fem) lover, or when they cause a scene triggered by jealousy when the (fem) lover speaks to men.

Legal problems arise only when homosexuals become physically violent or when they wish to marry legally. Brazil's laws do not permit homosexuals or lesbians to marry.

Homosexual prostitution, especially when transvestites are involved, is the object of frequent police raids. However, this repression does not appear to have much effect on this, considering the open activity at night on the streets in the large cities.

Religious restrictions on these sexual practices are stronger among the Catholics, 68% of whom condemn homosexual behavior, even though there are cases involving homosexual priests who continue to practice their duties. The Catholic Church officially teaches that homosexual activities are contrary to the procreative purpose of sex.

The Protestants do not persecute homosexuals, but instead seek to help them recuperate through faith in God. There are many cases where homosexuals who were passive (bottoms) and prostituted themselves, have been regenerated or cured, becoming heterosexual to the extent of marrying and having children. They even lost their effeminate behaviors. (*Os protestantes não perseguem os homossexuais, mas procuram ajudá–los na recuperação, em que homossexuais passivos e que ate se prostituíam na noite, tornaram–se heterossexuais, casando–se, tendo filhos e perdendo os trejeitos efeminados*.)

## 7. Gender Diversity and Transgender Issues

There are no legal restrictions on transvestites in Brazil. However, in Brazil, transvestism is a marginal phenomenon (*um fenômeno marginal*, implying "practiced by a criminal element of society"). Transvestites are often men who work during the day, and at night apply makeup, dress as women, and work the street or nightclubs to prostitute themselves with men or bisexual couples. Legally, they are considered prostitutes and are treated as such by the police.

In Brazil, sex-change surgery for transsexuals is considered to be mutilation surgery, and legislation prohibits surgical treatment of a transsexual. Participation in such medical treatment is considered a felony for both the patient and surgeon.

Some transsexuals have gone to Europe to be operated on and change their sexual identity. However, these are isolated cases, because the majority of the transsexuals are content to dress as women at night and prostitute themselves.

Surgical techniques are well developed in Brazil so that many cases of congenital ambiguous or anomalous genitals are regularly corrected with surgery. These operations try to preserve the sexual (gender) identity adequate to the patient.

## 8. Significant Unconventional Sexual Behaviors

### A. Coercive Sex

Sexual violence is a crime for which there are provisions in the Brazilian Penal Code. The law protects citizens against sexual assaults in four categories: *estupro* or rape; *tentativa violenta ao pudor*, a violent attempt against *pudor* (meaning chastity, decency, modesty, virtue, purity, and more), or sexual molestation involving violence; *posse sexual através de fraude*, sexual possession through fraud; and *atentado ao pudor mediante fraude sem violência*, or an attempted violation of *pudor* involving fraud.

The first two categories of sexual assaults involve violence, and if grave physical harm results, the crime is viewed as aggravated and the convicted offender subject to a heavier sentence. In some cases, even if the victim consented to or invited the sexual partner, the law considers violence to have been part of the sexual act. These are usually cases where the victim is under 14 years of age, mentally incompetent, or unable to offer physical resistance.

#### *Sexual Abuse, Incest, and Pedophilia*

Sexual relations involving an adult or older adolescent with a child is legally termed sexual victimization (*victimização sexual*). When sexual victimization involves a relative of the victim, it is classified as incest.

Since 1982, there have been more reports of this type of behavior because of the feminist movement and the fact that females are the most common victims. The frequency of such acts is very difficult to establish because only the gravest and most brutal cases become known to the authorities. Research conducted in São Paulo by Azevedo between December 1982 and December 1984 showed that only a small percentage, about one in 25 cases, of incest and pedophilia are reported to the authorities.

Research in greater São Paulo found that 87% of the cases of pregnancy in girls up to the 14 years of age resulted from incest perpetrated by the father, uncle, or stepfather of the victim. About 6% of the victims surveyed by Azevedo were males. In 70% of the cases of incest, the biological father was the perpetrator. The majority of such aggressors were 30 to 39 years old and blue-collar workers.

#### *Rape and Sexual Harassment*

Rape is punishable by a minimum sentence of three years solitary confinement (*reclusão*) in prison. The sexual violence documented in police and court records is deceptive, because most cases of sexual violence are not reported to crime detection units and because the requirements of the law to gain a conviction of either sexual violence or seduction are excessive. A man can only be found guilty of a crime of seduction if the women is under the age of 18, and even then, a guilty verdict is rare. Only a male who seduces an underage, minor virgin and continues having coitus with her is at risk of being convicted of seduction. If convicted, he may be sentenced to two to four years in prison. If the woman seduced is under the age of 14, then the crime becomes one of rape and the minimum sentence is three years in jail. If the woman seduced is over 18 years of age, there is no crime unless there is a serious threat, violence, or suspected violence.

*Domestic Violence*

[*Update 1997*: Being beaten by a husband is no longer just crying at home, suffering in silence, and ashamed to say anything. It is now judged as a crime and taken seriously by society. With the opening of the doors on August 6, 1985, of the 150 women's precincts (Delegacias da Mulher), police stations directed by women who specialize in domestic violence against women, Brazilian women made a great gain. These police stations became the arm of the judiciary most trusted and least feared to be used by the people. For many years, the beating of women was not seen by policemen as a crime, but rather a minor domestic affair that did not involve them. This picture has now changed significantly. Initially, 80% of the cases involved women who had been beaten two or three times by their husband; today, the majority file a report at the first strike. An average of 300 women are seen each day (*U.S. News & World Report* 1994, 40-41; *Veja* 1994, 20).

[In 1991, Brazil's highest appeals court threw out the "honor defense" in adultery cases that allowed men who were accused of murdering their wives and/or their wives' lovers to escape punishment by arguing that they were defending their honor (*U.S. News & World Report* 1994, 41). (*End of update by R. J. Noonan and S. Almeida*)]

### B. Prostitution

Prostitution, whether heterosexual or homosexual, is not a criminal offense in Brazil unless it involves public solicitation or *pudor em público* (a public violation of *pudor*, meaning chastity, decency, modesty, virtue, purity, and more). In 1970, the liberation of the press, which strongly influenced sexual liberty, accentuated the reduction in female prostitution in the larger cities. Meanwhile, the increase in libertinism (*o aumento da libertinagem*, meaning debauchery, hedonism, immorality, and more) has facilitated the appearance of male prostitution in public places, for both heterosexual and homosexual contacts. The presence of houses of prostitution (*casas noturnas*) has decreased, being replaced by massage parlors, telephone callgirls, and street soliciting. A large number of motels have appeared throughout the larger cities, often catering only to couples seeking private encounters or to prostitutes and their clients.

Statistics on the total number of prostitutes in Brazil do not exist, but the police estimate their number at about one million for the whole country.

There is a Prostitutes Association or union (Associação de Prostitutas) founded in 1986, with its main purpose to obtain recognition of prostitution as a legal profession. So far, this effort has produced no results.

### C. Pornography and Erotica

The military regime that dominated Brazil from 1964 to 1985 repressed the publication of erotica and sexually explicit films. Since 1985, there has been a great surge in the number of pornography shops and erotic films, videos, and publications. Presently both hard- and soft-core pornography is easily accessible in Brazil. Both television and cinema theaters exhibit erotic films. Scenes showing sex with children or animals are strictly avoided, as is any depiction of sadomasochism, although sexual cruelty and violence may sometimes be shown.

[*Update 1997*: In 1995, a growing concern about the spread of AIDS, confusion over sexual values among the young, and the competition among television's prime-time soap operas to stage the steamiest love scenes, provoked a social backlash against Brazil's fabled comfort with sensuality. In July 1995, the weekly news magazine, *Veja*, identified 95 nude shots, 74 sex acts, and 90 scenes with smutty dialogue in a week's worth of programming on the five major networks. Complaints from individuals, local governments, and church groups have prompted the federal government to investigate the prevalence of sex on prime-time television and recommend steps to control this (Schrieberg 1995). (*End of update by R. T. Francoeur*)]

### D. Paraphilias

Some specialists deal with paraphilic clients, but there are no statistics on the incidence or types of paraphilias encountered in clinical practice, or among the general population.

Bestiality or zoophilia is a widely distributed sexual practice, both geographically and historically. Its frequency is greater among adolescents in the rural areas, generally constituting a temporary sexual outlet or experimentation rather than a long-term behavior. Our surveys found that 12% of Paulistanos and Cariocas and 17% of other, non-urban respondents reported erotic contact with animals in their childhood or adolescence. This behavior is much rarer among Brazilian women.

## *9. Contraception, Abortion, and Population Planning*

### A. Contraception

Forty years ago in the rural areas of Brazil, families not infrequently had between ten and 20 children. In recent years, that number has decreased, especially in the large cities. The average number of children in a family has gone from 6.3 in 1960 to 2.8 in 1993.

Some progress has been made by the federal government in contraception and sexual education. Since 1986, the government has directed its efforts to educate young women in the use of contraceptives in order to reduce the number of teenage unmarried pregnancies. The programs are run by nurses and social workers who also teach the use of the contraceptive pill and condom use for STD prevention. These programs operate mostly in the large cities, such as São Paulo, Rio de Janeiro, Brasília, Belo Horizonte, and Recife.

Some branches of the federal government, such as SUS (Sistema Único de Saúde) offer free distribution of contraceptive pills as an IUD replacement for women who do not want to become pregnant. Research undertaken by the IPPM (Institute of Market Research of São Paulo) showed that 73% of those interviewed favor family planning in Brazil. In Rio de Janeiro, the number reached 83% of the women and 78.9% of the men. Only 8.5% of those interviewed in Rio de Janeiro and 6.8% of those in other cities declared themselves totally and radically opposed to birth control.

[*Update 1997*: Although 75% of Brazil's 154 million people are Roman Catholic, the world's largest Roman Catholic population, every relevant statistic shows that most people ignore the Church's teachings on contraception and abortion. In a June 1994 survey of 2,076 Brazilian adults, 88% of the respondents said they did not follow the Church's teachings; for women 25 to 44, this figure was 90%. On a national scale, Brazil has experienced one the the most radical reductions in family size recorded in modern history. With 40% of adult Brazilian women working outside the home, the fertility rate in the developed south is below the replacement level of 2.1 children per woman; in the impoverished northeast, it is 4.0, but this is well below the 5.8 recorded in the region in 1980 (Brooke 1994).

[About two thirds of the married women practice some form of contraception; 43% use oral contraceptives and 42% have been sterilized. The government, pressed by the Catholic bishops, has maintained laws against abortion and sterilization and blocked legislative efforts to provide free

contraceptives through Brazil's national health service. Virtually all clinics that dispense contraceptives and information are maintained by private groups. Although opinion polls show that Brazilian women want universal access to modern contraceptives, they have little power to press this in the political establishment. Brazil has no women as state governors or Supreme Court justices; women hold only 4.7% of the seats in the 580-member Congress; and no women in the Brazilian Bar Association are directors, although 52% of the Association's members are women (Brooke 1994). (*End of update by R. T. Francoeur*)]

[*Update 1997*: The Brazilian woman is having fewer children than in the past. The average number of children for Brazilian women has been steadily decreasing over the last four decades. The 1991 Census reported an average of 2.7 children as compared to 6.28 children in 1960, 5.76 children in 1970, and 4.35 children in 1980 (*Anuário Estatístico Brasileiro 1992*, cited in *Veja* 1994, 75). The decrease may be attributed to several factors, including the use of contraceptives, sterilization, and abortion, as opposed to the worldwide economic and social reasons for the decline.

[In contrast with the 1994 report by Brooke cited above, the Instituto Brasileiro de Geografia e Estatística—Anticoncepção (Institute of Geography and Statistics, IBGE, Contraception), 1988, cited in *Veja* (1994, 75), reported that the majority of women, 23 million women or 62%, do not use a contraceptive method. As a result 1.4 million unwanted pregnancies result in abortion (Alan Guttmacher Institute, cited in *Veja* 1994, 75). Of the methods of contraception that are most used, the oral contraceptive pill is used by 43% of the women, sterilization is used by 42%, 7% use the calendar method, 2% use condoms, 1% use the IUD, and 5% use other methods (Instituto Brasileiro de Geografia e Estatística—Anticoncepção 1988, cited in *Veja* 1994, 75). The pill, sterilization, and the IUD account for 86% of the contraceptive use in Brazil, as compared to their combined use of 38% in other "developed" countries (Instituto Brasileiro de Geografia e Estatística—Anticoncepção 1988, World Health Organization—Reproductive Health 1990, cited in *Veja* 1994, 75).

[Among the live births, 32% are done by cesarean section, the highest rate in the world, as compared to 29% in Puerto Rico, 24% in the United States, 10% in England, and 7% in Japan (World Health Organization 1991, cited in *Veja* 1994, 75). One reason for the high incidence of cesarean deliveries in Brazil can be traced to the high number of women who choose to have a tubal ligation done at the same time to limit future births. United Nations statistics show that maternal mortality is also high, with 150 deaths per 100,000 births, as compared to 3 deaths, 12 deaths, and 1,000 deaths per 100,000 births for Japan, the United States, and Guinea, respectively. In the rural areas, 35.6% of the births are done at home versus 7% in the urban areas.

[Of those people who use condoms, women at every age level buy fewer condoms than men. A Brazilian company reports that, on average, 12% of the condoms bought are bought by women and 88% are bought by men. The breakdown by age level is as follows: Among those 15 to 19, 5% are bought by women and 95% by men; of ages 20 to 24, 18% by women and 82% by men; of ages 25 to 29, 19% by women and 81% by men; of ages 30 to 39, 23% by women and 77% by men; and of ages 40 or older, 28% by women and 72% by men (Dispomed Comercial Ltda., cited in *Veja* 1994, 75). (*End of update by R. J. Noonan and S. Almeida*)].

## B. Teenage Unmarried Pregnancies

There are no reliable statistics on the number of unwed teenage pregnancies in Brazil.

In recent research among adolescents, we found that 16% of the subjects approved of the IUD as a contraceptive method while 48% disapproved. Meanwhile, the lack of information about sexuality and contraception has caused many single adolescent females to become pregnant. In São Paulo, 54% of the adolescent males interviewed considered women's preoccupation with pregnancy a female problem for which the female is solely responsible. Even with the risk of AIDS infection, 35% of the adolescents refused to use condoms because they believe it takes away from their pleasure. All these factors contribute to an increasing number of unwed teenage pregnancies. SUS (Sistema Único de Saúde) has an unwanted pregnancy education and prevention program for female adolescents in several regions of São Paulo, and similar programs exist in other capital cities. Practically nothing is available in the rural areas.

Many young women faced with an unwanted pregnancy resort to clandestine abortion clinics to hide the pregnancy from family. When the unwanted pregnancy does not end in a clandestine abortion, it is more frequent for the unwed adolescent mother to remain single than to marry the father. In the majority of cases, 51.8%, the young fathers shirk their responsibility as a parent.

## C. Abortion

With the increase in sexual activity, the number of abortions in Brazil is slowly growing. Article 128 of the Penal Code of 1940 allows only two reasons for legal abortion: when the pregnancy is the result of rape or when there is no other way to save the woman's life.

Abortion statistics are not reliable or consistent. In 1989, the World Health Organization reported nearly 5 million abortions a year in Brazil, about 10% of the number of abortions performed worldwide. A research study in São Paulo, 1993, revealed 4.5 million induced abortions per year in Brazil. The incidence is highest among women ages 15 to 19, with 136 abortions per every 1,000 women in this age bracket. Nationally, there are 8.3 illegal abortions for every 100 pregnancies. Brazil records about 400,000 hospitalizations for medical complications of abortions annually; in the United States only 10,000 women experience complications requiring hospitalization.

In 1989, a National Research of Health and Nutrition study conducted by the Institute of Geography and Statistics (IBGE), found the index of abortions greater among women of the southeast, 16.4%, than among women of the northeast, 14.4%. These two regions accounted for 75% of all the pregnant women in Brazil. These statistics are informative when one recalls that the southeast region has a higher standard of living than the northeast. In the poorer northeast, there were 45 pregnant women per 1,000 women; in the more economically developed southeast, the rate was 33 per 1,000 women. This is in keeping with the hypothesis that a higher standard of economic development and better standard of living leads to a lower number of pregnancies. A second factor in the incidence of clandestine abortions is the number of previous pregnancies a woman has had. Of 13,862,844 women who were pregnant in the past five years, 14.9% terminated a pregnancy at least once. Among women who had had four previous pregnancies, 47.1% terminated the fifth pregnancy. Among women who had had five previous pregnancies, 77.1% terminated a subsequent pregnancy.

Several reasons are commonly cited to justify the legalization of abortion in Brazil: (1) a woman's right to control her own body, (2) socioeconomic factors, such as the lack of support and sustenance for children resulting from unwanted pregnancies, (3) "if so many people are doing it,

why not legalize it?" (4) fetal malformations, (5) therapeutic abortions are already legal to save a mother's life, and (6) abortion is already allowed in cases of rape. Other factors supporting the legalization of abortion include the increase in sexual promiscuity, which increases the number of illegal abortions, and the chaos in the official system of public health, which reduces the distribution of contraceptives that could reduce the incidence of illegal abortions.

Presently, a task force of the Federal Council of Medicine is proposing the legalization of abortion for cases where the fetus will be born with serious or irreversible physical or mental problems. If this proposal is approved by The National Congress, then abortions will become legal in private or public hospitals, up to the 24th week of gestation, with the consent of the pregnant woman and the affidavit of two doctors. However, abortion continues to be a crime in Brazil today.

### D. Population Control Efforts

There are numerous efforts to promote a reduction in the population growth in Brazil. It is worrisome to find that São Paulo has 16.4 million inhabitants, being the second largest city in the world, second only to Tokyo, Japan, with 20 million inhabitants. Government campaigns carried on television and in newspapers inform people on the need to prevent an excessive growth of the population that does not have the necessary infrastructures, especially work and food supplies, to support it. Haphazard, uncontrolled population growth has led to the appearance of abandoned children, beggars, and would-be criminals (*marginais desocupados*) with nothing to do, all of whom are a heavy burden to a society without sufficient support structure.

The small family model has been in place in the large Brazilian cities since 1960, when the average of 6.3 children per family started to drop to the current 2.8 children per family. In rural areas, which comprises the largest area of the country, the average number of children in a family is still high at 5.7. However, we can assume that an accentuated drop in fertility in Brazil has resulted from the family planning campaigns. Reports tell us that 65% of the Brazilian couples of reproductive age use some type of contraceptive, with female surgical sterilization predominating. For example, in the United Kingdom female sterilization accounts for 8% of all contraception, in Belgium 5%, and in Italy 1%. In Brazil, female surgical sterilization accounts for 27% of the contraceptive usage. Hormonal therapies account for 25%, IUDs 1.3%, and vasectomies 0.7%. Other less-effective methods account for 11% of all contraception used.

## *10. Sexually Transmitted Diseases and HIV/AIDS*

### A. Sexually Transmitted Diseases

*Incidence, Patterns, and Trends*

The incidence of gonorrhea, which had diminished considerably until 1960, increased greatly with the sexual liberty that developed in the 1970s. Syphilis also increased during that period of greater sexual promiscuity. With the advent of AIDS, the condom that had been used solely by prostitutes to avoid disease or pregnancy became the principal method of protection against the transmission of the HIV virus, and in the process benefited the campaigns against other STDs in our country.

In Brazil, STDs have increased significantly in the younger population, 15 to 20 years old. Based on statistics from several states, we estimate that 15% of the youth has already contracted a venereal disease. This amounts to about 2.2 million youths.

The Ministry of Health wants to encourage the war against the incidence of STDs through educational campaigns. They believe that any serious effort to control STDs must begin in the schools. According to Dr. Belda, venereal diseases are symptomatic of what he called a "social sickness," because their basic causes are connected to the behavior of individuals and communities. Among the factors cited as responsible for the changes in sexual conduct are the increase in promiscuity, variation in sexual customs, the migration of populations, and greater ease in transportation. We also admit that the increasing use of contraceptives also serves to increase promiscuity. Along with increased promiscuity, there is increased risk of contracting venereal diseases such as syphilis, gonorrhea, venereal lymphogranuloma, chancroids, inguinal granuloma, genital herpes, condyloma acuminatum, and HIV.

The most frequent STDs are syphilis and gonorrhea. The other STDs are not very common and escape the Health Ministry's statistical control. Syphilis is found in men in its primary phase, mostly because of its obvious clinical signs. However, it goes unnoticed in women, being confused with other vulvar inflammations. When it is diagnosed in women, it is most often in the secondary phase as a part of prenuptial exams. That is why the campaigns must especially reach groups such as prostitutes, homosexuals, and unwed youth.

Despite the lack of credible data, there is much evidence to indicate a new surge in gonorrhea in Brazil. In Rio de Janeiro, the incidence of gonorrhea grew by 120% between 1968 and 1972 while the population grew only 6%.

### B. HIV/AIDS

*Incidence and Transmission*

At the end of 1992, The Ministry of Health reported a total of 31,466 cases of AIDS in Brazil. An estimated 450,000 Brazilians are infected with the HIV virus but present no clinical signs characteristic of the disease. São Paulo has the largest number of cases, 18,755 patients, followed by Rio de Janeiro with 4,933 cases and Rio Grande do Sul with 1,468 cases. Out of a total of 31,466 AIDS patients, 13,874 have already died, according to a report from the AIDS Division.

The known cases of AIDS in newborns are few and rare. Recent reports indicate only 634 perinatal cases. Of all the occurrences, 3.6% or 1,143 were found in people under 15 years of age. Among adolescents, ages 15 to 20, the incidence of AIDS associated with IV-drug use has risen from 3% in 1980 to 24% in 1993. While there has been a reduction in the number of infections transmitted by sexual contact, authorities are increasingly concerned about this rising transmission of the virus among IV-drug users. According to the latest report (1993), 19,060 of the 31,466 total AIDS cases were victims of heterosexual, bisexual, or homosexual transmission. Another 8,508 have contracted the disease through contact with infected blood. In adults, the ratio is seven infected males for every one female infected with the virus.

In a research project in Rio de Janeiro involving 1,350 men and women between 15 and 59 years of age, the authors found that 100% of homosexual and bisexual respondents were informed about AIDS. However, only 38.8% of the men and 18.3% of the women had changed their sexual practices to avoid AIDS. The government campaigns stress the importance of using the condom as a means to avoid AIDS. Many homosexuals and bisexuals do not use condoms because it "inhibits sexual pleasure." They say the use of the condom is not well accepted because a man may be offended if a woman insists he use one or a woman may become suspicious if a man uses one. Weighing the risks of losing a partner who already loves you against the risk of

contracting AIDS, many people choose to take the risk of contracting the disease.

In the Brazilian cultural tradition, the notion of homosexuality is more related to a passive (receptive) versus an active (penetrative) role. As Parker noted:

> The medical/scientific model has often been reinterpreted in traditional folk concepts, with their emphasis not on sexual object choice, as in the categories *homossexualidade* or *heterossexualidade*, but rather on *atividade* and *passividade*. In popular thought, the category of *homossexuais* or 'homosexuals' has generally been reserved for 'passive' partners, while the classification of 'active' partners in same-sex interactions has remained rather unclear and ambiguous. (Parker 1987, 162)

This causes some men to classify themselves as heterosexual, when in reality they are homosexual or bisexual. The result is that many AIDS prevention programs adopted from the United States to reach males engaging in anal intercourse do not reach their target audience. The disease is spreading among homosexuals and heterosexuals alike as a consequence of poor sexual knowledge and a lack of care. There has not been any research among lesbians, but it seems to us that there has not been an increase in disease among these women except among those who use IV drugs (Paiva 1995).

### *Availability of Treatment and Prevention Programs*

Prevention programs for AIDS using the slogans "Use a Condom" or "Practice Safe Sex" copy the North American models and do not take into account the particularities of sexuality in Brazil (Parker 1987). The practice of anal sex, as noted in Section 5C, Interpersonal Heterosexual Behaviors, Adults, is much more common between men and women in Brazil than in the United States, where it is a more frequent behavior among homosexuals.

There is a great mobilization of the community in a program of AIDS prevention through the development of several societies, the organization of lectures (*palestras*), the showing of films, professional health courses, the distribution of pamphlets, and information on radio and television programs. Meanwhile, religious groups protest and critique the campaigns because they seem to support solely the use of the condom and the disposable syringe. They believe it would be more educational and formative to discourage homosexuality, promiscuous sex, and drug use.

There has been no lack of the drug AZT. Even though it is a very expensive drug and not very efficacious in the treatment of AIDS, it has been distributed freely to patients with HIV who report to the Health Centers. Presently, Brazil is fourth worldwide in the number of AIDS cases, according to the World Health Organization. The United States has the most cases, followed by Uganda and Tanzania. France is fifth and Zaire is sixth (1992 data). Several years ago, Parker noted that:

> it is clear that a careful examination of the cultural context in Brazil inevitably leads to the conclusion that the health problem posed by AIDS and facing Brazilian society is potentially far more widespread and serious that has thus far been acknowledged. . . . Brazil is facing an epidemic disease that is potentially as devastating as the other serious public health problems that already exist there, and a combination of prejudice, short-sighted planning, and economic instability has left Brazilian society almost entirely unprepared to confront it. (Parker 1987, 169)

Presently, much attention has been given to the protection of those who work in the health industry and have contact with the high-risk groups in the general population, especially adolescents. The voluntary testing for HIV has been encouraged, and there is a campaign to protect those who test positive against discrimination.

### *Government Policy*

[*Update 2001*: In 1997, Brazil introduced a controversial policy to manufacture its own generic AIDS medicines and distribute them free to patients. By 2001, this controversial program had turned Brazil into a global leader in fighting the AIDS pandemic. In the 1980s, Brazil was one of the hardest-hit countries. By early 2001, while 20% of South African adults and 5% of Haitians were HIV-positive, only 0.6% of Brazilians were HIV-infected. The AIDS death rate in Brazil was cut in half between 1996 and 1999. Despite opposition from the Roman Catholic Church, some 10 million condoms were distributed during Carnaval celebrations in 2001. Frank prevention talk, and free medicine and treatment have put Brazil in the position of being a role model for the world (Rosenberg 2001).

[In March 2001, the first batches of the AIDS vaccines, Alavac vCP1452 (France) and MN rGP120 (United States), arrived in Brazil to be tested for human side effects by 40 volunteers. This study is part of a larger study sponsored by the United States government to study the vaccines in several developing countries. Researchers for O Projecto Praça XL, the AIDS research group of the Federal University of Rio de Janeiro (UFRJ), hope to study the side effects and immunobiological responses of the human body to the new AIDS vaccines, starting in June 2001. (*End of comment by L. Raibin)*]

[*Update 2002*: UNAIDS Epidemiological Assessment: The HIV/AIDS epidemic in Brazil is showing clear signs of stabilization. The incidence of AIDS has remained stable over the last five years at around 20,000 new cases per year, or 14 new cases per 100,000 population, and HIV prevalence also appears to be stabilizing across all sentinel surveillance studies conducted in the last four years.

[In 2000, 16,477 samples collected at 140 antenatal clinic sites were analyzed as part of sentinel surveillance of pregnant women. The national HIV prevalence in antenatal clinic settings was found to be 0.61%. When disaggregated by size of urban population, the prevalence in cities with more than one million inhabitants was found to be 1.25%. In cities with populations between 500,000 and 1,000,000, the prevalence was 0.34%; cities with populations between 200,000 and 500,000 had a prevalence of 0.46%, municipalities with populations 50,000 and 200,000, prevalence of 0.50%, and among cities with fewer than 50,000 inhabitants, 0.22%.

[Based on this study, it was estimated that in 2000 there were 597,443 individuals of both sexes between the ages of 15 and 49 years with HIV infection in Brazil, corresponding to a prevalence of 0.65%. UNAIDS estimates for the end of 2001 place the figure at 610,000 individuals living with HIV/AIDS, a prevalence of 0.65%.

[A 2001 study on 869 intravenous drug users in five urban areas found a median prevalence of 36.9%. A study of sex workers conducted in 2000 with 2,712 women in eight cities found median HIV prevalence to be 6.1%. Between March 1997 and October 2001 seven rounds of surveillance were conducted to establish the prevalence of HIV among STD patients. In total, 41,229 patients were tested, averaging 5,890 patients across 32 clinics per round. Median HIV prevalence for the period was 2.9%, with a decreasing trend from 4.2% in March 1997 to 2.7% in October 2001.

[In 2001, estimates of incidence and prevalence were developed for other STDs. Of the STDs examined, HPV preva-

lence was highest, at 15.17%, followed by HSV2 (0.76%), l. vaginalis (3.4%), syphilis (2.06%), trichomoniasis (1.92%), and gonorrhea (0.71%). Incidence was highest for l. vaginalis (5.1%), followed by trichomoniasis (2.32%), gonorrhea (1.82%), l. pallidum (1.10%), HPV (0.81%) and HSV-2 (0.76%).

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

| | | |
|---|---|---|
| Adults ages 15-49: | 600,000 | (rate: 0.7%) |
| Women ages 15-49: | 220,000 | |
| Children ages 0-15: | 13,000 | |

[An estimated 8,400 adults and children died of AIDS during 2001.

[At the end of 2001, an estimated 130,000 Brazilian children under age 15 were living without one or both parents who had died of AIDS.

[*Adults in this UNAIDS Fact Sheet are defined as women and men aged 15 to 49. This age range covers people in their most sexually active years. While the risk of HIV infection obviously continues beyond the age of 50, the vast majority of those who engage in substantial risk behaviors are in the latter group. (*End of update by the Editors*)]

## 11. Sexual Dysfunctions, Counseling, and Therapies

### A/B. Concepts of Sexual Dysfunction and Treatment

Sexology has been a medical specialty in Brazil since September 30, 1980. But, the majority of the physicians and the public are not aware of this. Brazilian culture exalts the virile man, and erectile dysfunction is considered a great shame. This leads men to depression and the common practice of not admitting they are impotent and blaming the woman when forced to admit it. Various sexual therapy clinics have emerged in the large cities, some of them without any modern scientific basis. There are a few legitimate groups that deal mostly with male sexual dysfunctions; a breakdown of such clinical treatment includes lack of erection 52%, ejaculatory problems 26%, and reduced libido 22%.

The use of vascular surgery is very common for male erectile dysfunction, followed by the insertion of a prosthesis to improve erection, for problems of an organic origin. Psychotherapy and hormone therapy are used in psychogenic problems.

Since 1986, the Department of Sexology of the ARE–Várzea do Carmo in São Paulo has been exclusively dedicated to the treatment of female sexual dysfunctions. Their case distribution is: inhibited sexual desire/arousal 37%, anorgasmia 61%, and vaginismus 2%. In a study of 150 clients at this clinic, Sergio L. Freitas found that 80% of the treated women were cured of their symptoms, while 20% dropped out of therapy for several reasons. Half of the women treated did so without their husband's knowledge. The husband's machismo jealousy and pride will not permit them to seek help openly. It was necessary to combine psychoanalytical and gynecological methods, and the techniques of Helen Singer Kaplan's *New Sex Therapy*, with a reconditioning and remedial sexual education. The main causes of sexual disturbances were related to sexual disinformation, negative early sexual experiences, and a poor-quality sex life. The average age was 32 years old. Treatment lasted from three to ten weeks. We found that 27% of the women were married without knowing that the sexual act was normal conduct in matrimony. Sixty percent were virgins when they married; 87.7% found their first sexual relation to be somewhere between bad and awful; 13.3% found it to be acceptable; while none rated their early sexual experiences as either good or great.

The training of professionals for diagnosis and treatment takes place at the institutes mentioned in Section 12A, below. Certificates are awarded at a postgraduate level, following both theoretical and practical training through the observation of cases in active therapy.

Recent economic conditions have taken their toll on Brazilian sexuality. In a tropical land soaked with sensuality, economic anxieties are tarnishing a point of Brazilian national pride: bedroom performance. Harried by an annual inflation of 2,500%, two thirds of the adults surveyed in 1994 complained that the economic crisis was dampening their libido. Brazil's sex crisis is manifest at the dilapidated motels that line the roads into Rio de Janeiro. These establishments, featuring ceiling mirrors and suggestive names like "Lipstick," "Pussycat," and "L'Amour," offer hourly rates. Opened in the economic go-go years of the 1970s, many of these 225 motels in Rio are now deteriorating for lack of maintenance. Once discreet, they now fight to survive by advertising on television and offering promotions like discount lottery tickets or free lunches. Even so, Rio's motel industry trade association estimates that motels are renting their rooms at discounts averaging 40%. Respondents in a Brasmarket poll listed the following reasons in descending importance for the flagging sex drive: insecurity, lack of money for a date, street crime that keeps people at home, and lack of money for a motel.

## 12. Sex Research and Advanced Professional Education

### A. Institutes and Programs for Sexological Research

Sexology was recognized as a medical specialty in Brazil in 1980. Some postgraduate courses are offered at the Institute Saedes Sapietiae and at the Institute Havelock Ellis. These courses have been run by the Department of Sexology–ARE–Várzea do Carmo since 1986 by Dr. Sérgio Freitas. They offer practical training in sexology to professionals in the areas of psychology, nursing, social work, and medicine. The text, *Becoming a Sexual Person* (R. T. Francoeur, 2nd ed., New York: Macmillan, 1991), has been utilized as the basis for graduate courses in sexology, along with research in the area of sexuality and behavior of the Brazilian woman since 1992. Interest for this clinical specialty has had a recent impulse because of the XI World Congress of Sexology, held in June 1993 in Rio de Janeiro.

Among the organizations carrying on research, promoting courses, and running conventions on human sexuality in Brazil are the following:

Brazilian Association of Sexology (AB-SEX) (Associação Brasileira de Sexologia). Dr. Sérgio Luiz G. de Freitas, M.D., President. Address: Rua Tamandaré, 693 - Conj. 77, 01525-001 São Paulo, SP, Brazil.

Brazilian Sexual Impotency Research Society. Sociedade Brasileira de Pesquisa sobre Impotência Sexual. Roberto Tullii, M.D., Director. Address: Alameda Gabriel Monteiro da Silva, 1719, 01441-000 São Paulo, SP, Brazil.

Brazilian Sexual Education Association. Associação Brasileira de Educação Sexual. Address: Alameda Itú, 859, Apto 61, 01421-000 São Paulo, SP, Brazil.

Brazilian Society of Sexology. Isaac Charam, M.D., President. Address: Praça Serzedelo Correia, 15, Apto 703, 22040-000 Rio de Janeiro, RJ, Brazil.

Brazilian Society of Human Sexuality. Sociedade Brasileira de Sexualidade Humana. Address: Av. N.S. Copacabana, 1072, s. 703, 22020-001 Rio de Janeiro, RJ, Brazil.

Sexology Nucleus of Rio de Janeiro. Núcleo de Sexologia do Rio de Janeiro (NUDES). Address: Av Copacabana, 1018, Grupo 1109, 22060-000 Rio de Janeiro, RJ, Brazil.

National Sexology Commission of the Brazilian Federation of the Societies of Gynecology and Obstetrics. Comissão Nacional de Sexologia da Federação Brasileira das Sociedades de Ginecologia e Obstetrícia (FEBRASGO). Address: Edf. Venancio 2000, Bloco 50, Sala 137, 70302-000 Brasília, DF, Brazil.

Paranaense Commission of Sexology. Comissal Paranaense de Sexologia. Address: Rua General Carneiro, 181 - 4º andar. Maternidade do Hosp. de Clínicas, 80060-000 Curitiba, PR, Brazil.

Department of Sexology–ARE–Várzea do Carmo. Departamento de Sexologia–ARE–Várzea de Carmo. Address: Rua Leopoldo Miguez, 257, 01518-000 São Paulo, SP, Brazil.

### B. Sexological Publications and Journals

The only sexological journal published in Brazil is *Jornal da AB-SEX*, published since 1986 by the Brazilian Association of Sexology (AB-SEX) (Associação Brasileira de Sexologia). Address: Rua Tamandaré, 693, Conj. 77, 01525-001 São Paulo, SP, Brazil.

Some newspapers, magazines, and other popular periodicals publish columns dealing with sexual interests that provide an insight into Brazilian sexual cultures and behaviors. These include *Notícias Populares* (SP), *Claúdia*, *Nova*, and *Carícia* (Editora Abril).

## *13. Sexual Behaviors of Aboriginal Indians*

### A. Puberty Rituals and Premarital Activities

The behavior of several indigenous tribes of Brazil is similar, except for some variations particular to each native culture. The indigenous groups, such as the Kapalo, Xavantes, Tupinambas, and the Alpinages, have developed similar rituals for children and adolescents.

A girl is promised as a future bride while she is still very young, usually about 5 years of age. The future groom is a male adolescent, about 16 years old, who will marry her when she enters puberty and has her first menstruation. After her first menstruation, the girl is taken to the women's house (*Oca*). There she will remain for an entire year without being permitted to see sunlight or trim her hair. After a year's time, she is removed from the house and prepared for the nuptial party. She will be married to that same young man, who is now about 26 years of age.

Among the Kapalo, rituals of preparation for the male adolescent begin when he completes his 16th birthday. He must pass tests of courage, physical endurance, and resistance to pain. The boy must run through the forest for several kilometers while carrying a tree trunk. He must climb a tree and insert his arm into a bee or wasp hive, descending only after he has been stung several times. He must not hurry his descent nor run from the tree. He must also not scream or cry in pain. The boy must also demonstrate his skill in hunting and fishing with arrows (nets and hooks are not permitted for fishing). After passing all these tests, he is considered to be an adult. He will no longer live in the boys' house and must now reside in the unmarried men's house (*Oca*). He will then begin to take part in the adult fights and competitions.

At this point, he begins his sexual initiation. He may have sexual relations with any widow, older single women, and his older brother's wife. Sexual intercourse occurs mostly between people of different generations: the older generation teaches the younger generation.

Virginity is of secondary value. Girls usually lose their virginity before their wedding. The explanation is simple. The young women and men are not knowledgeable of the ways of the world. They marry old people of the opposite sex so they can learn from them.

### B. Sexual Behaviors of Single Adults

Because girls are married about age 5, there is a lack of young single women. Young men thus must be content with much older women. Although most are postmenopausal and sterile, there is the advantage of having a wife who knows how to cook, tend the fire, and keep the house. Thus, single young men will take any old woman for a bride, even if they do not find her attractive. As soon as it becomes possible, she will be traded for a younger wife. Men can only have sexual relations with fertile women after they have executed at least one enemy in a ritual killing.

Sometimes, the parents of the groom offer him an enemy to execute. However, if he wishes to marry a young woman, he must capture and kill an enemy himself. Because of this ritual, a single young man very seldom marries a fertile young woman before he is at least 30 years old. Men may only take part in war expeditions between the ages of 26 and 40 years of age. A man that has never imprisoned any slaves is labeled a "bad apple," or weak, timid, and cowardly (*Mebek*). He will never marry.

### C. Cohabitation, Marriage, and Monogamy

There is cohabitation without marriage, but once married, a woman's fidelity is demanded. Older men may reserve for themselves a high number of women, especially if they have gained power or prestige as warriors, medicine men, or Great Chiefs (*Caciques*). Old men are privileged; they can even reserve prepubescent (premenarche) girls for themselves. When a *Cacique* receives a young girl from her parents, he will wait for the first menstruation before having sexual intercourse with her. It is taboo to have sexual relations before menarche. There are frequent cases where there is reciprocal affection between a couple, and they remain united until the death of one of the consorts.

Dissolution of a marriage occurs with ease and frequency. Any incident as simple as a domestic disturbance or indisposition can lead to separation. The major cause of breach is the wife's adultery. In these cases, the mildest punishment is for the wife to be returned to her parents. A man may also repudiate, or even kill an adulterous woman, according to the tribe's natural laws. However, a man's adultery is received with approval by the community, which is amused by it. When a pregnant woman, widowed, divorced, or with a traveling husband, has sexual relations with another man, there is the difficulty in determining the father of the child. Such children, known as *Maraca*, "fruit of two seeds," are buried alive immediately following their birth.

This procedure also occurs any time twins are born. They believe twin children are generated by antagonistic spirits and must therefore be sacrificed.

After a birth there are some sexual prohibitions. The husband must abstain from sexual relations from the beginning of the pregnancy until the child can walk by itself or is at least a year old. This is the reason why men may have several wives (polygyny). In this manner, a man only has sexual relations with the same wife two years after the beginning of pregnancy.

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