

# AIDS and HIV prevention among adolescents and young adults in six Brazilian municipalities<sup>1</sup>

## Aids e prevenção do HIV entre adolescentes e jovens em seis municípios brasileiros

**Daniela Riva Knauth<sup>a</sup>**

 <https://orcid.org/0000-0002-8641-0240>

E-mail: [daniela.knauth@gmail.com](mailto:daniela.knauth@gmail.com)

**Flávia Bulegon Pilecco<sup>b</sup>**

 <https://orcid.org/0000-0001-8316-8797>

E-mail: [flaviapilecco@yahoo.com.br](mailto:flaviapilecco@yahoo.com.br)

<sup>a</sup>Universidade Federal do Rio Grande do Sul, Faculdade de Medicina, Departamento de Medicina Social. Porto Alegre, RS, Brazil.

<sup>b</sup>Universidade Federal de Minas Gerais, Faculdade de Medicina, Departamento de Medicina Preventiva e Social. Belo Horizonte, MG, Brazil.

### Abstract

The lack of a broader debate on HIV prevention and the resurgence of conservatism in recent years may have influenced the perceptions and practices of young people regarding HIV/AIDS. Semi-structured interviews conducted with 194 young individuals, aged 16 to 24, in four state capitals and two small municipalities in Brazil, revealed that they perceive AIDS as a “faceless disease,” making it impossible to identify who has HIV. Conceptions about HIV oscillate between fear and the perception that it is treatable. The risk was perceived as abstract, something that is not central to daily concerns, with the primary focus being in preventing pregnancy. Condom use is seen as a temporary prevention strategy, quickly replaced by trust in the sexual partnership. Available information technology appears unable to address the rise in conservatism and the lack of HIV prevention policies among young people. These policies should improve the provision of quality information tailored to the interest of young people, expand the availability of various prevention resources, and bring STIs and HIV back into the discussion arena.

**Keywords:** Young Adult; Adolescent; HIV; AIDS; Condom.

### Correspondence

Daniela Riva Knauth

Rua Ramiro Barcelos, 2400, Bairro Santa Cecília. Porto Alegre, RS, Brazil. CEP 90035-003

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## Resumo

A ausência de um debate mais amplo sobre prevenção do HIV e o recrudescimento do conservadorismo, nos últimos anos, podem ter impactado nas concepções e nas práticas dos jovens em relação ao HIV/aids. Entrevistas semiestruturadas conduzidas com 194 jovens, de 16 a 24 anos, em quatro capitais e duas cidades do interior do Brasil, revelaram que, para eles, a aids é percebida como uma “doença que não tem cara”, sendo impossível identificar quem tem HIV. As concepções sobre o HIV oscilam entre o medo e a percepção de que é tratável. O risco foi percebido como algo abstrato, que não é central nas preocupações cotidianas, cujo foco é evitar uma gravidez. O uso do preservativo é visto como uma estratégia temporária de prevenção, rapidamente substituído pela confiança na parceria sexual. As tecnologias de informação disponíveis parecem não ter sido capazes de fazer frente ao aumento do conservadorismo e à carência de políticas de prevenção do HIV entre os jovens. Essas políticas devem passar pela melhora na provisão de informações de qualidade, adaptadas aos interesses dos jovens, pela ampliação da oferta dos diferentes insumos de prevenção, e também devem trazer as IST e o HIV de volta para a arena de discussões.

**Palavras-chave:** Adulto Jovem; Adolescente; HIV; Aids; Preservativo.

## Introduction

AIDS and HIV prevention are topics that have not been frequently discussed in the mass media in recent years. These themes are remembered on rare occasions, such as on December 1st (World AIDS Day) and during Carnival (when there is a social expectation of a greater number of sexual relations with casual partners). On these dates, advertising pieces about prevention are launched by government institutions, at the municipal, state, and federal level, and epidemiological data are published. In 2023, for example, the Ministry of Health's campaign slogan was *Voltou o carnaval e com camisinha a alegria é geral* (Carnival is back, and with condoms the fun is all around). However, outside of these dates, the topic is forgotten until the following year.

The silence about AIDS and its prevention is part of a broader context of crisis in the Brazilian response to HIV/AIDS. The accumulated experience in the sphere of prevention, which has historically relied on close collaboration with Non-Governmental Organizations (NGOs) and dialogue with the social movement, with actions based on peer-to-peer education methodologies, promotion of human rights, and combating stigma and discrimination (Ayres, 2002; Grangeiro; Silva; Teixeira, 2009; Paiva, 2002), succumbed to the growth and resurgence of moral conservatism. Conservative movements, with political strength especially since the 2016 political coup and the 2018 presidential election, have begun to question the categories of gender, sexuality, sexual diversity, among others present in public policies, particularly affecting AIDS policy (Agostini et al., 2019).

When it comes to the young population, the topic of AIDS and HIV prevention is even less present, as, in general, it is not part of the topics discussed on the networks and social media that they follow or access. The subject is no longer treated systematically in schools, with the weakening of the *Programa Saúde na Escola* (PSE - School Health Program) in most municipalities and the growth of the *Escola sem Partido* movement and the fight against what has been called “Gender Ideology” (Miskolci; Campana, 2017). Studies on knowledge about HIV/

AIDS have shown that young people whose main source of information about sexuality are parents, health professionals, or teachers have higher levels of knowledge (Fontes et al., 2017). Therefore, given the current learning context, we can assume that young people nowadays have less information on the topic.

The effects of this absence of the topic of AIDS and HIV prevention on young people's conceptions and practices have been little investigated, especially because it is a relatively recent phenomenon. On the other hand, it is already possible to see an increase in this lack of information, as well as a decrease in condom use, a trend that was already being identified in recent years (Brasil, 2016; Vieira et al., 2021). Thus, recent data (2023) on HIV infection in the country show that 23.4% of new cases occurred in young people aged between 15 and 24. The progression of HIV to AIDS is also worrying in this age group, with 52,415 young people with HIV having progressed to AIDS in the last 10 years (2012-2022) (Brasil, 2023).

Given this context, this article aims to analyze the conceptions about AIDS and the risk of HIV infection, as well as the prevention strategies adopted by adolescents and young people.

## Methods

The data analyzed comes from the research "*Jovens da era digital: sexualidade, reprodução, redes sociais e prevenção às IST/Aids*" (Young people in the digital era: sexuality, reproduction, social networks, and STI/AIDS prevention), carried out in six Brazilian municipalities with young people aged 16 and 24. The research adopted a socio-anthropological approach, that is, it sought to take into account both the social and structural contexts that are imposed on individuals, as well as their ability to intervene in these, through practices and the creation of meanings (Olivier de Sardan, 2008; Victora; Knauth; Hassen, 2000). This approach was adopted because it allows us to apprehend not only such important social

determinants as gender, race, and social class, but also the biographical trajectories of the young people interviewed. A semi-structured interview was used for producing the data, based on a script that covered the family and residential context, study, and work issues, and the affective-sexual trajectories of the young people, with emphasis on the main sexual and reproductive events, such as sexual initiation, pregnancy/abortion, current partner, as well as conceptions and practices about HIV/AIDS and other sexually transmitted infections (STIs).

Participants were reached from the researchers' personal and professional networks and through posts on WhatsApp groups and social media. We interviewed 194 young people living in four state capitals (37 in Porto Alegre, RS; 40 in Rio de Janeiro, RJ; 41 in Salvador, BA; and 43 in São Paulo, SP) and two smaller municipalities (17 young people from Conceição do Mato Dentro, MG; 16 from São Gabriel da Cachoeira, AM). The aim was to seek differences in gender, socioeconomic profiles, race/ethnicity, reproductive experiences, and sexual orientation. Thus, the universe was made up of 100 cisgender women and 3 transgender women; 87 cisgender men and 1 trans man; 1 person who defined themselves as genderfluid; and 2 who identified themselves as non-binary. In terms of age group, we interviewed 42 young people ranged from 16 and 17 years of age, 51 from 18 to 19 years of age, 45 from 20 to 21 years of age, and 56 from 22 to 24 years of age. In terms of race/color, 120 of the interviewees declared themselves Black, 55 White, 18 Indigenous, and 1 Yellow. Regarding sexual orientation, 136 interviewees declared themselves heterosexual and 58 fell into one of the LGBTQIAP+ categories.

The interviews were carried out at the location indicated by the interviewee, except for a few which, as requested by the participants themselves, were carried out remotely<sup>2</sup>. All interviews were recorded and transcribed in full. The data were categorized based on the theoretical framework and research objectives and systematized in the Nvivo software.

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2 For a full description of the fieldwork, the characteristics of the interviewees, and the ways of contacting the interviewees, see the article "*Juventudes, sexualidade e saúde: reflexões teóricas e metodológicas a partir de uma pesquisa multisituada sobre trajetórias afetivo-sexuais juvenis*" in this Dossier.

It should be noted that, as this is a first analysis of the study's findings, this article is more descriptive and prioritizes the recurring aspects across the different cities and characteristics of the young people, highlighting only the factors that showed significant differences, such as gender and, in some contexts, social class.

The research was approved by the National Commission of Ethics in Research (CONEP) and the Research Ethics Committees of the participating institutions. In the case of young people under the age of 18, the waiver of the informed consent form signed by the guardian was authorized, accepting only the informed assent form signed by the adolescent. Those over the age of 18 agreed to participate by signing the informed consent form.

## Results and discussion

### Conceptions about AIDS

The five decades of the AIDS epidemic and all the advances made in treatment, much more than just in the sphere of prevention, have impacted young people's conceptions about the disease. While in the 1990s the prevailing conception was that AIDS was a distant disease, of the "other," and that it had a "face"—characterized by homosexuality and weight loss—today, among the young people interviewed the idea prevails that the "disease has no face," that is, it is not possible to identify "with the naked eye" who has HIV. The *Comportamento, Atitudes e Práticas na População Brasileira* (PCAP - Behavior, Attitudes, and Practices in the Brazilian Population) survey, carried out in 2013, which interviewed 12 thousand people aged from 15 to 64 years, already indicated that around 90% of those interviewed knew that an apparently healthy person may be living with HIV and almost 80% recognize that AIDS is a chronic disease that can be controlled (Brasil, 2016). In other words, the significant reduction in mortality, which meant that young people did not have the experience of seeing their idols and friends die of AIDS, produced changes in the way the disease is perceived by the new generation.

Conceptions of AIDS oscillate between a certain fear of the disease and the view that it is treatable.

Although all the young people interviewed say they "do not want to get it" and believe they would be deeply affected if that happened, the possibility of treating the disease by using antiretrovirals produces a relativization of fear. AIDS is no longer perceived as a death sentence and young people say they have little knowledge about it.

*It's just that before... there were a lot, yes, there were a lot of singers, people, famous people who died of it [AIDS] and so on. Then I was, like [quite concerned]. But now, as it is, people are living normally, so to speak, I don't think that's the case anymore. (São Gabriel da Cachoeira, female, 17, middle class) Look, I don't think so, but it's not a problem today if it happens, because I know about the treatment methods, so. I avoid . [...] But if I contracted it, it wouldn't be a problem either because I know about the treatments that exist today. I don't want to contract it. (São Paulo, male, 22, working class)*

Consistent with this conception that AIDS is a treatable disease, the possibility of HIV infection is often compared to the possibility of pregnancy. Pregnancy and AIDS are two things that young people do not want to deal with, but they admit that both are a possibility once they become sexually active.

*Yes, of course, there is fear and risk for everyone, from the moment you catch it, you freak out, right? So, I think the fear of getting it is the same, there's not that much fear, before getting it. [...] My goodness, I would go crazy! Even worse than [having] a child, right? [...] A child, a pregnancy, is not an illness. So, I think that it's not a thing... Just like death, it's just like death,, we're never afraid of death, "Oh no, I'm afraid of death", and is going to die. (São Gabriel da Cachoeira, male, 19, middle class) But when we have intercourse, we are... yeah, how do I say it? We are open to anything, understand? Both illness and pregnancy. (Rio de Janeiro, female, 23, working class)*

It is interesting to note that having a sexually active life means, for young people, "being open" to the risk of both pregnancy and HIV infection or another STI. This equalization of risks may

result from the perception that, in both cases, it is possible to deal with the consequences. In the case of HIV, they understand that there is the possibility of control with drug treatment, despite not considering the complexities implied in living under treatment for a chronic disease. In the case of an unexpected pregnancy, the reception provided by the family, especially after the birth of a child, can mitigate the “scare” (Joyce; Kaestner; Korenman, 2000; Bankole; Westoff, 1998; Sedgh; Singh; Hussain, 2014). In a few cases, induced abortion, even if illegal, can become a possibility for resolving this issue. Therefore, instead of managing risks preventively, young people often opt for harm reduction strategies (Bastos; Ventura; Brandão, 2018; Brandão, 2017; Cabral, 2017). In this sense, an unplanned pregnancy itself can serve as a warning about the risk of an STI, as exemplified in the statement below, from a young woman who, after pregnancy, started using condoms.

*[It was a pregnancy] but it could have been an illness, right. (São Paulo, female, 23, middle class)*

### **HIV/STI risk perception**

For the majority of young people interviewed, risk is generally perceived as something quite abstract, that is, it exists, but is not part of their daily concerns. And, despite comparing the risk of contracting HIV to that of an unplanned pregnancy, in this hierarchy, their most pressing concern is with pregnancy, which according to them is reinforced by school.

*And the worst thing is that this is one of the biggest problems [AIDS], which the school taught so poorly that it practically wasn't a problem for me. You know, I heard a lot about it, but I felt like it wasn't going to reach me, so to speak. So, it's like, I almost never had problems, I hardly thought about it. I think my biggest problem was getting pregnant [...] nowadays I think a lot about it, a lot. (Salvador, female, 21, working class)*

The risk is widespread, including, in addition to sexual relations, kissing on the mouth, and even the possibility of someone intentionally injecting the virus, as one participant reported:

*I've even seen someone with a syringe put something on the bus, on the BRT, on a woman. Do you know what it is? Thank God, I don't think anything happened to her, but he could have tried to transmit some disease to her. Anyway, from the moment you get into a relationship [there is a risk], unless you don't have intercourse at all. Then maybe not. Anyway, there is this risk of maniacs, crazy people, but I think so. Anyone is prone to contracting it, even by kissing, right?! Depending on the thing, if it's herpes, if a wound is open, it can also happen. (Rio de Janeiro, female, 22, working class)*

The lack of a hierarchy of risks, placing different sexual practices and situations on the same level, can be attributed to the lack of more qualified information by young people, which has been little discussed at school and other social spaces they frequent. On the other hand, we cannot ignore that the campaigns themselves and the hegemonic medical discourse tend to consider youth sexuality only from the perspective of risk.

In analyzing what he calls the “risk factory,” Gilbert (2003), highlights that, from the perspective of the risk model managed by experts and public authorities, the public’s characteristic of irrationality appears precisely as the inability to correctly prioritize risks, overvaluing some that are unlikely at the expense of others that are more likely to occur (Gilbert, 2003). At the beginning of the AIDS epidemic, authors such as Perlongher highlighted the extent to which the medical discourse ignored the pleasure dimension, treating sexuality only from the perspective of risk (Perlongher, 1987; Valle, 2023). The absence of this hierarchy ends up having a kind of paralyzing effect, since there are no risks to prioritize or protective measures are always adopted in all situations or, on the contrary, the risk is left to chance.

The idea is that there is always some risk, but this is minimized by the protective measures adopted. This perception varies according to the gender

of the interviewee. For women, the risk is most often attributed to the possibility of the condom “breaking” and the possibility of betrayal by the partner.

*I think no one is free like that, not to get it, because if you have oral sex, you can get it, with the condom too, it could be broken and the partner won't tell you, so you have oral sex and end up getting infected with the disease. Or you've been with a partner, sort of, for a long time and he cheats on you with someone who has this disease, which did happen to a friend of mine. (Porto Alegre, female, 19, working class) I'd be at risk if my boyfriend was cheating on me. Because I've already had sex without a condom with him and I haven't contracted anything. So, if he cheats on me for some reason, I have sex without a condom or it breaks, I could catch it. (Rio de Janeiro, female, 17, working class)*

For men, in contrast, the risk seems to be related to not using condoms in situations considered risky. Failure to use a condom is seen as an inconsequential act, but justified by the emotions of the moment, such as horniness.

*I regret it a lot afterwards [exposure], when the act itself is already over, you know. I see that, like, at the height of excitement, the horniness, we don't even think, you know, sometimes. And then I regret it so much. [...] Ah, I try not to think about it so much, because otherwise I'll freak out. Of course, right, do tests afterwards, anyway. But I try not to think about it too much, because, well, it's over, you know. (Porto Alegre, male, 21, working class)*

However, if on the one hand the fact of exposing oneself can generate “fear,” on the other it is proof of the sexual activity of those who exposed themselves. Therefore, there is a certain ambiguity in the risk perception among some of the men interviewed. It is interesting to note that, even when they identify a situation of exposure, men tend to wait and not immediately seek confirmation by testing. Women, in contrast, were more likely to seek testing when they realized they had been exposed.

*I'm very scared, once when I was with this boy, we dated for a short time, there was one time when we had sex without a condom and then I was, like, paranoid. I was like: “I don't know if I am the only one he is seeing, I don't know what could happen.” And then, so much so that the next day, on the day of ENEM, I went straight to the clinic to do those HIV tests and found out everything and take medication, I was scared... (Porto Alegre, female, 20, working class)*

*Yeah, when I grew up, other times, like, when there was, when I was single, like, I used condoms. So, I always felt very safe, very calm. But there was a time when a friend of mine started saying: “damn, I'm sure you're infected” [...] And then, I started to get scared. But then, I... I needed to take the test. But then, I ended up, like, the pandemic came and such. Then, I started to have a relationship with Valentina. Then, Valentina took a test, and it was negative too, so that gave me some peace of mind. Yeah ... but I think I have to do it, right? (Rio de Janeiro, male, 18, middle class)*

The main protection strategy used by young people is “trust” in their sexual partners. For young women, this trust comes from the type of bond with their partner, while, for men, the fact of already “knowing” their partner generates a feeling of security to the point of abandoning the use of condoms.

*Yes, because I have sex with my husband. But I trust him. Because I know he wouldn't be able to do that, understand? Hanging out with other people on the street, having sex, and bringing diseases into my home. [...] I trust him. I trust. And I tell him: I trust you, if you do that, I'll kill you. (Rio de Janeiro, female, 23, working class)*

*I think everyone, you know, is at risk if they don't take precautions. We have to keep... always keep protected and so on. But I find it's hardly possible, nowadays, to catch it, even having sex, I find it hardly possible, because I try to have sex with people I already know, I talk to them beforehand, there are all kinds of topics, it's... I ask if they've been tested, if they have any STD, you know? (Rio de Janeiro, male, 19, working class)*

Trust is given by “knowing” the person and the length of the relationship. Time is also relative, because if a condom is generally used during the first sexual intercourse with a new partner, this is soon dropped, as the partner has already become known and trusted.

*Oh, only after [stops using condoms], like, wow, for a long time, there's nothing at all, then, yes, then, I don't use [condoms]. No, in this case, I'm saying there's nothing at all, I'm going to expose myself, but like, after a second, third time, then I don't use [a condom]. Or second, second time like this, I no longer use [condoms] (Porto Alegre, male, 18, middle class)*

*So, we... I took care of myself, but I don't know if my partner did. Then he used a condom. In the beginning we used condoms. But we got to know each other through words, we didn't go to the doctor to have a test to see if it we really didn't have any... you know? And we did it without a condom. (Rio de Janeiro, female, 20, popular class)*

Sexual encounters that occur via apps are also considered to be of greater risk, as they are generally a relationship with an unknown person.

*Because I don't know the person ... If it's literally a stranger that you're physically attracted to, just a chat, like, but the issue of the app is more physically for the person than a chat. It also depends on what you're looking for. I'm looking for something physical than just a chat, that sort of thing. I don't really like chatting, so... when it comes to the internet, right? But I don't know the person, I don't know who they are having sex with. Yeah... Sometimes, the person wants to have sex with me without a condom. If they want to have sex with me without a condom, they have sex with other people without a condom. I don't know if these people have sex with other people without a condom, you know? (São Paulo, male, 20, middle class)*

Thus, “getting to know” one’s partner is the main strategy for identifying risk and using protection, whether at the start of a relationship or with someone who might be contacted via apps. The use of condoms

is, therefore, almost exclusively reserved for the initial moment of the relationship or for relationships with unknown partners. It is interesting to note that, despite the new prevention technologies available, young people continue to use a feeling of trust in their partner as the main form of risk management. This leads us to reflect on the logic of affective-sexual relationships, in which the bond with the partner is prioritized over the rationality intended by preventive discourses. Béjin and Pollak (1977) already warned that the rationalization of sexuality, made possible by the autonomy of sexual interest, the creation of a body of experts and the emergence of sexual pleasure, creates more subtle mechanisms for controlling sexuality (Béjin; Pollak, 1977). Young people’s refusal to rationalize can also mean a refusal to accept forms of control imposed on youth sexuality.

### Condom use

In general, there is no dialogue between the partners and no negotiation over the use of condoms. Among those who choose to use condoms, they leave their adoption implicit and the responsibility for bringing them falls on the man (Heilborn et al., 2006).

*Teenagers never talk about it like that. They only talk about what interests them. They don't talk about STIs, they don't talk about unwanted pregnancies, teenagers don't talk about these things. (São Paulo, female, 19, working class)*

*Like, I didn't even have to say “bring a condom,” you know? He already had a bunch and all. (Salvador, female, 24, middle class)*

The main sources of information about HIV/STI and forms of protection against the disease are: school, almost always present in young people’s discourse, but identified as not providing sufficient information; and the internet, whether through search engines, social networks, or pornographic videos, which they describe as stigmatizing. For young people from middle classes, the family, especially the mother, also acts as a source of knowledge, although less frequently.

Condoms are acquired mainly through purchase in pharmacies or supermarkets. Few young people reported feeling comfortable withdrawing supplies from health services. The embarrassment of acquiring it and the fear of moral judgment, especially in contexts of familiarity (Cunha-Oliveira et al., 2009), such as in *favelas* or rural cities, is evident in the speech of some interviewees.

*So, we had to do it all carefully so that no one would know and that's why we had to go far away to buy condoms, pills, everything had to be hidden* (Salvador, female, 21, working class)

*I was without a condom, I had to go down, go to the pharmacy, buy it, come back and I was very embarrassed to buy a condom at the pharmacy at the time.* (Salvador, male, 20, middle class)

On the other hand, purchasing a condom can serve, especially for men, as a way of reaffirming their virility and attesting to their sexual activity.

*Arriving one day and buying a package, then getting there again the next day* (laughs). (Conceição do Mato Dentro, male, 19, middle class)

In the sexual trajectory of young people, condoms are used as a prevention method for STIs and HIV, in the context of casual relationships or at the start of a relationship, while there is not yet a bond of trust between partners, as already mentioned. As in the case analyzed by Perrusi and Franch (2012) concerning relationships between HIV-serodiscordant couples, young people also perceive condoms as a temporary method, which can—and even should—be quickly dropped in the case of relationships that aim to be stable. As the authors point out, condoms work as a “moral demarcator of the relationship” (Perrusi; Franch, 2012) which, in the context of young people’s affective-sexual life, can take priority over avoiding HIV and STIs.

In general, young people reported using condoms consistently with occasional partnerships. Some, however, report impulsiveness and lack of programming as reasons for not using condoms (Cunha-Oliveira et al., 2009; Griep; Araújo; Batista, 2005).

Sometimes, yeah, but other times we forget it in the heat of emotion. (São Paulo, female, 23, middle class)

Corroborating the literature, which indicates that there is a gender distinction in the adoption of prevention strategies regarding the use of alcohol and other drugs, some young men justified not using condoms with occasional partnerships due to their use of substances (Bertoni et al., 2009; Cunha-Oliveira et al., 2009). The same information did not appear in the speeches of the young women interviewed.

*Ah, it's that moment when you're already a little high, you know, depending on where you are, and it just goes like this... it just goes ...* (São Paulo, male, 23, working class)

The traditional view that “using a condom is troublesome” remains among today’s generation. Many young people, especially working-class men, reported not using condoms because they do not like them or find them uncomfortable (Miranda-Ribeiro et al., 2008).

It's a pain to get it out of the plastic, but I don't like it anyway. (São Paulo, male, 24, working class)

This discomfort sometimes involves the loss of sexual desire and inexperience with using the product. Pleasure is also one of the factors that motivates not using condoms, as one of the interviewees highlights:

*[...] I know they try to make people aware that by saying, “No, sex with a condom is pleasurable.” But energetically, you know, connecting with the other person when there's plastic in the middle does get in the way. Of course, it's our health that matters, right, there are lots of sexually transmitted diseases these days, we can't overlook it, but anyone who says that having sex without a condom isn't more pleasurable than having sex with a condom is lying because you feel the person more, you feel skin to skin, you feel the penetration more. And that's it, so I don't take much care with these things, but I always, like,*

*I've taken PreP, PEP, I've taken it to have sex without a condom, I take tests constantly to see and, so far, Papa Oxalá and the orixás are blessing me, guarding me, but they keep pulling my attention so that I'm ashamed of myself.* (São Paulo, male, 20, working class)

Testing for HIV and other STIs is a strategy that was mentioned by some of the interviewees. The majority of young people reported having been tested at least once in their lives. As the literature indicates (Griep; Araújo; Batista, 2005), the main testing strategies varied according to gender. For women, especially those with fewer partners, and some men (especially in state capitals), pregnancy was a privileged space for testing, since HIV testing is included in the list of tests requested during prenatal care to prevent mother-to-child transmission of HIV (Brasil, 2013). For a significant proportion of men and also for some women, particularly those with a higher number of partners, testing took place because of a possible exposure, to make sure they had not been infected with an STI or HIV. A third group that appeared in our study was made up of young people, of both sexes, who were tested for routine exams. This group, unlike the previous ones, did not focus on being male or female, but rather on social class (the majority of which were middle-class young people) and sexual orientation (with a significant presence of LGBTQIAP+ people). Finally, one last group, much smaller than the previous ones, was made up of young people who, at the start of a relationship, were looking to find out their own and their partner's serological status, to minimize the risk of contracting an STI/HIV and/or to abandon condom use. Only one young man reported having a family member living with HIV, which motivates him to get tested every three months.

Thus, the refusal to use condoms consistently may be signaling a kind of exhaustion of the preventative discourse centered on risk and, in the case of HIV, on condoms. New technologies (such as PreP and PEP) and prevention strategies (such as self-testing) can be an option in this scenario of youth sexuality, as the above statement indicates. However, there is a great deal of ignorance among the young

people interviewed about these new technologies, as well as about where and how they can be accessed and used.

## Final considerations

There have been many changes in recent years concerning young people, especially with the expansion of the internet, social networks, and the spread of smartphones (Palenzuela Fundora, 2018). The interaction of young people in social networks has been an important form of political mobilization and in the public space (Machado; Ribeiro; Meneses, 2023; Santos, 2022; Simões; Campos, 2016), as well as establishing sexual partnerships with the use of specific apps and exchanging nudes (Acosta, 2019; Facioli; Padilha, 2018; Maracci; Maurenate; Pizzinato, 2019). However, when it comes to young people's level of information and protection practices on sexual and reproductive health, the spread of the internet and social networks does not seem to have had the same impact. Our data indicates a significant lack of knowledge among young people about HIV/AIDS, about the different risks involved in each sexual practice or situation, and about the new HIV prevention technologies available.

The available information technology appears not to have been able to cope with the scenario of increasing conservatism and the lack of policies to prevent HIV among young people, especially heterosexuals. The use of condoms as a temporary prevention strategy, quickly replaced by trust in one's partner, signals the limits of the preventive discourse centered on individual responsibility and condom use aimed at the young population.

Public policies aimed at preventing HIV in this group should include improving the provision of quality information, adapted to the interests of these young people, and expanding the supply of different HIV prevention materials, but they also should bring STIs and HIV back into the discussion arena. Young people need to take advantage of scientific information about the different risks involved in different sexual practices, as well as the technologies available to mitigate risks beyond the use of condoms. In other words, it is essential to

guarantee a context of access to health services, qualified information, and necessary supplies, so that young people can manage their risks more effectively according to the situations and moments in their lives.

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### Contribution of the Authors

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