Contested Knowledge, Conflictive Morality:
HIV/AIDS, Gender and Sexuality in Puebla, Mexico

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Abstract

HIV/AIDS has highlighted the lack of understanding we have of cultural variations in ideas about sexual practice and identity. Whilst the South has been hit hard by the epidemic, the Mexican case is unique, and remains under-researched. Local ideas about sex, sexuality and gender, in conjunction with understandings and approaches to health affect perceptions of HIV and the risk of infection. However, health care policy evolves now in the context of an international medical community, and this thesis examines the problems these issues present.

Anthropological research into transmission of HIV in Latin America has focussed almost exclusively on men, and in particular men who have sex with men. Implying that a bounded homosexual community exists, this does not account for the rapid spread of the virus in the heterosexual community. The problem of HIV/AIDS in Mexico is examined here as a shared one, and ethnographic data was gathered through informal interviewing with men and women in a self-help group, sex-workers, and low and middle income women.

Public health policy normally side-steps the moral universe in the delivery of education/prevention programmes. Mexico has imported an international AIDS discourse produced in Anglo-Saxon cultures that privileges safe sex, monogamy and an idea of 'homosexual identity'. My argument that this policy cannot be applied indiscriminately in the non-Anglo setting is borne out by the ideas people express about their sexual lives and practices. Recent theoretical work in the anthropology of gender theory has been used to explore the contradictions inherent in discussions of sexual identity, especially the differences that exist between ideological systems and practice, and some suggestions are also made for application of the research findings.

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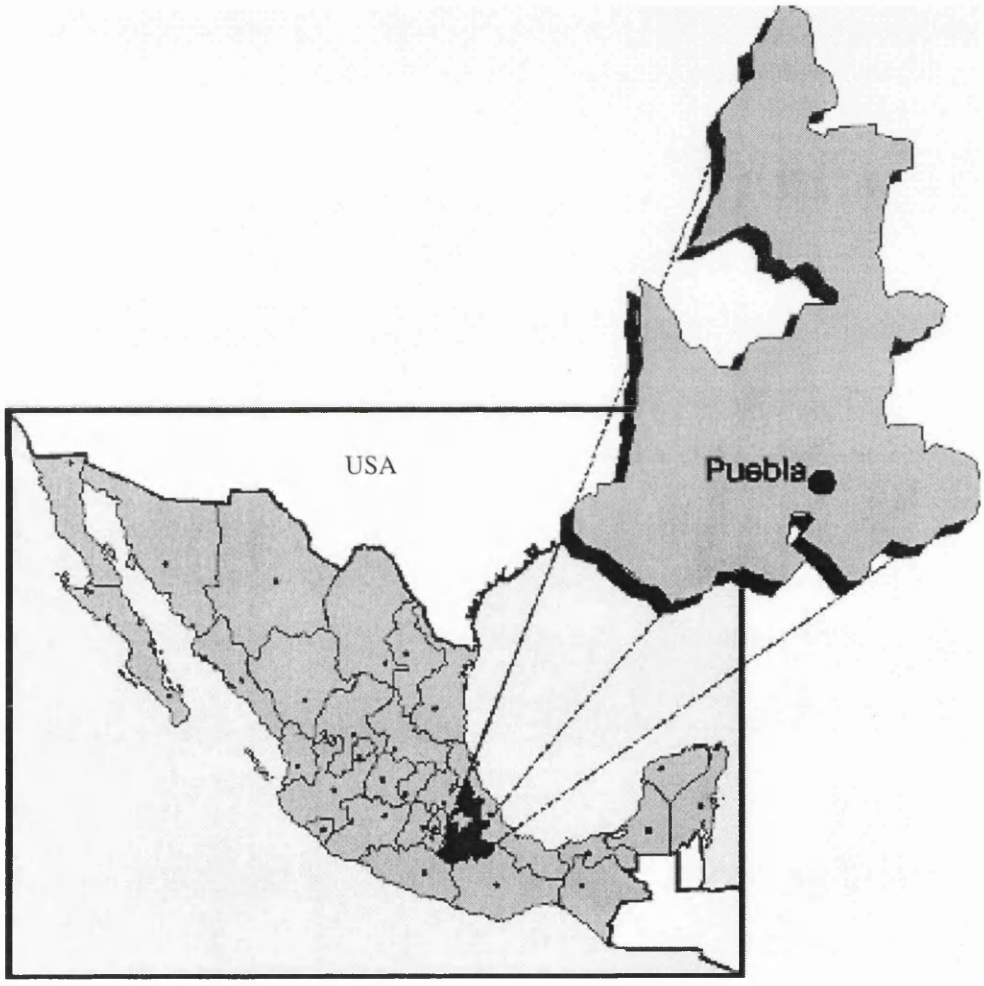
Mexico
International boundary
State (estado) boundary
National capital
State (estado) capital
Railroad
Road
0 100 200 300 Kilometers
0 100 200 300 Miles
Key to states (estados) in central Mexico
1 AGUASCALIENTES
2 GUANAJUATO
3 QUERÉTARO
4 HIDALGO
5 MÉXICO
6 DISTRITO FEDERAL
7 MORELOS
8 TLAXCALA
Gulf of Mexico
NORTH PACIFIC OCEAN
Bahía de Campeche
Golfo de Tehuantepec
BAJA CALIFORNIA NORTE
BAJA CALIFORNIA SUR
SONORA
CHIHUAHUA
COAHUILA
NUEVO LEON
TAMAULIPAS
DURANGO
SINALOA
NAYARIT
ZACATECAS
SAN LUIS POTOSI
JALISCO
COLIMA
MICHOACAN
GUERRERO
OAXACA
PUEBLA
VERACRUZ
TABASCO
CAMPECHE
YUCATAN
QUINTANA ROO
CHIAPAS
BELIZE
GUATEMALA
EL SALVADOR
Inter-Amer. Hwy.
Río Bravo
Río Lerma
Río Balsas
Río Usumacinta
Río Grande
Río Conchos
Gulf of California
Isla Cedros
Escollos Alijos
ISLAS REVILLAGIGEDO
ISLAS MARIAS
Cabo Falso
Quintín
Puerto Peñasco
Nogales
Ciudad Juárez
Rosarito
Hermosillo
Ojinaga
Chihuahua
Piedras Negras
Austin
Houston
San Antonio
Galveston
New Orleans
Pensacola
Guaymas
Delicias
Nuevo Laredo
Laredo
Corpus Christi
Santa Rosalía
Ciudad Obregón
Hidalgo del Parral
Monclova
Loreto
Los Mochis
Torreón
Saltillo
Monterrey
Brownsville
Matamoros
Culiacán
Durango
Ciudad Victoria
La Paz
Cabo San Lucas
Mazatlán
Zacatecas
Ciudad Mante
Tampico
Aguascalientes
San Luis Potosí
Tepic
Guanajuato
León
Querétaro
Irapuato
Poza Rica
Guadalajara
Pachuca
Jalapa
Morelia
México
Veracruz
Colima
Manzanillo
Toluca
Puebla
Orizaba
Cuernavaca
Coatzacoalcos
Villahermosa
Lázaro Cárdenas
Chilpancingo
Acapulco
Oaxaca
Salina Cruz
Puerto Escondido
Tuxtla Gutiérrez
Comitán
Tapachula
Progreso
Mérida
Campeche
Chetumal
Belmopan
Puerto Barrios
Guatemala
Tegucigalpa
San Salvador

MAP 2: STATE OF PUEBLA



Chapter One:

1. Introduction

The first cases of HIV/AIDS[1] were diagnosed in the West in San Fransisco and New York, in 1981/82. By 1986, the World Health Organisation had called for national governments to react to this increasingly devastating problem. Differing state responses to the disease reflect immediate capabilities as well as ideologies. Western countries have attempted containment in various ways. The civil liberties issues in the UK, (for example, the debate about testing all pregnant women without their knowledge or permission), contrast with the chaotic and delayed reactions in Brazil, where the blood supply has only belatedly been monitored. (Scheper-Hughes:1991). These differ again from the authoritarian response of Cuba, where the whole population has been tested and HIV positive people initially locked up in sanatoria, and the former Soviet Union, where whole cities were tested, highlighting the issues that different social and political cultures have prioritised. Rapid global connections - business, travel and tourism - have exacerbated the spread of infection, but also account for the swift responses in virology and medicine to the new problem. Had the illness existed only in sub-Saharan Africa, it is doubtful whether the millions of dollars already spent on the disease would have been found. Yet, as the North contemplates HIV/AIDS as a chronic, potentially manageable disease, the South struggles to incorporate it into the surfeit of cost intensive problems it already faces.

Appadurai argues that cultures make local what is global (1990), and this includes the experience of epidemics. This health crisis has been described as several local epidemics, with their own geographies, affected populations, and types and frequencies of transmission (Mertens et al:1994)

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[1]HIV/AIDS is a standard mode of reference, differentiating virus from medical syndrome. In Mexican literature, including Mexican government statistics, the two are usually conflated as 'SIDA', confusing discussion.

The virus has modified into various strains, affecting geographical regions. This is notrelated to race, but rather reflects the length of time the virus has been in a particular population (Herrera,G:1996). Mexico, as part of the global 'ecumene' (Foster:1991) is inexorably linked to the United States, following the fault lines of an international order (Farmer:1992). In Mexican medicine, as in much else, the dominance of North American ideologies is paramount (O'Neill:1990)[2]. Viewed from a global perspective, HIV/AIDS highlights the symbiotic nature of the relationship between the USA and Mexico, and is the context in which much of this discussion must be considered. The virus probably entered Mexico via the pattern of frequent, circular migration that creates the massive pool of cheap labour regularly drawn upon by the USA (Monto:1993). As well as supplying the USA with an extra source of labour, (and providing much needed incomes for Mexican families), and the human and environmental resources necessary for the success of the border assembly plant industries, Mexico provides luxury, exotic tourist resorts for wealthy foreigners to holiday in - another potential point of entry for the virus.

By April 1996 there were 26,651 documented cases of HIV in Mexico[3]. The medical community believes that this represents a massive under-notification[4]. Harvard University has suggested a figure of 100,000 cases,

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[2]This has to be qualified by noting that this has only been so since the 1940's. From Independence until the Second World War France had the greatest influence on Mexican bio-medicine, reflecting the overall influence of French society and culture on the country during this time.

[3]Figures to end of 1995, the most recent material available during fieldwork. Current recorded cases are around 29,000.

[4]Over projection of case numbers has been a hallmark of HIV epidemiology, because the incubation period of the virus has been continually revised upwards (Downs et al:1998).Most initial projections have therefore been revised downwards.

whilst the Mexican government puts the figure at 35% under notification (del Rio Chiriboga:1996). The current[5] reported figures place Mexico third in a league table of absolute numbers of cases in the Americas, and in 5th place proportionate to population, following the USA, Haiti, Honduras and Brazil (SSA:1996). However, the Mexican epidemic has a unique profile, with serious implications both for how the risk of infection and the illness are perceived. A detailed examination highlights both the specificity of Mexican HIV/AIDS, and the broader implications for the South in general.

Examining HIV/AIDS in Mexico from an anthropological perspective requires a consideration of ideas about health/illness and responsibility for personal health. It also needs to go further, in an exploration of theoretical debate on normative and non-normative discourses of sex, sexuality and gender, and an understanding of their application to or conflict with local models[6]. Whilst morality may more normally be considered outside theory in the delivery of social policy, local moral codes interweave and underpin understandings of sexuality, and these need to be taken into account in the production of more effective policy. In order to suggest how to improve education and prevention of HIV, this discussion needs to be set into the local social context, the context of the health institutions that deal with the problem, and government policy on sex education and contraception.

This new health problem contributes to our understanding of the processes

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[5]Ethnographic present.

[6]This reductionist focus on individuals through a discussion of purely sexual identities is a heuristic device for the sake of exploring this theme. I am not suggesting that individuals do not self-identify in other ways. Forms of self-identification are multiple and shift with the life-cycle.

of globalisation, as new knowledge/information[7] is differentially incorporated, resisted and rejected, and medical beliefs and practices are affected. Education about sexually transmitted disease, whether using locally produced or imported information (from the North[8]) remains an intensively difficult and problematic area. By focussing on the individual, and their particular circumstances, we begin to understand that the interplay of the social/cultural/political/religious/economic and educational forces that enmesh and surround an individual mean that knowledge is fragmented, not always straightforward to apply, and that knowledge can be played out on different levels, in ways of doing, acting and thinking that may contradict each other. Qualitative ethnographic studies contribute an understanding of how individuals use ideas in practice to the medicalised, quantitative discussions of sex and disease that have until recently dominated the debate.

The theoretical focus of this thesis draws on both medical anthropology and on feminist analyses of sexuality and gender. Feminist discussion of HIV/AIDS to date has suggested that women have less access to knowledge and control with regards to sex and the body; however, the arguments are not clear cut, and contradictions and inconsistencies arise within popular discourse, demanding that we work through what individuals say (and do not

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[7]Lyotard (1984:5) suggests that in the post-modern age we deal with quantities of information rather than 'knowledge'. Cheater (1995) contests this, arguing that 'information' is dehumanised, whilst the power to define 'knowledge' is the real issue. This argument, as it affects HIV/AIDS, is developed further in this chapter and later in the thesis.

[8]Dividing the world into North and South may lead to geographical distortions, but in the case of Mexico and its relationship to the USA, the terms are adequate. Mexico has been described as 'of the West and not' (Stern:1995) and as a 'syncretic' culture (Ingham:1986), combining both Western and pre-Conquest traditions. For the purposes of this study, I consider that Mexico is differentially located in the North, the majority of the population living in conditions common to the South.

say) about their own experiences. Work on men and HIV/AIDS, in particular gay men, has focussed more on the assessment of 'risk' of infection, and resistance to change in sexual practice. Women's understandings of the problem in the Latin American context has been neglected, and the interactions between women and men in the sexual arena in Mexico remain under-researched. A holistic approach can help to draw together some of the issues raised in these discussions. Men and women do not inhabit separate worlds, and in Mexico, as elsewhere, the problem of HIV infection is a shared one. As middle and lower-middle class women have been newly recognised as the most 'at risk' group for infection with HIV in Mexico, this research is now overdue.

1.2 Studies of HIV/AIDS in Latin America.

Major ethnographic studies of HIV/AIDS in Latin America and the Caribbean include Parker (1991, 1994) and Daniel & Parker's work in Brazil (1993), Carrier's work in Mexico (1988, 1989, 1995) and studies in Cuba (Leiner:1995) and Haiti (Farmer:1992). Wilson (1995) has also worked in Mexico, and Melhuus (1996) has recently published a collection of essays that includes an examination of ideas of homosexuality and their relationship to HIV/AIDS in Mexico. The focus of the work listed above has been almost exclusively on men, and no major ethnographic work on women and this new health crisis in the region has yet been published, although there is some work on *Latinas*[9] in the USA (Alonso & Koreck:1992; Rapkin & Erickson:1990), and on women in Brazil (Goldstein:1994; Scheper-Hughes:1994). In Mexico, social scientists who have published HIV/AIDS related work include the PIEM[10] group at *Colegio de Mexico,* and

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[9]See also Singer et al (1990) for a discussion of HIV/AIDS and bisexuality amongst Latinos.

[10]*Programa Interdisciplinario de Estudios de la Mujer.* (Inter-disciplinary programme of women's studies)

INSP/INAH[11] researchers Bloch and Liguori.[12] The key issue in understanding the transmission of HIV in Latin America, and the Latin American epidemic, is the local model of bisexuality[13] and its relationship to anal sex. For the purposes of understanding HIV/AIDS we cannot therefore contemplate only one side of the gender coin, and so these bodies of work must be brought together. I will look briefly at the work on women, and at Parker, Daniel & Parker's, Carrier's and Wilson's work, which concentrate on local understandings of male sexuality, and at the material that has examined bisexuality, in order to examine what has been said about HIV/AIDS and sexuality in Latin America, and how my research fits in to the current debate.

Rapkin and Erickson (1990) have published the results of studies of HIV knowledge amongst Hispanic women attending a family planning clinic in Los Angeles. Their conclusions demonstrate the importance of looking below the surface of assumptions made about other cultures, and also the inadequacy of suggesting that monogamy protects women from sexually transmitted disease. They argue the case for a linguistic protective effect, in that Spanish speaking Mexican women appear to be at less risk of HIV infection because of their *own* (personal) culturally conditioned behaviour:

"Although, overall, Hispanic women in the US are clearly at increased

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[11]National Institute of Public Health/National Institute of History and Anthropology.

[12]This work is also distributed outside academia in the non-academic journal *Nexos*, which has published at least four special issues (biannually) on HIV/AIDS in Mexico. Nexos's readership is largely comprised of academics and intellectuals, at the least a middle class elite readership.

[13]'Bisexuality' is a problematic label, and an analysis of what it means is one of the main points of discussion in this work. Aggleton (1996:1-2) stresses that great care must be taken to differentiate a bisexual 'identity' from bisexual practices.

> risk of HIV infection[14], we postulate that there may be a protective effect of traditional Mexican cultural patterns on women of Mexican origin who adhere to those traditions, and that those Hispanic clients who spoke only Spanish might be assessed at lower risk for HIV infection than the English speaking population.
>
> .....The incidence of sexually transmitted diseases, multiple sexual partners, and drug and alcohol abuse were less common among the Spanish-speaking, presumably less acculturated Hispanic women. ..(who are) more likely to be married, to have initiated sexual intercourse at a later age and to have fewer life-time sexual partners than English speakers..."(p896, 897)

Although they recognise that Hispanic women in the USA are disproportionately represented in heterosexual HIV/AIDS figures, they state that *Mexican* cultural influences (which they refer to as a "more conservative life-style" somehow provide "a protective effect". However, they later comment:

> "...there may be a potentially greater hidden risk than the above findings suggest. Firstly Hispanic women are not accustomed to sharing details of their intimate sexual behaviours with people they do not know, even in the medical setting... Additionally, any extramarital behaviour of the man is often interpreted as the woman's failure to satisfy her partner.... Same-sex activity has been estimated to be more common among minority than non-minority men..." (p897-898)

The labelling in this article is rather confusing. Whilst the authors focus initially on Hispanic women in general (both English and Spanish speakers), they pinpoint *Mexican* cultural patterns in particular as protective. Their conclusions again discuss Hispanic women in general, and then broaden this to *minority* men and women. This research, whilst stressing the important point that is not individual but rather *social* sexual practices that need to be discussed, highlights the confusion generated by discussing men and women in terms of categories, and the need to specify very clearly what exactly is being discussed.

Alonso and Koreck's (1992) research looks at the disproportionate number

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[14]Because of IV drug use.

of cases amongst blacks and hispanics in the USA, but their conclusions are more pertinent, as they discuss the context in which Latinas are given and receive information about HIV. The media in the United States has pointed to drug misuse as the main cause of transmission in these minority groups - and to a large extent ignored sexual transmission. Their research concurs with that of Joseph Carrier, in that homo and heterosexuality are defined differently in Latin America to the US, and that anal sex between men and women, and men and men, is frequent. HIV/AIDS in the USA is seen as a 'gay, white' disease, and so '*Latinos*' (and *Latinas*) who do not identify themselves as such, do not see themselves as at risk. However, Hispanic women cannot readily challenge, question or assume anything about their partner, so they conclude that because of Latina women's 'silence' with regards to sex and their male partner's other sexual relationships, they may be at risk of infection.

Richard Parker uses a social constructionist approach to sexuality, arguing for qualitative studies of HIV infection, and rejecting surveys and statistics as too superficial to capture the complexities of 'social representations, symbols and meanings that structure and shape sexual experience in different settings' (Parker:1994,S309). Despite historical, social and cultural differences between Mexico and Brazil, Parker, and Daniel & Parker's work on HIV/AIDS in Brazil can be used to represent general Latin American ideas of male sexuality[15], because of similarities between the understandings of homosexuality in the various countries.

The main categories that have dominated HIV/AIDS discourse - those of heterosexual and homosexual - are present in Brazil, and widely disseminated through TV, radio and the press. However they remain an elite

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[15]Whilst there are some general points to be made about 'Latin American sexuality', one of the arguments of this research is that whilst one must be very specific with labels, they conceal as much as they reveal (see Mirande:1997).

discourse, introduced mid-twentieth century in medical terminology, and they contribute to an understanding of homosexuality as pathology. Instead of the idea of sexual 'identity', or sexual 'community' that has emerged lately in the West, Brazilian sexuality is structured into the categories of masculine and feminine. Whilst being masculine is always the property of men exclusively, a man can be feminised if he allows another man to penetrate him during sex. The key idea here is that the penetrator never loses his male status. Those who 'eat' (comer) in sex are always male, whilst those who 'give' (dar) can be male (passive) or female. A male who 'gives' and becomes passive is a stigmatised male, but a man who 'eats', even if his partner is another man, is not. (Daniel & Parker:1991) . 'Homosexuality', i.e. a man who allows himself to be penetrated, is despised, and something of a joke in Brazilian sexual culture. This is similar to the Mexican ideas of '*chingar*'[16] which, although potentially done to another man as well as to a woman, does not lessen a man's 'male' status or *'hombría'* if he is the penetrator. In a similar way, Daniel & Parker's book (1991) outlines the existence of an elaborate and complex lexicography of identities and sexual roles in Brazil that make notions of hetero and homo sexuality appear simplistic and too straightforward. However, the overall understanding of Brazilian sexual culture they present is that, whilst ideas of straightforward hetero and homosexuality are not normative, over-riding discourses of masculine and feminine are, ie; there is a sharply dichotomised gender structure in Brazil. This is linked to the divisions between public and private associated with the street and the house. (da Matta:1985)[17] The essential argument is that men and women inhabit separate spaces, leading public (mens) and private (women's) lives. *Carnaval*, in Brazil, is when the universe is turned upside down, and these boundaries can be broken down - 'a celebration of the flesh in which the repressions and prohibitions of normal life cease to exist and

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[16] *Chingar* - rape. A full discussion of the meanings of this word is given in Chapter Two.

[17] These are symbolic divisions that may persist at a tacit level, even when gender roles have changed.

every form of pleasure is suddenly possible' (Parker quoting Bakhtin:1991, p140). Parker likens the sexual economy to *carnaval*, and thus activities that are typically private (sex) become invested with the danger of the street (public). Because of the notion of '*fazendo tudo*' in Brazil, or breaking the rules and 'doing everything', transgression is culturally inscribed, so that whilst gender and sexual practice rules are clearly prescribed, so is the need to constantly break them. The ultimate taboo, the ultimate rule to be broken that this refers to is anal sex, because of its connotations of male homosexuality. The ideas of transgression - of breaking the rules and 'doing everything' is not something I encountered as culturally inscribed in Puebla[18].

Daniel & Parker's research in Brazil describes a highly erotic and exotic sexual economy, in keeping with an outsider's stereotyped view, and quite in contrast to my experience of the surface conservatism of Puebla. Parker looks to the mythologised historical past of Brazil described by Brazilian writers, and outlines the emergence of a synthesis of three cultures - Portuguese, AmerIndian and Black - into a shameless, sin-less sexual Eden. While Mexico too looks to mythology/history for the roots and substantiation of its sexual culture, it fabricates its past as rape, (*la chingada*) rather than the sort of consensus that supposedly evolved in Brazil. The resulting impression of the problem of HIV infection in Brazil then, is that there is no ultimate control over sexual activity. This is because the writers fail to set these ideas into an overall context[19]. The world of the IV injecting urban poor (an increasing problem in HIV infection in Brazil) and the negotiation over life and death that, for example, shanty town dwelling women in urban centres face each day with their small children, is not present (Scheper-

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[18]Nor is it mentioned in any of the cited Mexican ethnographies of homosexuality.

[19]Parker notes in his conclusion (1992:Chp7) that class differences impact on the uptake and practice of sexual identities. His analysis of Brazilian sexuality to that point appears largely classless and ahistorical.

Hughes:1992). While sex, and sexual transgression provide an escape route from the daily grind of poverty in urban Brazil, the 'ideology of the erotic' (1991:165) appears to be written overly large on all aspects of daily life in Parker's account.

Goldstein's (1994) study of women and HIV/AIDS in Brazil argues that Daniel & Parker's analysis is a uniquely male oriented understanding of sexual culture. Daniel & Parker do not explain how women, who are not invited to 'break the rules' but rather to set the boundaries of acceptable/unacceptable behaviour, participate in this sexual economy. Daniel & Parker state that Brazilian men are likely to visit prostitutes in order to perform acts unspeakable with their own wives. The issue of transgression of the sexual order, linked to *carnaval* is therefore confused. There is no female voice in Daniel & Parker's study, yet women are obviously involved. Their attitudes towards anal sex and ability to control what happens in their sexual lives are key in the issue of the spread of HIV amongst women. Thus the context of gender hierarchy and power in Brazil is also missing from Daniel & Parker's work.

The parallels between Mexico and Brazil, and indeed in much of Latin America (see Lancaster:1992) lie in the idea of the 'active' and 'passive' division of the sexual act, combined with a patriarchal gender hierarchy. Although Parker & Daniel's schema of ideas about sex and the roles played is much more developed than anything I encountered myself,[20] they also acknowledge that there is a great deal of flexibility within the system. Names and labels shift with people's access to power. These studies capture the flexibility of the sexual economy, but perhaps over-reify its predominance, and overclarify its place in daily life.

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[20]Although I later produce a small list, I found it impossible to produce a definitive list of labels, as the names and meanings change with each individual interpretation. Taylor (1991) and Lumsden (1991) have both produced lists of labels for homosexuals, with regional variations.

Joseph Carrier is the major ethnographer of Mexican homosexuality, and his work in Mexico during the last 25 years has monitored the development of a gay community and the growing HIV/AIDS epidemic. Basing his studies in Guadalajara, known as the 'gay city' of Mexico, he has charted the reactions of the local gay community to HIV/AIDS. He has set his work into the context of the family in Mexico, and a political scene that has never criminalised homosexuality, but persecutes it nonetheless.

Carrier, along with Lumsden (1991) and Taylor (1987), ethnographers who have provided minor studies of Central and South American homosexuality, distinguishes between active (masculine) and passive (feminine) participants in homosexual encounters. In addition to these two categories they have charted the growing acceptance of a third category, the *internacional*.[21] Although the word *homosexual* is quite widely recognised in Mexico, it signifies the passive, feminized partner in male-male sexual relations. This, as in Brazil, raises questions about the saliency of 'international' HIV/AIDS discourse in Mexico. Carrier has noted the confusing situation that whilst homosexuality is legal, homosexuals tend to be officially harassed. Locally tolerated, they always remain stigmatised, because of the importance of 'manliness' in Mexican culture, and a sharp division between male and female realms of life. However, because women in his study are discussed under the heading 'family,' it is not clear how this actually works on a day-to-day basis, and how the processes of negotiation and reaching consensus/decisions about sex practice take place.

Carrier places homosexuality within the social structures of contemporary Mexico. The continuing importance of the family as the main social unit, the family home as place of residence, the low incomes, the strict gendered division of labour and of social relations, and the tendency of unmarried

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[21]A man understood to perform either role in male/male sexual intercourse.

sons to reside with the family, restrict and shape homosexual encounters in urban Guadalajara. He examines how ideas about bisexuality affect the spread of HIV/AIDS in Mexico. His work is exemplary in that it places homosexuality within the context of the Mexican home and family as limitations on the development of 'gay identities,' and in the overall structure of social relations, but once again it is androcentric. There is no real sense of how women really feel about homosexuality, what they really know about it and how they see it. Women in Mexican culture, he says, are either 'good' or 'bad'. This over-deterministic approach does not allow us to examine the complicity, open rejection or limited acceptance of women towards homosexuality, indeed women as characters do not figure at all. Carrier's inclusion of 'the family' however, as a main theoretical issue in his work, offers a more recognisable view of Mexican culture, than Parker & Daniels' portraits of Brazil. The erotic is placed within the limits and boundaries of daily life familiar from my fieldwork -the shortage of housing, grown up children residing in the family home and an economy perpetually in crisis.

Central to the issues of the fluidity of (male) sexual identities is the prevalence of anal sex, and its association with these labels, and with the idea of bisexuality. Fear of pregnancy and the cultural importance of virginity are cited as reasons for this practice, in Mexican medical and sociological literature, (Izazola Licea:1994) and well as in studies of Brazil. In Brazil, however, anal sex is also described as erotic and desirable (by men). Men describe it as the ultimate barrier, the ultimate gift, although there is resistance to this act by most women (Goldstein:1994). Similar ideas have been recorded for Guatemala and Argentina.[22] There are problems in the discussion of anal sex in the context of ethnographic work in Latin America. There is more allusion to the subject, than actual evidence - either from

[22]"*La tuve en el culo*" (anal sex). Naipaul (1974[1980:150]) states that this is the Argentinean macho's (the "diminished man's") ultimate conquest, dishonouring his partner. In Mexico I was told that this declaration would not be made openly, as the association with homosexuality would be too great.

statistics, informal ethnographic interviews, or more formal medical interviews.[23] There is a fascination with the subject of anal sex between men and women that seems to have more to do with anthropological/popular ideas of transgression, taboo and corruption than actual evidence. Whereas it has been claimed that in the Mexican homosexual world, anal penetration is central to gay sex (Carrier:1995), gay writers have also complained that anal sex is understood as central to gay male sexuality when it is not necessarily so, particularly after the beginning of the HIV/AIDS epidemic (Watney:1994) There is confusion over this issue, because so many of the ideals discussed by these (gay, male) writers with reference to women - the importance of virginity, the good/bad female dichotomy, 'women' synonymous with 'family' - are ideals, rather than reality. To cite the preservation of virginity in the Latin American context as the reason for practicing anal sex is a little strange, given that virginity has been shown in important historical and ethnographic work about women to be more important symbolically than in real life (Arrom:1985,Twinam:1989). Despite this confusion, however, given the now well-established link between HIV infection between men with bisexual practices, and women, and the knowledge that anal sex is one[24] of the fastest and most efficient modes of transmission of the virus, the question of anal sex between heterosexual couples is of vital import - not so much how much and who with, but the relationship between sexual identities and actual sexual practice.

Block and Liguori (1993) have traced the development of HIV infection in

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[23]Discussion of anal sex takes place in pre-HIV testing at COESIDA, the AIDS clinic. In this clinical environment there was no consistent link between anal sex and sexual/social 'identity'.

[24]IV drug use and concurrent untreated STD's are also crucial co-factors in HIV transmission. These will be further discussed in Chapter two and three.

Mexico through their work with *albaniles*[25] who migrate annually to work in the United States. They note that whilst the virus probably entered Mexico amongst the urban professional middle classes, it has become more predominant in the lower strata of society. They examine ideas and education amongst these men, placing homosexuality/bisexuality within the cultural context of machismo, the economic context of the need to migrate to southern California (high incidence of HIV infection) to look for work, and the patron-client relationships that men develop in California in order to find work. In this study we get a more exact picture of the conjunction of factors that interplay in risk of HIV infection, and the relationship between the symbolic world of sexuality and the structural world of political economy. Again, Block and Liguori point to a cultural understanding of homosexuality as different from that in the US. They report that Mexican men who return to Mexico with HIV, and who then go on to infect their wives, often claim that they have no idea how they were infected.

These studies have explored the background of homo and bisexuality in Latin America that is important for understanding how HIV infection has spread. However, Latin American sexuality in general is very under-researched, and female sexuality even more so.[26] As Goldstein demonstrates, Parker's vision of Brazilian sexual culture is androcentric - we have no idea what women think and how much they acquiesce to or resist their role as keepers of the moral universe. Carrier too divides the world of Mexican women into 'good' and 'bad' women, a simplistic device which gives little idea of how women react to, comply with or modify male behaviour or beliefs. The issue of female sexuality is tangential to their research interests, but given the fact, acknowledged by Carrier, that most men with 'homosexual' practices in Mexico marry, the female side of the

[25]Men who work as labourers.

[26]There is no Kinsey-type survey of Mexican sexuality, although Izazola-Licea (1994)has translated the ideas of degrees of homosexuality for the Mexican context.

story is important. Passive acquiescence or total agreement with male sexual practices on the part of women cannot be assumed.

One study that is useful in a different way to some of those discussed above is that of Wilson (1995). He has published his personal experiences of HIV in the Yucatan, in the form of a diary of events and experiences during several trips to Mexico. The book, searching for answers to questions such as 'how is homosexuality seen?', is an account of problems experienced by those working in the HIV/AIDS field in Yucatan, traditionally a liberal Mexican state. Although written by an anthropologist, this work is not the result of graduate study, and his fieldwork is not discussed, nor are his results interpreted within current theory. However, Wilson himself acknowledges that his study provides only a superficial idea of what homosexuality is and how it is seen in that part of Mexico. Through this work we begin to understand just how difficult it is to grasp the complexities and fluidity of sexual cultures, and how removing one set of labels (homo/hetero) and replacing them with another (active/passive) does not clarify the issue of sexual pluralities greatly.

One aim of my research is to draw together these recent discussions of homo and bisexualities with discussion of women's sexual lives, in order to try to understand how non-normative sexualities are accommodated within the norms of family life, and how this affects perceptions of HIV/AIDS as a female health problem.

I.3 HIV and Social Science - the production of discourse

Although all diseases are bio-medical *and* social phenomena, HIV/AIDS is a true construction, as a medical 'syndrome', or collection of diseases, as well as containing within itself a set of discourses that almost prioritises the type of person who contracts it over the illness itself. The fact that the disease made its appearance in a post-sexual revolution, post-modern, fin-de-siecle West has loaded the discourse about it with pessimistic, doomsday symbolism. The emergence of a new virus at a time when human disease

has appeared to be more and more controllable has caused ontological crisis in the search for new meanings. HIV/AIDS has become so much more complicated than a syndrome of diseases that attack the human immunological system.

All diseases are first detected within certain populations, but this was first diagnosed in the USA and Western Europe as a disease appearing amongst 'deviant' groups. It has evolved as a stigmatised and stigmatising illness. In Western discourse, Africa has been plotted only as a vaguely defined *source* of the infection,[27] as HIV/AIDS was located firmly in the peripheral world of homosexual men, intra-venous drug users, haitians and hemophiliacs.[28] The huge numbers of people infected in sub-Saharan Africa through heterosexual sex (Barnett & Blaikie:1992) were marginalised in Western social and political concerns, as HIV - known tellingly at first as Gay Related ImmunoDeficiency (GRID) - manifested itself rapidly in the States. (Shilts:1987) 'Gay' -an auto-designation held with pride since Stonewall - became in some circles an acronym for "Got AIDS Yet?" It was seen by many, including the church and the rising new Right of the 1980's, as God's punishment for the sins of excessive and non-procreative sex promoted by a secular culture, and has been used in political rhetoric and propaganda as justification for an initial slow response and interest in finding cause and cure.

Although the medical and scientific community have been aware since fairly

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[27]Africa remains undefined. Patton has written that Africa is an "unchartered, supranational mass" in HIV/AIDS discourse (1992). Africa as the source of HIV fits in well with Western discourses about 'the dark continent', including a view of black sexuality as threatening and dangerous.

[28]Media reactions to HIV built on preconceptions of these 'types' of people, so that whilst hemophiliacs were 'innocent victims', Haitians, although not 'guilty' of bringing illness onto themselves so directly as homosexuals and heroin users, were stigmatised as somehow responsible for their illness, through common associations of poverty, blackness and hypersexuality.

early in the history of the virus that it is transmissible, and not easily, through blood contact, the sexual mode of transmission has continued to be prioritised, and paradigms of the disease built up on this basis.

The association of HIV/AIDS with gay men and male/female prostitutes - people whose identities are defined to the outsider in terms of their sexuality and sexual practice - has fixed these ideas in the popular imagination. Using military metaphors of invasion, destruction and defence (Sontag:1991) the Western media has helped to build on fears and paranoia that a disease initially seen as contained (and containable) within a bounded group could spread into the 'general' population.

An alternate paradigm has been the plague metaphor. Again built on the idea of an extremely infectious agent, the plague model has highlighted ideas of contamination, pollution and the devastation of whole populations. As Singer (1993) noted with reference to Camus, plagues are never just medical crises, but cause an ontological rupture, a challenge to fundamental ways of thinking and contemporary social wisdom. The plague metaphor, used to effect since biblical and medieval times, in effect is comforting; it provides a sort of logic, a reason for the unreasonable, by locating the source of plague/epidemic in a preceding transgression of the moral order, and thus justifying an authoritarian, response (surveillance, monitoring, classifying, the hallmarks of epidemiology). Although the discourse that

locates plague/epidemic in medieval/Old testament teachings and ideas may seem fantastical, the response of various religious orders, from the Pope to Evangelical fundamentalists, highlights that these ideas have found their audience.

Exploring HIV/AIDS discourse reveals a strange combination of beliefs and ideas. Despite the hegemony of Western science, the discourse contains within it submerged pre-modern notions of health and illness - "just so many folk ideas of medicine intertwined in 'logical, rational, bio-medical discourse" (Sontag:1991:118). Within this discourse, one becomes ill when infected, not when one is sick, hence the frequent conflation of HIV infection with AIDS, and substitution of 'AIDS' for HIV. Despite this inclusion of non-rational concepts and folk ideas into these popular ideas, alternative or additional ideas about the cause of HIV/AIDS were rarely acknowledged in the medical/scientific mainstream, and the social, cultural and economic factors which might act as co-efficients of virus theory have only belatedly been given central or real importance. This has lead to infighting in the medical community, with a 'dissenters' point of view attracting serious criticism and little tolerance.(Fujimora & Chou:1994) The arguments of some, like Duesberg (1989,1993), who place the cause of infection firmly in the field of drug-misuse, have been proved to be misguided, (Hodgkinson:1994) but others who point to co-determinants of HIV (like numbers of previous sexually transmitted diseases, an immune system already weakened by other serious infections as 'triggers' for infection), or even alternate non-virus theories, were not initially given serious consideration as possible cause. This seems to indicate that criticism of the temple of science is not to be tolerated, a frightening notion for branches of learning (medicine) that demand a clear focus on proving/disproving hypotheses.

This has from the start been a media disease, highly publicised, highly

contentious, making and breaking scientific careers.[30] US media reports and analysis impact to some degree at a worldwide level, but particularly in Latin America, so it is a fair assumption that many of the popular, US generated ideas about HIV/AIDS will have found an audience in the South. In light of the immense regional variations in types of epidemic, it is appropriate to suggest that this discourse is not adequate for many localities. HIV may have entered Mexico from the United States[31], as a direct result of the trading, tourist and other economic links between the two countries, but the US produced discourse is not necessarily adequate for Mexico. Indeed, the Mexican case might stand as an example of more general 'Southern' issues, highlighting both the problems of receiving knowledge/information from the North, and looking outward for solutions to a problem, when financial realities constrain choices and force difficult health decisions.

1.4 A problem for men, and for women

Some of the issues raised above - a discourse about illness based upon an understanding of types of individuals as a source of infection - underline that by considering people in terms of ideal models, both normative and non-normative, we deny our own experiences of the nuances of lived reality. People frequently do not experience sexuality in discrete categories of homo, bi and heterosexual. Rather, sexuality is lived out through negotiation,

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[30]Viz: the hotly contested issue between the French and the Americans over the isolation of the virus (LAV/HTLV II). Luc Montagnier (Pasteur Institute) and Robert Gallo (National Cancer Institute, USA) both claimed 'discovery' of the virus in 1985. Both teams agreed to publish their data in Science on the same date, but Gallo announced at a press conference prior to publication that he had found the cause of HIV/AIDS, claiming discovery for the Americans. The French, however, are widely believed by the medical community (especially in Mexico) to have been the first team to isolate the virus. Gallo's virus sample was shown to have come from exactly the same source as the French, ie, they had supplied it to him in the interests of sharing data.

[31]The direction of transmission - USA to Mexico, or vice versa is impossible to know.

both with oneself and with others, and non-normative sexualities may often be incorporated into family life through the ambiguity of silences, with concealment, implied assumptions and possible understandings. Viewing gender and sexuality as both static and directly correlated has led to rather simplistic approaches to education (a focus on risk) and disagreements between the 'gay community' and feminists, who have their own particular views on the problem.

A discourse that developed initially around identity rather than sexual practices separated 'risk' groups from the general population. Despite the medical establishment's attempts to shift the idea of risk from individuals to practices, the intrinsic inclusion of moral laden norms and the re-stigmatising of non-normative individuals has made this idea of risky individuals hard to manipulate, especially as the heterosexual epidemic has failed to emerge in the West in line with earlier predictions. That the 'risk' groups are very different in Northern developed countries from those in the South is obscured by the fact that most medical and academic research is carried out in the North, and those discourses hold a privileged place in the production of knowledge. Risk, as theoretical concept, has become increasingly important in studies of HIV/AIDS because of the difficulties associated with the continued adoption of 'safer sex' techniques in relation to a perceived risk of infection.

Sociologists and anthropologists have argued that epidemiologists and public health educators should look to social theory, where risk has been analysed as a culturally constructed concept, for answers to the questions about the difficulties associated with behaviour change. Public health models of risk require underlying models of the body, environment, health, illness and normality that may not coincide with local models (Kendall:1995). Cultural, individualist and phenomenological (Bloor1995) approaches have been used, sometimes in direct relation to HIV

(Douglas:1992) to provide answers to the apparent enigma of failure to change one's behaviour, whilst apparently aware of the risk.

As Douglas (ibid) has pointed out, the public is often at odds with the 'expert' on what exactly constitutes a risk. Rejecting the word 'risk' as newly prominent in public discourse because of attempts to make what is quite random appear scientific and rational (risk is a scientific description associated with probability), and choosing instead the more apt idea of 'danger', this is immediately helpful. Risk implies *a priori* knowledge. Danger - as in the impossibility of really knowing what one's partner has done/is doing - contains the possibility of not knowing, and danger may well supply the *frisson* of sex that overwhelms all thought of risk. Douglas places the individual in a community in danger, for example the gay community in the age of AIDS, in relation to the 'city' as a whole, (the 'general population') and produces a rationale for dangerous behaviour: the project of the maintenance of the enclave (the gay community) in combination with non-rational, non-expert ideas of health becomes more important than that of the city. The danger of contracting HIV is placed second to the danger of losing ones identity as a member of the smaller, gay community, which, due to the pressures of increasing stigmatisation (as the newly ill), is facing greater than ever danger from outside. This argument could equally well be applied to women in Puebla, and the value of belonging through motherhood. Although her argument oversimplifies ideas of the community, i.e. the gay community as homogenous and highly unified, and the individual's relationship to it, her argument coincides with the history of the AIDS epidemic and the US gay community reactions to it.

Hart and Boulton (1995) have also investigated AIDS from the sociology of risk perspective, and produced further criteria that have to be considered when a change of behaviour fails, not least of which are the social and material constraints on people's ability to change - the supply of condoms is one such case in point. Additionally, risky sexual behaviour is frequently

'constructed as social action" (p64) both operating within and generating the form of that behaviour. *Machismo,*[32] a quintessential Mexican approach to 'manliness', carries within it an idea of risk, the element of danger that a man continually lives with, and that determine him as a man. Hart & Boulton, and Patton (1994) also point to the balance of power, particularly gender inequality, in any sexual relationship, that also needs to be negotiated in order to instigate behaviour change. It cannot be presumed, therefore, that even when an understanding of risk of infection is present, that behaviour change will automatically follow, or will even be possible. A model of universal risk assessment is unhelpful, as it ignores the reality of differential gender access to knowledge/information and how different forms of knowing are played out in practice.

Whereas risk has been fully discussed in relation to HIV, and continues, through the social imagining of ideal types, to be used as a label for individuals and practices, the question of trust remains under discussed, and is surely more relevant. The assumption of implicit trust that is often made in formal long term sexual relationships, and which is articulated through diffuse moral codes and values, has lead to infection amongst groups widely believed to be 'low risk'. This is what is happening now in Mexico. A discussion of sexual loyalty and trust therefore needs to be included in the discussion of ideal types and sexual negotiation.

Many of the alternate theses both about the cause of HIV infection, and the development of AIDS (progression towards AIDS) within the body are problematic for the non-scientific community, as they point to the possibility that sexual behaviour and 'lifestyle' are contributing factors to, or causes of, infection. In a climate of renewed intolerance of 'alternative' identities, these take on the appearance of a witch-hunt, and a re-stigmatising of homosexuality.(see Cantwell:1993) As virologists, biologists and medical scientists reclaimed the disease from the epidemiologists that discovered it,

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[32]This label is discussed in full in chapter five.

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As Wilton points out (Doyal, Naidoo & Wilton:1994) little was published early on in the epidemic about women and HIV, and although more research is now published, how HIV affects women's lives continues to be a marginalised debate. It is sexuality, highlighted by feminists as central to women's oppression, that is especially important with respect to HIV, as "women's ability to practice safer sex is constrained by dominant cultural constructs of 'normal' and acceptable female sexuality"(ibid:5). My discussion in this thesis aims to examine HIV in Puebla in the context of this recent research on women and HIV.

behaviour was replaced by virus theory, and 'the general population,' until that point not considered vulnerable, was suddenly made aware of the problem. As early projections of numbers infected failed to materialise, HIV once again became the province of 'risk groups[33]'. Gay historians Shilts (1987), Watney (1994) and Weeks (1990) outline stages in a passage from gay disease, to cause for general concern, back to gay disease. Despite talk of practice and not identity, the re-focus on gay men as the predominantly infected Western population carries with it both a re-stigmatising and the re-medicalisation (Weston:1993) of homosexuality[34]. The moral judgement obscured in scientific discourse conceals unspoken ideas and fears: fear of the sexual invert, the homosexual, the black or hispanic (over sexual). Being HIV positive labels one with a morally suspect past behavioural trajectory. A deconstruction of the ways in which moralities are articulated through constructions of sexual subjectivities is therefore essential in considering how to improve education, and is one of the aims of this thesis.

The emergence of HIV/AIDS as a (gay) male problem in the West had implications for medical, social and political reactions to the problem. It became a testing ground for the newly constituted gay community, as it was forced to react to the problem and take charge of it. Related to the early male focus in the West,

it is more recently that in-depth feminist work been published on the subject. (Doyal, Naidoo & Wilton:1994, Richardson:1996 Patton:1992,1994; Sher:1996). HIV/AIDS as a woman's issue has highlighted pre-existing gender issues. Although women were targeted primarily as carers, this has moved on to an interest in women not only as

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[33]Now known as *core* groups. The groupings of people are essentially the same.

[34]The problems raised by the partial focus of this thesis on homosexual men in Puebla are raised in the methodology section.

sufferers, but also as educators about sex. As a health concern, and as a feminist issue of the problems inherent in discourses of female sexuality, this medical syndrome has highlighted the difficulties in negotiation of safer sex, and more substantial issues of structural inequality between men and women in many communities that potentially put women at risk of infection. One of the main criticisms to have emerged is that education material often ignores this structural inequality, with its emphasis on women as educators about sex. In reality women's knowledge about sexual matters is often seen as a challenge to male authority. This is true not only of non-Western, 'traditional' societies, where male authority may be more evident and structural, but also of the West, where young women face equally difficult conflicts between the need to be considered simultaneously 'sexy' and non-sexual/non-threatening (Holland et al:1992). The points that have been raised by feminists in opposition to the gay community and its emphasis on HIV/AIDS education include issues such as the persistent 'riskiness' of sex for women, because of the fears and dangers of pregnancy, and inadequate access to contraception (in itself sometimes inefficient and unsafe), the greater statistical likelihood that breast cancer rather than HIV is a dominant cause of female mortality, and the huge research budgets that this new problem has eventually commanded over the years, that detract funding from other more pressing, urgent women's health care issues.(Selik & Chu:1997)[35]

Although the potentially enlightening side-effects for the community can be noted - in the West we now speak more openly and freely of condoms, (safe) sex, and sexual acts and identity in some sections of the press, television,

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[35]Smithurst (1996) notes that Human Papilloma Virus which often leads to cervical cancer kills half a million women a year, yet receives very little publicity and has never had campaigns directed at it. In Mexico, no statistics are kept for its incidence, (El Heraldo de Mexico 14.7.95) although the same paper also reports that 12 women die every 24 hours in Mexico from cancer of the womb. Cervical cancer is the leading cause of death in the country for women over 45. (El Heraldo de Mexico 19.19.95).

and in the classroom (if not in the home), this is also utopian. From a feminist standpoint, the seeds of a new sexual politics, and new discourses of the body and sexuality are lost in the prevailing pessimistic reactions. The notion of epidemic strengthens the force of the argument that heterosexual sex (non-deviant, non-infecting) is the only legitimate sex. In the West, there is a sense of undoing, retreating to a safer corner where the 'family' is the touchstone of society, the only safe locus for sexual practice. As Patton has written about African societies, the fact that the 'traditional Western nuclear family' has never been part of the social structure of many African societies is overlooked, yet simultaneously cited as the reason why the disease has spread so efficiently in the sub-Saharan region. (Patton:1992) The emergence in the Western press of pedophilia and 'in care' scandals emphasises the family (non-sexual, 'traditional') as the only 'safe' place for children. Monogamy, safer sex and abstinence are watchwords in prevention, all counteractive to liberal feminist ideas, whilst the emphasis on condom use as the main practical means of HIV prevention emphasises a focus on penetrative (hetero/homo) sex that radical feminism has sought to question. This is perhaps a point where the gay and feminist worlds collide in their critique of HIV/AIDS and its paraphernalia. Gay men are supposed to 'just stop' having penetrative sex, whilst "it has never for one moment been suggested that heterosexuals might consider giving up penetrative sexual intercourse". (Watney:1990:)

The difficulties of re-uniting the perspectives of gay and feminist activists in order to draw together the energies of the two groups into constructive, useful debate in HIV/AIDS sociology are reflected in methodological problems, and the actual experience of people involved in support work. Many of the social scientific researchers into HIV/AIDS are gay men, who, whilst not usually advocating sexual participation as possible methodology, have a certain perspective on their work in the field, and a potentially greater access to information from the gay community. My own focus and access to information is necessarily different. I also

encountered real differences in the field between men and women with HIV, and those who care for them. The problems faced by poor, gay positive men, and poor, positive women in Mexico are very different, and the fact that they share the same health crisis did not tend to unite them in any other way. Yet the potential to create a new idiom of sexuality in Mexico, both for women and for men, must be explored, as new contexts emerge for old practices.

1.5 Puebla - Field Study Site

Puebla is regarded as the first purpose built Spanish city in the Americas, built '*por, para y de Espanoles*'[36]. In keeping with the law, no indigenous people were allowed to reside within the city boundaries. Puebla lies 7 kilometres east of Cholula, the ancient MesoAmerican religious site of the America's largest pyramid, and was the crucial location of Cortes' victory in New Spain, as he defeated the Cholulans and united with them to march on Tenochtitlan (Diaz de Castillo:1966). Puebla is one of three Archdiocese in Mexico and has a local reputation for religiosity, snobbery and provincialism[37].

The city is situated approximately 120 kilometres to the East of Mexico City. Ringed by three volcanos - Popocatapetl, Ixtaccihuatl and to the south, La Malinche, and standing at around 2,200 metres in altitude, it lies in part of the fertile, central altiplano of Mexico. (Maps 1 & 2) The population of the city of Puebla is estimated at between two and three million people, with four and a half million in the state. Despite a long

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[36]By, for, and of the Spanish.

[37]Popular associations are made between major cities and regions, and the supposed characteristics of their inhabitants: thus Poblanos are snobbish, Guadalajarans are macho, Chilangos (Mexico City) people are a mob who, strengthened through exposure to pollution will survive a nuclear holocaust (along with cockroaches) and so on.

involvement during most of the city's history with the textile trade, the main industries today centre on the Volkswagen car plant located just outside the city on the Mexico City highway. There are several large universities, including a campus of the Jesuit university IberoAmericana and the Universidad de Las Americas, one of the most expensive private universities in the country.

A long-time rival of Mexico City for political and economic dominance, (Lafaye:1976) Puebla has an important place in Mexico's history, principally because of its geographical location, but also because of the history of the foundation of the city, and its intensely Spanish character. To this date there are several large, middle class families that intermarry, claim to trace their roots back to the conquest and refer to themselves as Spanish. An individual's surname places them at once somewhere on the Puebla social scale. The historic centre of the city, which preserves buildings from the 16th century on, is a beautiful legacy of the city's previous economic and social importance.

The religious nature of the city stems from the mythical history of its foundation. The site was chosen by the Bishop of Tlaxcala, who is said to have chosen it with the help of angels who descended from heaven to show him the spot, hence the city's original full name, *Puebla de Los Angeles*[38]. Other factors contributed to the religiosity of the city - the presence of the Franciscans in the early years of the city and the numerous and important convents that they established, and also the intense pressure which must have been felt whilst maintaining a purely Spanish, Christian enclave in a region densely populated by indigenous people. This fact may also have persuaded the Bishop of the appropriateness of the site of the new city, standing as it did on the vital trade route from the port of Veracruz to the colonial administration in

[38]Officially *Puebla de Zaragoza*, named after a revolutionary general.

Mexico City, and 7 kilometres to the south of the most important 'Aztec' religious centre of Cholula. The history/mythology of the founding of the city, and the religious battles that followed[39] indicate the importance of the church[40] in history and continuing to the present day. Puebla has always been characterised as a spiritual city, defying central government dictates to loosen the bonds of church and state[41].

Puebla was chosen as the location for this study of HIV in Mexico because it is a large provincial city, an archdiocese, with neither the cosmopolitanism of the capital, nor the stricter social mores of a smaller town or village. It lies somewhere in between, with a tendency towards the moral and social judgement of a smaller place, especially amongst the small middle class. It is, however, a large enough city to provide a certain anonymity for non-conforming lifestyles, and space for a limited amount of freedom of sexual activity. In a country where the population is 95% Catholic, Puebla represents the core of the moral concerns that surround HIV/AIDS.

1.6 Methodology:

This project evolved over a two year period from 1992 to 1994, during which I was living in Mexico, and in which time I worked as a volunteer at

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[39]The Ecclesiastical Conferences of Bishops (CEM) held in Puebla during the 1970's rejected the leftist tendencies of the Catholic Church developed in the Liberation Theology movement, calling for a return to traditional catholic values.

[40]I am referring purely to the Catholic Church, and not the Evangelical and other new churches which have become widespread in Latin America during the 1970's & 80's.

[41]The Church has been dis-established in Mexico since 1917, but church-state conflicts pre-date this to at least the independence period. Catholicism has remained the unofficial religion, although church attendance is very low. Salinas gave priests the right to vote in 1991, the first time since the revolution. (Grayson:1992)

COESIDA (*Consejo Estatal de Information sobre el SIDA*)[42]. I also used this time to observe the work of this council, and decide on an approach to a study of HIV/AIDS in Mexico.

My study is qualitative, focussing on a small number of people in the city of Puebla, (approximately forty individuals, plus various 'official' interviews with health officials, government representatives and members of the clergy). Although I cannot claim that this study is statistically representative of a diverse and large city such as Puebla, I attempted to gather information on individuals from as wide a range of socio-economic groups as was possible within the given constraints (outlined in Chapter Three).The logic of this approach concurs with Parker (1994) and Vance (1991), that statistical studies of HIV infection often fail to reveal the complexities of sexual experience, while micro-level qualitative studies can help to focus on the deeper, emotive issues involved in sexuality.

Returning to re-establish friendships and contacts at COESIDA in August of 1995, I found that the original small office and staff of five had grown to a larger organisation employing about 30 people, in new, larger premises. The head of the clinic, a female doctor, was keen for me to continue my study, and so I rapidly gained access to therapy groups and individual patients, and was invited to conferences, seminars and talks given both on the premises and in the community. I continued fieldwork until July 1996.

In addition to the individuals I met through COESIDA, I also approached men and women on the basis that in the eyes of others in Mexico, and in more general, international discourse, they have come to be seen as the source and location of the HIV virus. These are

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[42]State Council for Information about AIDS. (*Consejo Estatal de Informacion sobre el Sida)*

homosexual men, and female sex workers. I approached these individuals with two goals in mind. I expected them to have a considerable knowledge of HIV infection and wanted to know how it had affected them and their community, but I also wanted to examine their ideas about gender and sexuality, bearing in mind their experiences of living a 'deviant' or 'other' sexuality in terms of normative gender discourse in Mexico.

This approach to research has placed these individuals centrally in this study, contributing to the emphasis on these individuals, and their behaviour as risk taking, and as a locus of infection. This is not the intention of the thesis. First of all, and crucially, the question of sexual identity and classification according to sexual practice is not clear cut, even though infection statistics for Mexico and Puebla are recorded in terms of sexual identity[43]. Although many of the men in this thesis self-identify as 'homosexual', others do not. Secondly, these people were willing to talk to me about sexuality. There were problems associated with talking to 'straight' men about sex, not least my position as female foreigner, which meant my attempts to talk about sex were sometimes taken as a proposition rather than academic inquiry, and also because for many 'straight' men in Mexico, HIV/AIDS is not an issue. A third, and probably the most important reason for this focus on gay men is that they live with women, as mothers, sisters and sometimes wives and girlfriends. The interactions between these individuals are therefore crucial.

Contact with COESIDA, and my forays into the gay discos and bars of Puebla gave me access to individuals at the centre of the problem. These people were nearly always very well informed of the problem, with some

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[43]CONASIDA education material (leaflets) never discusses sexual practices in terms of identity, but HIV statistics are collated and published by the government as either homosexual, heterosexual, bisexual or other cases.

idea of how to live with it, even if they did not necessarily apply that knowledge. However, I was concerned to put their views into the context of a wider community, in order to observe whether HIV/AIDS discourse in Mexico contains the problem within certain groups, and also if it prevents more open discussion and acknowledgement of the problem. As I wanted to focus on the links between gay subculture and women, I developed research relationships with two groups of women, working class and middle class, all of whom were interviewed individually.[44] The criteria for dividing them are specified more strictly below, but the essential difference made was that the middle class women employ[45] a (female) servant at home, whilst the working class women themselves work as domestic helps. The reason for this division into two groups is that, in addition to the work referenced above, there is a broad class divide between women[46] of different socio-economic/ cultural groups, and that the factors which influence their lives are hugely different. Education, income, type of housing and access to other resources all interplay with and impact on issues that are essential to look at in this study, i.e. the number of children they have, their use and understanding of contraception, and broader, cosmological ideas about men and

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[44]Social class has long been recognised as an important structuring feature of Latin American women's gender ideologies: (Beneria & Roldan:1987; Chant:1991; Ehlers:1990; Nash&Safa:1980,Nazarri:1997;MacEwan Scott:1986; Wilson:1990)

[45]Or normally have the economic means to employ a domestic helper. During the fieldwork year the peso devalued fast, and the middle classes slipped into great debt. One or two of my middle-class interviewees had to stop employing domestic help.

[46]This divide also exists to a large extent between men, but as I was not in contact with men's worlds in the same way as with women, it was less obvious and immediate to me. The gay world seemed to be more fluid and less class-divided than usual, but again my status as outsider to this group may have obscured the reality. To a large extent the gay world I had contact with was middle class dominated. (cf. Prieur, 1996,1998)

women.

Aside from my stated interest of working with Mexican women, and the lack of material available to date on this subject, there are other reasons for doing so. As a woman in a considerably gender divided world, it was easy to access the information. Many middle class women were available in the day for a chat, and I was able to talk to some of my friends and neighbours from my *colonia,* who I had known for two or more years, and with whom there was an informal, relaxed environment in which to discuss sensitive information.

Secondly, women have been cited by various Mexican government institutions as the newest group 'most at risk' in Mexico of contracting HIV, after homosexual and 'bisexual' men. This fact has recently and very infrequently appeared in the Mexican press over the last 2 - 3 years.[47] Television reports of the same were more frequent on cable news in Spanish from the United States than terrestrial channels in Mexico itself. I use the term 'housewife' to translate *ama de casa* (soul of the house). This is how these women describe themselves, stressing this role over and above others, with the exception of mother. It is used proudly as an autodesignation. While the use of this label by a low income woman can be understood as similar to the English, for middle class Mexican women it implies more of a role as a manger of a house and children, commanding (a) servant(s) and usually a large role in disposal of the family unit's income. The use of this and following labels (gay, homosexual) will be discussed more fully later in the thesis, as understanding classification is an essential element in making sense of sexual subjectivities. Labels are used in this introduction are non-problematised, as a lead-in to the complex issues they present.

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[47]With the exception of reports in *La Jornada* newspaper.

Whilst I make use of ethnographic methods – i.e. participant observation and textual analysis (including contemporary newspaper debate in the field) I prioritise semi-structured interviewing around a series of pre-researched discussion topics as my main method. As I aimed to examine perceptions and understandings of HIV/AIDS, I needed to focus on the language with which sexual practice and gender are discussed. Language about sex is often unidimensional, whilst the reality of sexual practise is multidimensional, so interviews gave scope for examining how ideas are expressed, including the use of normative statements and stereotypes, and I was able to complement and contrast statements with my experience of non-discursive, everyday practice. I quote people in the text in largely their own terms, (see fn p.43) in order to remain as close to the original statements as possible, and I interpret what people said, but multiple interpretations by other readers may also be made.

I asked people I had known for some time for interviews, (neighbours, friends) as well as people I met during the course of the fieldwork year at the AIDS clinic and self-help group. I explained that I was interested in understanding people's experiences of HIV in Puebla, and that their confidentiality would be respected (through name changes and changes of details about them, in order to make them less recognisable). The criteria for selection is explained in the methods section (1.6, p.37). Although very few people asked for anything in return, I reciprocated their time and interest in all cases. This sometimes took the form of buying medicine for people with HIV, other times a smaller gesture, for example an invitation for a coffee. I was only aware in two cases that money became a motive for talking to me (Dania, Augusta) and I attempted to keep this in mind when analysing the information they gave me.

Doing fieldwork where I had to intrude on people's lives and ask them about sex was generally uncomfortable. Discussing sex in the HIV/AIDS clinic where I wore a doctor's white coat made it rather easier, but of course located 'sex' within medicine, and pathology, removing emotion and the fragility of a more human context. In the context of the family home, where at least half the interviewing took place, my questions sometimes felt excessively intrusive. However, once a rapport had been built up - and this did happen with certain people, a great deal of openness was possible, and some of the material I include therefore contains frank discussion about sexual practices.

1.6.1 Data Gathering

Much of the background material for this thesis was gathered through participant observation in Puebla between 1992 - 1994. This helped me to form opinions and gain impressions about gender and sexual ideologies. Aside from casual conversation with friends and family, I also systematically read newspaper reports and editorials, and analysed a great many television soap operas. Although these are not dealt with in this thesis as such, they provided useful introductions into conversations with women and men, as they are ubiquitous, focussing primarily on the difficulties of romance between men and women. Most men and women interviewed made reference to them in their conversations.

However, these methods were not sufficient to gain an understanding of HIV/AIDS in Mexico, and so I also listened to and recorded[48] personal narratives of the individuals I approached, which I will 'interpret and

[48]Usually notes were taken in short hand during interviews and written up on a database the same day. Some interviews, in particular with HIV positive individuals, were also recorded on tape. This was only done when the particular individual felt comfortable with the situation. * ←

interrogate' (Behar:1990) for answers in the thesis[49]. This 'life history' method serves the purpose of building more complete pictures of women/men as social actors, as their own telling of their own story touched not only on their political/economic lives (as Behar points out, a frequent failing in work on Latin American women) but captures their abilities as cosmologists and thinkers. In the arena of sexuality and sexual politics, so many factors - ideas of self, outside influences, education, cultural norms - interplay in forming and changing ideas and opinions, that a narrative can better capture influences than a structured set of questions. Feminist methodology has advocated the life-history/personal narrative methodology for many reasons. History and politics have until very recently recorded history as male - the power to name, label and record has long been masculine (Prieur:1996) so female voices have been lost to the past. Personal narratives put women and those determined as sexually 'other' back into the equation, as Behar advocates, with many aspects of their life taken into account. As feminist theory opened up and developed the discussion of gender and sexuality that I use as theoretical background in this thesis, this approach to feminist methodology is appropriate.

Although the interviewing was semi-structured and quite informal, often carried out over several sessions rather than in one long session, the same types of questions were put to each individual. In the case of a self-identified gay man, or female sex worker, the questions were extended to include topics that would help to give their own 'insiders' point of view. HIV positive individuals also extended this further, to include their coping mechanisms, and their attempts to make sense of their experiences. Most

[49]Short pieces of conversation are reproduced in order to highlight a point or augment discussion. Some longer pieces of narrative are reproduced as given when I feel they make an important contribution to the analysis. Throughout, the translation, done immediately after interview, attempts to capture the colloquial nature of speech, rather than paying close attention to linguistic detail.

Fieldwork data was cross-referenced for pre-researched themes and themes that emerged during fieldwork and writing. Treating interview material as text, I examined statements – including sometimes the actual words or statements used (e.g. Dona Lourdes statement on p.151), if and where their own reported behaviour differed or was consistent, where it differed from observed behaviour, and sometimes the things that were not said. A particular example of this was the discussion with women around contraception, which was sometimes referenced as being useful because of the world population problem, rarely because one might be able to enjoy sex. Other observed behaviour included interactions between men and women in the home, including child raising, male and female interactions in public, between men in the gay community, and between men and women in a medical context, including an HIV advice centre and an HIV support group.

As I analysed statements, I attempted to contextualise them in their background, looking for patterns and differences – pieces of conversation are reproduced in order to illustrate the patterns that I found. As the interviews were semi-structured around a series of topics, and remained largely the same for each interviewee (p.44) I have not reproduced my questions, although I do acknowledge my part in eliciting certain types of response (p.52) and how I have attempted to deal with that.

of the individuals were interviewed alone, either in my house, their house, or a quiet cafe, but working class women were usually interviewed in their homes, sometimes whilst working and usually surrounded by some of their children.

Basic biographical details were augmented by discussions about health issues, contraception and pregnancy, religious beliefs, men and women in general and ideas about male and female sexuality. Finally there was some discussion of HIV/AIDS - what they knew, how they knew it, and if it had ever been considered as a potential health problem by them. In order to examine if the gender discourse that theory has argued is prevalent in Mexico is salient, women were asked to make comparisons between their own lives, and those of their mothers and/or grandmothers, in order to document what they felt had changed, and if they felt more independent, or in control of their own destiny's than their forbears. This personal reflection on their own families was important in order for them to describe changes within their culture, rather than with an outside or opposing culture (my own, or the American ideas they see on television or on trips abroad). In this context I also asked their impressions of foreign women[50] in order to discover the parameters of acceptable behaviour for local women, by setting up a comparison.✷

This varied methodology, although quite typically holistic from the anthropologist's perspective, as participant observation, also complies with other researchers requests that we take an eclectic approach to work on sexuality (Standing:1992), i.e. a complex methodology to elicit information on a complex subject.

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[50]Although Puebla is not inundated with tourists compared to Oaxaca or Mexico City, the UDLA attracts American and some European students, and Volkswagen senior management is German. Foreign residents are therefore quite common.

Anthropology excels at critique, but falls short at offering solutions. Even more pertinent, as Finkler (1994:208) writes, is the enormity of the problems we encounter, and the immense difficulties of suggesting solutions. Data gathering in fieldwork is somewhat reciprocal - we are investigated whilst we investigate, but the fieldwork relationship between anthropologist and 'subject' is usually unequal. In writing a thesis questions of positionality and privilege arise, with the presumption of being able to speak about/for others. Whilst reflexive anthropology recognises one's own involvement with the subject, and the effects of interaction with a community, both on the self and on one's interviewees, the resulting work can sometimes say more about the author than the subject. The nature of my subject of study and the urgency of this problem brought up ethical considerations in my discussions, which I personally had to find a way of addressing. The arena of contested knowledge opens up further, as we consider the relationship of anthropology to HIV/AIDS. To discuss this problem purely at the level of theory would be bizarre. Anthropological knowledge about HIV/AIDS, especially that which has any hope of providing answers to some of the problems raised, needs urgently to become applied knowledge. (Gupta & Weiss:1995: 268) As the virus has raised question about the status of the medical 'expert', it also raises one of many questions about the use and function of anthropological knowledge (Moore:1996). I resolved this issue in the field for myself by recognising the (sometimes) limited ability of people to react to information (I address the issue of empowerment in the conclusions), and therefore provided further information only when it was requested, directing people to COESIDA if they wished for practical advice and further discussion[51].

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[51]COESIDA leaflets were handed out on request. My contacts with local sex workers were followed up by a health worker. This research has also been fed back to COESIDA and local universities in presentations, and the final work made available to the COESIDA (Puebla) library, and local NGO with whom I worked.

1.6.2 Composition of Groups Interviewed[52]

a) HIV positive Group.

I made contact with these individuals either through COESIDA or the related Civil Association that was set up by HIV positive individuals as a self-help/pressure group. I found it was quite easy to approach self-identified gay men and ask them to talk to me, but women were much more reluctant. By the end of my fieldwork I had interviewed 9 men and four women, with ages ranging from 22 to 47. They represent a fairly broad socio-economic range, with the emphasis on poorer, working class men and women, reflecting the remit of COESIDA. within the Mexican bio-medical health care structure.

The individuals are: Mariana 22; Adriana, 30; Lorena, 37; Teresita, 36; Chucho, 47; Joan, 45; Roman, 40; Jose-Manuel,30's ; Ruben, 28; Javier, 23; JJ, 28, Scott, 32; Alfonso, 30.

b) Individuals Perceived as at risk*

This group comprised three female sex workers, all contacted via COESIDA, four self-identifying gay men, all contacted by 'snowball' networking (Barnard: 1994) amongst gay friends and at gay discos, and one gay man who works as a transvestite in shows, but who also usually spends his weekends as a '*vestida*'. All the gay men, with the exception of Ismael, the transvestite, have openly gay social identities, but live as straight with their families. Ismael has also discussed his alternative 'lifestyle' with his family. One of the gay men is married, and has male sexual partners without his wife's knowledge.

These individuals are: Adolfo, 31; Memo, 26; Enrique, 24; La China Poblana, 26, Ismael, 24; Dania, 28; Iris, 19 and Patricia, 28.

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[52]Whilst the large majority of these people were happy that their real name appeared, most names have been changed, especially where an individual is easily recognisable.

* I use this label here in the context of my earlier discussion of why I approached these people to interview (p.38), my discussion of theoretical analyses of risk (pp.29 – 31), and the problems I acknowledge in locating certain individuals at the centre of this discussion (p.39).

c) Middle class Women

The middle class group included neighbours, friends and others I met through courses at a local university. Of the 9 women interviewed, five have either completed or were studying for an undergraduate degree. Of the four who had not, one is 15, one dropped out of her studies for economic reasons, and the other two left education sometime before that level. Two live alone, one a widow and the other, Gina, has never married. All of the married women have two children, except Sra. Luci who has four grown children and several grandchildren. All own (with their husbands/families) the property they live in.

Patti, 15; Sra Luci, 60's; Alejandra, 34; Marielena, 32; Gina, 39; Eliza, 24; Dolores, 44; Maru, 47; Maria, 24.

d) Working class women

The working class women were approached with the help of an educational establishment in Cholula. They all live in the poorer *colonias* that link Cholula to Puebla, typically in rented accommodation, or in shacks or partially built houses on their own land. Most use well water but are connected to mains electricity, none has a telephone, but all but one have television. All, with the exception of Cristina (18) have a minimum of two children, the average number of children being five. Five of these women are 'married'. The men are in all cases *albaniles*, with the exception of Lucia's husband, who has his own taxi. It was more difficult to talk to these women, because of a class and culture divide, but I did build up a rapport with some of them, and conversation became quite free in some cases.

MariLuisa, 40; Emilia, 28; Lucia, 37; Sra. Lourdes, 40's; Augusta, 40; Gabriela, 33, Sylvia, 34; Lourdes, 40; Dominga, 44; Cristina, 18.

1.7 Words, and Experience

Standing (1992) and Tuzin (1991) have stressed the methodological difficulties of investigating sexuality, and this is paramount in work on HIV/AIDS. In spite of recommendations that sex become a field method (Bolton:1995), researchers normally have to rely on local linguistic and cognitive models of culture, moving away from anthropology's expressed interest in (re)placing the body into cross-cultural understanding, and embodiment in practice theory. Most people find talking about sex to strangers difficult, not to mention unnecessary. In addition to this, women may not be in a position to speak about sex, and both men and women who live double lives and have interests to protect, or those that don't consider themselves to be 'homosexual' do not wish for an intrusion into their private lives. Although Alonso & Koreck (1992), Rapkin & Erickson (1990) and Wilson (1995) acknowledge the difficulties of eliciting this type of information, much of the ethnographic work on HIV/AIDS in Latin America (Carrier 1988,1989,1995; Daniel & Parker:1993) does not. Words are not enough. Tacit knowledge, through close observation and attention to detail, must also be elicited.

Sex in provincial Mexico - sexuality, sexual practice, are apparently subject to a stricter moral control than we have come to expect in 1990's Britain. Seen from the outside, Latin American countries are understood into terms of two opposing poles. The highly sexualised Latin American culture of Carmen Miranda, *macho* men, the tango and 'hot-blood', contrasts with the Latin/Mediterranean code of honour and shame, and an understanding of the Catholic Church as a strict monitor of sexuality. This contradiction has been seen as producing a space for contestation of stereotypical images (Melhuus:1996;Stern:1995; Villareal:1996). Many authors have concluded that what is said and what is done in Mexican society has always been different (Arrom:1985; Twinam:1989), and that higher up the social scale, there has always been room for manoeuvre. But, as the difference between what people say about sex and what they

really do is essential for education and prevention of sexually transmitted disease, the reasons *why* people continue to accept and perpetuate what appear from the outside as double standards and moral hypocrisies is crucial to investigate. What generates this need to keep up images, and what implications does this have for both the transmission of the virus, and education/prevention?

Being aware of the discrepancy that nearly always exists between what is said and what is done, or between representation and practice, in our examination of symbolic phenomena (feelings, emotions) we can use that knowledge to examine patterns in what is *not* said (White:1990). The problem of silence is not new in the discussion of sexuality (Lutzen:1995) It may be, as Alonso & Koreck (1992) noted, that silence says more about sex than words.

> "Silence is less the absolute limit of discourse than an element that functions alongside the things said, with them, and in relation to them". (Foucault:1978)

Silence functions alongside words, and is ambiguous, concealing and denying. It therefore must be questioned. Or, considering our 'informants' or 'objects' of anthropological study as ever-changing, subjective, post-structuralist 'I's - fragmented and constituted by shifting, multiple and contradictory discourses, we could perhaps look to register - what is appropriate in a given language and culture for a particular situation - to help us understand sexual meanings. Certainly anthropology has rejected the notion that words are truths, that 'key terms' will unlock another culture. Lutz and Abu-Lughod (1990) have noted that we should refuse to treat language as simply reflecting thought and experience. The multiple meanings possible in emotional discourse should be seen, they note, as pragmatic acts and communicative performances.

Once the stereotypes began to break down, certain women seemed to be

in a privileged position in their relationship to normative discourses of sex and gender, and in their ability to talk more frankly. Mexicans make a great deal of their humour, mostly in the form of *alburres,* or *double entendres*, around sex. These sophisticated word games normally take place between groups of men but women are quite often the recipient of these jokes and return them. Certain women quite openly flaunted social conventions, rejecting normal social values. Some middle class divorcees and professional women, and working class women in their forties, both displayed a disregard for social judgement of their behaviour and lifestyle that quite contradicted the social stereotypes I had become accustomed to and expected in Puebla, and went beyond mere adjustment of, and negotiation with the normative discourses. As a fellow female researcher in Michoacan found out, talking about sex was sometimes easy, compared with talking about money - a far more sensitive, secretive issue.

I often observed at first hand behaviour that contradicted what I had been told. Women who professed great disgust at the idea of homosexuality spent time and attention nursing an openly gay man in the last stages of AIDS. Middle class gay men who professed horror at the idea of 'coming out' to their prominent well-known middle-class parents openly flaunted their partners and sexual preferences at social occasions.[53]

There is room for contestation within the prescribed 'norms' of sexual identities, but, apart from the exceptions I have listed above, these small contestations never really challenge hegemonic ideas and perhaps take place within the limited flexible spaces permitted. Certainly my own experience of living in Mexico over a three year period was that the spaces permitted for contesting my gender 'roles' were limited, even as a

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[53]And in Puebla, where the small middle class society is heavily interconnected, where in fact, everyone who is anyone knows everyone else who is anyone, this can be quite dangerous.

foreign woman. Stereotypes have a powerful force - they provide room for manoeuvre, but nevertheless their strength continues and is supported.

Looking to language for keys to the unsaid as much as what is said - there is a constant tendency to assign behaviours to 'the other' which helps to reveal what is problematic (see Finkler:1991). Middle class women, like Maru and Maria, think that life for upper class women must be very hard, because of the constant need to keep up appearances, to be perfectly groomed at all times, have a wonderful house, and so on. (They get this impression from the fantasy upper-class Mexican women portrayed in *telenovelas).* They also assign 'ignorance and lack of culture' to working class women. Working class women in Cholula feel that their virtue is held in contempt by middle class women from Puebla because of the historical assignment of 'bad' behaviour to themselves. '*Las Inditas'* (indigenous women) are seen by middle-class women like Eliza to endlessly produce children, and have no idea about birth-control. Homosexuals are seen by working class women like Sylvia and Lucia (and to some extent by middle class straight men too) as synonymous with transvestites. Homosexual men (always feminised) are held in contempt by some women as bad parodies of women - not quite up to the mark. Younger, more openly gay (Ismael, Alfonso) men see older gay men as more likely to remain closeted because of their vested private interests in the Puebla social world. Some middle class women state that other families reject homosexual sons, saying that those families should be more caring (Barbara, Luci). All of these comments helped to clarify areas and behaviours thought generally to be problematic, and at the same time underlined that the speaker considered their own personal behaviour as the norm, thus defining what the norm should be. Mary Douglas notes in Purity and Danger (1994:131) that there is always a sphere that lies between behaviour one approves for oneself, and that one approves for others. This arises, she says, because whilst society produces general moral codes, their application to particular contexts is

never clear cut, and this produces discrepancies. This is very much the case in any discussion of sexuality.

The most difficult issue I had to approach was that of female sexuality. Very few women claimed that contraception was a good thing because it allowed them to enjoy sex without worrying about pregnancy. With two exceptions, (Dominga, Luci), contraception was stated to be of benefit because of "the world population problem". Virginity was another difficult issue - most middle-class women claimed it didn't matter at all - except for their daughters. Working class women didn't want to discuss it in general. Only Dominga, Lourdes and Lourdes' daughter Cristina openly contravened the 'norms'. Sylvia and Gabriela claimed that virginity was essential for a bride - marriage was terrible anyway, even when one marries as a virgin - not-being a virgin could only lead to an even worse situation. Most women in this group spoke of their past or present husband. It took me a while to ask if they were married to this 'husband', and indeed how many other women he was married to. Quite frequently no certificate of either church or civil wedding existed, yet the terminology - what ought to be - is used.

What I was told as an interviewer, as well as reflecting the sort of questions I asked, was also determined by how I was seen. Apart from those people I knew well over a period of years, to most people I represented some sort of authority. To those at the clinic, some sort of medical person; to those in the urban-rural areas of Cholula, something to do with the school I had worked for previously, to those I met at the gay discos, a person of undefined sexual preference[54]. My position as a sort-of intermediary between the clinic and the Civil Association, when the two organisations fell out and started a bitter war of words, was always

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[54]and sometimes of undefined gender as well. When I put on a masculine style suit, and wore little make up, I was asked on more than one occasion in gay discos if I were a 'boy or girl'.

suspect. I was seen as either a leak or potential leak of gossip. Personnel at the clinic too, as a subsidiary of a government department, revealed and curtailed information at various times. What they said in private was frequently the opposite of what they said officially. All of these factors affected the sort of information I was given, and how I received it, and demonstrate the difficulty of trying to pin down fixed ideas about sex and sexuality.

Apart from the methodological problems they cause, contrasting the normative ideas expressed about sex and gender with observations of lived reality demonstrates that where language can be unidimensional, describing ideal types and models, lived reality is very different. This thesis will look at those ideal gender and sexual types in Puebla, and how they compare with the reality of the plurality of local sexual culture, and examine what implications this has for HIV/AIDS education.

1.8 Structure of Thesis.

Dealing with the varied information that needs to be included in this discussion has lead to a layered approach to the thesis structure. The initial background discussion of making meaning of HIV/AIDS is followed in Chapter Two by a contextual examination of the socio/political background to the present discussion and gender and sexuality in Latin America. Chapter 3 looks at the institutional response in Mexico, setting the HIV/AIDS infrastructure into the context of the provision of public health. Chapter 4 goes on to examine local knowledge of HIV/AIDS, and the way in which this finds a space in individuals lives, examining how new knowledge, or pieces of information are accommodated with others, and looking at the factors that might affect the weighting an individual gives to particular information.

Chapters Five and Six investigate deeper issues of infection with HIV not addressed by the State in its institutional attempts to contain the illness. Chapter Five examines what individual men and women say about being

men and women - the normative discourses and ideal models of man and womanhood, whilst Chapter Six examines non-normative discourses, ideas about 'deviant' or 'other' sexualities, and how these too are incorporated by the family and society. Chapter Seven returns to the theme of health in general and sexual health in particular, looking at how people approach health care and contraception, and how that relates to what they know and say about HIV/AIDS. These chapters provide a fuller background perspective for the following chapters, which look at how individuals and community cope with this new illness.

Chapter Eight examines the experience of individual men and women who live or care for someone with HIV, and Chapter Nine looks at how the community has attempted to address the problem itself, and how it has fared. These final chapters discuss the possible evolution of a new idiom for understanding sexual practice and identity, and how HIV/AIDS may be contributing to the formation of new types of communities, and the possible re-structuring of community. Chapter 10 concludes the arguments and discussion.

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However, biological anthropologists use ' sex as a conceptually unproblematic, highly significant binary category' (Worthman:1995:597) whilst social/cultural anthropologists working on gender question 'natural', determinist claims about sex, in order to deconstruct sex (see following discussion). Attempts to combine social constructionist discussion about sex and gender with biological anthropology's understandings of sex are therefore extremely problematic. Worthman has highlighted an area of deconstructionist thinking, (ibid: 598), performance theory, exemplified in the work of Butler (1990,1993), which introduces a developmental aspect into the study of sex and gender as social constructs, and offers a potential way forward from these dichotomised viewpoints.

Chapter Two:

2.1 Anthropology: Sex, Gender and Sexuality

Despite anthropology's concern with the meanings humans make, sex is a difficult topic, and this may account for a delayed reaction to HIV/AIDS. Vance (1991) has noted that sex was not considered a suitable topic of study for the social sciences - Malinowski's ethnographies, which were kept under lock and key are a case in point. Tuzin (1991) states that the main problem is the difficulty of researching the facts - this despite the ready availability of anthropologist's confessions of what they did in the field, besides their fieldwork. (Bell et al:1992; Kulich & Willson:1995) Is participation in the sex life of the 'native' legitimate as research methodology? (Bolton:1995) Much of the work by ethnographers of the gay community and/or HIV infection in Latin America has been by gay men, who, whilst not necessarily advocating sexual participation, do not deny their own sexual involvement in the field. (Carrier:1989;1995: Lumsden:1991; Parker and Daniel:1993, Wilson:1995).

Kinship studies have sought to understand how societies structure family and social relationships, yet sex is often removed from these concerns. Sex research is sub-disciplined into gender studies, because the particular meanings societies make of sex and sexual identity remain marginalised, not a main anthropological concern. Kinship and gender studies examine the same field, but kinship studies tend not to question the 'naturalness' of gender (Collier & Yanagisako:1987). Biological anthropology however, recognises human societies as both temporal and structured according to sexual divisions. As Worthman (1995) has stated, the static, ageless, sexless population is very rarely a feature of biological ethnography, whereas it has often been the norm for social anthropologists. Sex differences matter in biological anthropological studies because they "are linked, now and in history and evolution, to social factors that determine demands, needs, and access to social and material resources" (ibid:600)

Popular ideas about HIV/AIDS rely on a narrow understanding of men and

women based on a sharp gender dichotomy, each gender associated with an essential sexuality, static and unaffected by time or circumstance. Within these essentialist ideas, deviance from the norm is sometimes accepted, but that too is assigned a static, inflexible character so that while in many societies/cultures there are two, sometimes three genders, there are also two, sometimes three sexualities[1]. Opposing sex (biology) to gender (culture) led to important social constructionist arguments. Whilst refuting essentialist arguments, they have also been criticised as 'Western folk-models' (Collier & Yanigasako:1987), reflecting the Cartesian mind/body dualism of Western philosophy and eliminating the body from discussion. Bodies have been more usually dealt with by the natural and medical rather than the social sciences. (see Lock:1993)

Anatomical difference, which divide men and women into discrete categories, has provided models for the division of labour along lines of sex in many cultures and societies. (Moore:1998) Anthropology has demonstrated that difference is not, however, universally constituted in terms of the physical body. Whereas anatomy, the form of matter, has come over time to constitute difference in the West (Laqueur:1990), other types of matter - semen, blood, the way the flesh is presented, or an understanding of essence may more fully signify difference or gender in other societies. (Miegs:1976; Strathern:1988; Tsing:1993; Broch-Due:1994). Practice theory, arguing against linguistic or cognitive models of culture, has restored the body to the gender debate by examining how endless, routine repetitions of actions and events within time and space locate roles and actions in the realm of different genders, making substantial what is temporal. The child constructs its sexual identity whilst observing the division of labour between the sexes (Bourdieu:1977:93).

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[1]For fuller discussion of the "third sex" see Garber (1992) and Raymond (1980). For discussion of institutionalised cross-dressing in the context of native Americans, see Callender & Kochems(1983) Fulton & Anderson(1992) or Whitehead (1981).

Taking a linguistic, temporal approach to the production of sex, Foucault explores sexuality as "the correlative of a slowly developed discursive practice" (1977:68) so that there is no agency in sex that is not subject to sexuality. He has been criticised by feminist academics for his failure to explain the particular oppression women have faced. That power is everywhere and produced in everything does not explain why women have nearly always been hierachised as subservient to men. Dismissing the repressive juridical-system thesis, 'telling about sex' from church confession to psychoanalysis and increasing medicalisation has come to reduce and repress desire, so that whilst we seek to find the truth about sex, we misrecognise our own role in reproducing repression. Sex itself has become pathologised, reduced to science in the West and anchored within the family, reproduction and psychoanalysis, becoming safe. His argument does coincide with feminist critique in its claim that power is productive, that the body (especially female) is the target of modern discursive practice, and that the sexual revolution is ambiguous for women and men.(Sawicki:1991:95) The discourse approach, used in this thesis to highlight the multi-vocal, 'devious' nature of power, has its limitations. Foucault's post-structuralist project fails to account for human agency, and sexuality alone is too reductionist: power lies in other areas of life as well.

Whether the logical conclusion of post-structuralist, post-modernist thinking or the result of divisions and fissures within the feminist movement and between women and gay men, meta-narratives of universal sex and gender have been rejected. The category of women, and of men, as a unified object of study is considered invalid, and debate slides between the poles of essential/constructed genders, and the search for universal truths versus particular details. While both Butler (1990) and Moore (1994) reject the 'subject' as a suitable starting point, as we are never fully aware of our own construction by discourse, Butler (1990, 1993), claims that performance - the continued stylization and re-stylization of the body -which 'does not exist prior to the acquisition of its sexed significance', helps us to understand that

gender is constructed in time and space. Gender acts must always be repeated in order to create substance, gender is always tenuous, never stable, and 'sex' is an effect of gender. Within compulsory heterosexuality, sex/gender/object of desire should always be consistent. The idea of the performance of gender allows for spaces for negotiation and contestation of dominant gender ideology. As Butler points out, the number of permitted and permissible identities is extremely limited, the possibility for subversive, abject identities are limitless. The discourses of power/knowledge that create and aim to control gender identities also make possible that which is outside it. Bodies, subject to discourses of power/knowledge, are also subject to discourses of abjection:making possible, even compulsory what is permitted does not stop the non-allowable. Compulsory heterosexuality allows for (non) compulsory homosexuality/lesbianism.

Performance theory helps to explain historical change and plurality within systems, by restoring temporality and some idea of agency to the lacuna in structuralist explanation. If, as Worthman suggests, the dualism of sex/gender is outmoded and restricting and we follow Butler's line of thinking, which reflects the changing nature of individuals and how this is shaped by, and shapes society, we perhaps have a way out of the essential/constructed debate. These theories allow that sexuality is fluid and changing, adapting to time and environment, yet they do not account for structures of gender hierarchy that remain in place. The fragmentation of sexual politics reflects the 'enlightenment' of the academy, but where does that leave us in real life? Although Foucault recognises that power is everywhere, and that in our own actions we reinforce patterns of power, this may be too crude an explanation. Micro-level studies of sexual subjectivities may help, rather, to demonstrate the parameters of agency and action and demonstrate those spaces where change is possible, where structures are shifted and how they are reinforced.

Sex is a legitimate topic of enquiry for anthropology, particularly in times of

an epidemic sexually transmitted disease, because it involves private acts with public consequences. Anthropological studies of local cultural constructions of sex and sexuality, and the impact of HIV/AIDS on diverse communities, have demonstrated that differing educational and prevention responses are required. Despite our claims (and fears) of increasing globalisation, the practicality that an international discourse can exist and be a sufficient response, and that the messages of safer-sex, monogamy, and abstinence have equal resonance globally, has been shown by micro-level studies to be misleading. This study aims to further demonstrate this point.

2.2 The socio/political context

Mexico's economic history, from the 1970's, has been a series of cycles that have periodically crashed, causing massive inflation accompanied by devaluation. A central aspect of Mexico's recent history is the huge population growth the country has faced. As more accessible health care has improved the quality and quantity of life for individual Mexicans, corresponding downward shifts in the number of children born have been slower to follow. This huge population increase, from 27 million in 1950, to 90 million in 1995, has caused, among other things, extensive environmental damage. Mexico City has become the world's most populous conurbation, and one of the most polluted, with an estimated 20 - 25 million people.

This fieldwork was carried out in the aftermath of the Presidency of Carlos Salinas, (1988-1994) who left office in disgrace.[2] In tandem with neo-liberal policies that freed-up trade with the US and Canada (in particular, the signing of the North American Free Trade Agreement treaty in 1993), he attempted to appease the socialist-revolutionary roots[3]

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[2] see: Friedrichs:1986; Gledhill:1994; Lomnitz Adler:1992.

[3]The Mexican State, dominated by one political party since the revolution, can be termed a contradiction in terms. The PRI - the Party of Institutionalised Revolution (*Partido*

of the political system by initiating the *Solidaridad* anti-poverty programme, which provided financial backing to community based projects, such as the construction of water pipes, proper roads and health posts in marginalised rural and urban developments. Critics of this programme denounce it as nothing other than the minimal appeasement of the drastic situation the majority of people in the country were facing during Salinas' regime, a 'containment strategy devised to provide the PRI with a breathing space to reform itself marginally..." (Rusell:1995)

His successor, Ernesto Zedillo, inherited a vastly overvalued peso[4] which he devalued at the end of 1994, causing the largescale flight of money from the country, accompanied by an armed up-rising in the southern state of Chiapas[5]. This provoked a swift government backed army response, followed by months of stale-mate, that continues to date. The economy collapsed during 1995, with 40% inflation striking hard at the middle-classes, drastically reducing their purchasing power (of imported goods) and causing home-repossessions on a large scale. Food prices

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Revolucionario Institucional)- has forsaken left-wing ideology for rhetoric, and panders to US economic interests, whilst simultaneously denouncing them. Power is located within the party, and so effectively 'politics' are incidental.

[4]The peso dropped from 3 to the dollar (Dec 1994) to around 12. It was backed by US gold reserves (*teso-bonos*) to prevent the economy from crashing completely. It has currently stabilised around the 8 peso mark (1997).

[5]A protest by a guerilla group led by Sub-comandante Marcos at the conditions prevailing in Chiapas, the poorest, most Indigenous state in the country was timed to coincide with the first day of free trade, increasing the sense of instability in the country. The assassination of PRI president-to-be Donaldo Colossio in March 1994 also wiped out any feelings of progress and stability that Salinas had managed to create during this presidency.

increased weekly during the year fieldwork was carried out, as did the price of gas and electricity. However, the very rich in Mexico - and the Salinas regime saw an increase in dollar billionaires in Mexico, rising from 2 to 13 men (Alvaro Cepeda Neri quoted in Rusell:1994:), who are known locally as '*saca dollares*[6]' - profited from this economic down-swing.

The years (1992-1994) were relatively stable. The middle classes could afford foreign travel and imported consumer goods, as the peso was very strong. Although with the benefit of hindsight this was illusory, this feeling of well-being amongst the middle classes contributed to the PRI's support during the 1994 elections, and the loss of support by the PRD, who presented a strong national challenge in 1988 and possibly actually won the elections.[7] The huge drop in the standard of living for the middle-classes - traditionally the bed-rock of PRI support, means that the opposition *Partido de Accion Nacional*, the main right wing opposition party, has become stronger in city areas, winning many important local council elections during 1995-6. Although the majority of the population had suffered under Salinas, the small middle class had been optimistic about progress, so the recession came as a strong blow. Violent attacks

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[6]Literally 'taking dollars out'. Many Mexicans keep cash reserves in dollars. Between 1977 and 1987 $22.1-$35.7 billion dollars were sent out of the country. (Rusell:1994)

[7]Although many PRI victories are contentious, the 1988 election was especially so, as the vote-counting computer crashed at an appropriate moment, allowing the PRI to declare itself the winner. Although elections are being more closely monitored in the cities, which again may count for PAN victories, rural areas are still subject to abuse and threats. The fact that the PRI has won for the last 70 years may also owe something to the USA's desire for peace beyond its southern border. With a government, party and bureaucracy so closely inter-twined, the hand-over of power to another party presents a logistic nightmare.

increased[8] and the hardships of the working class and rural poor began to impact once again on this group.

The economic and political challenges that Mexico faces affect many aspects of life, not least health and the environment. They also have implications for changing patterns of work among women, as more and more see the need to work outside the home to supplement or provide income. The Mexican health infrastructure will be outlined and discussed in the following chapter, but it is pertinent to point out here that any measures the government takes or has taken to deal with an insidious health problem such as HIV/AIDS have to be examined within this historical context. Previous proposals to reform the Mexican welfare state[9] have met with large scale demonstrations and protests - again, not unusual in Mexico, Zedillo's government once again broached this subject, (1996) as rising costs are found increasingly beyond the means of the national purse. Mexico, despite its status as a developing country, is a wealthy, oil-rich state[10]. It is the grossly skewed distribution of income that needs to be re-addressed, but the past two to three years in Mexico have only served to increase the gaps between rich and poor. With HIV becoming increasingly a problem of the poor in Mexico, this is a serious issue that contributes to the numbers of people becoming infected.

2.3 Gender Theory and Mexico:

As social anthropology has recognised, gender can not

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[8]Newspapers reports list the previous day's murders in Mexico city.

[9]This is not really an accurate name for the health/pensions system in Mexico, as it does not carry within it a notion of the universality of the system, but will serve here as an indicator of what exists.

[10]The fourth largest oil exporter, globally.

be considered apart from the matrix of social relations in which it exists. Class is and has been a crucial element in the construction of gender identities in Mexico. Cross-cut by race and gender, reflecting the dialogics of social life, class is not based solely on money, neither is it based purely on colour. It is a conjunction of factors such as access to education, and group cultural factors such as language and values, religious practice and beliefs. Put more concisely,

> "Multiple relations of domination/subordination, based on race, age, ethnicity, nationality, and sexual preference, all interact dialectically with class and gender relations" (Beneria and Roldan:1986:10).

Class, race and gender have been important issues in Mexican public discourse for centuries, and wholeheartedly appropriated by the State since the revolution earlier this century, for the nation building project.

2.3.1 Gender in History/Mythology

The *mestizo* mythology invented by the intellectual and revolutionary tradition in Mexico has not only developed class and race discourse, but forms an integral part of gender discourse at the same time. Paz (1959) writes that certain character traits have been ascribed to the 'Indian' - passivity, mystery, profoundness. The Indian side of the *Mestizo*, depicted as the 'feminine', weak and passive side, has been held to blame for many of Mexico's ills - the isolation, aloofness and inferiority complex of the Mexican people. The Indian, being 'feminine' in characteristic, is seen as sexually penetrable, like Malinche, the Indian slave woman who translated (willingly?)[11] for Cortes and thus helped destroy the Mixteca empire. As myth, Malinche personifies the deceit not only of the Indian, but the 'inevitable' sexual betrayal of women in general.

Octavio Paz describes Malinche as 'the violated mother', the original

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[11]History has it that she was not taken by Cortes by force, despite the fact that she was an often-traded slave. Her autonomy and choice must be regarded in light of her status as slave.

'*Chingada*'[12]. In his essay The Sons of Malinche, (1959) Malinche is the symbol of Mexico, violated and wounded by conquerors. This mythologised slave woman is held responsible for the downfall of Mexico, and Mexico's 'inferiority' complex attributed by Paz as due to the tendency for the Mexican to betray himself. The mestizo, like woman, is always vulnerable to being '*chingado*'.

Malinche's counterpart in the symbolic dualism between good and evil is the Virgin of Guadalupe, who appeared at an appropriate time in history and geography[13] to the Indian Juan Diego. (see Taylor:1987) Like him,[14] she had brown skin and brown eyes, and her appearance caused mass conversions to Christianity amongst the Indian peoples[15]. The importance of Guadalupe cannot be overstated[16]: Her image appears in buses, markets and in a family shrine in many homes. On December 12, her patron saint's day in the Church calendar, children from many social classes are dressed in costumes of Juan Diego and as Indian peasant girls, and men and women walk to the Basilica in Mexico City to pay her homage. When the Abbot of the Basilica questioned the veracity of her myth in 1996, he was immediately

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[12]*Chingar* is the peculiarly Mexican swearword that denotes violent penetrative sex. "The verb is masculine, active, cruel: it stings, wounds, gashes, stains. And it provokes a bitter, resentful satisfaction". Paz:1961:77.

[13]On the trading route between the principal port of Veracruz and the capital city.

[14]and like Malinche. These two symbolic figures are mestizos, 'real' Mexicans.

[15]She later appeared as a white woman, the *Virgen de los Remedios*, to the *Criollo* (American-born Spansish)elite.

[16]*"Todos los Mexicanos somos Guadalupanos"*, (All Mexicans are followers of Guadalupe), a common, normative statement.

accused by other high-ranking church leaders of involvement in drug trafficking. A Mexican Mary, her role in uniting the colony in Christianity was overwhelming. As well as the official patron saint of Mexico, she stands as the symbol of 'good' womanhood, and although many question her myth, all my interviewees attributed special feelings of respect for her as a symbol of Mexico, and acknowledged her charisma.

However, this good/bad dichotomy available to women contains within it a great paradox, as Melhuus (1996:253) has demonstrated. The ultimate symbol of Mexico, the Virgin of Guadalupe is simultaneously mother and asexual. The Virgin is a public female figure, yet the public woman, '*la mujer publica*', is a prostitute. The 'private' woman, (wife and mother), is in reality sexual, as wife and legitimated producer of children. But as wife and mother she is located within the private space, the house, and not involved in the public affairs of men, and '*la calle*'. The problem with Malinche, and the contradiction within gender discourse in Mexico, is that Malinche, (sexual woman) meddled in the affairs of men, and became public. She transgressed - overstepped the mark - and an empire crumbled. That so much is attributed to a woman, or to the 'female side' of the mestizo - the loss of a nation, the historical/continual loss of international face for Mexico[17], the continual sense of unworthiness - is instructive.

This nation-building mythology not only provides the foundations for discourses of femaleness, it also emphasises that the mestizo man too, because of his Indian 'side', can be vulnerable. Paz uses this as his explanation for the ambiguity of homosexuality in Mexico. A man can also be penetrated, and so can never let his guard down. Paz says that a Mexican man always has to '*chingar*' another man before he himself is '*chingado*'. This, he says, is why there is so much distrust, so much reliance on family,

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[17]Such as the secession of half the country's territory to the USA in the 1860's.

and so little social solidarity.[18] This reinforces gender inequities. As a man is always vulnerable outside his home, his only hope of being sure of his '*hombria*[19]' is to dominate within his home. With such powerful male and female ideology based around the idea of the integrity of bodily boundaries, non-married loss of female virginity and homosexuality ostensibly carry huge stigma.

Gender discourse in the intellectual tradition therefore constructs the 'Mexican' as conceived through violation. Symbolic womanhood has a chance of redemption through the model of the Virgin, but ultimately the Mother is always violated/betrayer, and the Father is always violent, *chingon*. These male/female ascriptions are interwoven with race/class discourse, by locating them within the history/mythology of the conquest and following processes of '*mestizaje*'.

Regardless of how irrelevant these ideas may appear to be to a modern-day government struggling with the fluctuations of the stock market, their in beddedness in history/mythology guarantees that these beliefs continue to hold a resonance for many people. Placing overt sexual symbolism at the heart of a nation's self-image might open up the topic for frank discussion, but in reality it makes the subject mystical and difficult. Paz articulates these ideas for intellectual discussion, but for many people they remain unspoken.

2.3.2 Race and Class in History.

Once the Spanish Crown/church had established that AmerIndians had

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[18]This can be taken both literally and allegorically. A man does not have to rape another man in order to dominate him. It can be done verbally *(alburres)* or in hundreds of other ways. Of course, a man who penetrates another man does not become a homosexual, according to Paz and popular ideas, so it can be taken literally too.

[19]An essentialist notion of 'manliness'.

souls, they then became concerned to legitimise sexual liaisons between different races - not so much to control the incidence of those liaisons, as to subsume them to the power of the church. The process of *mestizaje* (miscegenation) was inevitable in New Spain. Spanish men arrived alone and there was little idea of restraint or moderation in male sexual habits. The first liaisons were thus between white skinned men and darker skinned women. Intermarriage was explicitly permitted by the Spanish monarch in 1501, and the governor of Santo Domingo instructed to oversee marriage between Spanish men and Indian women, and vice versa in 1503. (Morner:1967) To say that colour was of no importance to Spanish men, as has been stated by some authors, is not wholly true.[20] There were some attempts to reduce the incidence of Spanish men marrying Indian women, by importing both the Spanish wife some already had, and white prostitutes from Spain. However, the overall impression is that miscegenation was more typically looked upon as a good thing.[21] The offspring created in these liaisons were considered Spaniards, albeit second-rate Spaniards.[22]

The ecclesiastical record does not reveal whether there was stigma attached to a Spanish woman's sexual relationship with an Indian or Mestizo man, although given ideas of racial purity based on Spanish (Christian) blood, and Iberian honour/shame ideologies restricting women's sexual behaviour, this was highly probable. The Church's concern was to monitor and control concubinage, rather than to deter such relationships. Another element in the

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[20]Morner (1967) says that colour was of no importance to the men who arrived from Spain, yet that the Spanish preferred to marry white women.

[21]Intermarriage between blacks and whites, or blacks and browns was not permitted, because of the problems associated with the ownership of children born to these liaisons.

[22]Spanish rules of descent conflicted with Caribbean societies, which were/are matrilineal. Carab indians and other Caribbean tribes considered that children belonged to their mother's families.

overall ambiguity of inter-race marriage was class. Many of the early European immigrants to New Spain were peasants. The tendency was for them to marry into the lower strata of *criollo* society, which, as miscegenation progressed, meant that inter-marriage with women darker skinned than themselves was more likely throughout the colonial period. Upper class elements of society thus became whiter as time passed.

A highly schematised system of '*castas*' was constructed, based on percentages of mixed blood.[23] The *casta* system was based on an ideology that linked 'white' blood with being Spanish, and racial and religious purity. There are obvious links in this policy to Spain's contemporary history, as Spanishness and Christianity were defined by their difference from Moorish and Jewish blood.[24] Church records from the colonial period record marriages between whites, *criollos, mestizos, castizos, mulatos*. The *casta* system helped to establish a white elite, and a society based on a mix of black, brown and white that was stratified according to the percentage of white blood a person had. There were distinctions between brown blood, which was seen as purifiable through whitening, and black blood, which was not. It was possible for some brown people to buy their 'whiteness', by paying for a '*cedula de gracias a sacar*', a license from the crown that recognised their official whiteness. Although this did not immediately grant these individuals the right to enter elite white society - certain schools were still off limits, for example - it did facilitate some upward social mobility. From the start, in the New Spanish colonies in the Americas, concepts of race, primarily in terms of colour were interwoven with class, and although there was a certain flexibility within the system, race defined one's social position.

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[23]There were regional variations, but a general idea is as follows: Mestizo,(Indian/White) Castizo, (two thirds indian. one third white), mulato (black/brown)..

[24]1492 is significant not only as the year that the Spanish landed in America, but also as the year in which Spain re-took the city of Granada, finally expelling the Moors (and Jews) from the Iberian peninsular.

The *casta* system was officially abolished after Independence[25], although in reality it remained.[26] The official policy of strict segregation of the Indian population was abandoned, but in practice Indian communities remained separate from the *mestizo* and white populations.[27] The Liberal leaders of the national period, (1810-1917) remained the white, *criollo* elite, and, following the influence and fashion of European ideas in Mexico at the time, racist ideals strengthened during the *Porfiriato*[28].

The Mexican intellectual tradition, following the revolution which aimed to establish government by 'the people', has mythologised a great Indian past, represented by the *mestizo*, which in reality never existed . Although Indians participated in the revolution there was no particular Indian project. The mythology that evolved around the mestizo, *indigenismo*, was rather a project of nation building, of defining and evolving a discourse of a particularly Mexican person, a hybrid superior to the sum of its parts. The

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[25]It had grown increasingly difficult in practice to administer the *casta* system prior to Independence. The inbuilt fallibility in a system based on shades of colour is obvious. As social mobility was possible, people lied about their origins, and 'passing' as Spanish had become commonplace, whether to avoid taxes, or duties to an *economendero*. Examples from a colonial tax register serve to illustrate the point: "Manuel Hilario Lopez, Spaniard he says, but of very suspect color..... Juan Antonio Mendoza, Castizo of obscure skin".(Beltran quoted in Morner:1967:69)

[26]Church records in the 1930-1940 period still record marriages with details of racial 'mixture'. (Gonzalez Navarro:1970)

[27]The Yaquis, for example, maintained their own parliament, and there were Indian wars in the Yucatan during the 1850's.

[28]The long presidential reign of Porfirio Diaz, President of Mexico from 1876 to 1910, whose tough fiscal policies urged Mexico into the modern age with extensive railroad building and rapid industrialisation.

revolutionary intellectuals created the idea of the 'cosmic race', the ultimate, superior hybrid race, a project not only of mestizo-ising the Indian, but of Indianising the mestizo. In practice the 'Indian' as such became more and more marginalised, and his/her 'qualities' increasingly disdained. *'Indigenismo'* was an intellectual rhetoric developed in opposition to foreign influence. A central tenet of the 1917 Constitution was to return the land to the people. President Cardenas attempted to do this in the 1930's by creating the *ejido* system. That this land re-distribution policy was reversed in 1992 by President Salinas de Gortari illustrates to some degree the bankruptcy of the *indigenismo* project. The NAFTA treaty, signed in 1992, opens Mexico up even further to outsider influence, leading some to point to a vacuum in popular discourse about the nation. (Lomnitz-Adler:1992)

Although these past ideas have been dropped from official state policy many persist popularly. To a certain extent they help Mexicans to self-define as different from *gringos,* with the longer and more consistent Mexican cultural traditions highlighted as superior to the North Americans' fragmented histories and lack of 'culture'. Advertising and television today in Mexico prioritises light skin, blue eyes, fair hair and European as opposed to Amerindian features. This is obviously not purely a Mexican phenomenum, but a conjunction with a more global set of values and ideas of beauty with pre-existing Mexican racial values. Fairer skinned and haired peopled are referred to as '*guera*', a compliment, whilst darker skinned people referred to as '*morena*', but to the outsider the differences are minimal. Children use the old labels to poke fun at, and demarcate other children: in the playground '*cambujo'* is a dark skinned (black) person, whilst '*jibaro'* denotes someone with Indian features.[29] Although the issue of race is rarely made explicit by the interviewees in this study, it is important for understanding their attitudes and positions. There are no longer official racial categories, and those that

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[29]These words are 18th century labels of race according to parental combinations. *Camubujo* is 10th on a list of intermarriages, *jibaro* is a regional variation. (Morner:1967)

existed were never static, but those Indians that preserve their traditions continue to live in marginalised communities. Middle class women distinguish themselves from working class women with reference to, for example, '*las inditas*' as well as from the upper class[30]. In provincial cities being 'Spanish' is a determinant of social standing, with the Spanish elite visibly different from the mestizo mass[31]. Intermarriage between the prominent Spanish families is the norm, whilst the Lebanese community maintains its social solidarity in the same way.

2.4.1 Sexuality: The Church

Symbolic female figures thus encapsulate ideas of womanhood in Mexico (Guadalupe/Malinche). Similarly, the historical record illustrates how important the church has been in structuring sexuality in Latin America. Lavrin (1989) has shown that the church set very narrow, strict guidelines about sex with impossibly idealistic models, in order to maintain control over the process of *mestizaje* in New Spain. These served not only to protect the interests of the crown/church, but also attempted to afford some protection over women[32] and children. Men as well as women were therefore expected to comply with the church's monitoring and regulation of sex. The need to protect women was based on an understanding of men as rapacious, and of women's proclivity to be weak concerning the flesh, and so the church was

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[30]Local tradition maintains that women in Puebla (Spanish, white) are virtuous, concerned about their reputation, whilst those of Cholula, (*Mestizo*, dark) the poorer neighbour, are spoken of as sexually questionable. (see also Nazarri, 1997)

[31]Sociological studies of the Mexican middle classes include S.M Lipset's Elites in Latin America (1967) and Gabriel Carega's "Mitos y Fantasias de la Clase Media en Mexico" (1995), both of which look at how the Mexican middle classes make difference.

[32]By insisting on the honour/virginity of all women (including brown and black), and thus may be seen as an anti-racist element in the conquest. (Espin:1984:151)

instrumental in the delineation of gender models. Producing a taxonomy of fleshly sins in its attempt to monitor and control all sexual behaviour, the church simultaneously recognised the impossible demands it made, and so in effect sanctioned failure to live up to them. Consensual unions and illegitimate children were commonplace. Hearing confession and providing absolution set in motion a non-articulated process that differentiated practice from ideal.

Despite the fact that Catholic dogma should, in theory, provide role models for both women and men, as virginity before marriage and sexual loyalty are requisites for both sexes, women take up, or at least negotiate these models much more than men[33]. That they do reflects both gender ideology and lived experience.

From an experiential perspective, the church functions as a place of refuge, providing emotional comfort through confession, and a safehaven or place of safety[34]. In a male ordered world, the church is an extension of the family, female space into the public arena. (de Oliveria e Silva:1997) Padre Renaldo, friar at the Templo del Carmen in the centre of Puebla, oversees a congregation that, apart from Sunday morning mass, is largely composed of older women. During a conversation he told me:

> "Women come to me when their husband beats them. I tell them 'defend yourself'. If he hits you once, then hit him twice. Women here seem to have been born submissive. It's a very big problem here in the centre of Mexico. But they don't generally listen to what I say. I tell

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[33]Work on masculinity in Latin America does not normally look at the church as a source of gender discourse. Gutmann's recent book on *machismo* (1996:78)notes that religious morality is more pertinent to women's lives, than to mens.

[34]Apart from Sunday morning mass, which is widely attended by families in Puebla, daily services are predominantly attended by older women. All my female interviewees attend church, confess and take communion much more than their male relatives.

> them, if you come here and tell me he has hit you again, and you haven't hit him back - then I will hit you too!"

On a more ideological level, the Church is a locus of power for women. The symbolism of motherhood, and women as moral guardians, provides a matrix of power for women: as mothers they are fulfilling their duty to God and Christ, and as such they gather and retain social power. Faced with little in the way of alternatives, given social and economic conditions in Mexico, and the variable accessibility of women to them, religion and the church are the only extra-household loci to provide this. In their own eyes, and those of their female peers and family, they retain the moral highground. In the city of Puebla, where the church is important, overseeing many family and social rituals, (photographed and published daily, in colour, in the leading local newspaper), this in turn is social power.

The nature of the power of the church is ambiguous in Mexico, and especially so in strongly religious cities like Puebla. Through its contradictory alliance with the Mexican state, in particular with the PAN political party, the right wing of the Church promotes traditional categories of motherhood, passive sexuality and suffering as appropriate for women, whilst left-wing liberation theology, also expressed in the words and actions of Padre Renaldo, and the Carmelite order, offer conciliation, and a recognition of the poverty and gendered oppression of daily reality for most women. (Westwood & Radcliffe:1993).

The church structures sex within a moral code that should ostensibly monitor men and women equally, yet which promotes gender inequality. Forces of lay society affecting men more directly, through their more visible economic activity, provide men with models and spaces for sexual behaviour that overwhelm the church's message. Early in Mexican history, the church also established an important dichotomy between ideal and practice.

2.4.2 Sexuality: Honour and shame[35]

"Ciuda tus gallinas, porque anda suelto mi gallo"[36]

Sexual morality in the Mediterranean region is articulated through discourses described by anthropologists as derived from an opposition between 'honour and shame'. It has often been assumed that Mexico, as a legacy of Iberian culture, also assimilated these ideas as part of the colonial heritage. The symbolism implicit in ideas of honour and shame show how layers of discourse of gender ideology are built up to form a complex matrix of ideas about male and female sexuality, that are neither simple to unravel, nor to relate to straightforward solutions such as the sudden introduction of barrier contraception. These discourses concur with the Catholic church as far as female sexuality is concerned, in that women are expected to be in succession virginal, loyal and chaste. Unlike religious dogma, men are not ascribed similar qualities. Additionally, whilst the church can provide forgiveness and absolution, society might not be so lenient.

Within the discourse of honour/shame a man's honour is guaranteed by the sexual behaviour of the females of his family - mother, wife, sisters, daughter - and therefore women have to be closely guarded, in order not to shame the family with sexual indiscretion. Women, being linked variously with the devil, evil and uncleanliness, are portrayed as naturally inclined to shame the family, and thus bring dishonour on the family by devaluing a man's social worth. There is the possibility that a woman can redeem herself - through virginity, marriage (faithfulness), and on widowhood, chastity, but this needs careful monitoring on the part of a man. Women remain a sexual threat to the community (du Boulay:1974) women's sexuality is always dangerous, and the only hope of redemption is by being, and more importantly being seen to

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[35]Anthropological studies of honour and shame include Pitt-Rivers (1954),Du Boulay (1974),Brandes (1981),Blok (1981) Giovanni (1981),Wikan (1984), and Greger (1988).

[36]Look after your hens, because my rooster is on the loose.

be virtuous.

The language of honour and shame, particularly in the Spanish context, references the rural agricultural communities in which it evolved. Men are associated with sheep, because the ram is sexually jealous and closely guards his female sheep, (plural), whereas women are associated with goats, who are sexually 'promiscuous'. A male goat allows other male goats sexual access to it's females. Thus a man who has been betrayed is associated with a male goat, as a woman has 'put the horns' on him. Examining language in Mexico, similar expressions are used to those of rural Spain. Again, the idea of a woman cuckolding a man is expressed in Mexico as putting the horns on a man[37].

Brandes (1981) notes there is a paradox in these discourses, as women retain an ideological superiority, gained through their position as virtuous girl, wife and mother, which sharply contrasts with their social reality. He supposes that the inevitability of betrayal by a woman is ascribed to women as 'projection' by men, as in reality men betray women first and more readily. This is not unconnected to the fact that women in these rural communities are associated with and spend more time in the home, thus (in theory) producing greater lack of opportunity for female sexual betrayal. However, the more obvious reason why these discourses have evolved is the link between female sexuality and the evolution of patriarchal society, with the need to establish progeny with certainty. Another problem contained within the discourse of honour and shame is expressed neatly in the popular saying quoted at the beginning of this section. As men are understood as naturally more sexually licentious, and so will look for sex with any available female, it is only one's family's females that need to be protected, other women are fair game.

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[37]The word *cabron*, meaning goat, is not used in its literal sense in Mexico. 'Cabron' in Mexico means cuckold, and a goat is referred to as 'cabra'.

The honour/shame distinction is not unproblematic, particularly with reference to Mexico. As Wikan (1984) has written with reference to a community in Oman, 'honour' as an opposition to 'shame' is perhaps a less common concept. In Puebla, honour, as a personal experience, is what Wikan, following Geertz (1983) calls 'experience distant'. For someone to be '*honrada*' means, literally, that they do not steal. This is how prospective servants are recommended. Melhuus (1992) has written that the idea of honour attaches more to the household, and should not be regarded as attaching to an individual man. She also writes, however, that whilst men have honour as their natural state, their individual acts lessen or increase their honour, whilst a woman's honour (which is the same thing as her shame) can only be based on her virginity and chastity. However, the idea of shame opens up the possibility of alternate forms of behaviour for a woman, those that are shameful.

Perhaps there are also more suitable oppositions. One interviewee, Jose, stated that respect is very important for a man. A more appropriate concept for the family might be '*decente*' (decency). The idea of being '*decente*' as a family is more commonly expressed and can be seen in opposition to a '*desvergonzada*' or *sin vergüenza*, both meaning shameless. A '*sin verguenza'* can be male or female, and does not relate directly to sexual indiscretion. *'Gente decente'* are people who fulfill social mores and values, ie they are seen to be respectable. These ideas are not absolute, however, as we have already seen in the case of unwed mothers. Although actual, direct expressions of the shamefulness of female sexuality are hard to pin down, my impression is that a woman who 'fails ' in this way is not a total failure. Children and motherhood are so important, both to men and women, that the production of children can never be wholly disgraceful, and whilst a single, pregnant woman is in some ways a disgrace to the family, when the child is born, the mother can usually be re-instated.

Although the language, in the sense of the actual words used, presents

some problems, the concepts behind honour and shame are useful in this context. Not only do some of these ideas accrue to men and women, but they also point to conflicts within these discourses. Women are modelled along a dichotomy of good/bad that they will, in the eyes of men inevitably fail, whilst at the same time they are granted great ideological and symbolic power. In addition, they allow that male sexual behaviour is less subject to scrutiny, and support local understandings of homosexuality, in that it is individual acts and how they are performed, rather than overall 'identity', that determines manhood. That women too perpetuate these conflictive ideas, as custodians of the meaning system, needs further examination. Honour and shame are useful for discussion of sexual ideologies, seen in conjunction with church discourse, but do not account fully for ideas accruing to men and women.

2.5 Gender/Race/Class in Contemporary Mexico

Ideologies, discourses and representations of women and men are not monolithic - they are usually vague and diffuse (MacEwan Scott:1994). Mexico's changing role in the world system has led to changes in women's participation in the money economy, and modifications in ideology and personal negotiation with ideology. Beneria & Roldan (1987) underline the separation that exists between an economic system, capitalist or socialist/communist, and the symbolic/ideological system (patriarchy[38]). This frees the symbolic from the economic, and demonstrates that different, sometimes intertwining forces generate the two, that are not merely the result of the tendency of the ideological (representation) to lag behind changes in the economic system of production (Lancaster 1992:236).[39] If we

[38]The concept of patriarchy is not without problems, as it is frequently used in an ahistorical way. Patriarchy, like any other symbolic/ideological complex, must be analysed in context.

[39]Work on Cuba (Leiner:1994) also illustrates this point. 40 years of communism have not altered an ideological set of gender values surprisingly like those of Mexico.

concur with biological anthropology that individuals change over time, then it is also appropriate to agree with MacEwan Scott that gender ideologies are activated at different times and in different ways in the life-cycle, and not determined solely, or directly by the economy.

The increasing impact of global trading, markets and ideas can be double-edged for women, as recent studies have demonstrated.(see Adler Hellman:1994) While some women in Mexico benefit from change, new capital has impacted on pre-existing gender values, and women frequently do not benefit from these changes. Excepting the very upper classes, where women are incorporated into the market economy they tend to do so as an extension of their other duties in the home. Hence the development of piecework in the home (Beneria and Roldan:1987), work in *maquiladoras* (assembly plants), woman-based because of 'nimble' fingers and youth (Fernandez-Kelly:1983)[40], domestic service, or cooking and selling *gorditas* in the street. Wilson, working in Michoacan (1991) found that whilst entering the outside work force tends to bring with it some changes for young women (more personal money, slightly more freedom to do what one wants outside the house), these are achieved through the constant re-negotiation of spaces and duties. She found that courtship and marriage continue to have overwhelming importance in the lives of young women, and few chose alternative lifestyles. Tradition, in terms of female housework and child-rearing, and even domestic violence, continues to be the norm. Young (1983) found that economic change in rural Oaxaca has brought contradictory changes for women, and that is some ways women are not now as autonomous as were their grandmothers. Stolcke, (1988) found that for those women who work outside of the home in Brazil, housework and child-rearing have remained their responsibility (*la doble jornada*) whereas

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[40]Prior skilling in the home (as daughters) prepares young women for this detailed type of assembly work. The idea of nimble fingers is a construction used to justify employing cheap (female) labour.

for those women who work solely inside the home, the division of labour by sex has intensified, as the discourses of the model housewife and mother have developed. Those women who do have to go out to work tend to do the worst jobs, so the impact on working class women in Mexico and other parts of Latin America has been largely negative.

Ehlers (1990:156) underlines the importance of access to resources in relation to the uptake of gender ideologies. LeVine and Correa (1993) working in Cuernavaca, Morelos, interviewed a range of women about their lives, covering the period 1920's-1980's, and found that younger women have far greater expectations about their own lives than the older generations of women (albeit more limited than their male counterparts). Nazarri (1997:143) emphasises the importance of considering middle class women as managers of their homes - they rarely do the housework - which has in fact freed middle class women to enter professions typically regarded as male earlier than in the United States. The existence of cheap domestic labour, however, has not necessitated the negotiation of gendered obligations, and thus some women have been incorporated into the professional field more easily, blurring gender lines, but not necessarily redefining gender ideologies.

These authors have found that pre-existing gender ideologies in Latin America have either intensified, remained similar, or slightly modified, depending on a woman's social position, but they have not disappeared. Where the family economy allows for the freedom of a wife and mother not working outside the home ideals of, and ideas about, domesticity have increased, whereas working class women who do not have the luxury of choice remain mothers and housewives who then take on additional roles. This paradox has caused problems for the Latin America feminist movement. Middle-class feminists, (with cars, servants, university educations) have tried to share their experiences with women whose needs are more fundamental (clean water, reduction of infant mortality, basic housing), ie the mistress and *la sirvienta*, (Westwood and Radcliffe:1993) and found that life experiences

are so different as to render common action extremely difficult.

Moore (1994) notes that gender is always structured according to hierarchies. To speak of *woman's* experience in Mexico, then, is not valid. With particular relevance to this discussion, one has to look for consistencies in gender ideology that transcend class divisions, and for those differences between classes that affect an individual woman's ability to take control.

2.6 Summary

While the separation of sex from gender opened up fruitful fields of inquiry in anthropology, in Mexico sex and gender remain conflated in popular ideas, and '*genero*' the Spanish equivalent of the word gender, and associated ideas, remains largely an academic and linguistic category. The issues this raises has been explored by some hispanic scholars (del Valle:1994) but not by all (de Barbieri:1991; Figueroa:1993; Lamas:1986). Since "the juridical structures of language and politics constitute the contemporary field of power" and there is no position outside this field (Butler 1990:5) attempts to deconstruct sexual subjectivities in Mexico are doubly difficult, given the problems of language and the strength and resistance of ideology.

There is and has been a sharp division of labour according to sex in all sections of Mexican society. Social constructionist models are useful in examining how gender is learnt in Mexico - through embodiment, practice and the location of gender roles in gendered spaces. A division between public and private spaces, whilst contestable, as Stern's (1995) focus on the public resolving of domestic disputes in Colonial Mexico demonstrates, resonates strongly with female/male experience in Mexico. An anthropological model that focuses on change in populations is very useful for understanding how both women and men resist and negotiate gender ideologies at different stages in the life cycle, according to environment, economic and material resources, and as Ehlers notes (1990) according to class status.

Performance theory resonates with Mexican gender ideals, in that men are judged by their acts, and women have to continually visibly maintain their virtue. The theory of paradox at the heart of gender ideologies that both Paz and Melhuus have developed underline the fragility of Mexican ideologies and the need for re-iteration (performance). Butler's claim that subversion of the processes of identity provides the opportunity to contest fixed sex/gender meanings only works to a limited extent. While women and men of a certain class, at certain points in the life-cycle and with certain opportunities resist what is gender-appropriate, it is only when a conjunction of factors make it possible. The limited extent to which gay identities and a gay sub-culture have developed in Mexico demonstrate that the conditions within which the intentional subversion of gender identity can occur can only rarely be met. The application of this debate to the realities of daily living in Mexico show that although Butler's arguments are valid, perhaps they do not have universal application. Individual subversion of gender identity remains an elite proposition, and the structures of gender ideology extremely resistant.

An uneven moral universe, which allows only men sexual freedom is further complicated by a religious morality that sanctions differences between what is said and what is done. The church set up an ideal and simultaneously sanctioned the belief that this ideal was impossible: society interprets that ideal, applying it more fully to women in the interests of a patriarchal economy. Honesty about sex becomes lost somewhere in this complicated scheme. Jacobson-Widding (1997) has suggested a way of understanding how this works in practice. Societies where an understanding of social personhood co-coincides with the individual need to be distinguished from those where social personhood is understood in terms of categories, i.e., an individual has a role, and is expected to behave according to that role, while an 'inner person' may be something different. Puebla can perhaps be understood as this second type of society, given the historical obsession of labelling, categorising and classifying colour, class, and sexual liaison, and the continuing social importance of origins. In these societies, Jacobson -

Widding suggests that there is scope for shame (public) rather than guilt (private). Modification of sexual habits has to be considered in an environment where what one is seen to be is so much more important than what one 'is' (does). Religious and social moralities are intrinsic parts of the discussion, yet often left out of the debate.

Recent gender theory explains some of the problems in the discussion of HIV/AIDS by demonstrating how sexual identities are constructed and lived out. It also helps to outline the parameters of agency - the point to which people can modify their own circumstances. Different groups, different classes operating within these contradictory discourses have differential access to power and the ability to negotiate and control their own position, and it is precisely this that needs to be explored further, in order to target messages in a more realistic manner.

Chapter Three:

3.1 The Institutional Response

An individual's knowledge about, and reactions to a health problem reflect the social/political circumstances in which they occur. This chapter will look briefly at the history of HIV/AIDS, and more specifically at its epidemiological impact on Mexico. In order to place this health crisis into its wider context, I will look at the way in which the new HIV/AIDS infrastructure fits into the overall context of the biomedical health care system in Mexico, and at the specific government policies that have evolved to deal with other aspects of sexual health. I will then discuss the reaction of the Mexican government to HIV/AIDS, and look in particular at the work of COESIDA, Puebla, with whom this study was carried out. My aim is to examine the institutional background within which individuals in Puebla have had to cope with this new illness.

3.2 The Medical Context

AIDS as virological, epidemiological, medical, public health and social phenomenon has been well documented in the past 15 years. Over 100,000 published articles, annual (now biannual) global conferences and large research budgets in government and pan-government health research institutions have dedicated both financial resources and attention to this new health crisis. Pre-existent problems that have affected more people than HIV/AIDS - malaria, cholera, leprosy, cancer, and heart disease have been affected by this shift in funding and attention. The more basic causes and products of poverty - which may themselves develop into the social causes of infection - poor housing, poor hygiene, lack of educational facilities and opportunities, have also been left behind in the concentration of resources into finding medical treatment and a possible vaccine for this infection.

HIV-I and HIV-2 retroviruses[1] were isolated in 1982 and 1985 respectively. Since the late 1980's, AIDS has come to be looked upon by many in the medical establishment in the North as a potentially long-term chronic manageable disease (Fee & Fox:1994). In the US the disease has become a disease of poverty, disproportionately affecting blacks, hispanics and poor whites without access to decent education, housing and health care.[2] AZT, a 'failed' cancer drug, has been used in combination with ddI and ddC to effect in clinical trials in the USA and elsewhere, and has become the standard treatment for AIDS or AIDS related complex (ARC), although the evidence that they repress the virus is controversial, and the side-effects sometimes great. In 1996 the US Food and Drug Administration fast-tracked new protease inhibitors into the drugs market which have made great advances in reducing viral load to negligible amounts.[3] Treatments vary internationally, but the US Centre for Disease Control recommends monitoring both the CD4[4] T Cell

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[1]A virus whose genetic information is encoded in RNA rather than in DNA. It is able to reverse the normal flow of genetic information. The first human retrovirus, HTLV-I was isolated in 1980, although they have been detected in chickens previously.

[2]In New York City 65% of men, 70% of women and 90% of infants with HIV infection are Black or Hispanic. In the UK, infants born to black women are 100 times more likely to have HIV infection than those born to Asiatic women. (Stewart,G:1996)

[3]Although this research is so new patients taking this combination therapy are de facto guinea pigs. Whether or not the virus is totally eliminated has yet to be seen. (Tae-Wok Chun et al:1997)

[4]The human immune system is made up of factors focussing on the activities of leukocytes in the blood, particularly B-lymphocytes which produce antibodies, but also macrophages, which destroy foreign bodies (antigens) and T-Cells

count, and viral load count,[5] and maintaining an optimum balance between the two. Both of these processes are expensive.[6] At a count of 500[7] CD4-T cells medical treatment for AIDS is initiated. At this stage, a protease inhibitor is added to the pre-existent drugs cocktail if the viral load is not sufficiently reduced by the initial treatment. Although there have been cases reported of negative test results after this treatment, it is too early to say that these drugs are 100% effective in eliminating or reducing the amount of virus in the blood, but other issues also arise. One of these is that the potential side-effects of these combinations of highly toxic drugs may cause other problems, for example liver disease, that eliminate or reduce the benefits.

The essential problem is cost. Writers researching AIDS in the South, notably in Sub-Saharan Africa (Barnet & Blaikie:1992; McNamara:1997; Obbo:1995: Wallman:1996) have stressed that the prospect of controlling HIV infection as a chronic disease in developing countries is unlikely, because of a combination of factors: the access to good health care that plays an essential part in controlling HIV infection, (including

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which provide several different services: helper T-Cells stimulate B cell production, some T-Cells attack antigens, and some (suppressors) control the proliferation of B and other T-Cells (too many white blood cells would overrun the system). (Pilsiuk & Parks: 1986)

[5]Human Immunodeficiency virus replicates at almost the same rate as white blood cells. (Wain-Hobson:1995)

[6]Viral load is not counted in UK HIV/AIDS treatments.

[7]The count for a healthy, non-infected person is around 1200. Drug therapy aims to maintain the blood at a functioning level, which is around 400 cells/mm3

contraception[8]), and basic social issues such as education and housing, but most important, the cost of treatment. The current recommended drugs cost around $1000 per month. Whilst in many Western countries the welfare state provides public money to fund treatment, and this has huge implications for long-term care[9], in developing countries where the state plays no, or little part in the public funding of private medicine, and even though prescription drugs are often a great deal cheaper than in the USA, they still may be well beyond the reach of local individuals. This is certainly one of the problems in Mexico.

HIV is difficult to transmit, requiring direct blood contact, either from an open wound, by direct blood transfusion during surgery, or through sexual contact.[10] Those types of sexual activity that permit direct contact with the blood are those most likely to permit the virus to cross from one host to another. Thus unprotected anal sex, in which the receptive partner experiences tears and fissures is a very effective mode of transmission. Vaginal sex has been shown to be not *so* effective a mode of transmission, although again the receptive partner is more likely to receive than to pass on the virus[11]. Sharing IV injecting equipment is

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[8]Use of contraception is vital in controlling HIV/AIDS because of the problem of repeat HIV positive. Even with a means of curing or controlling this disease, education and some change in sexual practice are essential components.

[9]HIV/AIDS treatments in the UK, for example, are variably accessible according to where an individual lives. This reflects budget priorities within individual NHS trusts.

[10]HIV has also been found to be present in breast milk.

[11]This appears to be true of Northern countries. However, where women have a high incidence of genital ulcers, this increases the rate of female to male transmission of HIV. This has been found to be the case in Africa (unspecified

also very effective, and vertical transmission (mother-child) is a potential avenue for infection, although the virus does not cross the placenta during gestation, but either at the moment of birth, (if not delivered by cesarian,) or if the child is breast fed. Accidents amongst health professionals - needle sticks during surgery - have proved this to be an effective mode of transmission

3.3.1 Epidemiology - Mexico

The most immediate, obvious and problematic element of the HIV/AIDS epidemic in Mexico is the country's relationship with its northern neighbour. As the world's largest economy, the United States has long provided a source of jobs, tourists and trade for Mexico, and possibly HIV as well.(Bronfman et al:1989) The epicentres of HIV infection in the United States - San Francisco, Los Angeles, Miami and New York[12] - all have strong, direct links with migrant sending communities in Mexico.(Gonzalez Block:1994;Sepulveda Amor:1989)

Despite President Miguel de la Madrid´s (1982-1988) assurance in the early 1980´s that there were no cases of AIDS in Mexico (Marin:1995) the first case in the country was diagnosed in 1983[13], and in Puebla (city) in 1985. Although the actual source of the epidemic in Mexico cannot be accurately pinpointed, numbers of HIV cases that are known can be matched with trading figures for the US with Central America and the Caribbean. Thus, the highest number of HIV/AIDS cases in the

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countries), accounting for higher female to male transmission rates.(Plummer & Moses:1991)

[12]Although New York has a large community of expatriate 'Poblanos', Puebla is not noted as one of the larger sending communities of Mexican-US migrants. The 'traditional' large scale sending communities tend to be in the Western/South Western part of Mexico (Michoacan). (Monto:1994)

[13]Reported to be in a Haitian man. (Sepulveda:1992)

Caribbean/Americas regions are found in Haiti, Trinidad & Tobago, The Bahamas, The Dominican Republic and Mexico, the regional countries which had the highest level of US imports in 1977 and 1983 (Farmer:1992).

Whilst some Mexican epidemiologists/public health officials and researchers (Block & Liguori:1992) have claimed elite origins for HIV/AIDS in Mexico - brought into the country by upper-middle class Mexican business travellers and tourists - this again cannot be proved from the existing evidence. The problems experienced in Mexico in monitoring the disease indicate that figures available are more likely to represent only the documented cases. With thousands of Mexicans crossing into the States and back on a daily basis, it is impossible to document the real quantities of HIV infection brought into/exported from the country and the source of those infections. Many cases go unreported and death certificates may not state HIV as a (related) cause of death.

Mexican epidemiologists now note a marked difference in mode of transmission in the north of Mexico from the south, reflecting cultural, social and economic differences within the country. They now talk in terms of two separate epidemics. The north[14] of the country closely reflects the economic and social ties with the USA, in that the population most affected is older, urban based, predominantly male, and predominantly self-identified homosexual. In this region 6 men are infected to every one woman. The south reflects quite a different pattern, in that epidemiological evidence shows a rural, younger, 'heterosexual' population infected, with two men infected to every one woman. (del Rio Chiriboga:1996). For the 25-34 year old age group, HIV infection is now

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[14]'north' and 'south' are, again, loose geographical descriptions *in* Mexico. Generally, those states north of Mexico City are wealthier than those surrounding and to the south, but of course there are exceptions.

the third leading cause of death[15]. Approximately 40% of known cases of HIV-AIDS in the country have been tracked via the death certificate.

All cases of HIV notified are HIV-1, normally B subtype, typical of the Americas (Herrera,G:1996)

Many early HIV cases in Mexico have been directly associated with contaminated blood-supplies transfused during surgery,[17] but the sexual mode of transmission quickly became predominant. That hemophiliacs were not so directly affected as in the United States and elsewhere was due to economics - the prohibitive cost of Factor 8 and Factor 9[18] blood plasma products that Mexico had been unable to afford to import into the country in the 1970's and early 1980's. The country's own blood supplies

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[15]Following accidents and murders, and preceding alcohol related liver disease.

[16]Elisa and Western-Blot testing, used in Mexico, reveal the presence of both HIV-1 and HIV-2 antibodies.

[17]Epidemiologies tracing cases during 1987-1989 state that transfusion related HIV infection was the most common for women, with perinatal transmission responsible for 33.3% of the under 15 HIV positive age group. Heterosexual transmission was in third place. (Sepulveda Amor:1989)

[18]For treatment of hemophilia types A and B respectively.

were infected with HIV through the commercial blood business. Many poorer people commonly sold their blood to hospitals and the Red Cross, and this unscreened blood was then used in operations[19]. (Avila et al:1989; Herrera,F:1992) Haitian students and teachers at the UAP (Autonomous University of Puebla) in the 1980´s were stigmatised by co-workers.(Marin:1995) Clearly the then predominant stereotypical view of the disease as highly contagious and associated with certain risk groups, appears to have been imported from the States.

Statistically, AIDS in Mexico is a young man's disease. Figures from 1994 show that 38.9% of all cases registered to date in men were in homosexual-identified men, 27.5% bisexual and 21.9% heterosexual. 88.4% were infected sexually. (CONASIDA:1994) In 1995 however, weekly monitoring documents around 17% of cases as homosexual, 18% as heterosexual and 44% as 'undocumented' (*Epidimiologia:*1995). At first look then, the US pattern appears to be repeating itself in Mexico, with self-identified homosexual men most affected, whilst later figures seem to contradict this. In Puebla statistical evidence is often contradictory, demonstrating that statistical evidence often hides as much as it reveals. The labels 'homosexual', 'bisexual' and 'heterosexual' will be examined closely in the following discussion, so that what lies beyond the figures can be closely and perhaps more accurately analysed. Analysing an epidemic in terms of bio-medical/pathological categories like homo and heterosexual can confuse the issue as much as clarify it.

Female sex workers in the city of Puebla are monitored every 6 months for HIV. This is done by the municipal government, who demand certificates from dance-halls and bars where sex is sold in a semi-official

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[19]Paid blood donation was routinely un-hygienic, providing the opportunity for HIV to enter main blood supplies. This evidence questions the position that HIV entered the country as an elite disease, as it was present in this poorer social group at an early stage.

manner. Prostitution is illegal in Mexico, so monitoring is handled in a non-official way. This exercising of authority ensures regular visits to COESIDA by a certain number of women, generally those who work as '*ficheras*'[20] but does not capture those women who work for their boyfriend/pimps. Studies by *La Jornada* newspaper, epidemiological studies in 6 Mexican cities in 1987 and 1988, and COESIDA statistics indicate that female sex workers are usually single mothers. (Fonseca:1996).

In the United States and Europe there appears to be a direct correlation between intravenous drug use among 'prostitute' populations and a high incidence of HIV-AIDS. In Mexico however, cases in female sex workers at a national level result in no more than 2% of the total case load (Avila et al:1989;Uribe Zúñiga:1992). Intravenous drug use in the Mexican population is very low[21], with the exception of the US border cities, Tijuana and Ciudad Juarez.(Sepulveda Amor:1989) The low level of HIV infection (and high level of condom use) amongst female sex workers has been ascribed in the literature cited to the women's implicit nurturing

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[20]Women who work in dance halls. Men buy a '*ficha*' or chip which the receive and then cash. Men are encouraged to drink, and negotiations for sex are made between the woman and client direct. These women are largely autonomous.

[21]That recreational drugs are not used by middle class Mexicans is popular opinion, frequently expressed by medical doctors, and also concurs with my experience of living there. However, survey work on HIV infection in Mexico city amongst 'homosexual' and 'bisexual' men suggests that drugs are part of Mexican gay culture, (Izazola et al:1988) as does Prieur's excellent work with working class Mexico City transvestites. (1998) Popular opinion also associates drug use (inhaling glues and thinners) with working class urban culture. It may be a stereotype, therefore, to say that Mexicans do not use recreational drugs.

natures as mothers (which guides them to protect themselves, and thus their offspring, in commercial sexual encounters). This hypothesis contains cultural gender assumptions that are contradicted by actual evidence, and it is more likely that the low level of HIV in Mexican female sex workers is more directly related to their lack of IV drug use and needle sharing.

What is fascinating in the case of Mexican female sex workers is the contrast it provides, not only with the USA, but also with other developing regions, particularly sub-Saharan Africa. (Avila et al:1989; Nelson:1995; Obbo:1996) (See Appendix One). That there is such a sharp contrast is not reflected in popular ideas about HIV and prostitution, which I will go on to discuss in following chapters. The uniqueness of Mexican AIDS epidemiology has serious implications both for how the illness, and risk of infection, are perceived.

Evidence of modification in sexual practice amongst different populations as a reaction to HIV is contradictory. A 1987 survey in Mexico City shows that 60.5% of adolescents used no, or non-barrier contraception (rhythm method) in their first sexual experience.(Urbina Fuentes:1991, p88). Health/Government officials (Marin:1996) reported verbally that young men now use condoms regularly in sexual encounters, although this material has not been published. My own surveys[22] in two universities are to a great extent carried out amongst elite populations, who though

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[22]I was asked by both COESIDA and the Autonomous University of Puebla (UAP), who both assisted me with this research, to survey university students during the course of the fieldwork year, on their knowledge about HIV, STD's and contraception. The surveys were designed with the assistance of both institutions and according to their requirements. They do not form any major part of my personal fieldwork data, other than this comment, and I do not draw on the results or conclusions for my own interpretations.

not universally privileged, are more exposed to information about HIV-AIDS than the rest of the population. The answer to a question on condom use produced high results. Other surveys published tend to focus on Mexico city youth. A CONASIDA survey of women and condom use showed a very marginal increase of condom use in 'general populations', whilst prostitutes and university students showed a slightly greater increase. (Gaceta CONASIDA:1990) Survey work amongst self-identified bisexual men in Mexico city gay bars showed that men who use condoms in sexual encounters with men are also likely to use them with women (Izazola-Licea et al:1993). This concurs with work in other gay communities which shows behavior modification increases with nearness to an AIDS epicentre/gay community. (Kippax, Crawford et al:1992) . Government claims of modification in contraception use by the 'general population' however, are not backed up by any recent published material.

3.3.2 Epidemiology - State of Puebla

To August 1995 there were 1305 accumulated cases of HIV infection diagnosed in Puebla State. 43% had died. 73% of the cases were men, with 67% of the total number of men and women declaring themselves to be heterosexual. 71% had contracted HIV sexually. (Chart 1) By July 1996 the total number had increased by another 300 cases. (SSA: 1996) Puebla fluctuated between 4th and 5th highest number of cases at a national level during this period, roughly corresponding to equivalent percentage of national population.

Other serious health problems in the state during the fieldwork year (1995-6) included over 900 cases of cholera, 12 deaths from rabies and more than 66 cases of dengue fever. Car and industrial accidents remained the first cause of death for the 15 to 55 age group. Women suffer mainly from breast and cervical cancer and complications during birth and pregnancy, while men over 54 are more likely to die of heart

disease and diabetes. (INEGI:1994) HIV infection is a serious health concern in the state, but it is by no means the only one. These figures reflect Mexico's position as a rapidly developing country, its health panorama containing a mix of both 'first world' (chronic) and 'third world' (acute) health problems. The statistical profile for 1995 of all HIV tests done at COESIDA (Puebla), both positive and negative results, show a large percentage of women who self-identify as prostitutes taking the test. The largest group of women who were diagnosed HIV positive in 1995, however, were 'housewives'. (Tables 1 - 14, See Endnote 2) As I did not collect the original data (taken pre-HIV-test) myself, it is impossible to say from the paperwork whether these 'housewives' had ever been sex-workers, but the information elicited was of a high standard, and I would expect it to capture such important detail .

HIV infection in Puebla, therefore, has become increasingly a heterosexual problem, since the first case was diagnosed in 1985. It increasingly affects groups of people (lower - lower-middle class self-identified 'housewives') who have not been targeted by government education material as 'at risk'. Whilst certainly not the most important woman's health issue in Puebla today, it is a serious one, and one that needs to be addressed in a new way, focussed much more towards the target groups.

Chart 1

Cases of HIV/AIDS* to August 1995
SSA Puebla
Department of Epidemiology

Year	Number of Cases		
1986	3		
1987	7		
1988	47		
1989	98		
1990	112		
1991	143		
1992	262		
1993	297		
1994	232		
1995	104		
SEX			**Percentage**
MALE	958		73%
FEMALE	347		27%
SEXUAL ORIENTATION			
HOMOSEXUAL	191		15%
BISEXUAL	190		15%
HETEROSEXUAL	877		67%
MINORS	47		3%
PREVIOUS BLOOD DONOR			
YES	124		10%
NO	1181		90%
MODE OF INFECTION			
SEXUAL	925		71%
TRANFUSION	251		19%
BLOOD CONTACT**		87	7%
MOTHER-CHILD	42		3%
STATUS			
ALIVE	743		57%
DEAD	562		43%

* Listed as cases of 'SIDA' (AIDS)
** *Sanguineo* (blood) - not further specified

3.4 Health Institutions and Relevant Policies

Understanding government reaction to HIV/AIDS is made easier by examining the context of biomedical health in Mexico. I will therefore look at the biomedical health structure, and government policies associated with sexual health and reproduction. Whilst bio-medicine has predominance as a healing system in Mexico, it cannot claim sole legitimacy. The government also encourages the use of homeopathic treatments as legitimate healing - this is asmuch a product of consistency with the ancient past, (Lopez Austin:1980) as an understanding today of the limitations of bio-medicine (Finkler:1991), and in consideration of the costs of biomedicine[23]. Additionally, 'alternative' remedies - home remedies, spiritualist healing[24], herbalists, bone setters and traditional healers - witches and curers, are all used in different ways and by many different types of people, at all levels of society[25]. Whilst bio-medicine is *usually* the first port of call when dealing with a health problem, it is not always the only one. Psychiatry for example, has never really gained a strong foothold in Mexico, for reasons that will be discussed later. A discussion of allopathic medicine is necessary because it is the channel

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[23]Legitimating the use of homeopathy can also be seen as a way of supporting a 'Mexican' medicine, because of its consistency with the past, in opposition to 'gringo' or Northern bio-medicine.

[24]See Finkler (1985)

[25]In some southern Mexican rural hospitals, doctors occasionally work in conjunction with local healers, inviting them to attend patients from time to time. (This was a weekly practice I encountered in a trip to Cuetzalan, in the Sierra Norte de Puebla). Ayara-Diaz (1995) argued, with reference to rural Chiapas communities, that the motive behind this co-operation is mainly financial, rather than a recognition of the healing power of local medicines.

through which this health problem has been addressed by the government, and through which people usually seek treatment.

3.4.1 The Mexican Bio-medical Health Care System.

Figure 1 outlines the basic structure of the bio-medical health service[26].

Mexico has a public health care system that gives about 90% coverage in terms of population.[27] although it is also estimated that 40% of women in the country have no access to the public health care system. These estimates mean that between 10 and 20 million Mexicans are without access to basic clinics or doctors. The majority of these people are in the southern, more rural states [28]

Puebla is a highly urbanised state [29] with most of the health resources located within the city, leaving a third of the state population with access only to rural health posts (not constantly staffed) and clinics in other cities.

People in work should, after 15 days, pay into the IMSS social security

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[26]This figure is not intended to be a complete diagram of the health services in Mexico. It serves to illustrate the separation that exists between CONASIDA and different spheres of bio-medicine, and does not denote the hierarchy of any of the institutions.

[27]El Sol de Puebla, 29.10.95

[28]Chiapas, Oaxaca, Tabasco, Michoacan. Indigenous populations in the north, eg: the Tarahumaras of Chihuahua also have limited access to health care and have high rates of infant mortality and malnutrition, on a par with Chiapas.

[29]Current population estimates for the city stand at 3 million, with a total state population of 4.5 million.

scheme, which provides health care through its hospitals as well as a pension scheme.[30] The costs are met through personal contributions as well as contributions from the employer, and government, a comparable system to National Insurance in the UK. Self-employed people can make their own contributions. People who work for the state and federal governments have a similar arrangement through the ISSSTE(P) schemes, as do those who work for PEMEX, the nationalised oil industry, a major Mexican employer. All of these schemes provide hospital care when necessary for HIV positive people, and people with AIDS (PWA), for example in the IMSS San Alejandro hospital in central Puebla, where the main AIDS isolation unit is. IMSS hospitals, especially those in Mexico City, have a reputation for excellence.

Parallel to the state social security system, there are many hundreds of private doctors. They are usually specialists, and charge from around 100 to 200 pesos for a consultation. Supporting this there are hundreds of privately owned laboratories, X-ray specialists, dentists and opthalmologists. Prices are equally high in these areas. An elite in Mexico also pay into private health care schemes, which give them access to the top hospitals in the country, which includes the American British Hospital (ABC) in Mexico city, and the *Beneficencia Espanola* in Puebla.[31]
SSA, referred to as *Salubridad*, including COESIDA, provides free consultation to all other people with no health insurance. There is normally a nominal charge for some services, and medicines are not free. Current prices are, for example, 150 pesos for a cervical smear test.

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[30]Currently providing around 500 pesos per month.IMSS insurance is law: i.e. all persons in paid employment have the right to this scheme.

[31]This clinic/hospital retains an exclusiveness by giving discounts in fees to people who can prove their direct Spanish bloodline. 'Spaniards' thus pay a membership fee. Other people are seen, but not at reduced cost.

This is well beyond the purse of a typical SSA patient, given its non-urgent nature. SSA also includes the DIF (*Desarrollo Integral de la Familia*[32]), the charitable branch of the public health care system. DIF provides funeral costs for the truly destitute and runs state orphanages. It is usually headed by a prominent public figure who has no need to do remunerated work, for example, the President's wife. DIF is also responsible for overseeing the supply and distribution of contraception. The public perception of SSA medicine is that it is low quality, involving endless waiting and contact with poorly trained staff. Many people see it as a measure of last resort.

3.4.2 Contraception, sex education and the birth rate.

A strong Catholic church provided opposition in most Latin American countries to state-run fertility control programmes. Mexico was the exception. Although not centrally controlled, there were family planning posts which provided free contraception in various parts of the country prior to the 1974 General Population Law. This was a modification of the 1936 law, passed in order to encourage the populating of the country. Then President Cardenas saw this as a means of increasing the wealth and social development of the country. As the population increased rapidly in the following 30 years, the government stepped in, partially to avoid foreign interference in this sensitive area.

Contraception has been widely available in Mexico since the mid-1970's, and has been supplied mainly by the public sector. The Church plays a prominent part in such social policy issues, and therefore female sexual health is dealt with under the banner of 'family planning', in order not to separate sex from reproduction (Correa, 1994). Abortion remains illegal in almost all of Mexico, except in proven cases of rape. The state of Yucatan, historically a leader in women's rights (the first Federal state, for example, to allow women to vote, and to elect female public officials)

[32]Integral Development of the Family

allows for abortion on other grounds.

Figures for Puebla reflect national contraceptive use. By far the most popular method of female fertility control is the IUD, followed by either injected hormonal contraception or the pill.[33] These are followed by sterlisation, with female sterlisation outnumbering vasectomy by approximately 100 to one.[34] In 1995/1996 the Puebla state government launched an advertising campaign to encourage more men to have a vasectomy. This was part of a national campaign, and vasectomy was offered, "without surgical intervention" (*sin bísturi*, literally 'without scalpel'). Local newspapers reported an increase in the number of these operations.[35] An important point to note here is that although vasectomy may help to control the birth rate, it, nor indeed any of the most popular methods of contraception provide any means of prevention of sexually transmitted disease, including HIV.[36]

The introduction of wide-spread family planning policies since the 1970's has had an enormous impact on the birth rate. From an average of 6.8 births per woman in 1950, Mexico now has an average of 2.7. (Chackiel

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[33]Other contraception available: condoms are provided free by family planning services at IMSS, ISSSTEP and SSA. Norplant is also available. Some people were aware of its existence although I did not meet anyone who used it.

[34]Source: Annuario Estatistico de Puebla, 1995, INEGI Figures for the year ending 31 December 1994.

[35]19.8.95 "*Puebla ocupa primer lugar en cuanto aceptacion y aplicacion de vasectomia sin bísturi*". El Heraldo de Mexico, Puebla Section.

[36]HIV is transmitted in the seminal fluid not the sperm: vasectomy does not eliminate the possibility of HIV transmission.

& Schkolnik:1996). The state organisation of family planning has had a demonstrable effect, both on fertility control, and on female labour participation outside the home. (Mier y Teran:1996; Mundigo:1996; Potter:1996) Whether or not this has affected the cultural ideologies of men and women in Mexico will be discussed later. The population of Mexico is not homogenous in its uptake and use of contraception of course, and there are great regional and class differences in the fertility transition which have implications for this discussion. Furthermore, access to contraception is not always easy. A 1987 study of contraception supply shows that one fifth of all contraception supplied was obtained (bought) from a chemist. (Mundigo:1996) The problem is not only the cost of contraception, but personal constraints too, such as the ease with which a single woman, for example, can go and buy it.

Sex education is now officially part of lay education in Mexico, although in practice the type and quantity of information imparted is variable. Beginning in primary school, at around 8 or 9 years old, it is extended and deepened in secondary school. All schools registered with the *SEP,* (Secretariat of Public Education) have a 'national curriculum' to follow, including sex education. Catholic schools, although administered by the *SEP,* do not follow this programme of education. As the interviews in following chapters demonstrate, information about sex, and the context in which it is given is variable.

Evidence of the variability of sex education as well as contraceptive advice is the high number of births to girls in the age group 15-19[37],

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[37]Around 16% of births in 1993-4 were in the 15-19 age group, almost equal to the 30-34 age group. The highest number were in the 20-24 age group, around 31 or 32%. 0.33% of the total were in the under 15 age group. Source: Annuario Estatistico de Puebla, 1995:INEGI

which, newspapers report are currently increasing.[38] There are also a considerable number of births to girls younger than 15. The state of Puebla has a birth rate higher than the national average, 3.5 as opposed to 2.7 live births per woman, but it also has an extremely high rate of female mortality at childbirth. (Reyes Fausto:1994) This is consistent with the poorer, more rural, southern Mexican states. The high birth rate has prompted calls for an improvement in sex education and knowledge of reproductive health at the state level. A co-efficient of the birth rate is the high level of infant mortality, placing Puebla in the third worst position in Mexico.[39] The infant mortality figures correspond to the age and educational level of the mother and the size of the town or village she lives in. There is some evidence that increased level of education lowers the number of children born, and the age of the mother at the first birth, although it is not possible to say whether this is a result of sex education in schools in particular, or general education.

3.4.3 Sexually Transmitted Disease

Policies towards sexually transmitted disease have been scant in Mexico this century. The most important were the abolition of regulated prostitution (1926), two anti-venereal disease campaigns (1936, 1952) and the establishment of a teaching and research centre (1943). (Conde-Gonzalez:1993) Mexican researchers now acknowledge that HIV has stimulated interest and research in other sexually transmitted diseases since the mid-80's, and that the traditional focus on detection, diagnosis and treatment is being complemented by an interest in prevention. (Valdespino Gomez:1995). However, the Secretariat of Health has no

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[38] El Heraldo de Mexico, 31.4.96 "*Eleva de el numero de alumbramientos que se presenten entre adolescentes*" (increasing numbers of 15-20 year olds becoming pregnant)

[39] El Heraldo de Mexico, 15.12.95, Puebla in 3rd place with highest infant mortality in Mexico. El Sol de Puebla, 21.10.95 Puebla in second place in country.

separate department dealing specifically with STD's. Statistics of incidence are kept by the epidemiology sub-division, and education is overseen by the department of reproductive health[40]. The existence of a whole sub-directorate with a focus purely on HIV/AIDS underlines that the illness was initially understood to be different from other sexually transmittable disease, and its establishment was also of course fuelled by non-Mexican money. The current government policy (1995-2000) on Prevention and Control of Diseases lists, as Objective 9, the "prevention and control of HIV/AIDS and other sexually transmitted diseases, in populations with risk practices and amongst vulnerable groups". Four of the six desired outcomes of this policy relate to HIV/AIDS, and the last two relate to congenital syphilis and other transmittable diseases.

The university students, gay men and sex workers that I spoke to in the course of this research had good knowledge of sexually transmitted diseases, and listed most of those common in Mexico. HIV/AIDS was usually the first, and the most commonly cited disease. A typical response to infection with another type of STD would be to go to ones' normal doctor, rather than visit a specialist centre like COESIDA. To a certain extent, for the other women in this study, sexually transmitted disease falls into the undiscussed arena that sexuality in general inhabits. One could argue that STD's have become more discussed, however, at least at the level of policy, because of HIV/AIDS.

3.5 Government/ NGO Responses (See Endnote[1])

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[40]HIV/AIDS statistics at a national level were published in a monthly bulletin "AIDS/STD" from 1987-1995. The focus of these bulletins was almost purely on AIDS.(95% of material). The name of the bulletin was changed in 1995 to "Epidemiology" and weekly figures for infection with all notifiable diseases, including syphilis, genital herpes and gonorrhea are now given along with figures for HIV,TB, Hepatitis etc.

In 1985 the World Health Organisation called for national governments to establish AIDS councils, to monitor the growing global epidemic, and provided funding to governments in order to help establish these councils. The Mexican government complied in 1986 by establishing a committee that in 1988 became known as CONASIDA, (*Consejo Nacional para la prevencion y educacion sobre el SIDA*). This centralised, federal organisation became the umbrella for regional committees (COESIDA's) under the direction of the public health service (SSA) and the director of epidemiology. There are currently COESIDA's operating in all 32 Mexican States.

Federal government steps were taken in 1986 to control and monitor the blood supply, prohibiting the sale of blood, and the import/export of any blood product (from 1987). The reporting of all diagnoses of HIV was also made law. Transfusion related cases in Mexico are now claimed as a success story (Rio de Chiriboga, 1996) because at a national level they are responsible for 4% of the total case load since 1983, but the evidence for this is contradictory, and transfusion, as noted above, was initially the main cause of infection for women in Mexico.

Included in CONASIDA's original mandate was the dissemination of mass media information, which has been done through 11 different campaigns in the period (1988-1994) using radio and television. Newspapers, both regional (in Puebla) and national, publish monthly figures of case numbers and 'type' of transmission. There were two evenings of broadcasts about AIDS on Channel 22, an 'educational/university' channel available only in the Mexico City area, during 1995-6, and a local radio station in Puebla has a once monthly hour long discussion about AIDS. However, there is at present no sense of a visible public education programme in the streets of Puebla, or even

in the school/university environment[41]. Middle class families in Mexico usually have access to cable/satellite television from the States, including at least three network channels in Spanish. There is a sharp contrast between these channels and local Mexican channels, in terms of information about AIDS. NBC in Spanish, for example, broadcasts at least one advert about AIDS each two hours.

The Salinas government response to the increasing poverty generated in Mexico as a by-product of free market/neo-liberal economic policies was SOLIDARIDAD[42]. As in these other areas of policy, the Mexican government created CONASIDA, a central, institutionalised structure that appeared to take the problem in hand and impose order by generating a bureaucracy, statistics, and a monthly bulletin. This in reality only scratches the surface of the problem, and does not address the real issues involved - the emotions, confusion and fragmentation of what lies at the centre of the issue - human sexuality. Wilson notes (1996:p XII) that the *idea* of keeping AIDS contained does not stop the spread of the virus.

The non-governmental sector has also responded to HIV infection. There has been NGO activity in most states, although little outside certain 'gay' cities (Guadalajara, Tijuana, Merida, Mexico City) before 1990. (Carrier:1995, Sepulveda: 1992) The majority of NGOs are still

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[41]Other important health problems, for example cholera, are dealt with visually, in street posters, advertising in public transport and so on. Whilst there had previously been poster HIV advertising in the Mexico City underground system, this is no longer the case.

[42]A government programme to help communities solve some of their more basic needs, (water pipes, drainage, rubbish collection, rural schools), providing some funding from central government, but relying on communal labour.

concentrated in the capital, where they have now specialised to deal with increasingly diversified affected populations. The particular problems affecting an HIV/AIDS NGO in provincial Mexico will be considered in a later chapter.

3.5.1. COESIDA

COESIDA (Puebla) has grown from a back-room office employing four people,[43] to large new premises on one side of the 'Number 1' SSA clinic in central Puebla. It currently employs around 20 people, offering education and testing services, with outpatient clinical appointments and psychological/social work back-up. It initially employed an epidemiologist, but this function is now carried out directly by the State Secretariat of Health. Hospital care is provided by all the hospitals in the state, i.e. HIV hospital care is not centralised. As COESIDA has grown from nothing into a fairly large and important part of the health sector, its programmes and aims have become increasingly sophisticated.

COESIDA's mandate is to educate about AIDS. It runs training programmes for medical students, gives talks in schools and universities (on invitation) and, also on invitation, its workers speak at the two gay bars and visit the gay discos to give away free condoms. They have never been invited to straight venues to speak.

HIV testing costs around 63 pesos[44]. After having monitored the HIV status of local female sex workers for some time, COESIDA has also begun to monitor the HIV status of male transvestite sex workers. This is a COESIDA rather than local government initiative, involving visits to the

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[43]When I first made contact with them, in 1993.

[44]At the time equivalent to around £7.80. The minimum daily wage is around 15 pesos a day.

street where they work[45] and asking the transvestites to come for a test. HIV positive and PWA are closely monitored by COESIDA. They are provided with all the medicines necessary, including AZT, free, although there are frequently problems with drug availability. COESIDA psychologists set up therapy groups in order to be able to deal with large numbers of people together, but also so that people might be able to share their experiences. This lead to some problems as the group began to take on a life of its own.

Apart from contacting male and female sex workers, COESIDA has also made attempts to focus on other groups understood to be 'at risk', such as street children, but with little success. Its current aims are to focus on the large student populations. However, COESIDA is not a dynamic organisation, despite the commitment and hard work of its staff. Although it receives policy directives from CONASIDA in Mexico city, in reality it answers directly to the State Secretary for Health, Dr Eduardo Vasquez Valdes, and receives its funding from the state government. As such, it cannot be seen to be too controversial in any way. This limits its ability to speak frankly and publicly about sex, sexuality or condoms. Over the years, COESIDA has had to compromise its message. It has faced problems with the church, conservative sects and moral pressure groups. COESIDA says it is not government lethargy that limits their work, but a problem associated with the general level of education of the people. They feel that education about sex and HIV/AIDS is a slow process, and see their work in terms of change over years, and a slow

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[45]Public sexual activity (paid and un-paid) is regulated, operating in different, well-known locations. Male (transvestite) prostitution centres on the *6 poniente*, a run down street in the colonial centre of the city. *Ficheras* work from dance halls at various locations. High-class prostitutes work from private apartments in *La Paz*, a salubrious neighbourhood in the newer part of town, while the *Zocalo* is the centre of gay pick-up activity, and not normally associated with prostitution.

lowering of the rate of HIV infection.

One of the main problems COESIDA has, which follows directly from the structure of the health service in Mexico, is monitoring the real extent of HIV infection in the state. All diagnoses, whether made in the social security system, SSA or by private doctors/laboratories are, by law, to be reported to COESIDA, but this simply does not happen. There is popularly a great fear of '*salubridad*' because confidentiality is not seen as a priority. People think doctors and nurses who work in the social security or public health systems are gossips. Many people who go to private doctors do not want their test, whatever the result, reported, and will pay to ensure this. The forms for reporting cases are long and bureaucratic, and some doctors simply will not fill them in. In addition, companies and institutions carrying out testing of their staff, illegally, will obviously not report the results. COESIDA in general only receives visits from a certain type of person: those already informed and who fear themselves to be at risk, or those too poor to go anywhere else, who have been referred for testing. Obtaining a true picture of the level of infection in Mexico, therefore, is very difficult.[46]

Although COESIDA see their work as of primary importance in terms of health care provision, this view is now challenged by the local government, who claim that HIV as a health problem is under control in Puebla, and that HIV/AIDS should be subsumed as another sexually transmitted disease, and its care and treatment handled by the services previously existent that deal with STD's (Marin:1996) The local government finds the focus on HIV too imbalanced, given the other health problems the State faces. Now that the WHO and Pan-American Health Organisation have withdrawn their direct funding of CONASIDA's activities, and the money has to be found in the State health budget, a cynic might suggest that the best thing to do would be to incorporate the

[46]This is emphasised at federal government level.

AIDS structure into the general health structure, claiming that the campaigns have been a success.

3.6 Summary

This chapter has examined the health institutions and policy structures that have been created as a response to the HIV/AIDS problem in the context of those that existed beforehand. It has also outlined the epidemiology of HIV infection in Mexico, and demonstrated that, as in other areas of medicine and policy, the government has looked outward, to the United States/World Health Organisation, for answers, without examining either the structural causes of the problem, or the uniqueness of the Mexican epidemic.

This discussion has outlined the bio-medical health care system and the possible difficulties of access to the system that many men and women face. Despite the existence of an extensive health care system, the structure leaves gaps. Even those who do have access to SSA clinics often cannot afford the medicines or laboratory studies. The health service structure allows for people to slip through, and thus makes effective monitoring of disease, including HIV infection by COESIDA, impossible. The image of COESIDA as part of SSA and therefore 'for the poor', stops middle-class people from entering the doors to ask for information. Scores of male or female sex workers waiting on the doorstep for testing and counselling do not encourage the passer-by to call in for information either.

Sex education and contraception, although legislated for, are still variably accessible for many people. In addition, they run tangentially to deeply running and long held beliefs about men, women and reproduction that supply counter-arguments against the use of contraception. These ideas, essential in understanding the possibilities of improving HIV/AIDS education, which include a discussion of

pregnancy and abortion, will be examined more fully in the next chapter.

The Mexican health care system has achieved a great deal in providing health care to a huge, growing and diverse population. Economic strictures reduce the services available, and in conjunction with popular perceptions about public and private medicine, cannot work alone as means of containing an epidemic like HIV. In addition, bio-medicine is not considered the only legitimate remedy for sickness, and bio-medical health professionals do not thus have unquestioned authority as healers, so people are free to chose different types of treatment. Whilst this is undoubtedly helpful, given the economic implications of relying on drugs and private doctors, and the failure of allopathic medicine to provide remedies for many common complaints, it also underlines the fact that the bio-medical model is not necessarily strictly adhered to by perhaps the majority of Mexicans, and this has implications for the now standard HIV/AIDS prevention model of individual responsibility and 'safe sex'.

Education and prevention of HIV transmission require both individual and collective responsibility. Because of the problems individuals have in gaining access to good health care, health education and contraception, in addition to more deeply imbedded ideas about control of their/other bodies, and ideas about reproduction invested in religious and cultural symbols of male and female sexuality, this is a far greater problem than the COESIDA bureaucracy can hope to cope with. In the next chapter I will examine how government good intentions and policies are called into question and contested through popular ideas about men and women, and by other voices of authority.

1. Financing HIV/AIDS

Unravelling the global financing of HIV/AIDS in the developing world is difficult, as no one agency has collated and analysed the data. However, some idea of what has been spent can be pulled together.

Through the establishment of the Global Programme on AIDS in 1987 (UNAIDS from 1996) wealthier nations have funded prevention and treatment of HIV in developing nations. This has been administered by the World Health Organisation and Pan American Health Organisation (PAHO) and funded by many international organisations, for example the United Nations, OECD, EU, as well as direct donations from countries like Sweden, Canada, the USA and the UK. Much of this money is donated, but the World Bank has been the largest source of funds, providing low interest loans (IBRD:1997). By the end of 1996, donors had supplied $632 million to 41 projects in 61 countries. The money available to individual countries has been in direct proportion to the severity of the epidemic they are facing, hence the vast concentration of this money in sub-Saharan Africa.

Where donations and loans have been readily available, national governments have tended to reduce contributions from their own health budgets to HIV/AIDS projects, with some notable exceptions (Tanzania, Ethiopia, Thailand).

Mexico has extremely low expenditure on HIV/AIDS, relying until very recently for the majority of CONASIDA's budget on outside agencies. 1989 figures show that from the 1.79% of GNP spent on health in Mexico, 0.4% was dedicated to HIV/AIDS and this money was from outside agencies. (Mann, Tarantola & Nether:1992).

Since 1991 there has been a decrease in money available from international donors, which has not been matched by an increase in monies available from national governments. The aims of the Mexican government at the moment appear to be to reduce spending on this health crisis, apparently in response to the reduction of funding from international agencies.

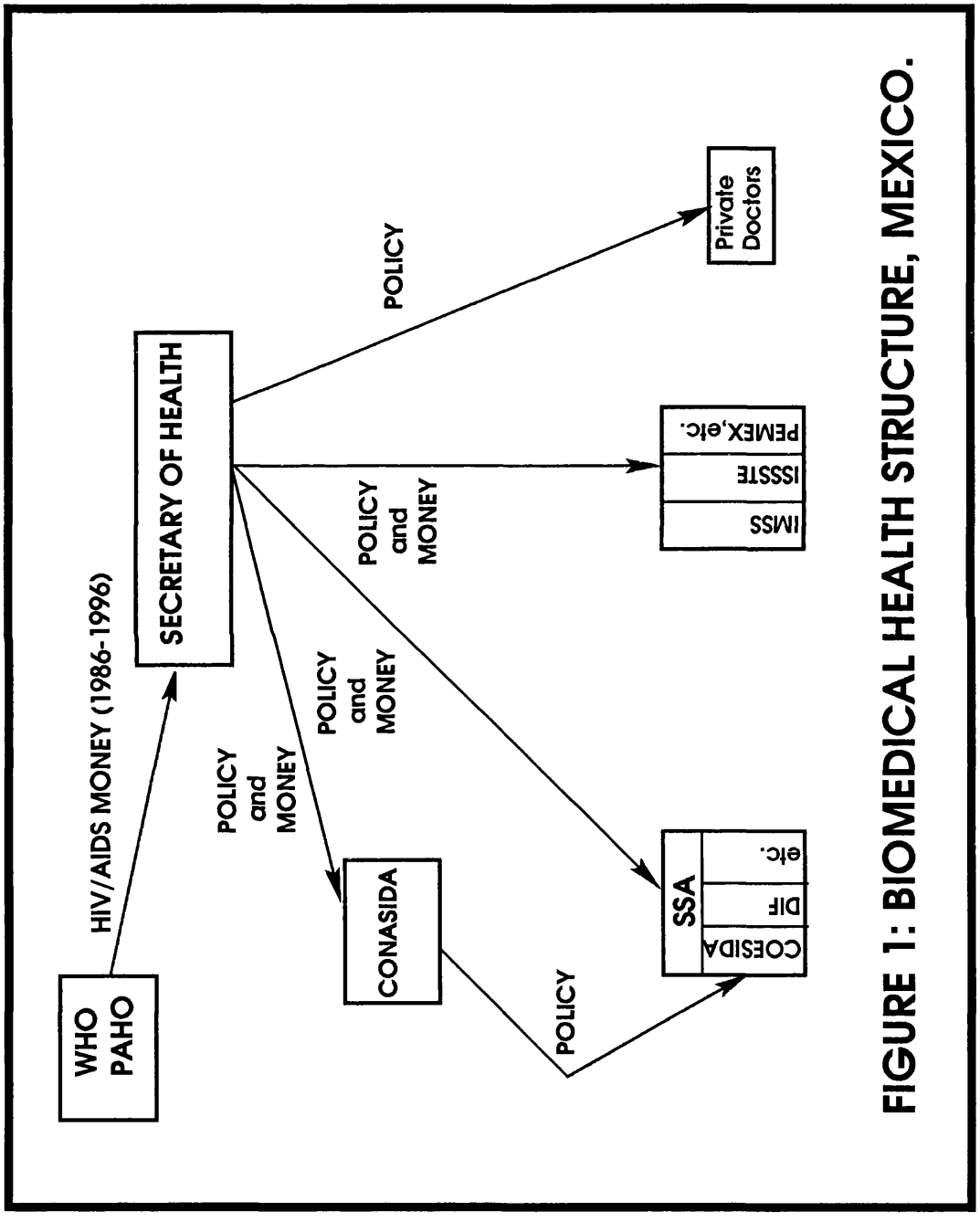


FIGURE 1: BIOMEDICAL HEALTH STRUCTURE, MEXICO.

Table One

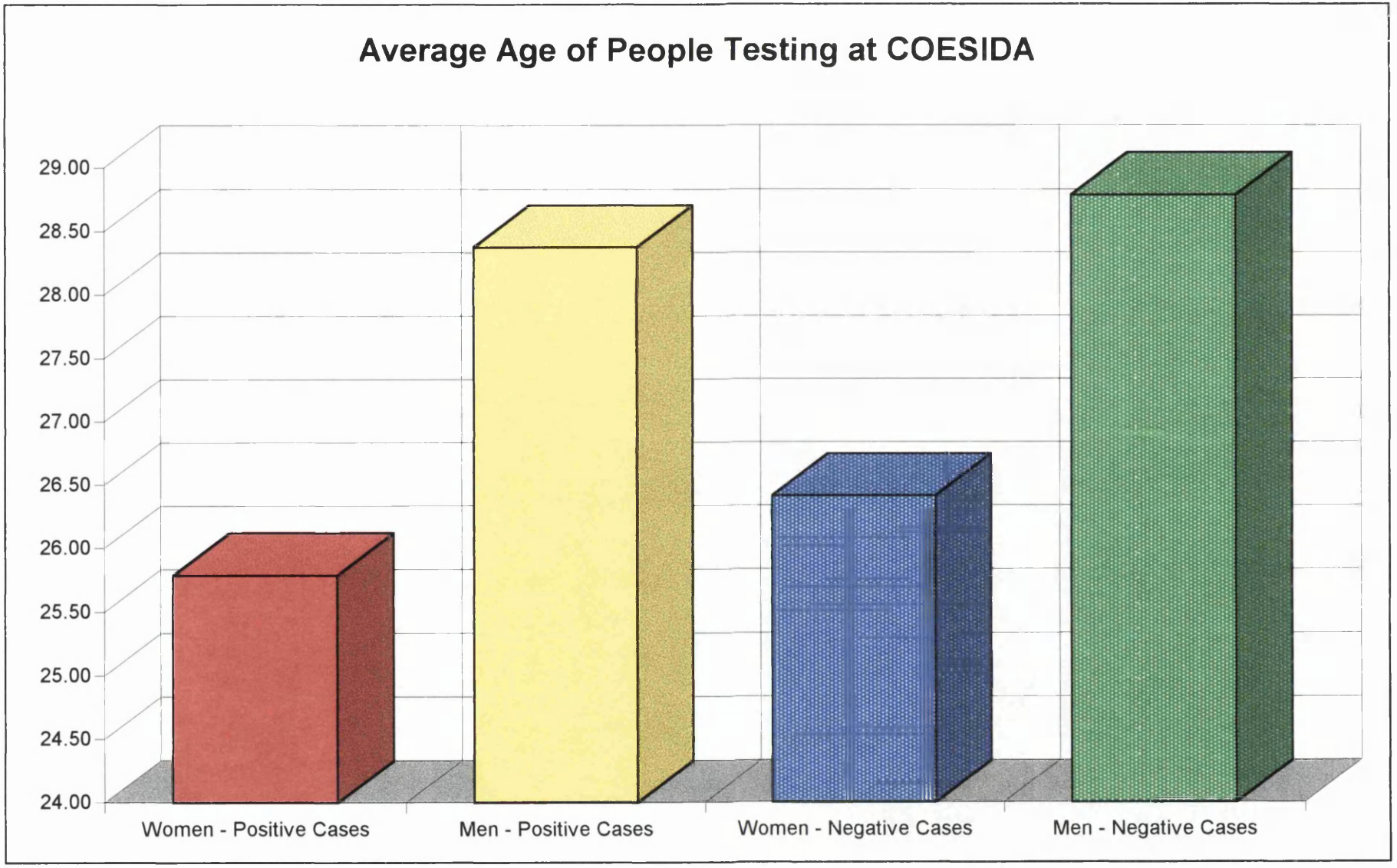

Average Age of People Testing at COESIDA
29.00
28.50
28.00
27.50
27.00
26.50
26.00
25.50
25.00
24.50
24.00
Women - Positive Cases
Men - Positive Cases
Women - Negative Cases
Men - Negative Cases

Table Two

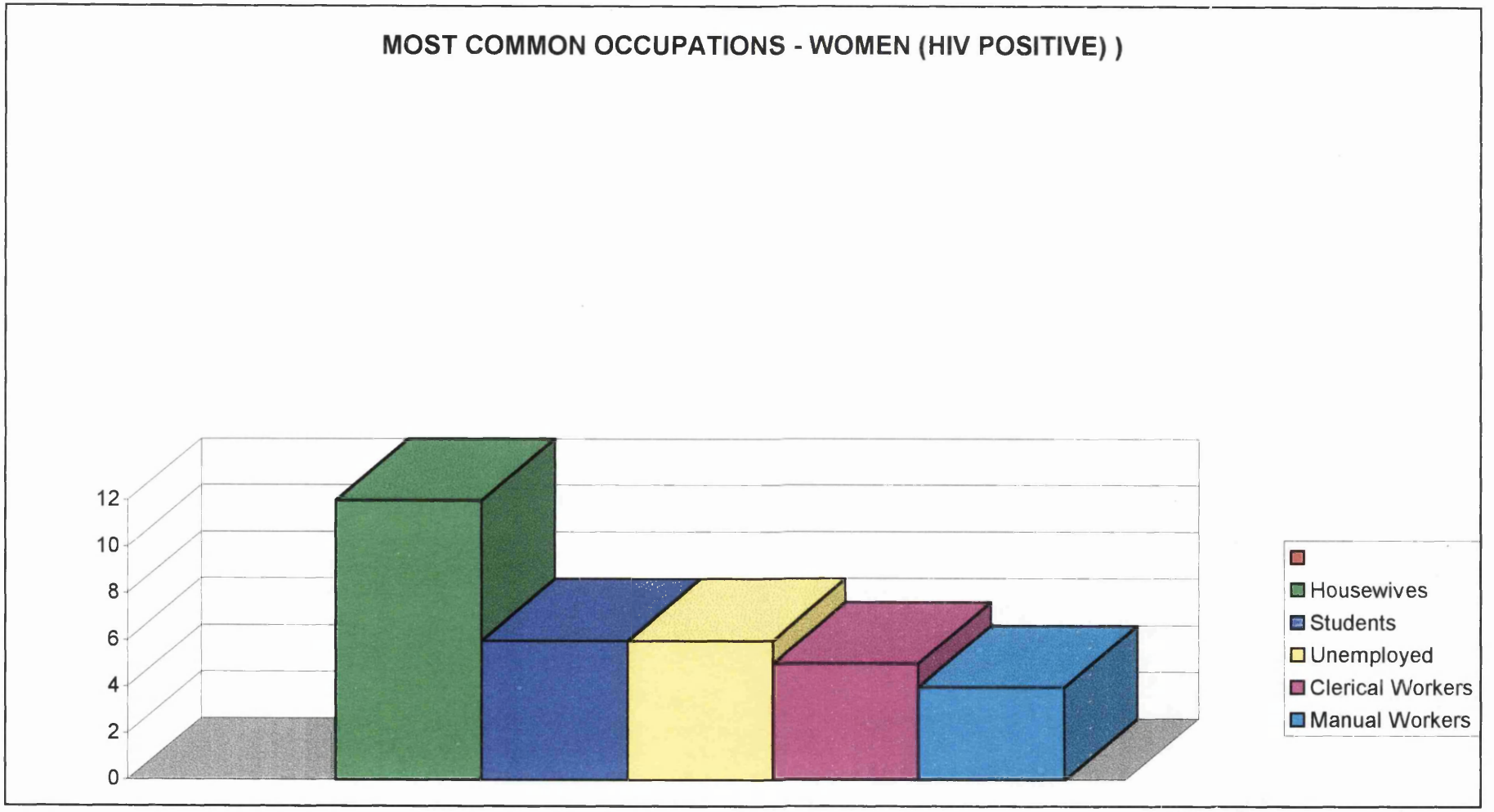

MOST COMMON OCCUPATIONS - WOMEN (HIV POSITIVE))
12
10
8
6
4
2
0
Housewives
Students
Unemployed
Clerical Workers
Manual Workers

Table Three

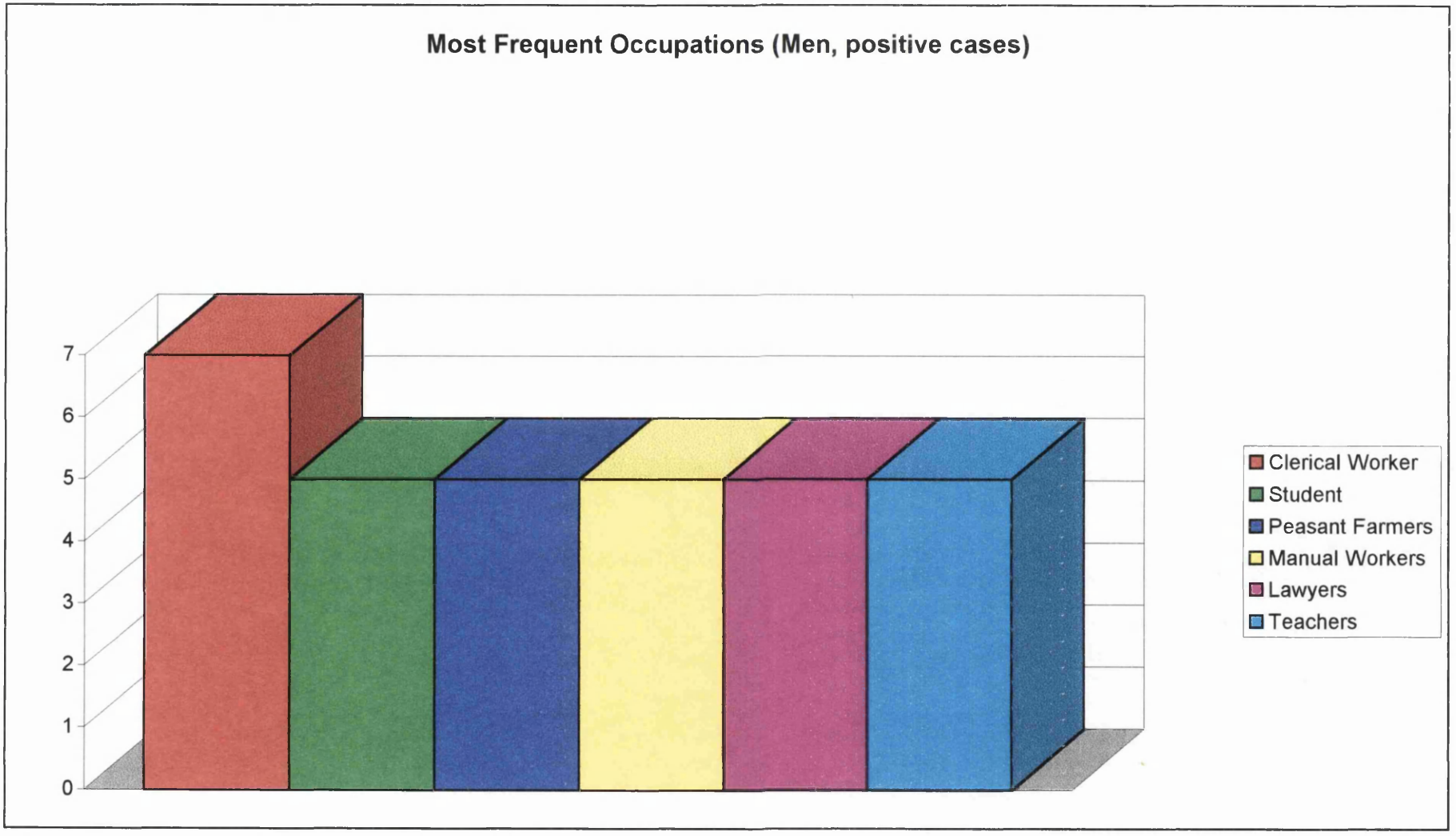

Most Frequent Occupations (Men, positive cases)
7
6
5
4
3
2
1
0
Clerical Worker
Student
Peasant Farmers
Manual Workers
Lawyers
Teachers

Table Four

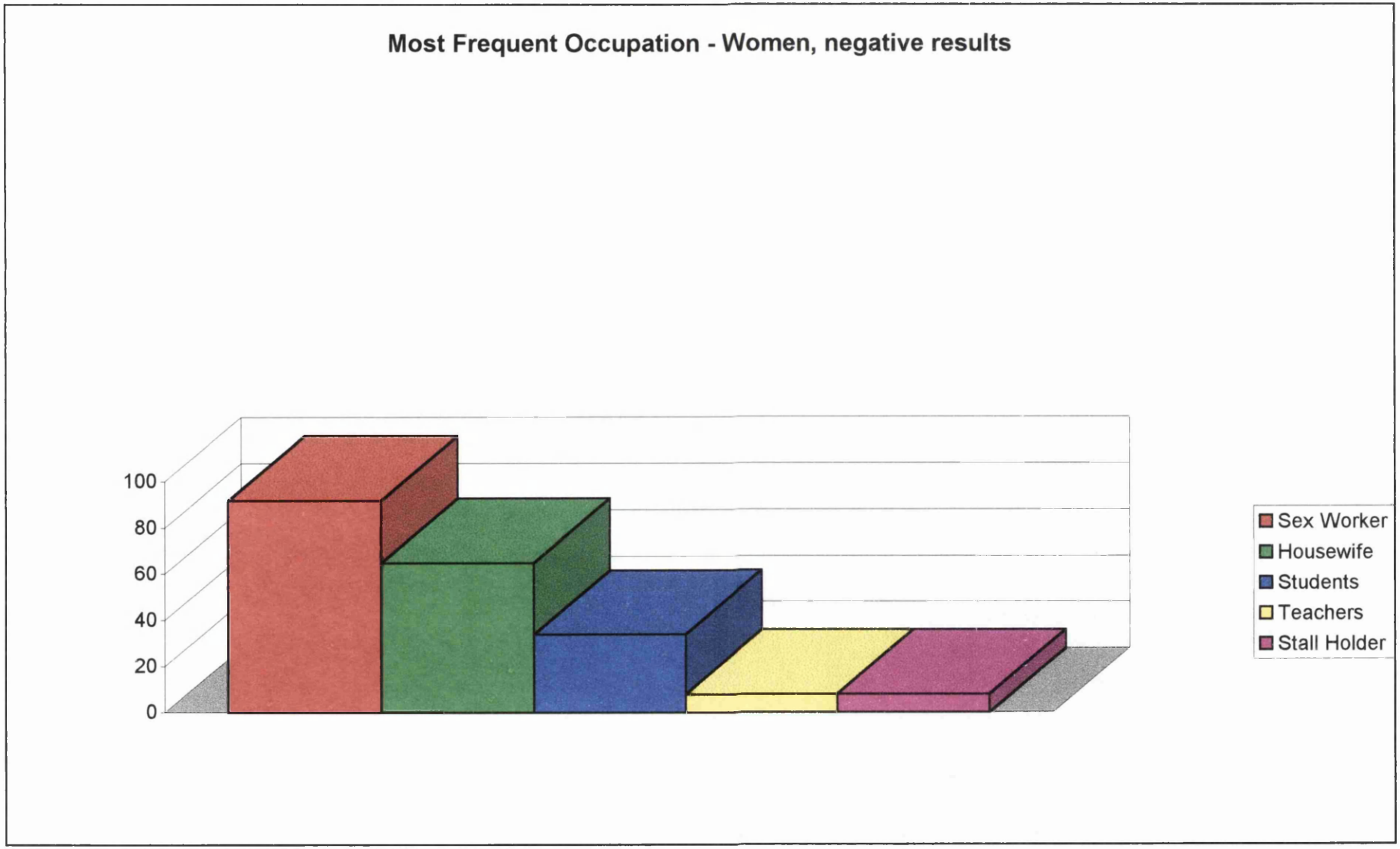

Most Frequent Occupation - Women, negative results
100
80
60
40
20
0
Sex Worker
Housewife
Students
Teachers
Stall Holder

Table Five

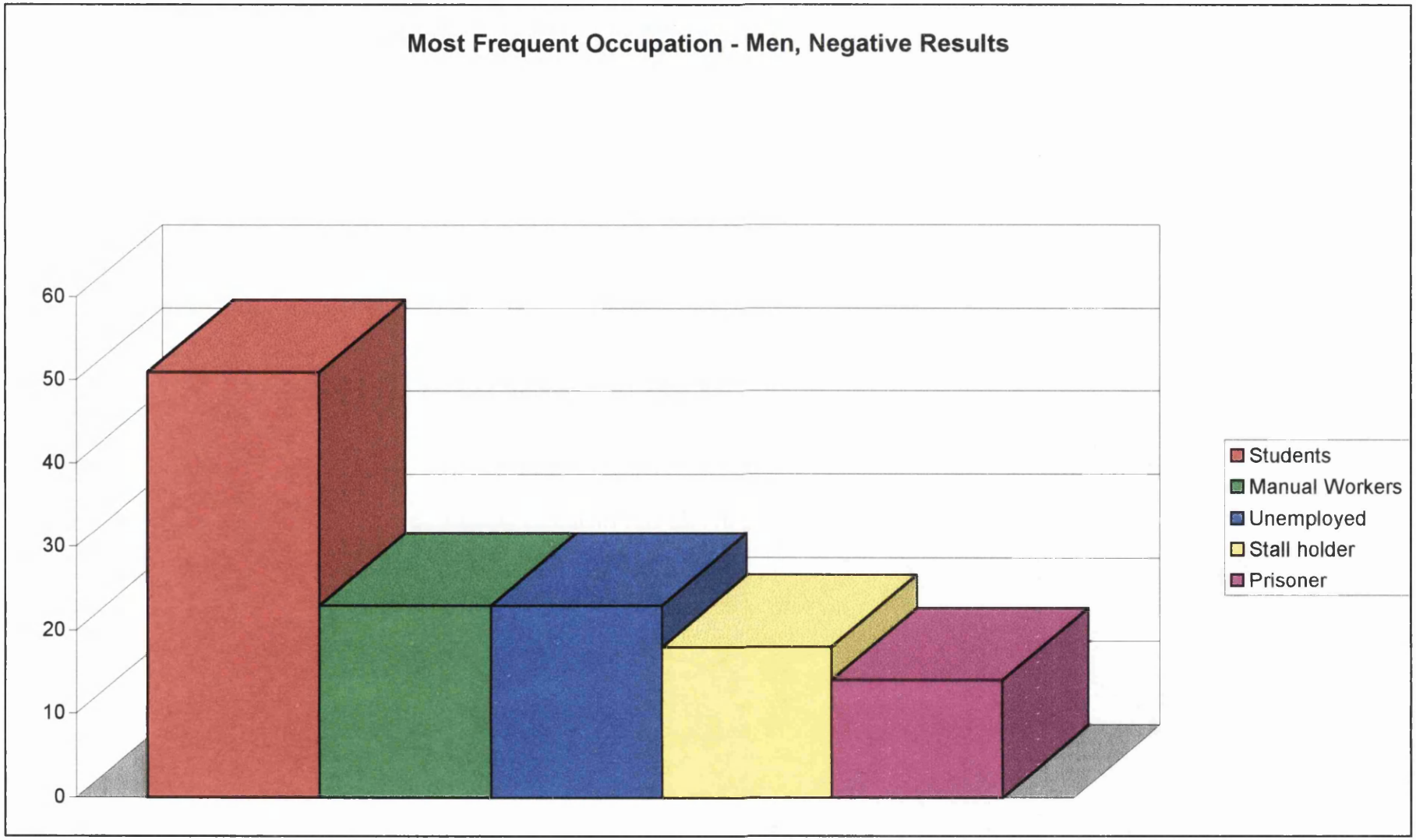

Most Frequent Occupation - Men, Negative Results
60
50
40
30
20
10
0
Students
Manual Workers
Unemployed
Stall holder
Prisoner

Table Six

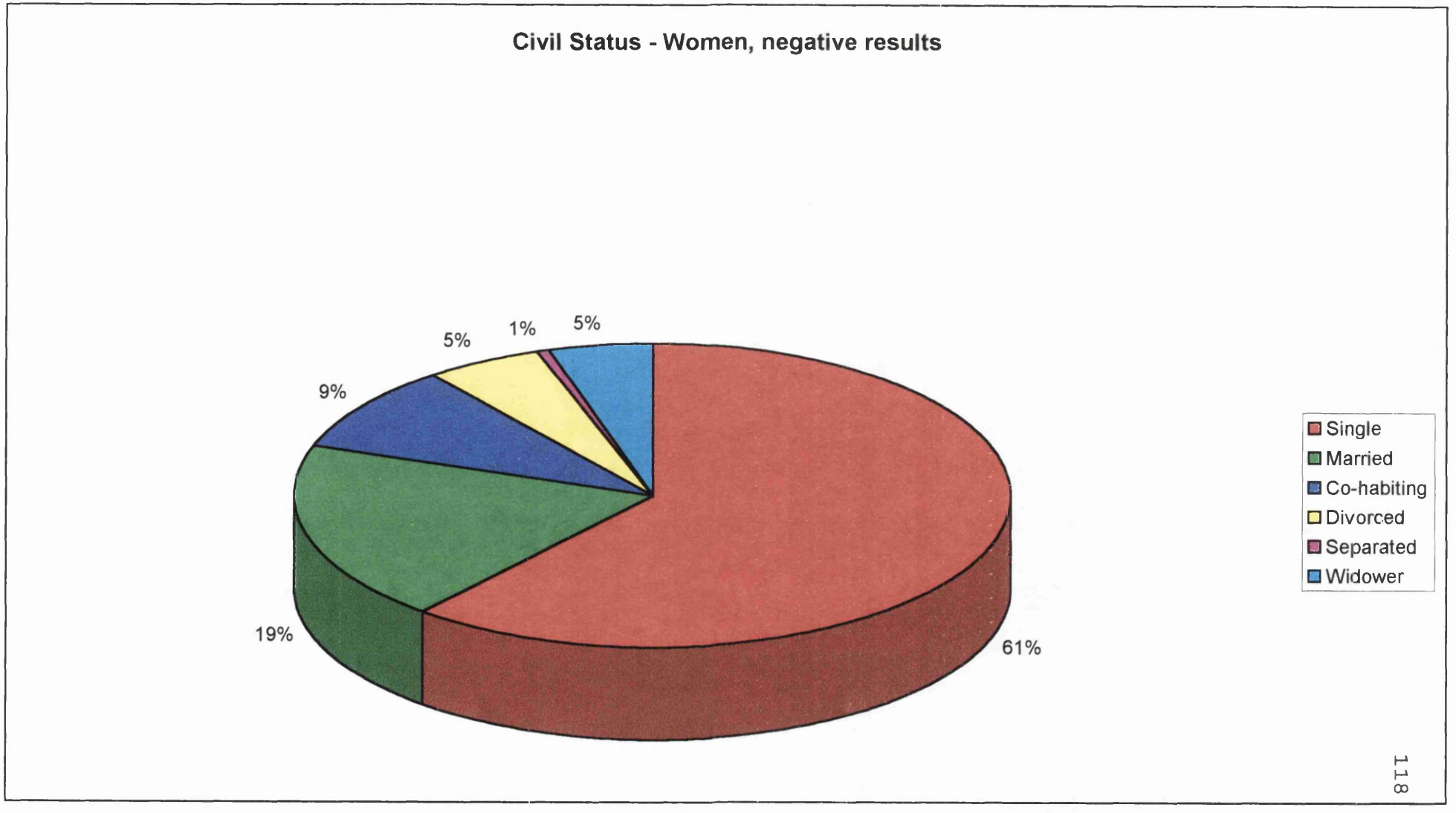

Civil Status - Women, negative results
5%
1%
5%
9%
19%
61%
Single
Married
Co-habiting
Divorced
Separated
Widower

Table Seven

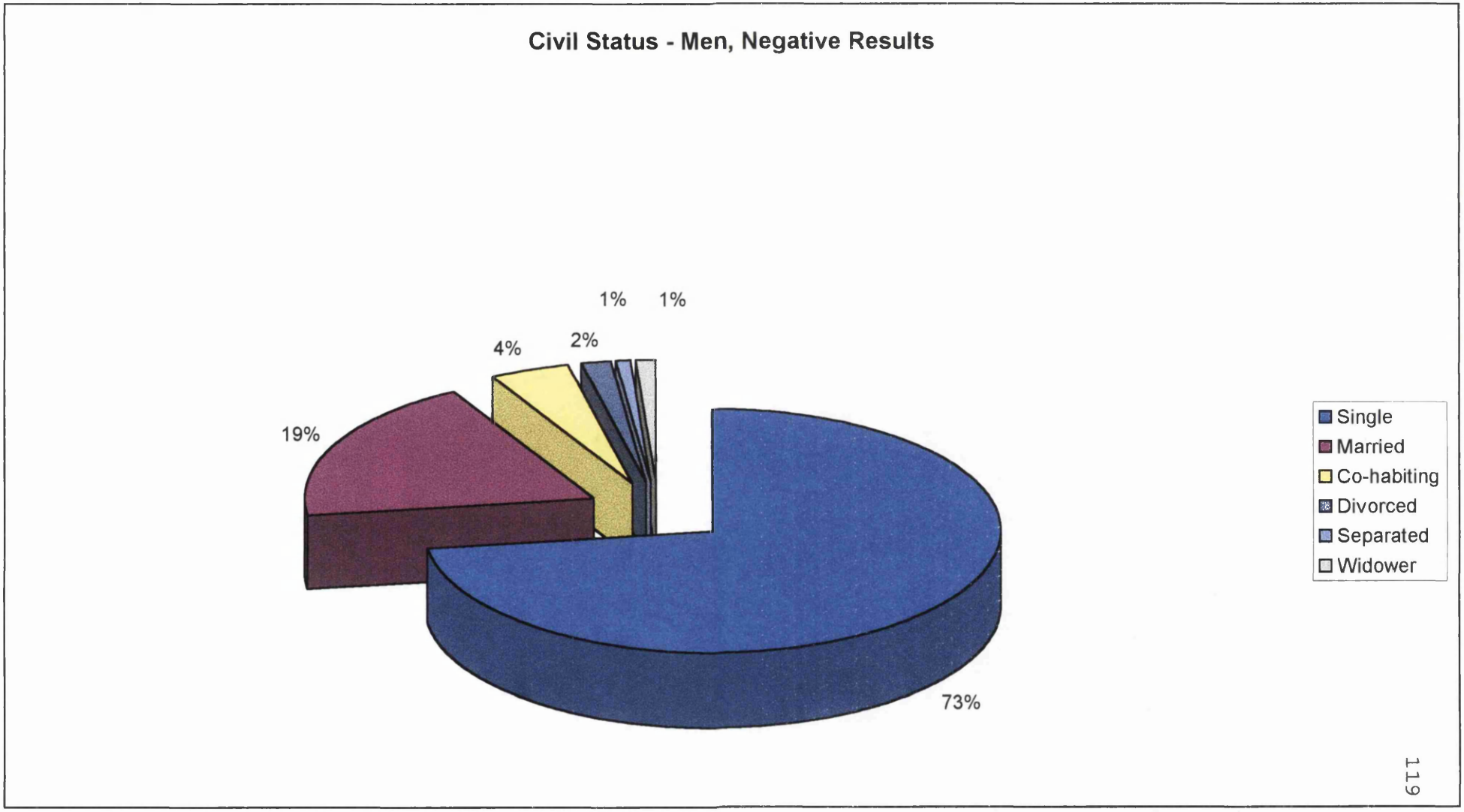

Civil Status - Men, Negative Results
1%
1%
4%
2%
19%
73%
Single
Married
Co-habiting
Divorced
Separated
Widower

Table Eight

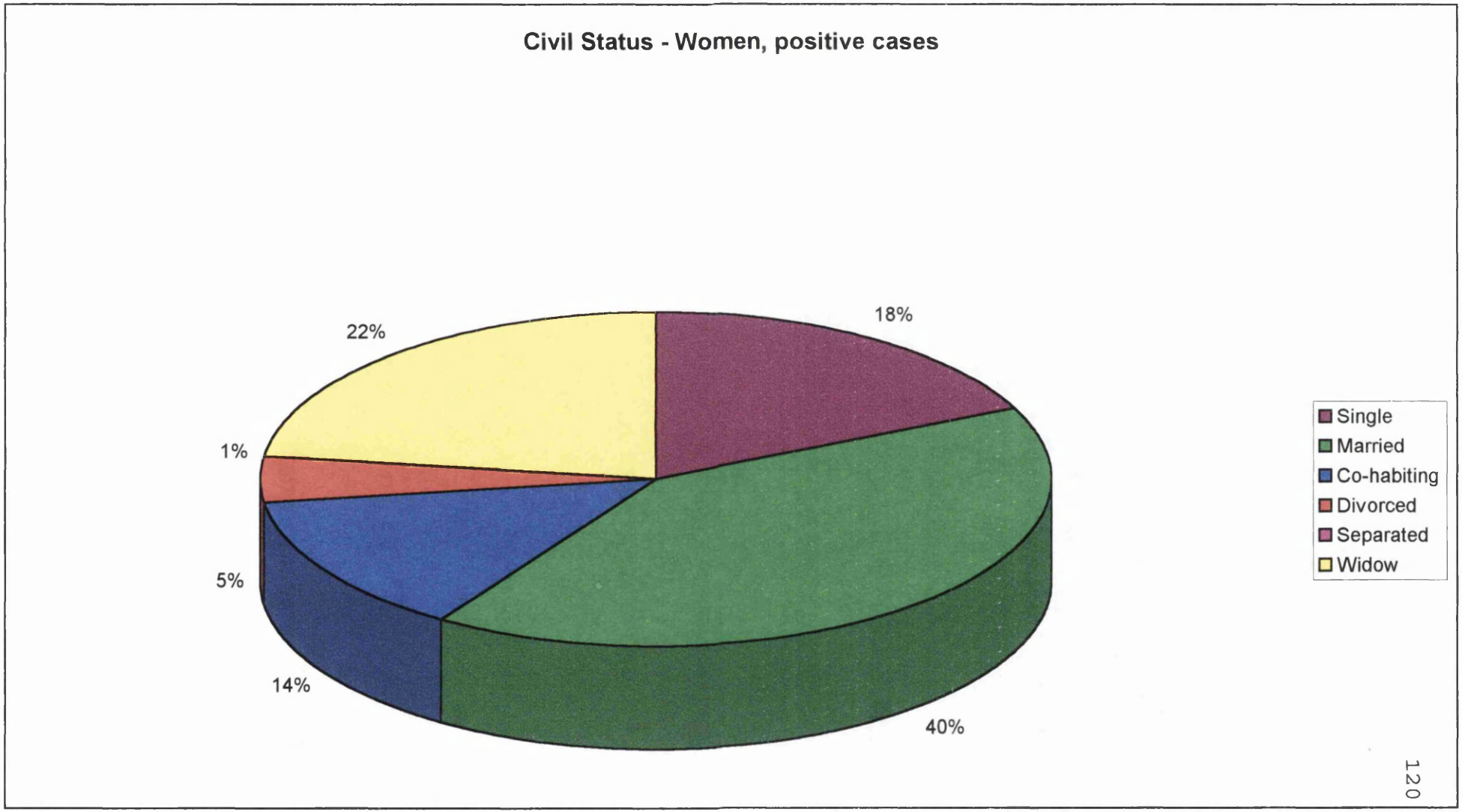

Civil Status - Women, positive cases
18%
40%
14%
5%
1%
22%
Single
Married
Co-habiting
Divorced
Separated
Widow

Table Nine

Civil Status - Men, Positive Cases

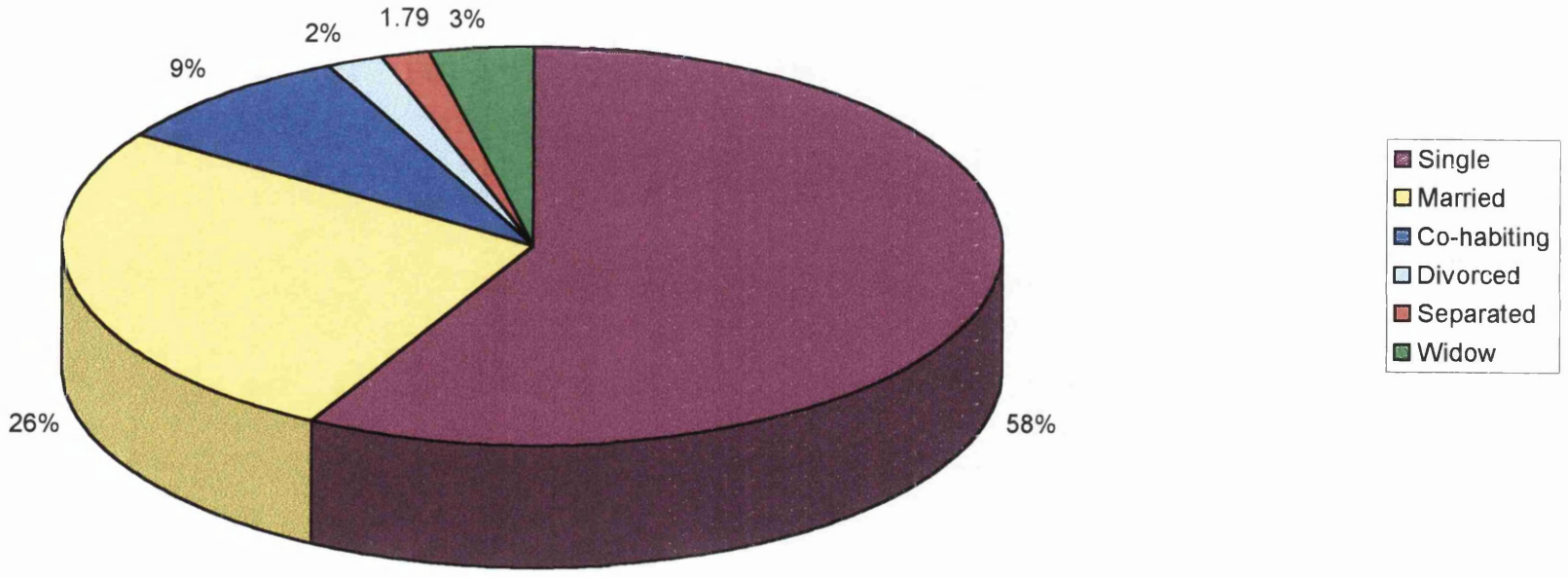


Table Ten

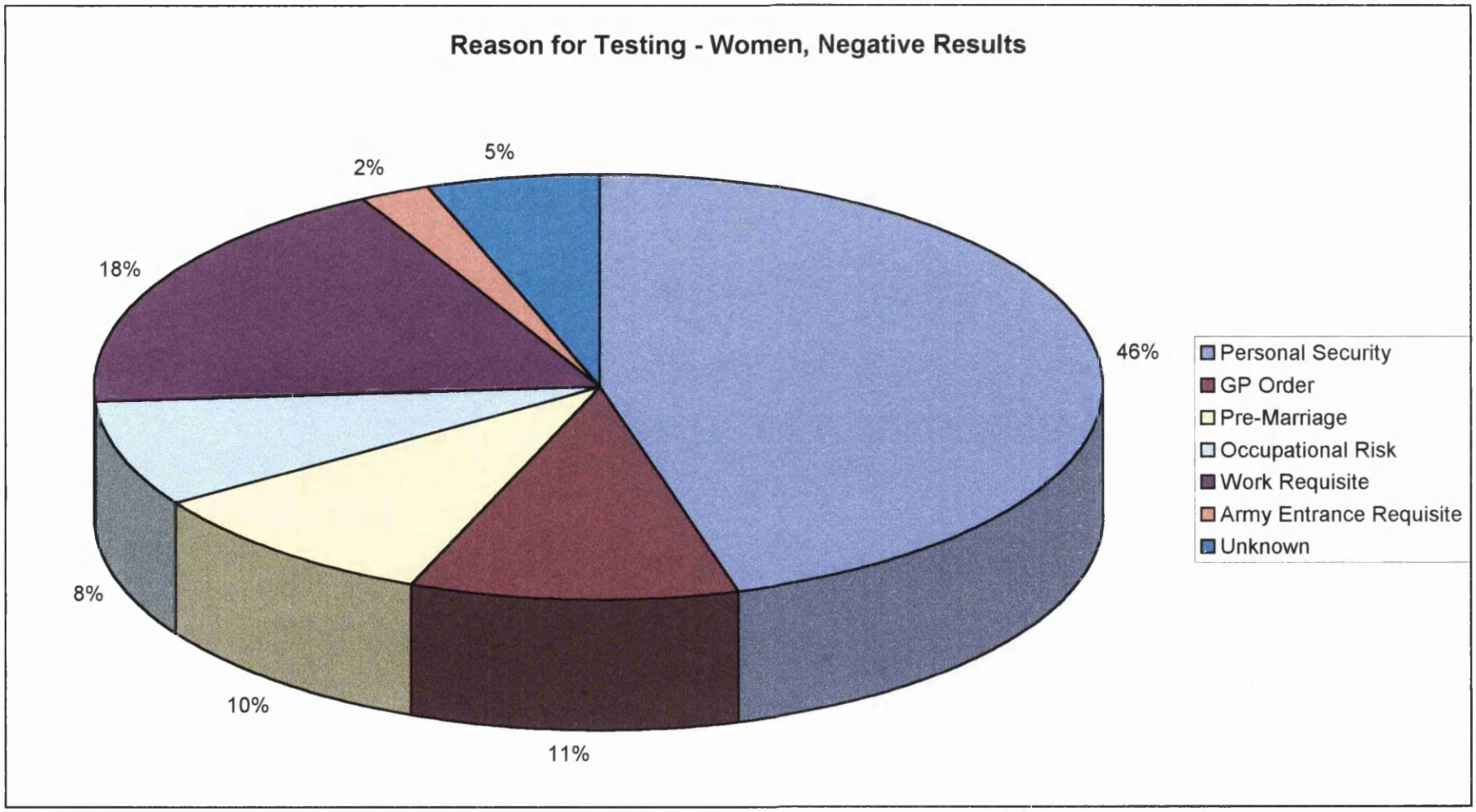

Reason for Testing - Women, Negative Results
5%
2%
18%
46%
8%
10%
11%
Personal Security
GP Order
Pre-Marriage
Occupational Risk
Work Requisite
Army Entrance Requisite
Unknown

Table Eleven

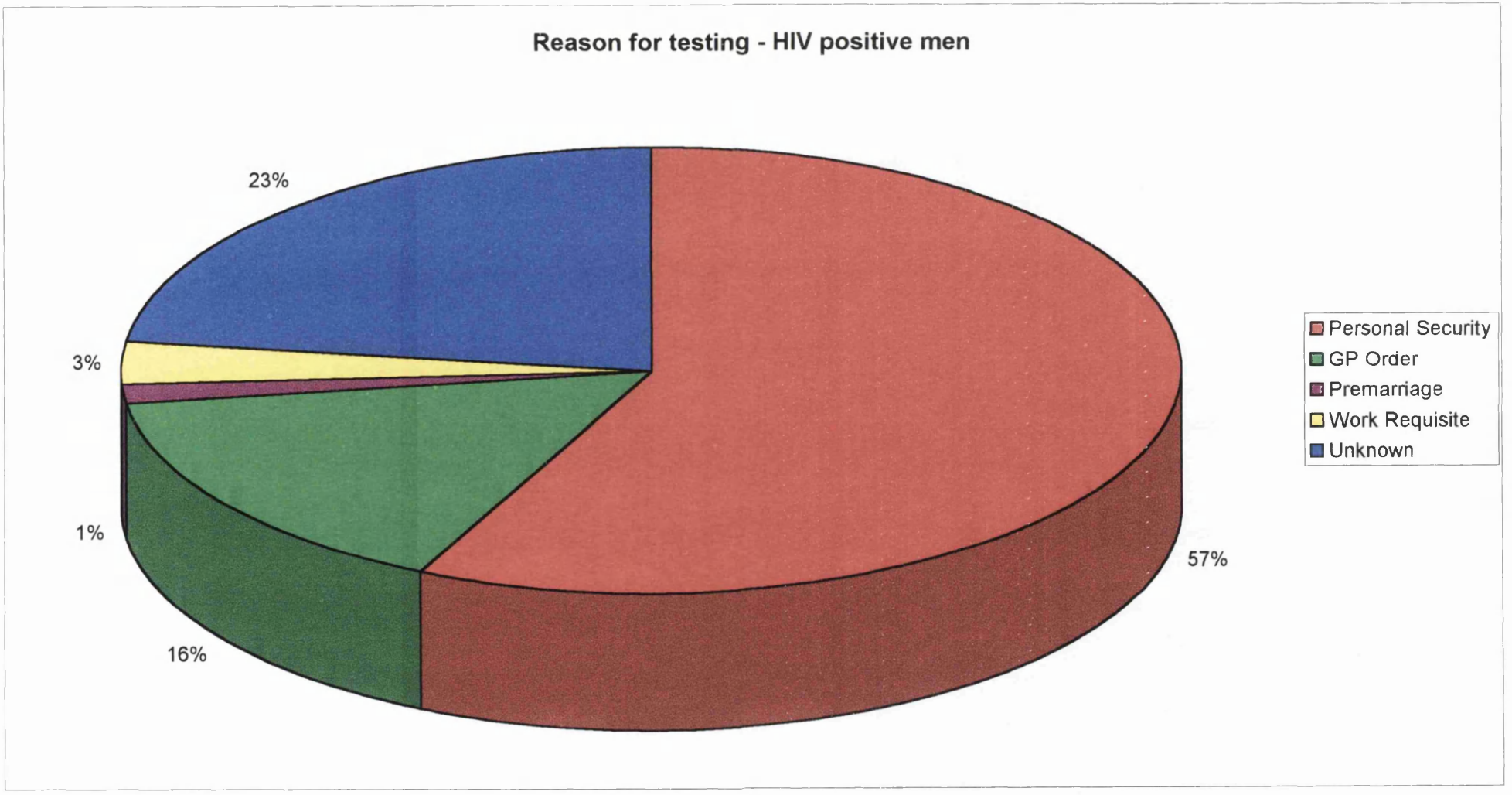


Table Twelve

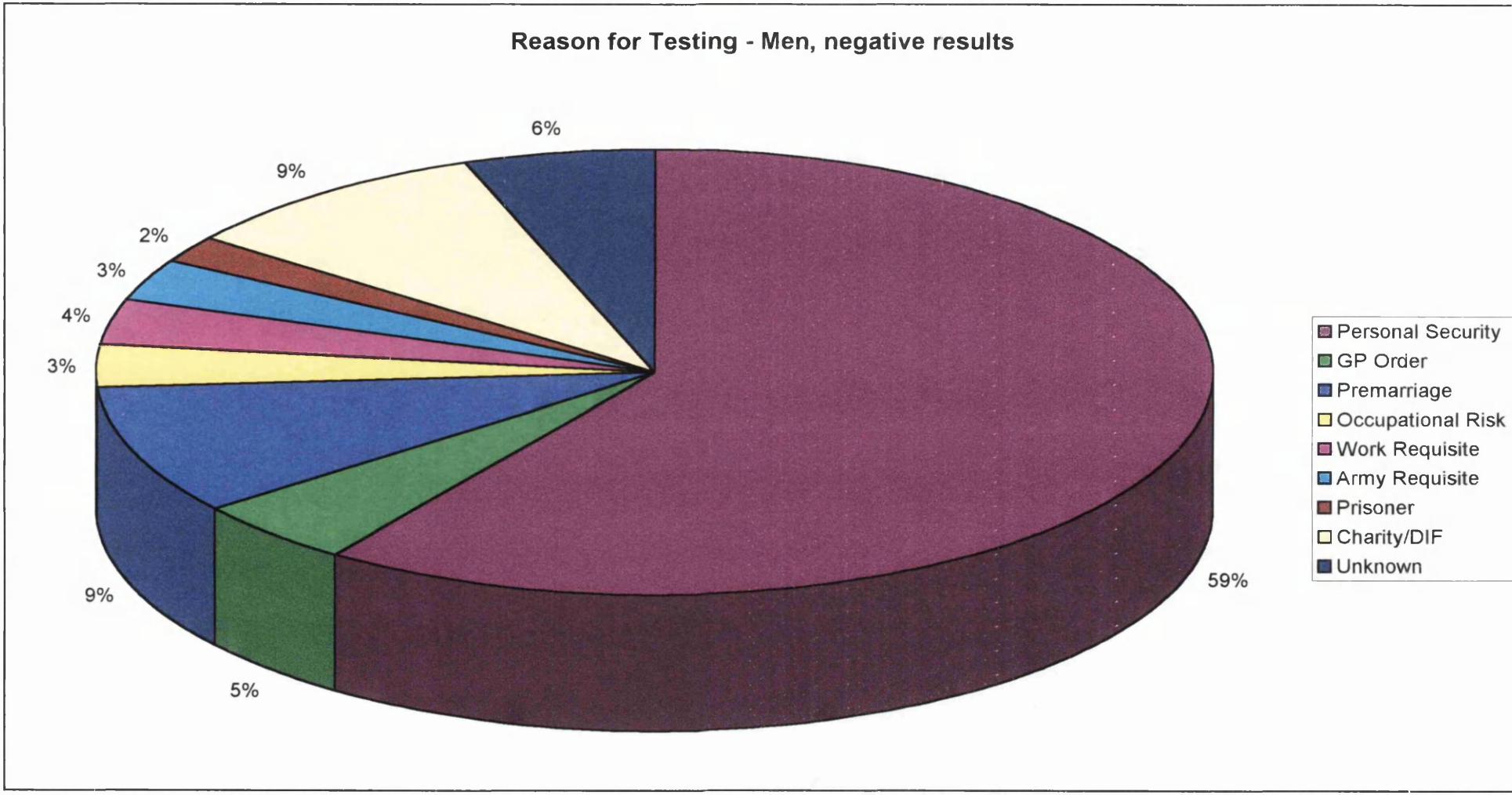
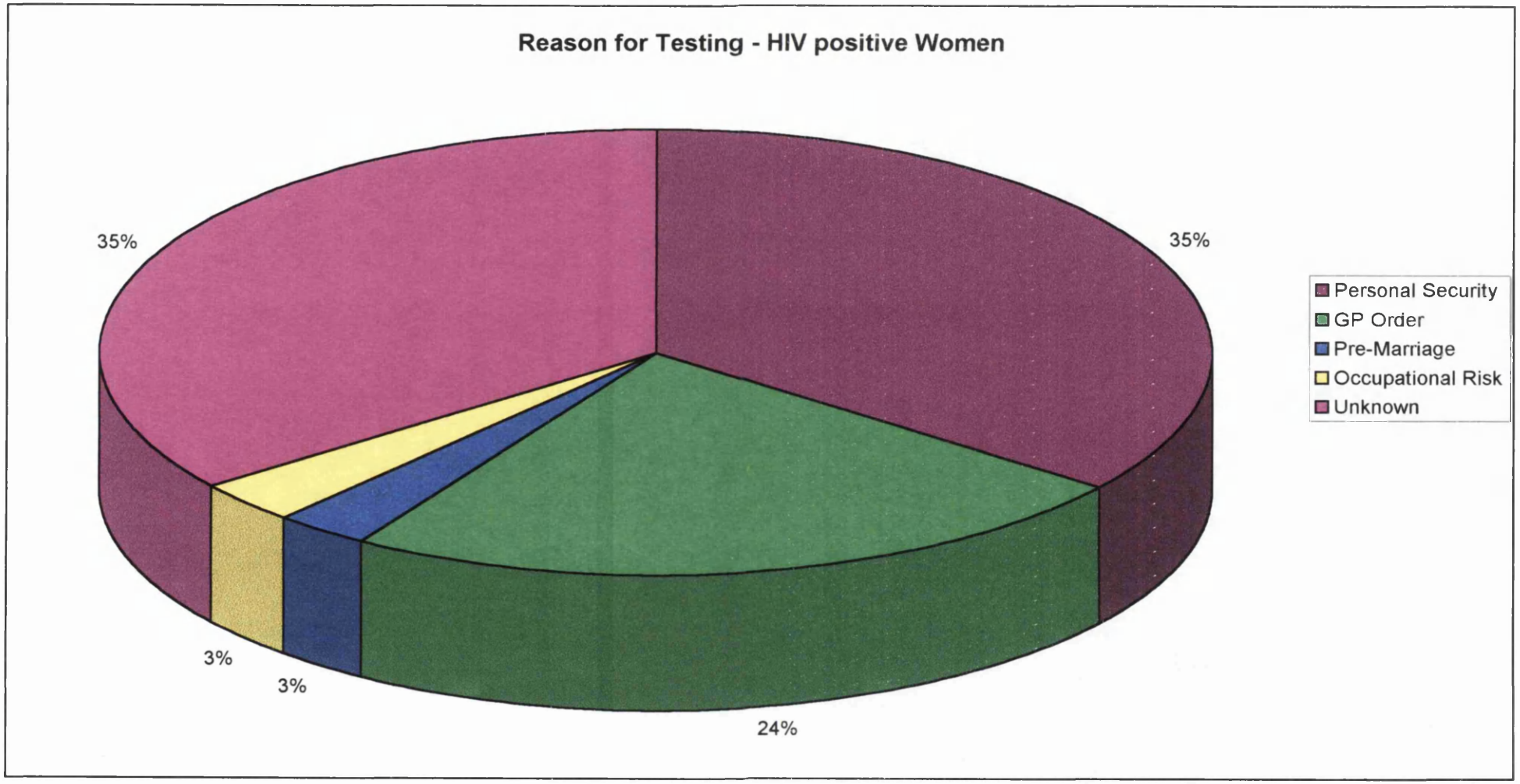
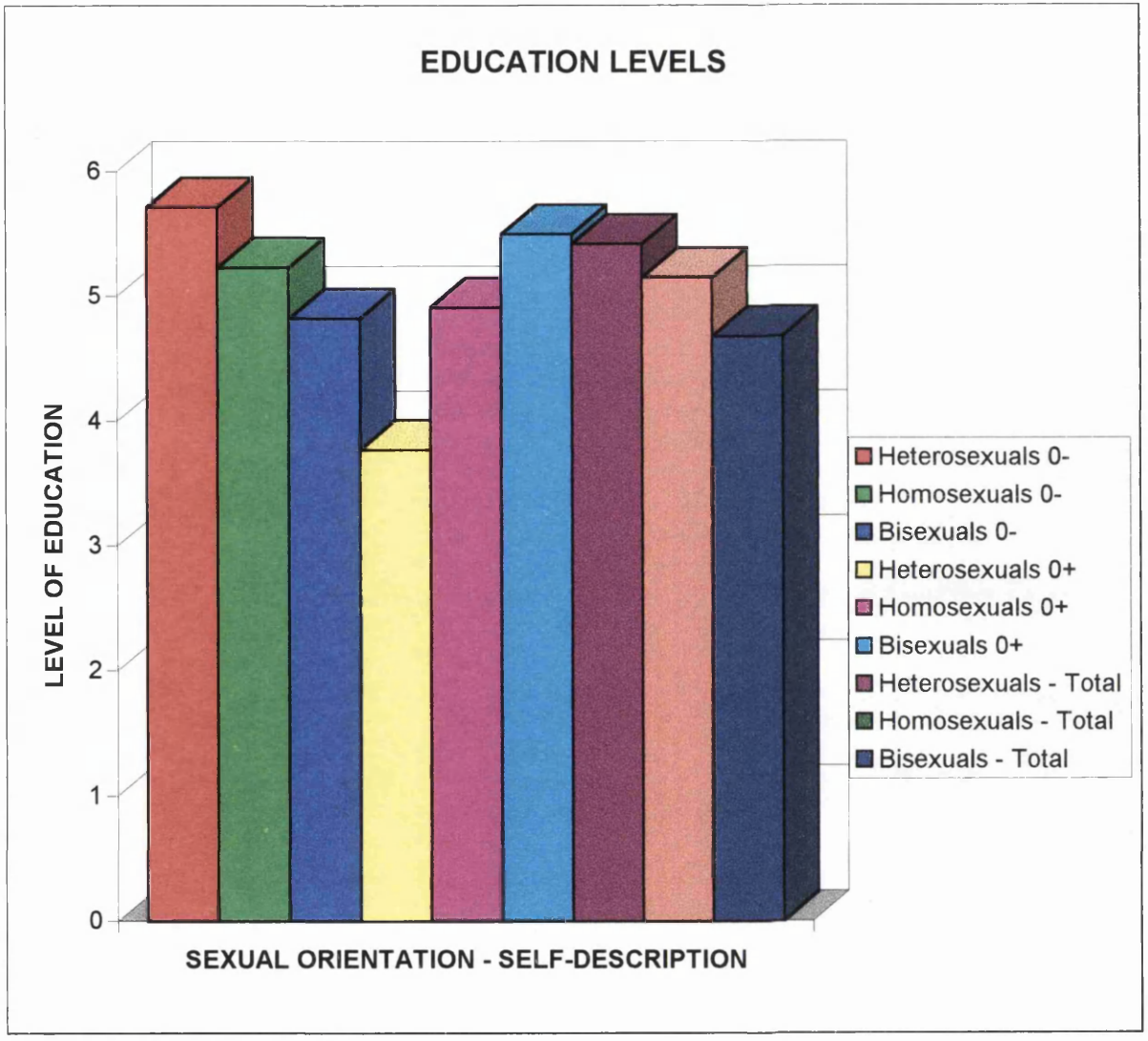


Table Thirteen



TableFourteen



Schema - Education Level	
No Formal Schooling	0
Incomplete Primary	1
Completed Primary	2
Incomplete Secondary	3
Completed Secondary	4
Sixth Form - Incomplete	5
Sixth Form - Completed	6
Undergraduate - Studying	7
Undergraduate - Complete	8
Postgraduate	9

Cases	
Heterosexuals - Negative	5.72
Homosexuals - Negative	5.23
Bisexuals - Negative	4.82
Heterosexuals - Positive	3.77
Homosexuals - Positive	4.91
Bisexuals - Positive	5.5
Heterosexuals - Total	5.42
Homosexuals - Total	5.15
Bisexuals - Total	4.68

2. Summary of statistical information, Tables 1 - 14[1]

Of 721 tests for which paperwork exists at COESIDA, women constituted 47%, and men 53% of those taking a test. 14% of the tests were positive (101 positive results), and these were split 50:50 between men and women.

The average age of people testing positive was approximately one year younger than those testing negative. (Table One). Women's average age for testing was approximately four years younger than their male counterpart. (This may in part reflect pre-marriage testing, roughly coinciding with an age gap at marriage).

Women most frequently testing were sex workers (Table Four), although the greatest number of women testing HIV positive self described as housewife. (Table Two) The highest overall group of women and men testing were students, indicating that this group of people is aware of HIV, where to go to get information and tests.

HIV positive results were more common amongst married women (Table Eight) than amongst single women (Table Six) whilst more HIV positive men were single than married (Table Nine).

Both HIV positive and HIV negative women were likely to test for reasons of personal security (Tables Ten and Thirteen). This is probably because of the large number of sex workers testing, although there is also a large unknown percentage. More HIV positive married women tend to test on doctor's orders, whilst more HIV negative women who are single test for reasons of personal security. The greatest percentage of both HIV positive and negative men test for reasons of personal security. Again, the law that all men and women test for HIV before they are issued with the documentation to marry in the state of Puebla (since 1994) is beginning to affect the figures for reasons for testing. (Tables Ten - Thirteen).

Education level is much greater amongst 'heterosexual's who test negative than amongst those who test positive. 'Bisexuals' who test positive are more educated than those who test negative. (Table Fourteen).

These figures indicate that for the first year since COESIDA began keeping records, women who are not usually categorised as 'at risk' are being affected by HIV in equal numbers to men. These women are usually married, and often test on GP orders.

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[1]I collected this information from COESIDA's record sheets for the fieldwork year. From the approximately 40 questions asked at each pre-test interview, I listed around 12 facts for each individual on a spreadsheet, which was then used to generate these graphs. I focussed on sociological data, and did not take into account information such as previous STD's.

Chapter Four

4.1 Knowing about HIV

HIV/AIDS has a high profile in Mexico. Although there is no sense of this health problem as widely publicised and open for discussion, it was not unknown to any of the people I interviewed. What they know, however, is extremely variable, as is their response, or ability to respond. The context of this discussion has outlined the varying sources from which individuals must make meaning about health, and this chapter will show how they do that, and the other factors that temper people's ability to take control.

SIDA is understood as a disease of the blood, and sex as the primary route of infection. Intravenous drug use was not generally mentioned as a possible source of infection, but blood transfusions, and mother-child infection were occasionally referred to. Television was cited as the source of knowledge in most cases. This is unusual given the lack of information on television during the fieldwork year. It was either said with reference to earlier television campaigns, evidence that the government's campaigns over the years have created a layer of understanding, or cited as a modern and ostensibly reliable/'true' source of information. Radio and newspapers were not mentioned as sources of information, although these media do generally give fuller and more accurate information.

Emilia claimed at first not to know anything about HIV/AIDS, but the second time we met, said:

> "I think there was someone in *Cuña de Lobos* (a soap-opera), who got that and died. You can get it from sexual relations, but you don't get it just by talking to someone who has it. I have heard about it on the television, and there is a lot of it in Puebla[1]."

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[1]Many of these families live on the outskirts of the city, or in Cholula. They emphasise a distinction between the city, its surrounding shanty towns and villages that have been absorbed the city, and Cholula. To the outsider it is one large conurbation.

Gabriela too, had heard of AIDS 'from the television' and attributed it to '*relaciones'.*

Agustina's husband Benjamin, a self-employed plumber was present the first time I went to speak with her. When I asked them together if they had ever heard of an illness called AIDS, he replied:

> "AIDS is fatal, and a slow death. You get it if you have sex with prostitutes - they give it to men. You use a condom, and you don't get it, and you don't go with those women. They talked about it on the television".

Sylvia's husband Jose, and her mother-in-law Diega were also present when I first went to speak to Sylvia. Like Emelia, they emphasised the difference between the city of Puebla and their neighbourhood: the *colonia* in which they live is a south-western extension of the city towards Atlixco. This fictitious boundary evidently represented a form of protection and differentiation, as Sylvia emphasised:

> "You get it from blood transfusions, sex, or when you have an accident and they put bad blood inside you. Homosexuals and prostitutes get it. It's only in the city, though, it's not in this colonia"

Jose:

> "We only know what they say on the television about it. You have to have only one partner, and there are ways of preventing it. (Which are?) Condoms".

When I spoke to the women above in the presence of their husband/son, the information was offered by the man. I cannot really say if these particular women had as good a knowledge, or simply that they felt it was more the husband's duty to comment on it. The subject was treated by most of these women with some embarrassment, particularly when discussed in the presence of older children. However there was a certain matter of factness to the conversations that indicated that a connection between the problem and the self had not been made.

Diega agreed that AIDS may be a problem in Puebla, but not in their neighbourhood. Initially, she avoided my questions on the subject. The second time I saw her, her son and daughter-in-law were not present, so I repeated my questions about infection to her. She said that '*relaciones*' were the way to get it, and expressed a concern that her three unmarried sons marry 'clean women', and not those that 'get around'.(*Las que andan por allí y por allá*). She hadn't spoken to her children or grand-children about it, but had seen them watching information on television about AIDS.

People with AIDS in Mexico have acquired the popular slang name of '*sidoso*',[2] and although this is culturally consistent - most people/things/events acquire short-hand/abbreviated forms of reference - this label in particular is used disrespectfully, as form of stigmatisation. Dominga and Lourdes, and Lourdes' daughter Cristina demonstrated their ambiguity over '*sidosos*' by at first saying there was nothing to fear from then, and then revealing what had happened when they went to visit their mother in hospital. Conversations with these two sisters were always held together, and they interrupted each others' speech. Cristina, Lourdes' 18 year old daughter, was as usual present during the conversations:

> Dominga: "You can get AIDS from sex".
>
> Lourdes: "We had a cousin who died from it, at least we think that is what he had. He was 28. He got yellow and wasted away. Our aunt was very careful about saying what exactly was wrong with him. He was in and out of hospital. When we saw him in his coffin, he looked like a little old man. (To me:) Doesn't seeing people with AIDS bother you? They are contagious, aren't they?
>
> When our mother was in the hospital, the ISSSTE, there were '*sidosos*' in there too. They are very thin and yellow looking. I am afraid of AIDS. If I got it, who would look after my kids? They would shut me up in a room '*por sidosa*[3]' (laughing)"

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[2]Deriving from SIDA.

[3]"For being a woman with SIDA"

> Dominga: "We have pores all over our bodies, and if we touch them (PWA), they infect us. Also if a mosquito bites them, and then you, you get it".
>
> Lourdes: "In the hospital, Dominga said to her kids, 'don't go into that room, there are '*sidosos*' in there!"

Although no one else openly expressed this physical fear of PWA, Dominga and Lourdes are in general very free with their speech, and claim that they don't mind what other people think. I also spoke to Dominga's son David:

> "I think you get it if you have unusual types of sexual relations.(r*elaciones fuera del normal*). By that I mean, with other men, or with prostitutes. It is acquired through blood contact. I have never heard of anyone who has it, or seen anyone. I wouldn't know how to behave towards them if I did. I suppose it really is like having any other disease though, maybe just like having flu".

This group of people have been made aware of the problem, but their knowledge of how and why, focuses mainly on 'who', and is constituted of a mixture of what they (may) have learnt from television, and other longstanding ideas. Although some made reference to 'homosexuals', the disease has been located principally within the previously polluted, female prostitutes.

Middle class women also have knowledge of the disease, but are just as unlikely to openly relate it to themselves. A popular idea is that some people are infected with HIV and then 'incubate' it, not developing the disease. This has come from information that shows some people to be long-term survivors, who progress to the final stages very slowly, or over a longer-period of time. This information must have come directly from the states, as long-term survival in Mexico is extremely rare. Both Maria and Gina expressed this idea.

Only two women said that there was enough information about it available. Maru, for example, felt that the government and institutes of education,

including the private university she attends, had done a lot of work in distributing information. Everyone else said that more information and education was necessary.

Maria:

> "You get AIDS through sex and blood. Some people can get it and never develop it, they just have it without getting sick. There is very little information in my university about it. In the five years I have been here there have been only two campaigns about any aspect of sex or HIV"

Alejandra too had learnt about AIDS from television

> "When there is a report, I pay attention, as I think we should all know about it. You get it through sexual contact and blood transfusions. I have never known anyone who got it. I think people who mess around get it. (*Anda por alli y por alla*). I don't think homosexuals can avoid it. I think heterosexuals can use condoms. If you have a transfusion you don't know - how do you know? - what they are putting in you. I think you have to avoid donating blood, in case they use a dirty needle. Maybe I have read an article or leaflet at the doctor's office".

Patti, 15, demonstrates the confusion she feels over sexual matters, with her following comments:

> "AIDS is a sexually transmitted disease, which you can get if you don't look after yourself.[4] Also, you can get it from eating badly. (*Mala alimentacion*)."

Both Gina and Luci have been involved in the recent past in some form of AIDS education, Luci as a care assistant at a hospice, and Gina as a volunteer in a local rural community women's programme, in Tlaxcalcingo. Gina commented that she had a lot of fun showing women how to put condoms on bananas - most of them had not seen or touched one before.

The problem therefore was not unknown to any of the women I spoke too,

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[4] *Ciudarse* - take care of oneself. This euphemism can often be quite mystifying advise for young women.

although there was little sense of a differentiation between a virus, and a complicated medical syndrome. Television was cited as the principle source of information. If this is really the case, then this must have meant programmes that discussed HIV information, rather than government advertising, which has focussed on quite simple information about safer sex, not on types of people getting HIV. Most of the middle class women also receive US cable television in their homes, giving them access to wider information. As the working class women do not have access to cable TV, local television programmes, especially ever-popular soap operas that might include a character with HIV, may account for the reason why HIV had been located in the world of female sex workers/ homosexuals. Popular ideas about sex workers as unclean has emphasised the connection between HIV and 'bad' women/ promiscuity. The male character in "*Cuna De Lobos*" who contracted HIV had previously been evil towards the female protagonist. Infection and a rapid demise were his punishment.

4.2 Perceiving HIV/AIDS as a personal problem.

Working class men and women predominantly mentioned '*putas*' (female sex workers - 'prostitutes') as sources of infection, whilst middle class women mentioned, first or only '*homosexuales*' and sometimes '*prostitutas*' as a second source of infection. Some working class women mentioned merely '*relaciones*'. Middle class women were more likely to broaden the scope of the issue and mention either promiscuity, or 'anyone', with the proviso that sexual relations were taking place outside the stable, long-term relationship or marriage.

> "AIDS is a preventable disease if you use a condom. It attacks the nervous system, and you lose your defenses against disease. High risk people are prostitutes and gay men, and promiscuous people, who have an active sex life out of their stable relationship." (Dolores)

To a certain extent, class differences are minimal in the sense that this information, held with varying degrees of accuracy, is not directly applied to their own personal life. This raises the issue not only of whether information

is given and to what degree it is understood, but also the ability to apply new knowledge to oneself.

Eliza was one of the few to make the link between her husband's potential behaviour and cultural license to do as he pleases sexually, and her own position of not-knowing, and not being able to control her risk of exposure to HIV.

> "We used to think that only gays got AIDS, (*entre el maricón, el SIDA*) but now we know that anyone can get it, like cancer.
>
> I suppose it might be a threat to me because of a blood transfusion - but they check all the blood now. Maybe through my husband, because of the way he is, his way of thinking. It's very rare to discuss these sorts of things with one's husband".

Marielena saw HIV as far removed from her own family, apart from through hospital inadequacies:

> "AIDS is a fatal disease that prostitutes and homosexuals get, although a normal person can get it through contaminated blood, and a baby can get it from it's mother."

The following statement from Luci continues the theme of assignment of problems or difficult behaviour to others:

> "I think that men (sexuality not specified) were initially at risk of HIV infection, but nowadays there is so much of it about that even women are getting it. There are degenerate women, they are at risk, the same as men. I think it's from the lower-middle classes and down that people are at risk. There is a lack of education and money, and it is as if they don't care if they get it. We, for example, even though we live in condominiums[5] we are all educated people here. I don't think we are at risk. But the gangs, (*pandillas*) for example, in rough areas of the city, I think they are at risk".

Knowledge of what AIDS is tends to be tied in with the people one is supposed to be infected by. It appears, therefore, to be associated with the now traditional core groups that have evolved around AIDS in the West. The

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[5]This is a very important clan issue in Puebla. To be someone, one must live in a house, and not an apartment.

polluting nature of the illness is firmly located within the polluted bodies of the marginal and deviant, and this does not encroach upon the expectations of women who behave 'respectably'. This ensures that women who marry, and who consider themselves to be 'normal' and respectable, do not generally consider that infection as a personal risk.

This assignment of AIDS to the deviant other is largely a reflection of what is seen as having happened in the United States, but also fits in with the already discussed cultural tendency of assigning problematic behaviour to 'the other'. This, in conjunction with a unproblematised understanding of 'homosexuality' in Mexico ensures that what is considered a risk is kept at arm's length from the home and family.

As has been seen above, when men were present with their families during interviewing, they tended to talk, and they mentioned condoms and 'not going with prostitutes' as means of not getting infected. Diega too stated that avoidance of 'non-clean' women was the only necessary precaution. Some women said they had no ideas whatsoever (Mariluisa, and initially Emilia) about how to prevent it. All Patti could tell me was that one has to 'look after oneself', but we couldn't develop that further into what that might mean for her. In general, in both the middle and working class groups, the solution apart from 'not going with' those who pollute, was given as 'using a condom.' People almost definitely acquire this knowledge from sources other than the Mexican television, as the word condom is rarely mentioned in any of the television advertising, given the scandal and uproar the public pronouncement of the word generally causes.

HIV/AIDS has been located in a separate space from the family and the ideology of monogamy in a long-term relationship such as marriage or consensual union, indicating that the a 'general population' has been constructed as separate from risk groups. The 'risk' group is to a certain extent differentiated along class lines as being either female prostitutes, or

prostitutes and 'homosexuals'. Because condoms were mentioned as the primary method of protection, usually in the same conversation about personal use of contraception, if a link between the virus and ones own personal risk has been made, use of condoms should be high. Discussion about contraception use by these individuals will be looked at in a later chapter.

4.3. 1 Female Sex Workers

As female prostitutes are popularly thought to be sources of infection, it is important to examine what these women themselves think about it. I interviewed three women who currently work as *ficheras* in a bar in a small town just outside Puebla. Dania, who I have already discussed in the previous chapter, relies on a system of luck and home remedies to avoid pregnancy in her private life, but her attitude towards her working life is more careful. She works six nights a week, the busiest nights being at the weekends, when men come into the town[6] from the surrounding villages to the local market. I met her and her friends Patricia and Iris at COESIDA, when they came to take their 6 monthly test. Their stated knowledge grew clearer in the course of a series of talks with them.

> "I finished school after the second grade of secondary school, when I was 14. I worked in the market of Veracruz, selling sea food, and I also worked as a *sirvienta* in other people's houses. I have been thinking a lot about what I do now lately, and I hope to get out of this by the time my boy is seven. I feel that I am destroying my body. By Friday night, and on Saturdays I feel sick and worn out. I have to drink at work, to encourage the men to drink, and I feel like being sick from the alcohol. What I would like to do is help my mother to buy some land, and we could start a restaurant. We are ranching people originally.

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[6]These women work in a small town approximately 20kms south of the city.

> In a good week I can earn 750 or 800 pesos[7]. In a bad night I probably come away with 20 pesos. The men, well some of them behave themselves, but some of them are disgusting. Young men come, 16 years old, and some really old ones too. I think that if a man has paid you, well then you are equals. They try to do things that are even pornographic sometimes. If I don't want to do something then I don't - that's it.
>
> My boyfriend respects my work. He is 22, a former client. He wants me to have another baby, but I don't want to, I don't think he is a really safe bet. I enjoy having sex with him, but with clients its not pleasurable. I always use condoms at work. Sometimes they offer 20 pesos more for no condom, but it's not worth it.
>
> Each week a doctor comes to check us, our tummy and down. He looks into our vagina. They don't take scrapings or tests. We have to provide proof of not having syphilis or HIV each 6 months, and we pay for that ourselves."

This background information was elicited during the course of several conversations. The three women were very frank about their work, declaring "*somos putas*[8]" with a great deal of laughter. Although some of the information I was given changed from one meeting to the next, these women took the conversations quite seriously, and displayed a lot of knowledge, sometimes contradictory, about this and other aspects of sexual health.

Dania, despite sometimes claiming ignorance on many issues, is very conscious of HIV as a problem, particularly as she has to provide a certificate of HIV negativity every 6 months to her place of work, in order to continue to earn her living. Her attitude towards infection in her private life is that it simply will not happen. Her friend and co-worker Patricia has the same attitude. Dania's current boyfriend is a former client, whilst Patricia has a married man as her partner. The difference between client and partner then, concurs with research into safer sex and gay men, that finds that increasing

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[7]About four times the minimum wage. A domestic cleaner earns about 30.00 pesos a day.

[8]We are whores"

familiarity with a partner leads to decreasing 'safeness' (Schiltz & Adam:1995). As a paying client, Dania perceives a man as unsafe, whilst as a lover, the same man becomes safe. This dangerous transition is based in the idea of romantic love and mutual trust as a safety net, and is very much inscribed in female cultural discourses, not only in Mexico. When I questioned both Patricia and Dania about their stated trust of their partners, they both replied:

> "*Me esta fiel*" (He is faithful to me).

Their references to their boyfriends were made in the serious tone of these conversations, giving me the impression that this information was consistent with the narrative of their personal histories.

Mexican women who work as sex workers are much more likely to be infected in the context of their non-professional, or personal sexual relationships, because it is in these sexual encounters that they are not protected. They perceive risk only in terms of their professional lives, which indicates to some extent that they too believe the popular ideas about themselves, ie that prostitution makes them polluted. An understanding of 'risk' as straightforward and rational, therefore, is contradictory. Despite these women's active decisions and use of contraception in their professional lives, in their personal lives they conform to prevailing gender values, and accept their partner's decisions about contraception. Drawing a line between personal and professional life may be a crucial part of their own understanding of themselves as individuals, differentiating professional sex from romantic sex.

Dania's case also reflects the Mexican government's contradictory attitude toward testing amongst prostitutes. If prostitution is not legal, then the government cannot make mandatory testing amongst sex workers a legal requirement. It can however quietly put pressure on state and municipal

governments to maintain some control in this area. This also provides the added bonus of off-loading the cost of testing onto the individual, so that for these women it becomes another work expense. At 69 pesos per test[9] each 6 months, that is a substantial amount.

Female sex workers are not at the centre of the problem in Mexico, although, perceived as such, both by themselves and others, they have had to accommodate to the problem, and thus now bear the additional work expenses of condoms and tests. Dania and her friends' ability to do so reflects their own autonomy in their business. The women discussed above are to some degree in control of their work, and to an extent have the ability to make decisions regarding safer sex. This is often not the case for street prostitutes, and those controlled by boyfriends/pimps. (Fonseca:1996) Their access to information also appears to be patchy, and, since prostitution is illegal and subject to moral censure in Mexico, it is difficult to encourage educational contacts between government health institutions and these women.

4.3.2 'Homosexual' Men

As the other category of individuals popularly perceived of as at risk of infection, I also asked self-identified homosexual men to describe their experiences and knowledge. The four men discussed below are all to some extent 'out', by which I mean that even if they have not disclosed their sexual preference to their family, they quite openly participate in gay events in Puebla, attending discos, gay parties and some visiting gay public baths. This association with gay sub-culture
indicates that their knowledge should be good, which it is. Three of the four men are university educated, which may account not only for their level of knowledge, but also for their assumption of a gay 'identity'.

---

[9]The HIV test at COESIDA is a great deal cheaper than the cost in private laboratories in Puebla.

Attitudes amongst these men range across the spectrum, from fear driven regular testing (Enrique), to the occasional, 'unsafe' fling (La China Poblana), to a certain indifference and recklessness (Memo). Despite the range of responses, HIV is an important and contemporary issue for these men, and one that all feel has made inroads into their lives. Ismael reflected that HIV/AIDS may have contributed to some extent to opening up the issue of homosexuality, and the question of gay community in Puebla.

> "I have done the test three times now. The first time here at the University, then in a private laboratory, with no counselling, and then my boyfriend did the test. We put another name on the forms and said it was a prenuptial test. That was his idea. He didn't report the test, but I wouldn't have minded him reporting it, except if it were positive. If the *seguro* knows, then everyone knows.
>
> AIDS is my number one health fear, because it is incurable. It is very contagious and very diffused in the population. First it was homosexuals equals degeneration equals AIDS. Then it was Rock Hudson. All that memory lingers on, it doesn't go away. My aunts, for example, they still think it is a gay disease. Then it comes close and someone else you know has got it, then all the gossip - so and so has got it, so and so is dead. It's finishing everyone off, and there is a sort of mass hysteria. HIV is very easy to get, and I am overloaded with information. It is a virus that eats you up, destroys your defenses and takes bits off you. There are no treatments - although I think AZT slows it down a bit. Two years ago there was a fad for a treatment called *agua de tlacote* - it was water from a spring on this man's land. Everyone rushed to take it. There was one woman who tried it, believed in it, but she is dead now. People will try anything." (Enrique,23)

> "I personally have had two lapses in my sex life. Once was with a partner, a Cuban, who did not want to use condoms. Then more recently with someone else who persuaded me not to. The sex was so good that we didn't use them in the end. The relationship lasted about two weeks. I did an HIV test about 6 years ago, but now I don't want to know. What for? I know some people with AIDS now in Puebla, and I know what it is like for them. People are still very hostile to the subject". (La China Poblana, 26)

> "I don't know how many sex partners I have had. More than 50, less than 100, I think. Some were just oral sex, some were a lot

> more. By the third grade of secondary school (15) I used to go cruising in the zocalo in Tampico. I went to gay parties, the baths - I was very promiscuous. I had heard nothing about AIDS in those days, there was no news of it here. Men don't get pregnant, so there is nothing to worry about. There is no virginity to be lost, nothing to be insecure about, and we don't worry like the *machos* about women comparing us to other men. HIV is a worry, but in the gay world we don't care about Hepatitis B, for instance. I have had herpes, and one other STD, but I can't remember the name of it". (Memo,24)

Although these men feel there is a lack of information about AIDS, self-identifying, (middle class) gay men in Puebla are well informed and aware that it presents a problem for themselves. The close links between the Mexican and US gay worlds partially account for this. Memo, La China Poblana and Enrique have all visited the United States on holiday and (legal) working trips, and La China Poblana had been twice on all expenses paid trips to the USA, in response to the small ads in the Mexican gay press[10]. Information is also available to a limited extent at gay discos and clubs. How much the information available causes change in sexual practice is another matter. All the men admitted casual, non-safe relationships, and also made comments about the extreme promiscuity of the gay world. There was also gossip about men who are suspected of deliberately spreading the virus.

Ismael is from a working class family background. He works as a transvestite dancer in gay discos at the weekends, and as a 'straight' man in a bank during the week. After his shows he goes out with other *vestidas* to pick up men.

> "People in the gay world here are very aware of AIDS, and there is a lot of information. People are always giving you advice. It's funny, the world has become more open, but now there are more

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[10]The Mexican gay press carry small advertisements from men in the USA who provide all-expenses paid holidays in the US for Mexican, male 'companions'.

> dangers. Young people don't change at all though, it is all the same as before, they have to have sex quick and don't worry about the consequences. Older people have had so many sexual contacts and are worried about their health. Before we used to get lots of cars stopping to try to pick us up at night when we were out, and now it is much less. AIDS is attributed to gays, we are called '*sidosos*', so they don't want to get involved with us so much now.
>
> I think people don't use condoms because sex doesn't feel the same with condoms. Not in your mind, but physically. With a condom on you don't get to feel what you want to feel. We say it's like eating a *gansito*[11] with the wrapper still on it. But it is also to do with how you feel in that moment, you get carried away by your feelings". (Ismael, 24)

Although Ismael perceives himself to be at risk, and is very much at the centre of the Puebla gay world, he has had several unsafe sexual encounters. He has never done a test, as he doesn't wish to know the result.

4.3.3 'Bisexual' Men

Men who have sex with both men and women have increasingly come to be seen as pivotal in the growth rate of heterosexual HIV/AIDS epidemics. Unprotected anal sex is the most efficient sexual route of transmission for the virus, the recipient partner, male or female, being twice as likely to receive the virus than to transmit it. (Uribe Zuñiga:1992) A man who has sex with both men and women is therefore seen as a key transmission agent between a disease that has made early inroads into the gay community, and spread latterly into the heterosexual community. Studies of sexual role separation - whether homo, bi or hetero-sexual, and an idea of the proportion of bisexually behaving men in a given population, have been used by epidemiologists to make mathematical models of viral patterns, and for predicting case numbers. (Trichopoulas, Sparos & Petridou:1988) Problems arise however, because this strict labelling of human sexual practices and behaviours, based on a broad, recent, Anglo-Saxon model, rarely reflects the reality of other local models of sexual behaviour.

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[11]A small chocolate cake bar.

Not only is 'bisexual' a problematic category in Mexico, but talking to men with bisexual practices is difficult. They of necessity have to maintain secrets. This is not just from other people, but in their own minds they may have to compartmentalise behaviour, in order to conform to their own understanding of themselves. (Bronfman et al:1992) Social structures and gender ideas in Mexico allow men physical space and time to practice double lives, but they are not often open to scrutiny.

'Bisexual' was used as a self-description by some of the men I spoke to - Enrique, Roman, (40, married), Alfonso, (30, married), and Javier, 23. Both Enrique and Roman had taken psychological profile tests, overseen by their GP's, which indicated that they are 'bisexual'. They produced this fact as medical evidence of their 'condition', pathologising their sexual preference and disclaiming personal choice/responsibility. All of these men, however, as well as Adolfo, claimed a sexual preference for other men, so their own use of the label 'bisexual' is problematic. Adolfo is a Cuban who married a Mexican woman in order to be able to leave Cuba. He commented on how little information was available on television about HIV in Mexico.

> "My wife doesn't know I am gay, although she might have her suspicions from one *detalle*[12] in our sex life. She has never had any contact with gays, or a gay world, so why should she think of it? I would never tell her anyway. My mother knows, but my father hasn't lived with us for years and I don't see him very often, so there is no need for him to know. Homosexuals are human beings, not animals. I find it easier to be gay here than in Cuba, I feel less rejection by society of myself. In Cuba there are no gay discos.
>
> Cuba has dealt with AIDS very efficiently. I know they have infringed human rights, but I think they did the right thing. I see very little about AIDS here, except on the Spanish channels from the US. In Cuba there are campaigns all the time. Here I don't see much impetus on the part of the gay community to fight AIDS, but I think that reflects the general lack of information available to people here."

Adolfo was the most willing, of all the men who claimed 'bisexuality', to talk

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[12]This detail he later revealed to be anal sex.

frankly about it. This was probably because he, like me, is an outsider in Mexico, and therefore not so integrated into the society he currently lives in, and the family ties he has in Puebla are not blood ties, a point that he emphasised. To a great extent he retains his anonymity in Puebla. He spoke frankly about sexual relations with both men and women, yet at no time did he make the claim that he was either bisexual or homosexual. In fact, he was very careful to stress his point of view that homosexuals are not always effeminate men, indicating a rejection of labels, because of the stigma he feels they carry. Yet, although he claims that there is no shame in being homosexual, he says he has not confessed for years because he would feel great shame in church.

Equating bisexual 'identity' with bisexual practice, and using it as the key to resolving the spread of sexually transmitted HIV can over-simplify the issue. Of the men above who claim bisexuality as a label for their own sexual preference, two (Enrique and Javier) have never had sex with a woman. Bisexuality has been described by some (gay) writers as a euphemism for "not out yet". (Herdt & Boxer:1995) but men who have sex with men, as well as those who have sex with men and women, may claim neither a homosexual or bisexual identity. The possibilities contained within this one label are variant, problematic, and cannot be considered a simple answer to a complex problem. The issue and associated problems of sexual identity is fundamental to this discussion.

Self-identified homosexual and bisexual men in Puebla are well informed and perceive themselves to be at risk of infection. In line with other current research findings, particularly with reference to younger, or 'second generation' gay men (Weeks:1990) they do not always modify or control their own sexual behaviour in line with their knowledge. The risk of infection to these men, therefore, has to be considered as part of a series of factors that influence behaviour and decisions. While these 'core group' men and women's access to information is different to that of women/men who are not sex workers, the 'risk' of infection interplays with other facets of their lives in

a similar way.

4.4 Knowing and Doing

In the introduction to this thesis I outlined the difficulties of doing ethnographic research on an issue - sex - where I cannot observe, but have to rely on words to arrive at individual versions of truth. While this leaves an obvious space for differences between what people say and what they do, there is also the important issue of unravelling individual use of different layers of knowledge, applied in different ways and at different times.

Perhaps this discussion would be made easier by considering how people 'know', rather than their 'knowledge'. Use of the noun is hegemonic (Hobart:1993:22), delimiting 'ignorance', particularly in the discussion of 'scientific fact'. In the complex relationship between the USA and Mexico, the right to define 'knowledge' is a power issue, further complicated by the interweaving truth claims of both church and state. 'Knowing' gives us a better understanding of scientific information - public health messages - being incorporated in time into practice, rather than consciously held stocks of information at appropriate intervals. In the arena both of HIV/AIDS knowledge (contested within science, and between scientists) and of bio-medical knowledge (not solely legitimised by the Mexican government/people) it becomes clearer that new information has to find a space in complex lives that weigh information according to social, cultural and personal priorities. Decision making, therefore, does not have the order of a system, but it is systematic, incorporating both embodied and cognitive experience. Local knowledge works according to principles of common sense in a given environment. Individuals live in moral society, in Puebla particularly so, and morality too is a form of knowing.

The women and men I talked to know about HIV/AIDS. For the majority of the women, including those popularly perceived to be a source of infection, there are certain types of person who become infected. Again, for these

women, open acknowledgement that their own patterns of behaviour might put them at risk was not made. Some, namely Eliza and Emilia, stated that their husband might put them at risk. Other women do not make a connection, whilst for yet others, the idea might be there, but they won't or can't express it. For most of them, there are other priorities and aspects of their life that need more protection - the basic economic needs of their family, and their own well-being, including their sense of propriety and decentness, respectability and belonging. This means that they cannot usually prioritise a negotiation, or challenge to their sexual partner(s) on the use of contraception. Individual 'risk' of infection, therefore, is assimiliated within prevailing personal conditions.

The women who discuss their perceptions of risk above may be far more aware of the potential effect of infection on their lives than they demonstrate in discussion, but they may also simultaneously recognise the difficulties of modifying their own or their partner's behaviour. It is one thing to be aware of and discuss condoms with a foreign researcher, it is quite another to introduce them into a marriage. When a young woman is admonished to 'take care', mystifying as this can be, the practical means and ability to do so are often lacking. When a woman does 'take care', her aim will normally be the avoidance of pregnancy, rather than a STD.

Men also know about HIV/AIDS and admit their fear of infection to differing degrees. However, they are operating from a very different position to the women: whilst they may/may not consider that their own behaviour puts them at risk, they are more commonly in circles where there is infection, and information, and like the female sex-workers, believe to some extent that they are amongst the polluted/polluting. Some men claim that other facets of their lives de-prioritises this knowledge. Memo and Ismael prioritised desire, and loss of self-control in sexual encounters, and thus remove their own individual responsibility from the equation. For these men, their newly self-declared gay identity, and the greater sexual freedom they have acquired with greater maturity, is in some ways more valuable than a possible future

health crisis.

An individual woman or man accesses different types of knowing within different frames of reference. While it may be possible to untangle some of those layers - their different sources and differing impacts on an individual - and even to use this to improve education, some types of knowing are more important, and very difficult to negotiate with. Moral concerns - ideas of self, appropriate reciprocal behaviour, expectations of society - usually unvoiced, impinge directly on sexuality and sexual experience. They are central to both an individual's and a society's ideas of themselves and how to live. In Puebla in particular, where religious morality is so confusingly intertwined with the social, political and economic, getting to the roots of what people know and their ability to use that information, is extremely complex.

4.5 Summary:

SIDA is not an unknown subject in Puebla. Despite the problems encountered by the government in relation to the church and conservative moral pressure groups, it appears to have had some success in getting a message across. Most people are aware that there is a problem, and have some knowledge of what that problem is. Most people also have an idea that the virus is sexually transmitted, the primary mode of transmission in Mexico. There is, however, some confusion over exactly how the virus is transmitted, and there is a propensity towards assigning it to the now-traditional core groups in Western discourse, that is, 'prostitutes' and 'homosexuals'. The difficulty I have demonstrated above in separating what is known about the virus from the people who are thought to have it, means that it is removed from an individual's immediate sphere. HIV/AIDS remains overtly associated with people, and not with practices.

Knowledge of prevention is oriented towards sexual loyalty and condoms. One or two women questioned their own level of risk with respect to their partner's sexual behaviour, but for the majority this speculation was not voiced. Where that element of potential risk was openly raised, so was that

individual's inability to control or influence it.

The statistics available indicate that female sex workers are less 'at risk' in Mexico as are middle and lower middle class women who are not sex-workers. Although homosexual men have been disproportionately affected by the epidemic in Mexico, the discourses of 'homosexuality' which have also been imported from the USA/Europe into Mexico may not have the same meaning in Mexico as in these other contexts. Homosexuality is not problematised at a local level, so the 'homosexual' is completely removed from the family sphere. Neither is the female prostitute acknowledged as a (potential) sexual extension of the family. This, in conjunction with the situational specificity of 'risk', mean that popular ideas do not capture the reality of the problem in Mexico. The information is there, people know about it, and yet applying it to their own lives is difficult. Whilst the material conditions of health provision in general, and sexual health in particular are of course influential in this, the question of structural gender inequality, and local models of sexuality are even more important to this discussion.

This chapter has demonstrated that many ideas about infection in Puebla are directly related to the ideas that have been produced in centres of knowledge in the USA and Europe. Along with the (possible) importation of the disease from the USA, has come the discourse. This was backed up in part by the Church's initial and to some extent continuing response in Mexico. Given the dominance of Mexico's northern neighbour in economic, political and health issues in the region, it is not surprising that Mexico has looked north for its response, both popularly and scientifically. Worldview informs science, however much that might be contested in societies where science prevails as truth (Claeson et al:1996). Understandings of HIV/AIDS as a blood disease, as sexual and as located with the polluted may have been imported from the North, yet there is enough in common between these 'other' and local understandings of gender, homosexuality and prostitution to make this possible. However, the government, the medical community and the 'general population' has absorbed these understandings without

examination of smaller, but extremely important differences in local constructions of sexuality.

In order to investigate why these imported discourses are so readily absorbed in Mexico, and the reality that they hide, a much deeper investigation of ideas and ideologies about men and women is needed. The next chapters will move on to a discussion of local dominant and deviant gender discourses and how they relate to sexuality, and popular medicine and sexual health, and the implications these have for how people are able to respond to HIV/AIDS in Puebla.

Chapter Five

5. Gender Discourse: Heterosexuality

In order for it to be successful, new information about sexually transmitted disease has to be placed within the multi-vocal discourses of sex and sexuality that men and women inhabit. This new information has to be targeted at a deeper level, where gender structures, enmeshed in moral codes and norms, help to form deeply held lived beliefs about personhood.

This chapter discusses in further detail popular discourses about men and women, considering them both as a local product, and as constructed by the outside observer. It examines the application of those discourses, the negotiation of spaces within and between them, and considers the implications they have for infection with HIV. I also look at how these discourses relate to and underpin sociological phenomena such as virginity, marriage, violence, divorce and child-rearing, all of which are extremely relevant when considering education and change with regard to sexually transmitted disease. This discussion of normative gender ideologies leads into an examination of how non-normative sexualities are constructed, considered and experienced.

A discourse approach allows for an examination of the multi-layered nature of ideas and ideologies from which individual make meanings, and which help shape their practice and subjectivity. Gender discourse in Mexico is fully incorporated into ideas about the nation state; they are deeply embedded, difficult to modify. The apparently straightforward ideas expressed by individuals about people who get HIV/AIDS must be contrasted with the more intangible, shifting complex of ideas people express about themselves, sexuality and sex. This reveals how difficult it is to integrate different ways of thinking, and how new information can sometimes be accommodated on quite a different plane from other, former considerations. My own role as interviewer also has to be considered in the production of the conversations reported. Dealing with a sensitive and

private subject, it must be assumed that I very often elicited normative statements. People said what they thought I wanted to hear, or what they wanted me to hear. For this reason, I contrast their statements with actual behaviour where I can, or examine them in the context of individual lives, to draw out other meanings.

5.1 Machismo/Marianismo

"A man has everything in his head" (Diega)

"There should be respect for a man in the house" (Jose)

"When one is married, one has to suffer" (Dona Lourdes)

The most common anthropological tools of analysis for male-female relations in Mexico are those of the categories of machismo/marianismo. Whilst machismo is a popular as well as academic/intellectual term used in discussion in and about Mexico, 'marianismo' is a more recent, academic invention that does not usually raise the same immediate response in conversation. Machismo and marianismo are an overarching set of discourses that encompass others familiar from the gender and anthropological literature, particularly the distinction between the public and private domains. They are significant in this context as they seek to express what are taken to be 'natural' or innate differences between the sexes, by assigning attributes to each gender that denote and justify a (hierarchical) difference. There has been criticism that they are simplistic, particularly from Latin American writers (Zoraida Vasquez:1982) and that these Anglo-Saxon categories are over-reifications, and from Anglo scholars (Ehlers:1990; MacEwan Scott:1986) wary of reducing wide-ranging ideas about men and women to two words. However, they have been widely used in the literature, and I also found that they invoke responses in the field. The statements made in the quotations above and the way they were said, express normative ideas about men and women. The ideas about sex and sexuality

contained within them have local currency and salience. It is therefore essential to unravel their meanings in the discussion of HIV/AIDS. On further investigation, the people who made these statements revealed their more ambiguous and contradictory personal ideas, but the fact that these statements were made at all is indicative of gender ideas and ideals. Machismo and marianismo have shifting meanings.

Although the word 'macho' has been adopted into English to denote some idea of male brute force and sexual prowess/virility, an examination of what it actually means in Mexico is important, because its tendency to be associated by many with extreme forms of behaviour - drunkenness, womanizing, violence - means that this interpretation hides more subtle forms of male behaviour that could equally be described as machismo. Machismo has been described variously as representative of urban culture (MacEwan Scott:1986) and as exemplifying intransigence in male/male relations (Yeager:1994). Lancaster (1992:236) emphasises the point that it is more about male/male relations than male/female relations. Oscar Lewis' classic anthropology of poverty in Five Families(1976), and The Children of Sanchez (1976) portrayed what is now taken to be archetypal Mexican *machismo* in the patriarchal head of family figure, but Paz and other exponents of the intellectual study of '*lo Mexicano*' , who are credited with summarising the modern Mexican and the roots of *machismo,* never actually use the word itself. Melhuus (1992:122) claims that machismo is an indigenous concept, while more recently Gutmann (1996), has questioned the veracity of Mexican *machismo* as a local idea and demonstrates that it is a fairly new term, having more to do with outsiders (US) definitions of Latin manhood, and the (racist) demarcation of a brown, 'other' (exotic) male sexuality, than anything intrinsic to Mexico itself.

Working class women sometimes questioned the inevitability of machismo, especially if they were experiencing or had experienced a bad marriage, or violence in their family home. More often, however, machismo is a given, as

Mariluisa claims, putting the causes of machismo down to bad influences on male children in the streets. Asked why, she stated that it had always been that way, claiming 'tradition' as the root of the problem. Sylvia, however, who is not in a happy marriage, is less certain that machismo is inevitable, and questions his right to do nothing at home:

> "My husband does nothing in the house. He won't even lift the plate he has eaten from. He thinks they are women's obligations. I don't think so.... men here have a lot of machismo, the woman is nothing but a servant for the man."

Most of the men from working class or rural backgrounds that I spoke to, with the exception of David and Benjamin, are self-identifying gay men, and have negotiated their own position in relation to the normal gender requirements of their class and sex. Thus they tend to speak as outsiders in relation to machismo, assigning macho behaviour to heterosexual men. These two men gave examples of how men are supposed to know how to be:

> "My father said to me 'you are a little man, and you have to be very macho'[1]" (David)

Similarly, Agustina says she once asked her husband Benjamin to speak to their sons about sex, and he told her:

> "They are little men, they will know anyway"

Whilst David's father told him it was his duty as a man to be macho, Benjamin thought that, being boys, his sons would just know how to behave, without guidance.

Although women might privately acknowledge that as individuals they help to perpetuate this ideological division between men and women, they rarely express this idea, nor any reason why. Lourdes, typically, expressed a

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[1] *"Eres hombrecito, y tienes que ser muy macho."*

different opinion:

> "My son is a macho, but that is our fault. When my mother was alive she would serve him at the table. He had three women waiting on him..." (Lourdes,40)

Machismo is typically assigned by middle class interviewees as a behavioural trait more normal amongst the working classes.

> "I think the problem is really in the working class, because there is more machismo. It's a lack of education[2] and the ignorance of the people". (Maria,24)

> "The Mexican macho was, is and will ever be. Maybe men now have to accept some changes, but the ideology of domination continues. That is especially true in the lower classes". (Maru,47)

Some middle-class women note the more subtle *machista* aspects of male behaviour, the day to day behaviour that has become internalised through habitus, with years and years of silent practice.

> "My husband was definitely not a man to help in the house. Once I asked him for help in hanging a painting, and he said 'I am a doctor, not a picture hanger, get a picture hanger'...Normally he would not help me in the house. A little bit of machismo I suppose. That sort of behaviour is in our roots. It comes from the older generations". (Luci, 60's)

In contrast to some of the men in Gutmann's [3] (1996) study of a Mexico City working class *colonia,* middle and working class Puebla men rarely cook, clean the house, or take care of the dirtier, routine, more tedious tasks of child-rearing. I never saw men of any social class rise from the table to serve themselves, fetch a spoon or fork, or to clear the table. Household chores

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[2]"*Una falta de cultura*" which normally translates as a lack of education, and is usually used to mean lower-class behaviour.

[3]See also Waleska Vivas (1994) who discusses masculinity with middle class men.

remain ostensibly either absolutely invisible, or if not, unquestionably assigned to women and therefore not seen[4]. Although this does not appear to some women to constitute *machismo*, and interpretations differ, it is supported by those same discourses, ie, the absolute division of labour by gender, and the assignment of duties to each sex.

Both middle class men and women interviewees tend to lay the blame for machismo at the door of 'mothers', who, they say, raise their male children to be machos.

> "I think machismo goes on because women still support it - they accept a macho as a husband, and they bring up their boys differently". (Memo,24)

> "... Sometimes I think Jorge is going to be like his father when we are married - his mother doesn't go out without her husband's permission, whilst his father sits around all day, and she does the cleaning and cooking.. Jorge thinks that the man decides and the woman accepts. In my family it is different, because my mother has always been strong, but it is the mothers who make their sons that way. Even in my house, my brother sits at the table, waiting to be served..."(Marta)

Machismo is a well-known concept, which can be generalised as regarded by women as a selfish, male behaviour trait. While women and some men are openly hostile to machismo, each person has some idea of what it means. In contrast, ideas about female behaviour and values are not so readily expressed by women, perhaps because women are more ready to lay the blame for their problems on to men, perhaps because machismo has become something of a cliche, or perhaps because it is not so easy to label and examine one's own behaviour.

Marianismo is the term coined by Stevens (1973) for the set of ideas that

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[4]The only recent study of Puebla women by Puebla women is Larandi's collection of unpublished papers from the conference "Mujer Poblana: Realidad y Compromiso" 1st July 1997, which looked at issues of health, politics and law.

provide a model for female behaviour. The story of the Virgin Mary has been developed through history to embody ideas of virginity, loyalty and chastity for women, as well as (suffering) motherhood as the defining life goal. (Warner:1990), The idealised national figure of the Virgin of Guadelupe feeds into this discourse, symbolising 'good' womanhood in contrast to her antithesis, Malinche. Unlike machismo, marianistic ideals appear to be condoned by both church and society. Arrom (1985) has argued that these ideas of perfect womanhood are quite recent in Mexican history, imported in the 19th century along with other European models of romantic love and marriage, as suitable aspirations for women. Given the ambiguity of colonial attitudes towards inter-racial marriage and the regulation of marriage in general, this may well be the case. However, discourses of female sexuality had been developing over the centuries in Europe, and thus made their way to Mexico prior to the nineteenth century. Marianismo, then, provides women with what appears to be a restricted and restricting set of behaviour traits, but as ideological models, not all women want to or can live up to them. Marianistic discourses, whilst manipulated or ignored on a day-to-day level, are supported by many women on an ideological level. The important question to address is why.

Marianismo also contains within it an idea of the superior emotional strength of women. This idea was expressed by both men and women that I interviewed, and rarely called into question, although again, similarly to ideas about machismo, some women admitted that it was due to how children of different sexes are reared, rather than any idea of intrinsic emotional differences.

> "A man is physically stronger, but a woman is emotionally stronger. I think it is battled out of men when they are boys, and they can't express their feelings, or they feel it is wrong to do so". (Marta,24)

Machismo is, 'experience near' in Mexico, whilst Marianismo is a largely academic term. In describing models and extreme forms of behaviour, they were not rejected outright as inappropriate labels by any of my interviewees.

They do provide men and women in Mexico with some idea of social comportment, and some justification for gender appropriate behaviour. Whilst Josefina Zoraida (1982) has critisiced these terms as US/Anglo constructions that are too exaggerated and over-used, and points to the history of exceptional women in Mexico, from Sor Juana to La Adelita[5], and the assumption and promotion of feminist ideas by women academics and Mexican women's magazines since the 1970's, she also accedes that there is resistance to changes in family values and the women-as-mothers ideology, demonstrating that while the concepts may exaggerate, they do reflect individual experience. Discourses cross class divides, and provide references for gender appropriate behaviour in many aspects of life.

> "Machismo is a real political economy of the body, a field of power entailing every bit as much force as economic production" (Lancaster:1992)

A statement that can equally be applied to marianismo. The symbolic discourses of machismo and marianismo highlight the ideological system as separate from the economic, explaining its relevance to men and women of differing backgrounds. Machismo, whilst sometimes recognised as a construction, or the product of a certain cultural tendency in child-rearing, is seen at all levels as some part of being a man. The category has been embellished by outsiders constructions, but it provides local people with a model of manhood. It contributes to an idea of an essential and fundamental difference between being a man and being a woman, an absolute divide. This is extended and deepened in local ideas about male and female sexuality.

5.2 Education of Male and Female Children.

Normative ideas reflecting gender are marked out visibly from birth, in styles

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[5]see Franco:1989 for a history of important women in Mexican history.

of dress[6] forms of address, and ideas about suitable male and female activities.[7] Gutmann, in a Mexico city *colonia*, found that young boys are just as likely as young girls to be sent to the local *tortillareria* several times daily, but this was not the case in my experience. Some Puebla women, like Sylvia, claim that their husband is annoyed and in opposition to male children being given household tasks, whilst Lucia says that, although she tried to make her two boys participate in cleaning and laying the table, the oldest, aged 8, has already decided that doing these jobs was "*cosa de viejas*[8]" and resists his mothers authority.

Ideas about male and female duties may remain unspoken in the family yet are taught from childhood, as girls are more carefully controlled in the family environment. Boys and young men are less likely to be given an evening curfew than girls, and girls rarely go very far from their house alone.

> "... the only other rule in my house was a curfew, which my brothers never had to respect - they could stay out all night" (Elena, 24)
>
> "In my house, I can make up my own mind, but I always have to explain my decisions. My brother can do as he pleases, with no explanations. I think about having children myself, and realise that I would have to protect my girls more, they need to be cared for more.." (Maria, 24)

School education in Mexico, although having extended widely in the last decades, is not a priority for some working class parents, and not feasible for others. School education is compulsory at primary level (until 12), but not

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[6] I was repeatedly quizzed about the sex of my own baby, as my claim that she was a girl seemed to be contradicted by her ears not being pierced.

[7] Little girls are referred to as '*mamita*' and boys as '*papito*'.

[8] "An old woman's thing". This phrase is disrespective slang, so a bit like "old bag"

at secondary level. Education up to the age of 18 is free, but this does not include the cost of uniforms and books, and the cost of maintaining a family on one or two low incomes. Frequently children leave school early in order to supplement the family income. Amongst some families, school education for boys has to be prioritised over that of girls

> "Sometimes I think girls and boys should have the same education, but I fight a lot about it with Jose, so I don't really know. I tell my daughter Claudia (14) to stay at school for *prepa*, and to study, but Jose thinks she has had enough education, for a girl. It doesn't really matter anyway what he thinks, because I pay for their schooling". (Sylvia)

> "I would like my children to stay at school, but don't know if we will have enough money to keep them in secondary school. We both think they need more school - well, the girls can finish primary school, but we both think the boy should stay at school as long as he wants."(Emilia).

Many middle class Puebla women have the opportunity to attend university, but equally for many, not with a particular career goal in mind.[9] Although there has been some changes in this respect, with a more (economically) realistic point of view coming to the fore, working class people struggle with more basic problems, and female education seems to remain an unnecessary privilege.

> "My husband wanted our daughters to be educated, because we could both see the way the economic situation in this country was going, but also, he knew as well as I did, that a woman cannot always rely on a man. We gave our children everything, and we wanted our girls to be able to feel that if they were alone, they would survive". (Luci)

It seems that education of girls and boys within the household remains gender divided across the socio-economic spectrum, but school education is

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[9]Middle class girls at private universities are often referred to as MMC's. This stands for '*mientras me caso*', meaning 'just until I marry'.

not only more accessible, but seen as more of a value for the middle classes. Along with a reduction in the fertility rate and increased access to contraception, access to higher education is creating spaces for other ideas about women, as Gina, a single woman with an independent career, points out. On the one hand, then, the household continues to promote gender inequality, whilst the public education system ostensibly offers some means to redress this balance[10]. The implications of this conflict in education at the moment seems to pave the way for an increase in the '*doble jornada*' of most professional women. They may well be adding work outside the home, in a professional capacity, to their continuing duties within the home. Thus, despite making an increasingly direct contribution to the market economy, the ideology of the woman-in-the-home, and all that implies, remains little modified.

5.3 Virginity.

Virginity before marriage is socially prescribed in Puebla for women, but is not considered an issue for men. This is a difficult area to explore precisely because of the dilemma discussed in the introduction, the difference between representation and practice. As Arrom (1985) points out, the importance of female virginity until marriage for all classes may be a quite recent phenomenum. Fragments of histories and stories from the colonial era suggest the differential importance of virginal status for a woman, dependent on her social class. Twinam argues that it was quite possible for an upper class *criolla* or *mestiza* woman to be (socially) considered a virgin, whilst in private be a mother (Twinam:1989) The essential point is that women who wish to preserve their good reputation in Puebla, have to be seen to be a virgin - whether they are or not. Melhuus, working in a village in the State of Mexico, also found that women do not abstain from sex before marriage, although that is the ideal (1996). This is important both for middle

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[10]This claim obviously needs to be substantiated by research into education for girls and boys in Mexico, their differing standards, goals and achievements.

class women, and working class women, as both sets of women are monitored by their social peers. As one interviewee, Dolores, puts it, it is not really the church that is watching you, but society. Gossip in Puebla circulates fast and efficiently - you don't just hear a story from one person, but you hear it from three.

Although many women claim virginity is not really important anymore, there was usually the proviso that personally it was important, either for them in the past, or for
their daughters.

> "No, virginity isn't important anymore - especially not for the young ladies!"(Dominga, 44)[11]
>
> "Virginity is an important tradition here. Here they say if she's not a virgin, she's not worth the trouble" (Emilia, 28)
>
> "I don't think virginity is so important for young ladies anymore, many modern ideas have come here and no, I don't think it is, but for my daughters I would say yes. Imagine, if marriage is so bad even when you marry as a virgin, if you are not, it's going to be worse". (Gabriela, 34)

Gabriela and Emilia take a pragmatic approach, knowing that their daughters' social worth will be higher if they have good reputations. Dominga, as usual, expressed that she doesn't really care what her neighbours think.

> "Virginity is not seen as so important for girls anymore. Well, that's the others, but it is for me. I want to marry as a virgin. I would have liked Jorge to be a virgin too, but it's not that way". (Marta,24)
>
> "As I wasn't a virgin when we married, I told Jorge what had

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[11]This was said with a great deal of sarcasm "*Nadie es señorita ahora - menos que nadie las señoritas*"

> happened to me.[12] He said it was alright, that it didn't matter, but once we were married he began to throw it in my face"[13] (Elena, 24)

> "I married as a virgin, and maybe now it's not such a big deal, but then it was. I think I would like my daughters to be virgins when they marry. Of course men want that. Of all my friends, none arrived pure and chaste at the altar. It's a nice experience, something important that you wait for" (Alejandra, 34)

None of these women commented that virginity was important for their own, or their daughter's prospective husband. If they would like that, then they like Marta accept that it is not to be. Despite improvements in access to education for many women and the increasing availability of contraception, they nearly all claim to see female innocence, the idea of giving their sexual innocence to their husband only, and being educated sexually by him, as desirable.

> "Men like to say 'I was the first', and women like to think he will be the only one" (Dominga)

These women are all to some extent practicing Catholics. How much of what they say is due to their faith is difficult to say, but certainly a part of it is due to how they are seen by their peers, be they in the exclusive private university (Marta), ladies of the Lebanese coffee circles (Elena) or neighbours in the colonia or condominium (Gabriela, Alejandra). Lucia, 38, summed it up like this:

> "I don't think virginity in women should be important, although it's very hard to get away from the belief that it is. Men don't value a woman who has a child or previous sexual relationship, but why not? It's not a sin if a marriage doesn't work out. The idea of virginity is very strong - it's rare for a man not to think it important. We worry too much about what other people think".

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[12]She had been forced into a sexual relationship by a previous boyfriend.

[13]'*reclamarme*'

Female virginity then, part of the marianistic ideal, is still represented as important amongst Puebla women. Although some will admit that they themselves didn't marry as virgins, this is acknowledged as a failure. Marta was the only woman to express disappointment that her fiance had not saved himself for her, but this was for her a religious belief, consistent with Catholic faith, rather than any 'modern' notion of equality between sexes. Lindisfarne (1994) has argued that maintaining virginity may be more to do with maintaining or achieving social status than any religious belief: virginity is a female means of advancement and access to some arena of power. Nazarri (1997) has demonstrated that pre-marital virginity became the property of middle class women, whilst working class women could more properly expect to be kept as concubines in the past, thus creating, contributing to and re-enforcing both class and gender separation/ideals.

While virginity as an abstract concept is easily discussed as of no importance, on a personal level women from different social classes consider that it is very important. This may be a real desire to marry as a virgin, or the desire to be seen to marry as a virgin. In either case, female sexual knowledge before marriage is not seen as necessary, desirable or appropriate, making open discussion of sexual matters, such as contraception, or even more explicit, sexual practices, almost impossible. The conditions necessary to discuss issues like sexually transmitted disease assumed by government sponsored information/education is negated by popular ideas about female sexuality. This problem is further exacerbated by other ideas within Marianistic ideology.

5.4 Public and Private: La Calle y La Casa

The idea that all women are potential betrayers of male honour, by looking around for other sexual partners, also finds expression in the idea that

women are naturally 'of the home'[14]. This contrasts with men's position as 'of the street'. The domestic ideal for women again cuts across socio-economic groups, with home and family being the locus and goal of many women's lives. Although women with a high level of education, as Maru and Marta expressed, also look for something else in terms of work, it is typically secondary to their role as housewife and mother. Concepts of private and public provide another layer in the discourses structuring gender ideology and reinforce/are re-enforced by machismo and marianismo. Everyday language re-enforces the salience of the notions behind public and private as they relate to men and women. In Spanish, the phrase '*un hombre publico*' means a public figure, a man of renown. Amongst other possible translations, this is the most common. However,'*una mujer publica'* cannot ever mean anything other than 'prostitute' (Garber:1992).

The concepts of public and private are very useful, as men and women in Mexico have and do appropriate certain spaces for themselves, and for each other, most typically women in the house, men 'in the street'. Men and women from all classes claim that women are 'naturally' in charge of the home and raising children. Very infrequently is this contested. Although working class women have always, and middle class women more and more frequently have to work outside the home in order to supplement family income (or as the main breadwinner) the ideology of woman-in-the-house has remained. Much remunerated work that many Mexican women do has developed around and reinforces this ideology. Piecework carried out in the home, and preparation and selling of food differentially include women in the market economy, as extensions of their natural domestic role.

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[14]An ideal expressed by some women was that virtue lay in being 'of one's house' (*muy de su casa).* (Alejandra, 34 and Marta, 24). Public space is referred to commonly as '*en la calle'*. The destination is not specified, and going to the street (for women) is something of an adventure, normally undertaken in the company of children, female members of the family and/or husband. This division finds echoes in many societies, as Whyte (1954) demonstrated.

> "The house and children are my responsibility in marriage. I recognised that is how I have been brought up, but I can't change it now. It's tradition for women to be housewives, it's always been that way. Maybe there were societies once in which women dominated, but they are long gone. Staying in the house is our job" (Marta).
>
> "There are jobs for women to do, and jobs for men to do. My husband helps in the house sometimes, when he is in a good mood" (Emilia)

Some comments evoke Bourdieu's concept of doxa, and the embodiment of the 'structures of the world', through the 'objectification of generative schemes' inside the house: (1977)

> "It is logical for women to stay in the house, and that a man should go to work and bring money... you see from childhood that your mother is at home and your father goes out to work - she cleans, he is out: it's normal. For my kids it will be the same." (Dania, 21).

Whilst at the same time complaining that men do not do enough in the house, particularly in the case of women like Alejandra, whose financial situation has worsened and who can no longer afford domestic help, some women ascribe men attributes that provide justification for their not doing more. At the same time as laying the blame on 'mother s' for educating their children that way, Alejandra claims as given that men are intrinsically useless at child-care and running a house. She perpetuates her situation, but in reality there is very little she can do to change it.

Whilst these middle class women sometimes express the idea that roles are culturally created and imposed, the working class women I spoke to do not voice any contestation of the facts. Working class women, who, in this study, nearly all work as domestic cleaners outside of their own home, are the most affected by this, as they suffer the *'doble jornada'* of their own housework, and work out of the house. Middle class women have access to cheap domestic cleaners, as well as cheap, plentiful day-care for children. Thus the burdens of housework and child-rearing are somewhat relieved. They are in effect managers in their own homes - positions of power, with considerable

leisure time. Maru commented of her husband:

> "In 23 years or marriage, I can count the times my husband has done something in the house on the fingers of this hand. He does, however, give me a large amount of money for a good servant".(Maru)

The availability of cheap labour in Mexico, a consequence of the huge social stratification already discussed, is one important reason why ideologies of femaleness - of motherhood, housewifedom and dependence, have not shifted as much in middle class Mexican society as in Europe and the USA. Middle class women are in effect managers of their house, giving orders, and sometimes managing a budget, with plenty of leisure time during the day.

An ideal of woman-as-housewife is re-enforced by women themselves. Apart from the question of status - not having to work is a social advantage for some - the prospects of going out to work each day are lessened by the lack of availability of good jobs, and a job market that is often hostile to women in management. However, only one woman stated that power accrues to a woman who 'rules the roost'.

> "Machismo comes from education within the home. Women themselves are responsible for this type of education. There is a matriarchy in Mexico too, as women are in charge of the home". (Gina)

The ideals of the house and domesticity as proper for women are perpetuated by men and by women themselves. This echoes recent work in the Mediterranean area (Greece), which found that some women do not want many changes in the division of labour, despite the influx of tourism making their lives harder. Both Stevens (1973) and Zoraida (1982) have questioned the right of foreigners to decide what is in the best interests of Mexican women. As Stevens has pointed out, in Mexico the needs of one's children come unquestionably before the importance of a job, thus resolving one of the conflicts many women in industrialised countries have felt. However, the other side of this coin is that women are rarely valued as anything other than as mothers, and whilst this may be valued symbolically,

it is less economically rewarding.

Whilst resorting to yet another binary category continues to be simplistic and reductionist, the interesting and appropriate point about this particular dualism is that despite the changing nature of contemporary Mexico, the home remains prioritised as a woman's space and responsibility. Alison Scott MacEwan puts it succinctly:

> "In Latin America, Roman Catholic ideals of the male provider and protector, and the virginal housebound wife are commonly subscribed to by men and women in all social classes, despite the growing numbers of female-headed households and the fact that substantial numbers of middle-class women are now working after marriage, as working class women always did" (1994 :22-23)

While recognising the limitations of thinking in structured dualisms, this particular binary opposition resonates strongly with my fieldwork experience. It also points to the impact of change on these by now quite traditional analytic concepts for examining gender structures in Latin America. Economic reality has impacted on traditional ideology, yet it retains much of its force: obviously this calls for further examination. The assignment, by women and men, of women to the house as the 'natural' course of life events, removes women both from economic advantages as individuals, and from changes and new ideas in the public sphere, and continues to construct women as dependent on men for their survival. This inevitably does not put them in much of a position to challenge, request or change any traditional male ideology discussed above.

5.5 Male sexual license: *"Mi mujer es la casada"* [15]

Machismo allows men complete sexual freedom, as well as containing an idea of the intrinsic superiority of a man, his greater physical strength and intellectual ability. The idea of machismo in fact contains within it a set of

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[15]"My wife is the married one", a saying which illustrates these ideas very well.

discourses that are so at odds with Catholic teaching about male (and female) sexuality, that one author has written that they are practically heresy.(Olievera e Silva:1997)

The idea that a man has a 'natural' inclination to look for more sexual partners and/or sexual satisfaction than women, and that a woman is more in control of her sexual instincts is demonstrated by the fact that men's sexual relationships outside the marriage seem to be, if not exactly tolerated by women, and even if sometimes openly challenged, at least accepted as practically inevitable. This is one of the topics of discussion that crossed class divide and produced the same response amongst people of different economic backgrounds. The institution of the *'casa chicha'*[16] or mistresses's home, was a familiar topic in my discussions, and jokes are often made in reference to it on television and in the newspapers.

The romantic idealism of some women is at odds with that of women who have been married some time:

> "My boyfriend is very loyal to me. I know men aren't really faithful before marriage, but they change when they marry". (Marta, 24, engaged)
>
> "Men go with 20 out of 30" (Alejandra, 34, married)
>
> "Sexually, I think we are the same, it's just that men get away with it. Again it is education. Men have all the liberty in the world, and no-one criticises them. Most of them take the opportunity if it's presented, only a few are faithful. It's a sign of their 'manliness' that they do it". (Lucia,37, married)
>
> "Men are educated to cheat on their wives, and women are educated

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[16]'*Casa chicha*': a man sets up another household for second and subsequent women (and families. In practice this operates in different ways. Whereas a middle class man might have the means to establish a second home, for working class people it is more usually the case that a man is a visitor to (a) female headed household(s), sometimes contributing to its economy.

> to put up with it, and keep their mouths shut. As long as you don't see them at it, they can do as they want. (Elena,24, married).
>
> "Women have sexual needs like men, but I think women can stand a longer time without sex than men. Men need it more urgently" (Alejandra,34).

Despite the claim that his cultural education makes a man likely to stray, there is a sense of the inevitability of it amongst some. Cristina and her mother watch her new husband carefully, for some tell-tale sign.

> "He is at work in the day, then he comes home at five, and we spend the weekends together. That's how I know he isn't up to anything". (Cristina, 18)

Although not sanctioned by the church, men's extra marital relationships are sanctioned by society. Men, to a large extent, continue their single life after they are married, whilst women become immediately associated with the establishment of their own household (if financially able) or if not, as is often the case, at least assigned to domestic duty. In addition, in the middle classes men tend to be the main breadwinners of the family, as are working class men who actually have work. This gives them greater economic freedom to pursue their own life.

> "... I have had sex with plenty of women, but no, not since I have been married, when I was single. I really think it is impossible to be faithful for your whole married life, but it really depends on your economic situation. If you have more money, you can get away with more". (David, 24)

The same link to economics was only once stated by a woman:

> "Different sexual needs between a man and a woman is cultural. A man is brought up with different patterns of power, and that is backed up by his economic power". (Dolores, 47)

Another woman made a connection between their own behaviour and the church:

> "Women need sex just as much as men, and you know what, I think even more...women don't establish *casa chica*s because of our

> education, but also, the Church gives us guidelines and we just don't do it". (Luci, 60's)

Ideas about greater male sexual need, and men's greater opportunity to look for extra-marital sex, are counterpoised by marianistic ideals of female sexuality. Those women who openly recognise or admit that the sexual differences between men and women are the product of culture, rather than 'natural', also recognise the strength of the discourses that support these ideas, the power of society behind these constructions, and the difficulties of challenging them. Behind the romantic idealism of fidelity in marriage which is supported by Catholic teachings there appears to be an acceptance that this ideal is impossible, and that men are irresponsible and unable to help themselves. As this belief appears to cross class divides, there is much more than the education of an individual at issue here. To speak of monogamy as prevention of HIV infection in this context appears to be as unlikely as the introduction of condoms into long-term sexual relationships.

5.6 Violence

Violence was described by middle class women as an intrinsic part of working-class macho culture. The frequency of domestic violence in Mexico (Finkler:1994; Romanucci-Ross:1973; de la Rocha:1994; Stern:1995) and in other parts of Latin America (Harris:1994,1997) suggests that the use of physical strength, (normally) by men in order to exercise authority is to some extent socially sanctioned[17]. Violence in a relationship between men and women is also unquestionably linked to the sexual act, as it invokes ideas of domination, activity and passivity, and the right of men to demand sex as part of the conjugal agreement. This finds it's most extreme expression in rape,

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[17]That is such an intrinsic symbolic part of local culture is reflected in customs in the Tehuantepec peninsular, South Mexico, which is both matrilineal and matriarchal. One day a year, during one of the frequent fiestas in the region, women have the right to beat or hit any man that happens to get in their way in the street.

within and outside of marriage.[18]

Discourses of machismo support the idea that a man is violent both in and outside of the home, is not accountable to his wife or children, and is '*el que manda*' (the one who gives the orders). One woman described her now dead husband as:

> 'a real macho, those sort that carry a gun'. (Lourdes)

Again, domestic violence is seen as more the province of the working class, but in reality is an issue across social groups.[19] I was told the following story two or three times, and it was told in order to give me an idea of how domestic violence in the *pueblos* is seen. A man is beating his wife badly in the street, and a stranger tries to stop him. The wife gets up and says 'don't interfere, he is my husband, it is his right to hit me'. This was told to me by middle class friends, usually to underpin the idea of a different level of '*cultura*', at least at the level of practice, if not ideology, between city and countryside, working and middle class people.
As this story shows, attitudes towards domestic violence are conflictive. Issues of domestic violence take a long time to resolve, and this seems to happen when the wife decides to take matters into her own hands, which is generally when she has reached a certain level of maturity.

> "My husband used to come home drunk all the time. He used to hit me, and the children. It lasted for 9 years after we were married. At first I had a lot of respect for him, and let him do it. I loved him. I lived with my family, and I thought that would give me some protection from him, but they were on his side. They defended his right to hit me, rather

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[18]Or in incest, which is a theme I did not develop, although I did hear stories of it (Ruben, Javier and Elena).

[19]One of our neighbours in Puebla regularly beat up his wife and children. I was told by other neighbours not to involve myself, as in any criminal prosecution I would be responsible for providing evidence against the man.

> than me. With time, I lost my love for him, and started to defend myself, and we ended up in a big fight. This happened in front of the children, and he used to hit them too. He didn't like me to go out of the front door on my own. I wouldn't let it happen now, I would not let him hit them. He said I was going to let my girls get in trouble, because they wouldn't know how to behave to a man, and they would be abandoned. I have told them not to stand it now". (Gabriela, 33)
>
> "My husband was fine when we married, but he started to drink and couldn't keep his job, and I had to support us all. He hit me when he was drunk. When our youngest child was six I finally got rid of him. He came home drunk as usual and tried to hit me with an iron - I was ironing at the time. My sister was nearby and she called the police, and they asked me if I wanted him there or not, and I said no. He tried to come back for ages but I kept saying no and finally he gave up. He has another woman and children now. "(Dona Lourdes, 40's)

Dominga and Lourdes were critical of their mother for abandoning their father and themselves as children. It later emerged that she had been beaten and had finally walked out. Their own experience later in life with violent husbands had not changed their bitter memories of their mother leaving them.

> "Men here do what they want, they hit you. It goes on around here. My husband used to hit me, and I was one of those stupid women who put up with it. I put up with it because of my economic situation - I had a house, a car, money, and I didn't know what I would do without him. When he died, he left me in peace. At the end I fought back. (Lourdes,40)
>
> "No, you have to be stupid to put up with a man hitting you. That is why my sister and I prefer to live alone. My mother lived with my father for 20 years and he hit her all the time. She left him finally. He was going to hit her with a broken jar. (Dominga,44).

These conflictive ideas about violence relate to gender discourse in as much as the ability of a man to use violence - beating or even rape, affirms his position of physical superiority within the household.

Although the press, and local radio frequently report rape in Puebla,[20] there was not much discussion of it by interviewees. It was of course a cause for concern, but whether or not a woman should denounce a rape is a shady area. Both Sylvia and Gabriela think that they would not report a rape because of the damage to their own reputation. Dominga, Lourdes and Cristina spoke of woman who had been raped recently in a nearby colonia, and agreed that it was usually not reported.

Another woman described how her husband and father-in-law had got together and decided to beat her, as she did not comply sufficiently with their orders. She has grown up fighting off the unwanted attentions of her elder brother, however, and so was prepared to fight back.

> "I have tried to reason with my husband several times, to explain my ideas to him, but he thinks I am mad. I nearly had a fight with him and my father-in-law once - he wanted to make me more obedient to my husband...despite my husband's education, he is really old-fashioned... A woman allows herself to be beaten up. It's the same with sex. A woman can say no, but the husband wants to and goes ahead. Is that rape? No it isn't, according to the man". (Elena,24)

Male violence, whilst treated with the horror it deserves by most, is linked by some women and men, to women's behaviour, and their failure to satisfy their husband's demands. In some cases, as Gabriela's story demonstrates, the family, and in Elena's case, her social groups, provide tacit support or acceptance towards male domestic violence that make it hard for an individual to challenge. Although again there is a tendency to assign it to the working class, middle class women like Elena demonstrate that this is not the case. Placing the idea of (female) negotiation of condom use in a long term relationship in a context where domestic violence is tacitly accepted, shows up the weakness of the arguments that suggest this is adequate as HIV/AIDS prevention. It underlines that the ideals of mutual respect and equality assumed by educators to exist in a long-term sexual relationship

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[20]One statistic given on a radio news bulletin was that one rape is reported daily in the city, but three quarters remain unreported.

like marriage may be Anglo-centric, and unrealistic in societies where the marriage contract has different implicit meanings.

5.7 Female loyalty and sexual pleasure.

That women too might stray from the marital contract is less openly admitted. Whilst men are thought to be more likely to have extra-marital relationships, and unable to control themselves, women are thought to be more in control. Gossip, of course, begs to differ. I was told this story by two different women:

> "If you go to the motels in Puebla you see cars parked outside with the supermarket bags on the back seat in the morning (the wives), the executive cars outside in the afternoon, (the husbands) and the volkswagen sedans (beetles) outside in the evening" (the young people). (Elena, and Dolores)

Dominga and Lourdes admit to extra-marital affairs:

> "Eighty percent - no, one hundred percent of women cheat on their husbands. Women are very hypocritical here. My husband shot me when he found out that I had cheated on him. That's why he got the gun and shot me" (Lourdes, 40).

As these were the only women admitting to extra-marital affairs, it is difficult to investigate how much shame a woman really feels about her own extra-marital sexual liaisons. Dominga and Lourdes loudly reject the social judgement of their peers and neighbours of their own behaviour, but are quick to point out the apparent failings of one of their neighbours, whose boyfriend appears on the front door step on Monday mornings, kissing the woman concerned for all the world to see. This, they say, is indiscreet. All '*movidas*'[21] should be kept away from the family and home, indicating that, although women have the right to enjoy a sexual liaison, it should be kept at a distance from their family life.

Generally, the idea that only men are unfaithful is popularly expressed by men and women

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[21] 'action', as in sexual activity.

> "Women are not unfaithful to men. They are more in control of themselves, more repressed" (David, 24)[22]

> "I think it's worse when a woman cheats on a man. A man has all the liberty to do as he wants, but a woman, no".(Gabriela)

One other woman admits that female disloyalty is possible, but again, the notion of women being in control is expressed, and furthermore that female cheating is usually a reaction, rather than an action.

> "Of course a woman gets opportunities to cheat on her husband. Men have all the liberty in the world and no-one criticises them. Most of them take the opportunity if it presents itself, only a few are faithful. It is a sign of their manliness that they do it. If my husband provoked me by going off with someone else, I might do it as revenge."(Lucia)

The issue of whether sex is enjoyable or not was rarely discussed. Discussion of contraception, outlined in a later chapter, rarely included the idea that women might enjoy sex with the possibility of pregnancy reduced. Marianistic discourses do not allow room for female sexual pleasure, even with one's husband, although it is difficult to believe that this is always the case. This was one of the subjects in particular that remained difficult with most women I talked to, and which women rarely opened up about. Recent research in fertility change in Argentina has also found that a large proportion of women interviewed viewed sex as marital duty (Balon and Ramos:1989 quoted by Potter:1996). Similarly Ehlers reports in her study of a town in Guatemala that sex was never reported as enjoyable (1990:150). Women in Puebla who question this, or who at least admit to questioning this, are more rare.

> "I had a dream last night about a nice fat boyfriend covering me with kisses". (Dominga)

> "A man was here the other day, a builder who was going to do some work on my house. He didn't affect me, he didn't make me tremble. I

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[22]He used the word '*recatada*'. Collins Spanish dictionary (1986) gives the meaning as shy, demure (*for a woman*) or circumspect, cautious (non-gender specific).

> like it when they make me tremble. I enjoy sex now and then, I really enjoy it, but not all the time. I don't like men just to use my body, I am not a receptacle for sperm". (Lourdes)
>
> "I met a man of 48. He had a beautiful body, but pum, two or three times he moved on top of me and that was it. I thought - what about me? Women get more and more sexual, they want more and more sex, especially after 40, and the men are rubbish." (Dominga)

Luci, a widow, was also quite open about sex, as her age and status as a grandmother, make it easier for her to express ideas younger women could or would not[23].

> "I can tell you that as a woman, and as a nurse, after the menopause, sexual desire in women gets stronger than ever".
>
> "Women's sexual desires and feelings have been repressed by this culture. Men are allowed and encouraged to do what they want, while women have to arrive in pure white at the altar. There is such a lot of disinformation about sex. Women generally get married and think they have to satisfy a man - not themselves. Sometimes it can be difficult to talk to a man about sex, about what you want...men don't know or care about stimulating a woman. The only thing a man worries about is his penis". (Gina)

Gina was the only middle class woman to express her views so frankly. Again, she is somewhat outside the norm of this study, as she has never married, and is well-educated, with her own small business.

Some women express the idea that they feel under suspicion of having betrayed their husband. As discussed earlier, honour and shame discourse, and Malinche mythology provides men with legitimated grounds for constant suspicion of their wife.

> "Sometimes my husband let me go out to work, but mostly I worked

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[23]Luci, now the head of a family of four grown up children and numerous grandchildren was often out and about, *en la calle* on her own. She even invited me out for a drink one night to a (respectable) cantina, and often stood outside her house at night smoking cigarettes. (Women rarely smoke).

> against his wishes. He never used to give me enough money... he thought I wanted money just so I could go out and have a good time". (Gabriela)
>
> "I go straight from my house to my work, and straight from my work to my house. I like being in my house. If I am half an hour late back from the market, Jose is waiting for me on the doorstep, asking me where I have been". (Sylvia)

Compounding the problems caused by the social desirability of female virginity at marriage, which constructs unmarried women as sexually naive, are the discourses structuring female sexual desire as non-existent or even shameful. Alternatively, some women promote the virtue, backed by the church, of being in control of sexual desires. This sets up one of the great contradictions in safe sex education that focusses on women as educators. If women are considered by both men and women as totally passive in relation to their own sexuality, they cannot simultaneously be expected to take control of their sexual health by demanding safer sex, and introducing condoms into their marriage. If it takes years for a woman to outgrow social taboos and be able to talk about sex, or to be able to walk out on an abusive marriage, younger women face a real risk of sexually transmitted disease and unwanted pregnancies. Additionally, promoting one's own virtue of being in control of sexual desire makes discussion of sex equally difficult. Once again popular ideas about womanhood raise barriers against uptake of information about safer sex.

5.8 Marriage and Divorce

An examination of marriage and divorce is important here, as marriage has frequently been used as a referent point for 'normal' healthy, monogamous sexual relationships in AIDS discourse. Obviously, in the light of the above discussions of personal experience of marriage, this is contestable in Mexico.

'Proper' marriage in Mexico consists of two wedding services, one in church and a civil wedding. Either service formally constitutes legal marriage, but many people have both, to satisfy 'the two laws'. There is no legal

recognition of common law status for husbands and wives after a number of years, but the words '*esposo*' and *'esposa'* are frequently used to denote a person lived with in the manner of a husband or wife. Although this leads to some confusion, in that second and third female partners will refer to their '*esposo*', who they are not legally married to, it also demonstrates the importance of the category, and again, the importance of being seen to be something one is not. Even amongst women who claim that the labels and trappings of respectable society do not bother them, a live-in partner is referred to as 'husband'. Both Dominga and Lourdes had their children with men who were married to other women, and I had spent several months visiting and chatting with them before it occurred to me to ask them about their 'proper' marriages, demonstrating how overwhelmingly powerful normative statements can be .

> "I told my nephew David not to marry. I told him, take her away, live with her. He wanted to do everything 'properly'[24]" (Lourdes,40)

> "The mentality here, 20 years ago, was that you had to have a husband, and a photo of your white wedding, then you were 'respectable people,' even though he gave you a hard time, even though he hit you, if you are married, you are respectable"[25] (Dominga, 44)

Cristina, Lourdes' 18 year old daughter says that she might consider marrying her '*esposo*' in a civil wedding if she got pregnant

> "but not in church, because in church you have to swear that you will be faithful, and you both know that is not going to happen".

Despite this family's apparent cynicism about marriage, David's wedding photograph took pride of place in his mother Dominga's living room.

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[24] *Como debe de ser.*

[25] I translate '*gente decente*' as properly, and the last part of the sentence was '*aunque te dan madre, aunque te pegan, si estas casada te respetan'*. This may equally well refer to gaining the respect of ones husband as from the wider community.

Statistics show very low divorce rates in the state of Puebla[26]. These statistics hide the fact that working class people in general do not marry formally by either law. This is probably because of the cost involved, although it may also relate to a historical tendency amongst working class people in Latin America, there being little property/inheritance to protect. Amongst middle class Poblanos, divorce carries great stigma, generating feelings of being an 'easy prey' for men amongst women. This editorial from the Sol de Puebla, advising women to reconsider divorce, captures this sentiment, as do the quotations that follow.

> "A divorced woman becomes the motive and opportunity so that other men will consider her 'no-man's-land', because she can only inspire passing and pleasant relations".[27] (El Sol de Puebla, 31.7.95)

Although this particular newspaper can be guaranteed to voice moral outrage and conservatism about any controversial present-day issue, its views were reflected by other people, who expressed how much of an outsider they would become as a divorcee. A professional woman divorcee friend, working in a male-dominated profession, also expressed disgust with male colleagues' attitudes towards her. The following statements outline that divorce is now more common in middle class social circles, despite the apparent difficulties.

> "Divorce is a taboo subject here. If you are a divorced woman you are seen as a slut. You really have to fight to live as a divorced woman". (Elena, 24)

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[26]INEGI lists a total of 1874 divorces registered for the state of Puebla in 1992. Abandonment of the home is listed as the second most common reason (mutual consent being the first). Annuario Estadistico 1995 (INEGI)

[27]*"Como mujer divorciada se convierterá en motivo y ocasión para que otros hombres la considerán la tierra de nadie, porque pudiera inspirar tan sola una relación pasajera y placentera".*

> "My sister got divorced, and now lives with her second husband, although they are not married. Two of my sisters are divorced, and one of my brothers. I think it's more and more common amongst young people. I think it's very daring, but it's not shameful". (Maru, 47)
>
> "Divorce is still difficult here, but in my grandmothers day it was even worse. It is still difficult here for the woman. Before you just put up with it. (Alejandra).

The moral climate that preserves the idea that any marriage, even a bad one, is better than no marriage at all, is extremely difficult to contest[28]. Working class and rural people who do not marry formally, preserve the importance of being seen to be married, through their use of language.

Models of love, romance and happiness through marriage are promoted by hours and hours of romantic soap operas on television everyday, and in popular songs and comics. There seems to be little questioning of the institution of marriage, and Gina says that her father thinks she has 'a bad gene', as she has not married. When I asked women if they had ever contemplated not 'marrying', even women who claim that they live outside the values of their peers, (Dominga and Lourdes), contemplated the idea with horror.

Whilst 'proper' marriage makes a public statement about virginity and monogamy, implying that the family is decent and respectable, the more private ideas people express about marriage obviously contradict this. Whilst marriage, or being seen to be married through ones use of labels (esposo/a) is socially important and divorce remains difficult, if on the increase, the conditions for open and honest discussion about sex remain extremely difficult for many people. If Catholic ideals were adhered to by both parties in the marriage, perhaps the monogamy-as-protection argument would be more valid, but this ideology is overwhelmed by the lay economic and social

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[28]The Vatican has recently released guidelines (1.3.97) telling re-married Catholics not to have sex with their new spouses, as they are living in sin.

values that gender discourses circumvent.

5.9 Motherhood (and Fathers)

Also contained within marianistic ideology, a woman fulfills her life function by becoming a mother, and this is seen as a defining life goal by nearly all the women I spoke to. Numbers of children born to middle class families have drastically reduced since the 1950's,[29] yet the ideal of motherhood remains. The idea of a life without children, or in which a job or career might be of equal importance to children, seemed an alien proposition. Again, this cut across class groups. Younger women, like Cristina (18) and Patti (15) expressed the idea that they were not in any great hurry to marry and have children, but did not dismiss the idea completely[30]. With many women, like Agustina, who has 6 children and Gabriela, who has 8, there did not seem to have been an element of choice at all, despite the possible accessibility of contraception. Not only is motherhood a goal, but suffering motherhood, represented by the Mater Dolorosa imagery implicit in the story of the Virgin of Guadalupe/Mary, is part of the concept and promoted by some women.

One of the reasons for the continuing importance of motherhood is that, in Puebla society, a woman with children increases in social status. Her locus of power is the home, and exercised through being the principal child raiser.

> "God sent women men to do the work, while we stay at home to take care of children. Men were sent to look after us" (Teresa, 36).

This contrasts sharply with fatherhood. Again, a *machista* referential is intransigence in relationships, with other men, with women, and with

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[29]Studies of the fertility transition in Latin America show that average family sizes in Mexico have dropped from 6.8 to 3.6 children in the period (1950-1990). The Puebla average is the same as the national average.(Chackiel and Schkolnik:1996)

[30]Ehlers (1990) found a similar attitude amongst young women in her Guatemalan study. She feels that it reflected an awareness on the part of younger women of the realities of marriage.

children. Necessarily related to maintaining several homes at once, working class men particularly infrequently live in the family home . An often repeated statement from working class women in Puebla, with reference to absent partners was:

> "He went north"[31] (Diega, 54 and Dominga, 44)

A high percentage of working class women are single mothers. Underlining the overwhelming importance of motherhood, statistics for live births in the State of Puebla for the years 1993 - 1994 show that the number of children born to unmarried and single mothers are nearly the same as those born to married mothers.[32] That women are seen as almost solely responsible for the production of children is reflected in ideas about pregnancy and childbirth. Sylvia has five children with her present husband, Jose, the four eldest of whom are girls.

> "My husband told me, you are no good for making boys, and I told him, you are responsible for the sex, but he told me that was rubbish. (Sylvia)

The ideology of motherhood is also strongly represented by middle class women. The majority of the middle class women I spoke to have to a certain extent a greater opportunity to experiment with other 'roles' than working class women, as many have both education and time to dedicate to a life outside their family sphere, yet they have rarely taken that opportunity.

> "I don't know when I will have children. You have to feel really ready for it. It would be selfish not to have children, because a relationship and a home are strengthened with children. Since childhood, one is

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[31] *"Se fue para el norte"*, usually meaning to work in the United States. The importance of migration to the US, and the implications for HIV infection have been discussed in the introduction.

[32] Total live births: Single mothers:11,732. Total for women living with man (*union libre*) 56,641. Total for married women:78,527. Source: Annuario Estatistico de Puebla 1995 INEGI

> educated to become a mother. You are called 'mamita' and you play at being the mother - it would be very hard to imagine a different sort of life. I want children, but I want to work as well. My mother says it is not possible to do both". (Marta)

> "The Mexican woman is very idiosyncratic - well, maybe all Latin American women are this way. The Mexican woman is a mother and housewife, and absolutely dedicated to her husband. There is happiness in these things, but I think something else is always necessary to be a full person too. It's not just an economic need, but you have to fulfill your personal potential too". (Maru, 47)

> "Both of us believe that the family is the most important part of a woman's life. Having a career is important, but it should always come second to a home, children and husband. Men and women have different roles and duties in life, and that is how we are educating our children." (MariElena, 32).

Although numbers of children born to women in Mexico have fallen drastically as the means to control fertility have increased (Chackiel & Schkolnik:1996) the dominant ideology of motherhood has modified little. Other normative statements - *la mujer sufrida, la mujer abnegada*[33] also suggest that as mothers, Mexican woman expect to suffer. However, the idea that a married woman (and by implication a mother) must expect to suffer, expressed by Dona Lourdes in the first quotations of this chapter is perhaps questioned, as Maru's statement suggests. Many of the women I interviewed, whilst assigning this to 'the Mexican Woman' as stereotype in fact contested many of their problems. Maybe they do not challenge many things in their home because of their own vested interests, but they do not remain unaware of their position.

Elena, who said:

> "One will do anything for one's children. If you have a little bread, you give it to them, because you have already lived"

giving the impression that she is the archetypal long-suffering woman, readily contested and queried the norms to which she was supposed to

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[33]The suffering woman, the self-denying woman.

adhere, as a Poblana and as a 'Lebanese' woman.

Alejandra, my neighbour, who of the many women I met had real grounds to complain about her husband (he was having an affair with his secretary[34]) said of her husband

> "He would like me to be like his mother, long-suffering and dedicated to her house. In fact, I think I am very dedicated to my house, but sometimes I like to go out with my friends for coffee and have a chat. That has caused him some problems. He has accepted it a little bit now, and doesn't complain so much. He still takes his shirts to his mother's house though, as he says I can't iron them as well as she.... I feel dependent on Rafa, and I don't want my daughters to feel like that. If they marry, well great, but I want them to be able to support themselves."

Educated middle class women are more frequently able to take on economic activities outside the home, and possible challenge traditional values, yet they are aware that they have to negotiate between ideals of what might be and the reality of what is. The reduction of numbers of children born since the fifties, the result of the availability of contraception and the reduction of childhood illness to the level that infant mortality (amongst middle class families) is now greatly reduced, has been accompanied by the realisation that a smaller family is directly related to a higher standard of living, not only for the children, but for the adults too. This has opened up spaces for some middle class women to consider they may have alternate identities in combination with motherhood, but motherhood retains its symbolic importance, outweighing other facets of a woman's life. Mariana's case, discussed in a later chapter, demonstrates that being a mother is important enough to make other considerations, such as personal health, much less significant.

Despite this strong association between women and the family, women also

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[34]Everyone in the condominiums knew that Rafa was having an affair.The topic was never raised by Alejandra. I felt uncomfortable with this, as I consider her a friend.

express the idea that a good man is a good father. Men, as family patriarch, also retain strong symbolic value within the family. Adolfo, a Cuban, experiences this as very different from family life in his country, where he says mothers are all important. Being a good father to their children is valued by many women, (Agustina) and, if women prioritise their children over themselves, may be what causes them to finally rid themselves of abusive husbands. (Gabriela) Whilst mothers have great symbolic and emotional power within the family, this is limited by the economic and social power of the father. The ideology of motherhood as the 'realisation' of a woman has, as already discussed, been prioritised over the need for availability of abortion for HIV positive women, even by medical professionals working in the HIV field in Puebla.

5.10 Summary

The overarching discourses of male and female discussed above may say as much about how outsiders classify Mexico as about how Mexicans think of themselves. The normative statements expressed to me about women's suffering and men deserving respect, when taken at face value, hide more than they reveal. Deconstructing this discourse reveals that these ideas are negotiated, alternately resisted, accepted or compromised with. Class differences and generational differences in the up take and negotiation with dominant gender/sexuality ideologies would suggest that, as Ehlers (1990:163) concluded in her study of a Guatemalan town "Marianismo.. is not a characteristic of all Latin American women; it is a result of specific economic and cultural conditions."

Male gender discourse contravenes the church, with male sexual license and violence tacitly tolerated by society. Examining Mexico's past, the original male-female relationship was one of subordination and domination, with a colour bias. Although the record is ambiguous, the relationship was to a large extent that of master and female servant, Malinche the ultimate example. History and tradition allow for men to be dominant, as the mestizo

must conquer his feminised, violated, traitoress Indian side. Male fear of rape justifies male violence. The mythologised past is reinforced by an economic system that, as Dolores neatly pointed out, reinforces male patterns of power.

That the dominant, normative gender discourses in Mexico, machismo and 'marianismo' are not monolithic or unchanging, is demonstrated above by how people resist and negotiate within the spaces they contain. At the heart of gender mythology/history lies a great contradiction which does not go unobserved by those who live within it. This is true as much for women, within the '*Chingalupe*'[35] mythology, as for men, whose ultimate fear of penetration has also been used as part of this nation building ideology. Whilst accepting that these labels may be anglo-academic impositions, and certainly that this emphasis on gender is my choice and may not be how the people I spoke to divide the world (or maybe just not with the same wholeheartedness) these labels do help to explain how the world is divided into male and female. Although sex and sexuality are not open topics of discussion in Mexico, they are used to define many aspects of life.

Gender appropriate behaviour is socially and religiously sanctioned. Middle class women are well educated, have reduced their numbers of children and many have greater access to contraception, but ideology remains little modified. Two national surveys in Mexico (1983) list the qualities men and women think are most desirable in women. Qualifying these for differing class values, the results of these surveys demonstrate that 'traditional values' predominate.[36] Whilst women resist and negotiate, to a certain extent

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[35]Melhuus' shorthand phrase for Malinche/Guadalupe/ Chingar, the heart of gender mythology. (1996)

[36]'Cleanliness,(of the house), intelligence, feminine, hard working, honest, simple" followed by 'discrete, religious, sweet, beautiful, pays attention, chaste and long-suffering'. Following this come values like: sensual and passionate. Male loyalty is considered 'possible and desirable', female betrayal is considered sin and betrayal. (Ponce,Solorzano,Alonso:1991)

there is complicity in their acceptance and perpetuation of certain aspects of gender ideologies. Zoraida Vasquez claims (1982) that there are two value systems, the North American/West and the Latin American/traditional, in negotiation here. For many women it may be economic security that forces them to accept male gender ideologies and behaviour, what Prieur (1998:100) calls a strategy for restoration of dignity from below. What they lack in economic freedom, they may feel they make up in moral superiority, acknowledged by their peers.

The relevance of the dominant male and female gender discourses in Mexico, with all their conflicts and ambiguities, cannot be overstated in relation to sexually transmitted disease. To construct men as not in control of their own sexuality, and women as without sexual desire removes individual responsibility from sexual negotiation. Alternatively, women taking the moral highground by being 'in control' of sexual desire, through fulfilling their obligations by becoming a wife and mother, and stressing female loyalty, without questioning the implicit trust of a long term relationship, re inforces asymmetrical gender discourse. Responsibility in sex, phrased in terms of safe-sex in public health discourse, is the only present key to education and prevention of transmission of the virus. That social mores and peer judgement sometimes modify as women age offers no protection, given the young age at which men and women (everywhere) start having sex, and the overall lack of acceptance and use of barrier contraception amongst young people in Mexico. That women are in constant negotiation with these discourses, and that only being-seen-to-be may in fact be the truth, offers no protection either, because this serves to obscure and mystify sexual matters, to continue the 'shame' of sex, making frank and open discussion difficult. Fear of not belonging, of marginalisation and ostracision makes open rejection and flaunting of convention a difficult proposition for many, yet moral superiority does not protect these women in the face of the reality of sexual practices. The de-mystification of heterosexuality becomes even more pressing when we consider the reality of non-normative sexual

practices in Puebla, discussed in the following chapter.

Chapter Six

6. Gender Discourse: Homosexuality

Normative ideas of sex, gender and sexuality reveal difficulties and inconsistencies in practice. Further contradictions arise in considering ideas associated with non-normative sexuality. These issues are key in a discussion of a virus that is primarily transmitted sexually, and which carries with it the baggage of popular assumptions I have outlined. Without wishing to overemphasise the role of homosexuality in the transmission of HIV in Mexico, historically and popularly homosexuals are seen as one of the key loci of the virus. How men who have sex with men perceive their own place in the discussion, and how those around them, particularly women, understand homosexuality, are therefore essential elements to unravel.

The work cited in the introduction on homosexuality in Latin America provides an insight into 'different' categories and types of homosexual practice, and also outlines the importance of 'bisexual' practices in the epidemic, (much of it, as noted, alluding to a high frequency of male bisexual behaviour without resort to proof, resulting in difficulties of verification). This will be discussed further below. Additionally, I examine the extent to which a gay sub-culture can be said to exist in a provincial city like Puebla, as this can only exist where there is a certain tolerance of the 'homosexual' as an individual. The existence (or not) of a gay sub-culture has implications for the development of non-government organisations to support HIV/AIDS care work.

Outside certain Mexico City and other major urban locations, (Guadalajara, Tijuana) open declarations of homosexuality, or 'gayness' are not easily tolerated. Zapata's *"El Vampiro de la Colonia Roma"* (1979) was the first and remains the only (notorious) novel about gay life in an urban Mexican environment. The literature cited in the introduction on HIV infection in Mexico also constitutes the main body of work on Mexican homosexuality. Much of Carrier's work preceded HIV/AIDS, and has chronicled the

development of a gay rights organisation in Guadalajara, (1995) as well as the emerging HIV/AIDS problem. Lumsden (1991) has studied homosexuality in Mexico City in relation to the State, and O'Murray & Dynes (1987) have produced lexicographies of terms referencing homosexual behaviour and roles. Recent work includes that of Wilson (1995), who endeavored to examine how homosexuality is seen by outsiders in the Yucatan, and Annick Prieur (1996,1998), who has examined transvestite homosexuality in *Ciudad Neza* (Mexico City). Whilst the North American Indian institution of the berdache has been linked to Central and South American Indian peoples (Callender & Kochems:1983) there is little work on cross dressing/transvestitism in urban Mexico, yet it is not uncommon. This subject is more normally treated as a feature of indigenous peoples who retain older cultural traits, in societies such as the Lacandan, and who live at a distance from the globalised urban cultures studied above[1].

6.1 Homosexuality, the Church and State.

Although there is a popular historical idea of the Mixteca people (Aztecs) as tolerant of homosexual practices (Diaz de Castillo:1966), they themselves frowned on them, whilst allowing their conquered tribes to continue their own cultural practices. (Taylor:1987) Homosexuality in late pre-conquest Mexico was already socially stigmatised, a trend which was exacerbated with the arrival of the Spanish.

Tacit state tolerance of homosexuality modified gradually into intolerance over the late medieval period in Europe (Boswell:1986). Boswell argues that the church itself was not intolerant, but rather that the state used its own interpretations of religious dogma to suit its own agenda, in an early modernising project. Catholic thought differentiates grades of sin, from ven al (requiring absolution) to mortal (requiring penitence). A participant's different acts of sodomy are therefore judged according to a scale of wrongfulness,

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[1]The Lacandan, who live in the tropical forest in Chiapas do not distinguish male from female in any form of dress, including hair.

requiring different punishments within a framework of general condemnation (Mosse:1985:26). The theological focus on individual acts rather than identity is supported by those social discourses that construct ideas of manhood along a continuum of less to more, rather than absolutes of good and bad. Homosexuals were not initially the focus of the church/state's attentions, but rather 'usury', normally at the time in the hands of Jews, who became the target of hostilities. Britain and northern Europe (13th Century), and finally Spain (1492) expelled the Jews, Moors and homosexuals in the same year as laying claim to the Americas. This excess of moral fervour and self-righteousness indicates the zeal with which the church/state undertook its new overseas venture.

Octavio Paz fictionalised the arrival of the Spanish in America in his character of *Don Nadie*,[2] in the Labyrinth of Solitude (1961). The *conquistadores* who came to Mexico with Cortes were largely small scale farmers, peasants out to make their fortune, the lure of gold, slaves and land making them risk their lives. These poor, often uneducated and illiterate men wanted to do in the colonies what they could not do in Spain - establish their surname and become nobles. This entailed the building and preservation of a good reputation. Boswell's argument is relevant to this discussion because the Catholic church is an important reference point for moral attitudes and appropriate behaviour in Puebla. It also helps to explain the ambiguity in the relationship between homosexuals and society in provincial Mexico. He outlines that it is not religion which causes fear of homosexuality so much as substantiates it. Homosexuality, in popular discourse, is 'unnatural', a detriment to society, a danger, because it destabilises the 'natural order'. Boswell's study of medieval Europe is based upon the reactions of small-scale societies to homosexuality. Looking at communities where society provided all - health care, wealth, jobs - these social mores and values were of utmost importance, and conformity vital. Similarly, allegations of homosexuality in Victorian Britain could ruin lives -

[2]Mr (more properly Sir) Nobody.

and livelihoods (Weeks:1990). In middle class Puebla society, where one's name is important to the extent that it can guarantee the continuation of a middle-class life through a secure job and a reasonable income, reputation is paramount. Belonging is the utmost goal - belonging in a society where to not belong is to not exist. If one's reputation can be a source of power and agency, (Moore:1994), then one's reputation is crucial. Puebla men who live 'double' lives are well aware of what disclosure may do to themselves and to their families - and the more entrenched the individual in middle class life, the greater the potential for damage. Despite the size of the city, middle class society is very small scale, and the gap between rich and poor great. Boswell distinguishes between kinship and politically based societies. Puebla can be understood as both. Mexicans look to the family first as a safety net, then to the community and finally the welfare state, such as it is.

Since the adoption of the Napoleonic Code in Mexico during the French occupation (1862-1867) homosexuality has officially been not illegal. 'Homosexual' men appear to be tolerated in certain locations in urban areas - gay men and transvestites often work in hairdressers, without meriting much comment[3] . Given the vagaries of the law, however, and the differential accessibility of justice to varying groups and regions, homosexuals are often persecuted and punished by law as if they were practicing illegally. Homosexuals are referred to in a variety of ways: '*homosexual*' or '*volteado*'

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[3]In Puebla certain locations are associated with homosexual activities. These include two discos, two or three bars, a certain public bathhouse, a certain bathroom in the public university, and (discreetly) the Zocalo. For transvestite prostitutes, it is the 6pte - a run-down street in central Puebla, seemingly with the benediction of the city council. There appears to be no overt aggression displayed by the public towards the men who keep to these places, although the police occasionally harass and jail men as they leave the gay disco in Cholula. In the CERESO (*Centro de Readapcion Social*, Puebla's main prison,) transvestites are in charge of doing other inmates laundry.

[4], and '*marica*', '*maricón*', '*mariposa*', all of which carry negative connotations and serve to demarcate men with homosexual practices as 'other'. The word '*puto',* for example, which doesn't technically exist in Spanish, is a play on the word for female prostitute (*puta*), and signifies that the man is sexually degraded. Television shows (for example, *Sabado Gigante),* represent homosexuals in sketches which show them as feminised and laughable, and popular tabloid papers *'Alarma'* or *'Insolito'* tell scandalous tales of homosexual transgressions and murders, accompanied by lurid colour photos. The right wing press is not above using allegations of homosexuality in an attempt to bring down political enemies.[5]

Homosexuality, therefore, is tolerated when not seriously discussed (as in the potential of the extension of political rights to gay communities or groups), and when 'homosexuals' lead 'female' lives, working in beauty parlours, or as ballet dancers, and inhabit separate spaces. Whilst there has been a gay rights movement in Mexico, including protest/pride demonstrations in the capital, and a limited sub-culture of films, literature, plays and performances, equally the press frequently reports human rights violations, and even the murder of gay rights activists.[6] Homosexuality seems to be considered a real threat when the unvoiced tolerance it

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[4] - literally, facing the other (wrong) way. Despite the meaning of this description, this label is generally considered inoffensive, in comparison to others.

[5]The monthly economic/political magazine, Cambio 7, ran this headline in August 1995, "Homosexuals in power have run Mexico off the rails".

[6]La Jornada 17.7.95 Murder of gay man in Monterrey. 16.7.95 AIDS activists in Monterrey complain that local (PAN) government is shutting down gay night spots, in order to 'drive out the low life' ("*Muerto el perro, se acabó la rabia*"- When the dog is dead, the rabies is finished) El Heraldo de Mexico 30.3.97 "War is declared against homosexuals and all other non-Christian delinquents.." (editorial)

receives is questioned, and when individuals appear to wish to challenge the terms upon which they are accepted[7].

Homosexuality is as much despised and feared, and associations with femininity are exaggerated by working class men, who equally live within the framework of judgement of their peers (Carrier:1995; Gutmann:1996; Prieur:1996,1998). Yet as Prieur (1998:) notes, feminine homosexuals and transvestites are commonly accepted as part of cultural (if not economic) life in urban working class Mexico City, which she considers overall is highly sexualised. These studies of working class urban homosexuality emphasise the point that only 'passive', feminised men are degraded - a man who has sex with other men but who is not effeminate is not a homosexual, but a man. Revolving around the symbolism of penetration, as Paz (1961) suggests, an idea linked to the mythology of the nation state, a man only loses his masculine status and becomes stigmatised if he is penetrated. Discretion by masculine 'homosexuals' is therefore essential. There is a notion here then, that male sexuality is open to change, that it can be fluid, indeed that it exists as something apart from gender identity. Prieur (1996:103) notes that even the most detested, feminised transvestite in Ciudad Neza has the potential to penetrate the masculine, active partner, and therein lies their power. Following the idea of the fluidity of (male) sexuality, homosexuality is widely understood as threatening, because of the potential corruption of young men. Homosexuals are seen as 'naturally' promiscuous, (given mens highly sexed nature) and homosexual culture is therefore understood as highly erotic.

In the archdiocese of Puebla, the power and influence of the Catholic

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[7]The PRD,now the majority political party in Mexico City, has made recent moves to broaden homosexual human rights, such as the right to gay marriage. This has been met with an immediate, large scale negative response from the Vatican and Mexican Catholic church, through its bulletin *Nuevo Criteria*, condemning all such possible action.

Church is tangible, and the religious codes that underpin gender discourse for women also forcefully underline the deviancy of homosexuality. But religious disapproval is exacerbated by social stigma. Gossip plays its part. In a city where surname and degree of Spanishness matter, a suggestion of homosexuality would be a scandal to set the tongues wagging over morning coffee in Sanborn's[8] .

6.2 Homosexual Terminology

From outside/ 'other':

homosexual/volteado/maríca/maricón/mariposa/puto/mayate[9]

From inside/self referential:

pasivo/activo/internacional/entendido/joto/hombre/loca reina/gai/transvesti/vestida/chichifo/chacalito/buga[10]

In Mexican Spanish, identification, or labels for different homosexual identities are understood as based on different practices, and demarcated in divisions of active, passive and a newer category, the international. The implication taken from these labels, is that sexual roles (active = penetrator, passive = penetrated, international (modern) = either role) are seen to be closely associated with social roles - the active partner being the 'male', the passive being the feminized partner.[11] (Carrier:1995 ; Murray &

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[8]Sanborns is a chain of upmarket cafes/shops throughout Mexico, catering to the middle classes and tourists.

[9]Although Prieur (1998) finds that *mayate* is not a commonly known word outside homosexual circles in Mexico City, I did find it used by middle class women in Puebla, as a description for a homosexual prostitute.

[10]These are the most common names I heard during fieldwork. There are hundreds of regional variations

[11]Prieur (1996) sees the currency of this division only amongst working class men, claiming that the middle classes tend to hide homosexuality more and thus are less easy to label. I found that

Dynes:1987; Parker 1993: Prieur:1996) Because of this strict division between homosexual roles, the gender dichotomy and hierarchies of the wider social world are not destablised, and homosexuality is contained within cultural standards. A truly 'male' man can have sex with either man or woman, as long as he is the active partner. He does not become a '*homosexual*' until he takes on the performance of female, passive womanhood. Thus active sex with another man does not carry stigma, because one's gendered identity, as male, has not been compromised. Neither does it automatically mean that a man is a 'bisexual'.

The increasing influence of the United States in all aspects of Mexican culture - in film, video, cable television, the internet and greater accessibility of international travel at all levels of society - has brought changes to this schematic division.These influences are reflected in newer labels, often direct importations of English words. (Gai, reina, transvesti). Concurrently, the Mexican gay rights movement has also influenced ideas about homosexuality and self-identification. The category of 'international', meaning a man who plays both active and passive roles in sex, and whose appearance is less feminized, is becoming more commonly discussed. This may, however, be a change only in the middle classes, a result of the more direct and rapid outside influence they experience.[12] 'Homosexual' men in Puebla comment that they are getting more and more used to seeing men who have a 'masculine' appearance, who turn out to be passive in sex.

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men from all classes in the civil association participated in the labelling of others. Perhaps the particular environment (HIV self-help group)as a new space, allowed for more open behaviour amongst middle-class men.

[12]The reason for my confusion in this area is the flexibility of social classes within the gay world: it is one of the few areas of Mexican social life where cross-class fraternisation takes place, and thus it isn't always immediate obvious to the outsider how to label people according to their class. I qualify this again by noting the particular circumstances in which I met many of these men.

There is a highly developed lexicography surrounding gay culture in Mexico, both from outside and within the gay community[13]. *El Ambiente* describes the whole gay 'environment' and those who participate in it are '*entendido*' (understood). Labels within the gay world are of course more specific, reflecting highly stylized ideas of role play and difference. Apart from the active/passive/international divisions discussed above, terms of self-reference include '*joto'* (derisory, like 'fag'), and '*loca'*, (crazy) implying instability or fickleness. This behavior in turn is despised by '*hombres'*, who are men of masculine appearance, (not '*gais''*), who have sex with men (They may also have sexual relationships with women). The differentiation between '*gais*' and *'hombres'* is important, because it revolves around social persona[11]. Other words are more specific: *'mayate*' is used in the gay world to signify a man who has sex with '*gais'* for money (he may also thought to have sex with women for money too), so in English terminology, he is an 'active bisexual male (prostitute)'; *chichifos* (Mexico City label) or *chacalitos* (little jackals - Puebla label) are young, passive male prostitutes - rent boys. Homosexual men refer to heterosexuals as '*buga*'. These are the common labels and categories I encountered in my own discussions. There are many hundreds more labels and names, especially when regional variations are considered.

Another form of reference and labelling within the Mexican gay world, and a product of language, is the tendency to self-refer using the female pronoun: names are changed from masculine to feminine and 'La' is used as a title. Therefore, Memo - the diminutive of Guillermo (William) becomes 'La Mema' amongst friends, and for self-reference. This form of address can be used

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[13]Homosexual labelling often forms the content of *alburres*, or word plays, which are used both inside and outside the gay environment.

[11]'*Gai'*, like '*reina*' (queen) and, *transvesti*, are hispanisisations of English words for homosexual men, reflecting the increasing influence of the US gay world on Mexico.

either to label a suspected homosexual, or to cast aspersions on the manhood of a passer-by and thus include them into the group: in these circumstances it is usually used in a semi spiteful, semi joking way.

Both inside and outside the gay world, there is word play with these labels, and a great deal of slippage and differential interpretation of their meaning[12]. In many ways, they parallel the colonial state obsession with classification of colour and race, and the colonial church's interest in classifying sins of the flesh, and they have the same fundamental function: the belief that the ability to control others, and thus derive power, lies in naming and classifying, and the misbelief that this procedure can induce stasis, that people will continually conform to their particular category.

The English/American reductionist use of the labels 'homosexual', 'heterosexual' and 'bisexual', with their assumed meanings, is therefore much more complicated in the Mexican gay world. '*Heterosexual*' is not a commonly used word in discussion - '*normal*' is the word used. '*Bisexual*' as a label for an identity caused problems; it was generally denied as a possible option.[13]

6.3 Using Terminology (men)

Thinking about 'active/passive' labels for sexual practice and social identity, which homosexual interviewees either confirmed, or at least considered possible, I found myself trying to identify those men who fitted the

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[12]Compiling a list of common labels was initially confusing as each individual gave each label a slight, or sometimes very different meaning.

[13]I asked if a 'bisexual' is a man who has sex with both men and women. I didn't specify an active or passive role for the man in his relationships with other men. This point is highly developed in Mexican gay lexicography, defining a man's social and sexual role.

active/masculine identity, thinking that I had not yet found them. I realised that I already had, but that self-identification is much less obvious, and 'performance' is much more subtle than the passive/feminine/'gay' identity which most of these men represent. As these, 'active', men only displayed out behaviour when together at the self-help group, or socially at parties or in the discos, it was quite hard to detect men who considered themselves 'men' (*hombres*), as 'masculine' stances and behaviour were the norm from all men interviewed, in day-to-day non-open social situations. To a large extent, men who consider themselves *hombres* rather than *gai* also tended to limit their contact with the gay social environment in Puebla that I frequented.

Many (male) interviewees stated that they had had sexual relationships with married men, but it was harder to find married men willing to talk about this. Three of my interviewees were married men who also had sex with other men. Alfonso, whose wife knows about his other life, Adolfo, whose wife does not know, and Roman, who is no longer with his wife, but who practiced as a transvestite prostitute whilst married, without his wife's knowledge.

JJ, 28, a farmer's son from a small village in Hidalgo, angrily rejected the label *'joto*', and said:

> "I am not a '*joto'*. I am a man"

when I first starting talking to him. When he spoke of his lover Feliciano, who had died in April 1995 of an AIDS related illness, he revealed that Feliciano referred to him (JJ) as '*papito*', suggesting that JJ was the '*hombre*' in the relationship.

From his own description of his childhood experiences, JJ fought his sexuality for many years, rejecting it, and turning to the church for emotional support. His first sexual experience in Mexico City with a man who picked him up on the metro was a great surprise to him:

> "..... I was really surprised by that man - he was a man and not a queer (*una loca*), which is not what they said in my village. He was really masculine".

JJ said that all the time he was having sex with that first man, he spoke of his girlfriends and prostitutes (female) he had had sex with. He felt a constant need to prove his masculinity by lying about women, thinking that, even though he was actually having sex with a man, he would not be thought of as a homosexual. This denial has followed him throughout his sexual life and experience, as he faced a constant battle between a wish to 'give up' being homosexual, and his desire to have sex with other men. Being homosexual, to JJ, was something that implied somehow being or becoming feminine. He described how he felt as he got more involved in the Mexico City gay scene:

> "At that time, in Mexico city, I had become aware of a whole gay world, for example, the gay discos in Ciudad Neza. I saw transvestites and at first they fooled me completely. I thought they were the logical conclusion of what I would become. The stereotypical image of a gay men is as a transvestite. I really hate that. I think you should be honest, but discreet"

I met Adolfo at a party at a friend's house. My friend was aware of the subject of my investigation, and pushed me forward to meet Adolfo, because, he said, he lives a double life. During our initial conversation I thought I had made a mistake, and so didn't start a discussion about homosexuality. I had decided not to mention it when he said to me 'you can ask me about homosexuality, if you like'. I asked what he wanted to say, and he said 'I am homosexual'.

Adolfo also rejected all notions of femininity being assigned to his character simply because he has sex with other men. Describing himself, he used and repeated the words, 'masculine', 'virile', 'a man'. He didn't

offer me an explanation of what 'masculine' is, but his explanations were based on a physical/biological understanding of the differences between men and women, rather than an ascription of social 'identities' to each sex[14], and the idea that the main difference between men and women is a man's physical strength, which should be used to protect and provide for a family. He said, for example, that washing dishes did not in any way threaten his masculinity, or make him less of a man - a source of conflict with his Mexican mother-in-law, who seemed to think otherwise.

Adolfo also repressed his sexual desires for sex with other men for a long time, finally getting involved with a man when he was sent from Cuba to East Germany to study an industrial chemical course. He married a Mexican woman in order to be able to leave Cuba, and has never revealed his homosexual practices to her. Despite intolerance in Cuba to the church, he was brought up a Catholic, and although he says that homosexuality is just another sin, feels too ashamed to confess to a priest.

> "I don't think gay men are either active or passive. I think men share more than that. I don't really know, as I don't think I have enough experience of it. I can't stand feminine men, men who are camp. Feminine gestures in a man are horrible. A man is a man - virile. A man has to be masculine. You don't have to have a gay identity, you should just be yourself. There is no need to act in a special way. My partner has to be a man. What happens in bed is another matter, publicly he has to be a man. I don't, for example, consider myself gay, not because of what other people might say or do, but because of how I feel - I am a man. ."

Although he says he doesn't worry about what other people say or think of him, he has only told his mother that he is homosexual. His wife and

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[14]He referred to women as being physically smaller and more delicate than men, i.e. he said that women's hands are smaller. This didn't actually work between us because my hands were somewhat larger than his, but he continued to re-iterate this point.

her family don't know, and he has no plans to tell them. Ostensibly he denies fear of being labelled, but in reality he knows what accepting a homosexual label will do, both to himself and to his wife and her family.

Alfonso, 34, totally denied any auto-definition of homosexuality. When I asked him if he was perhaps 'bisexual', he almost agreed. Teresa, his wife, is much more open about his homosexual life, including when speaking in front of him.

> "We got married because we love each other. She knew all about me for ages. I think it's quite common, married men going with other men, but I don't think it's normal that their wife accepts it, or even knows about it. People here in Puebla are so straight, but you see those same people living it up in Mexico city, with other women. It's like knowing two completely different individuals. I think our families suspect about our relationship, but they don't say anything, they have never asked. I think they try not to imagine. We both come from very traditional Puebla families - there are 11 children in my family."

These men have emphasised their own interpretation of masculinity over and above a gay identity during the process of coming to terms and living with their homosexual practices. These difficulties, of the need and ability to come out might be superseded or increased by coming to terms with an HIV positive diagnosis. For some people, now there are two earth shattering pieces of news for the family to deal with. Javier, who is 23, has spent the last 18 months trying to come to terms with being HIV positive, and had only just made the decision to tell his family that he is gay. He sees this as preparation for the more shocking news that he is HIV positive. Again from a small village, in the state of Puebla, he was sexually abused as a child (this is the reason he gives for being gay) and spent his teenage years in conflict with himself about his sexuality, and fighting at school "because of the way I am". At 23, he appears to have come to terms with 'coming out' much faster than perhaps if he had not been infected with HIV.

> "Society makes it difficult to be openly gay here. I think it's important to be close to someone, to show affection in public. What does it matter what people say? It is important to be honest, though, and that is why I told my family. Their opinion is the most important thing."

The working class and/or rural experiences of Javier, Alfonso and JJ, are echoed in the stories of gay men from the Puebla middle class, who also recall difficult childhood experiences of growing up and realising they are gay. Whilst all, at young ages, have experimented sexually in their immediate social environment (at school for example), all too have rejected telling their families, especially their fathers, because of the fear of hurting them.

Enrique is the only son of a very prestigious Puebla family. His uncle was an important local politician, and his family also has high-up connections in the Church. His father is a well-known local figure who is greeted by many friends in the street. As he says, his family is very conscious of the "*que dirán*" (what they will say..) and his father has made comments on the lines of "guess who turned out to be gay?" so Enrique has decided not to tell him.

> "I am gay - well, I did a psychological profile study at home and it said I was bisexual with a preference for men. I have never had sex with a woman, although I have been out with a few. I didn't realise about myself as a child, but during my adolescence I began to realise and then I knew. I told my mother and it was awful. She reacted very violently. She says I am going through a stage and I will change. It hurt me very much. My mother said that everything bad was going to happen to me, people are going to bother me in all aspects of my life, that I will be persecuted, made fun of, rejected. She used phrases from the 19th century. It's almost that she believes I am going to receive some sort of divine punishment, that I am going to die of AIDS.
>
> You are brought up to believe that homosexuality is satanic. At (Catholic) school, homosexuality was never mentioned, other than once as a sexual deviation. I even saw a book that talked of

homosexuality as a pathology, something unimportant.

I have no experience that some men are 100% active and others completely passive. You can't really tell from their appearance what someone will be like in bed. Some things are reflected in their personality, but it's just a stereotype that a man who is more passive is more feminine in appearance and actions. Even a transvestite can be active in bed. I have met '*galanes*[15]', the most macho you can imagine, who have turned out to be another thing in bed. In terms of role play, it's very traditional here. Partners usually form in the male/female roles, the 'woman' in the house, the 'man' going out to work. But I also know couples who are more modern - both cook, both work and do the housework. I haven't thought if it's the influence of the US on the gay world here or not. If I think about it, it's more to do with education. The men most likely to share responsibilities are university educated, the more traditional ones are not.

There is no point in telling my father that I am gay, but I don't hide it, I go out to eat, to the cinema with my partner. I have gradually become more open in my behaviour, and many of my family realise, although they don't actually discuss it. I wouldn't marry to please him, no, although I suspect my father will put a clause in his will in order for me to inherit, like in a soap opera! I have seen announcements in the *Sol de Puebla,* wedding announcements of people I have had sex with - it makes me laugh. Some men I have met have private apartments and they say - please, we have to be discreet. On three or four occasions I have picked up a married man. It's a cultural question, a question of private interests. There are many homosexual men who marry girls from rich families. There was the case of a Lebanese family, very rich. The son got married but the marriage had to be annulled because it turned out he was gay - they had to get permission from the Pope - it was a big scandal."

Another interviewee, known as La China Poblana - a word play on his Chinese ancestry and a famous figure in Puebla history/mythology, tells a similar story. He is 26, a graphic artist. His love of travel and interest in foreigners have led him to answer the small ads placed by wealthy Americans in the Mexican gay press, and he has been twice on all-expenses-paid trips.

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[15]Gentlemen. The hero in a fairy story is referred to as a '*galan*'

> "My mother knows I am gay, but I have never discussed it with my father, although I suspect he knows. It would hurt too much to talk to him about it. There is no real reason for a discussion about it. My brothers and sisters also know - they have made back-handed comments, but again, we have never talked about it.
>
> I think a lot of what goes on in the gay world in Mexico can be classified as active/passive. I think Mexican gays try to reproduce what they see in the '*buga*' world - heterosexual coupledom. There are some 'internationals' who are more ambiguous, playing both roles, but the norm is that, in a gay relationship in Mexico, one will be the wife and the other the husband. Maybe it's changing a bit now - and that's probably the influence of the US. Here everyone is looking for the perfect partner. In the US there is more sexual freedom. Here everyone is looking for Mr Right. There, they are looking for Mr Right Now!"[16]

Most eloquent and informed about being gay in Mexico compared to that experience in the US, was Joan, aged 42. He had been brought up between San Francisco and Puebla after his parents divorced, and his story reflects aspects of Puebla life as well as a more global gay/AIDS experience. A larger section of his interviews follows.

> "By the time I was 12 I had realised I was gay. I had my first sexual experience - voluntarily - at the age of 14.... If I think about it, I know I was gay in the kindergarten, that my tastes were already defined by that age. My father took me to psychiatrists in Mexico and in the US - they generally told him that my only problem was him, and that there was nothing wrong with me. In Mexico I went to those doctors for a year and a half. I think they liked to take money for nothing.
>
> I never recall having traumas with my sexuality. Of course there was teasing at school - as much in the US as here and names were called, but I was never raped or forced to have sex, I had sex when I wanted to. I think my mother was always aware of my sexuality, but my father wanted to try to change me. I think I was noticeably feminine during school years. It was probably an easier experience in the US - although prejudice and racism exist there,

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[16]This conversation took place mostly in English, which is why some of the phrases appear so neat.

> people are more prepared to accept you. In Mexico, people are afraid of homosexuality, they deny it, but still practice it a lot - I think 70% of the male population is bisexual in Latin America. Amongst women I think it is common too, but it is easier for them to hide. I think most gay bashing is done by closeted gays. The bathhouses are full here - people touch your bum on the bus all the time.
> There is a cartoon image of gays here - they act like females. I think the gay community is wrong here. We have all pretended to be females, but now it's changing, now we don't try, all of us, to be so feminine. The gay world is very big here, but very hidden. Gay men here are not open in society. People who work in banks, in offices, are afraid to be open. I think self-identification, saying "I am gay" is necessary for ones self. Of course the sexual act is private, but it's a question of self-respect. Also, you feel better if you are with your own kind....you can be natural, what you are, have an open attitude. Bisexuality exists everywhere, but it's less natural in other countries.
>
> I think it's true that gay men are divided into active and passive. A passive man has sex with other men, while an active gay man can have sex with a woman too.... I am active and passive - I enjoy being passive.
> In Latin America we are all a lot more feminine - all looking for the macho, the husband, to fuck us and order us about. Gays don't like each other in Latin America. In the US we stick together a lot more. There is a distinctly feminine side to gays here - we play it up. In America we look for a stereotype gay male - here we look for a macho.... Maybe we aren't looking for the macho type so much now - maybe we realise the macho exists inside all of us. Maybe now we don't all want to be women - perhaps this follows changes in the wider world too."

Joan's comments raise the issue of why gay men perpetuate role separation modelled on that of the heterosexual world. Men who assume the 'male' role do not jeopardise their status as men, whilst for those who live as passive, feminised men, the answer is a little more difficult. Adopting a totally female performance, including dress, may satisfy inner feelings about correct gender. Becoming 'female' may also afford protection is a hostile environment. For those who do not dress as women, yet who live as the female half of a couple, there may equally be a form of protection in the form of economic security. Joan's comments

reflect the importance of the model of the family and household for gay relationships in provincial Mexico, and that homosexual relationships have been modelled along heterosexual lines.

Ismael, from a working class family, is a week-end transvestite. Twenty years younger than Joan, and with no experience of life outside Puebla, he expressed an opposing view to that of Joan. During the course of our acquaintance he gave up a good office job in an investment brokerage to start his own business, principally because he had decided he couldn't carry on a straight persona in the workplace, which he felt was a necessary part of working there. He had come out to his family, even to his father, who he considers a real 'macho', but had only told one of his sisters about his transvestite work.

As a part-time transvestite who has made some physical alterations to his body because of his work in transvestite shows, he has had more opportunity than most to examine different categories and labels from the inside and outside, both as a gay man, and as a female impersonator.

> "My boss never suspected me at work, although all the secretaries knew and on Monday mornings we discussed my weekend adventures. But I had to leave, to just be me. Have some freedom, live more openly as *'una loca'*, run around, chat to friends, do whatever I wanted to do, all the things I couldn't do in that job. People in the world of money are very straight, and still very traumatised about gays. Because of my respect for that world - business - I tried to wear a mask, not so that I could be like them, pretend I was something like them, because they don't like that, but just to be able to work there. There are gay men in those businesses, but they are very repressed. They are hidden."

He went to work dressed as a man, but because his hair is fairly long and straight, and because he has altered the shape of his buttocks with hormone injections, so that they are fuller and more female-looking, he looks very ambiguous in the double-breasted suits that are the standard outfit for Puebla business men. Dressed as a woman he looked

absolutely stunning, and hardly recognisable as male.

Ismael considers gays to be completely different from men who have sex with men. He equates gays with passivity in sex, and looks for a slightly more masculine man to play the active role in sex with him.

> "Gays, we are just men in our bodies, but we are very different from 'men' in our desires, in our idea of sexual attraction. If a man has sex with another man, yes, I suppose he is a homosexual - but maybe not, maybe he becomes a bisexual. If he has more and more sex with men, then he becomes more and more homosexual, even though he might have a manly appearance".

Roman too, used to be a transvestite. He practiced prostitution on the 6pte, until some time after he was diagnosed HIV positive. He was married and has four children, but separated from his wife 10 years ago. He has been unable to contact his wife since his HIV diagnosis. He worked as a prostitute because he had had very little formal schooling, and knew no other way to support his family.

> "I was married. My psychological profile says I am bisexual, and yes, I like women, but I have a stronger inclination for men. My wife always knew I had bisexual tendencies. I did have sex with men whilst we were together but I kept that part of my life separate, she never knew while it was going on. I think this sort of thing is common: when I worked in a video bar in Laredo, Texas, I used to see all types of men come in - there were Mexicans and gringos - it goes on everywhere. But it's very common, here in Puebla, that married men have their lovers without their wife's knowing about it. They hide it because here it's very '*machista*' - there are many people who like to keep certain things taboo, to do things without their family knowing. I was one of those myself. I kept one part of my life well hidden from the rest of it. There is a gay world here. There are parties and meetings, different social circles, but it's very closed, very hidden. Being gay is still not accepted here.
>
> As a transvestite prostitute you have more economic opportunities selling sex. I don't know why so many men like to have sex with other men who are dressed as women. I think a lot of men have really big problems. I frequently had clients who wanted to dress up in my wig, or tights, or shoes, or dress. There was something

> hidden inside of them. I never considered changing my sex, though. It was always just a job, so that I could give my kids an opportunity in life. I considered prosthetics, but ultimately the children were more important."

Driving some friends to the funeral of one of the group in San Martin Texmelucan, Roman asked me whether I wouldn't be in trouble with my husband for being out, '*en la calle*" too much time. His concern appeared genuine. Roman's normal behaviour in group company was the most outrageous camp - a typical outfit used by Roman to meetings included a fake fur coat, slippers, rollers in his hair and usually some make up. As we drove away from the cemetery he blew kisses and called names to young boys in the street. There was apparently however a clear division in his mind between his status as a man, and mine as a woman. His own acceptance and perpetuation of the division between sex/gender and sexuality demonstrate the power of prevailing gender discourse and the ease with which he has hidden his other life from his family.

These men who have sex with men, and who could all be described in biomedical/pathological terminology as 'homosexual' use many different forms of self-identification, and labelling for other men. Their self-identification reflects not only their class values, but other life experiences including foreign travel, and contact with other gay men, as well as their own perceptions about sexual roles and acts, and their own inner identities. The confusion we experienced in trying to pin down the 'correct' labels for themselves and for other men follows from the multiple meanings and interpretations available within Mexican gay lexicography. US/global labels used straightforwardly in HIV/AIDS discourse, without consideration of their multiple meanings, may be understood in very different ways to their original intention. Male understandings and use of terminology need to be compared with the understandings women have, in order to examine how non-normal sexualities are absorbed into the household and family.

6.4 Understanding Homosexuality (women)

During my fieldwork, a film came out in Puebla called "To Wong Fu, Thanks for Everything...." concerning three transvestites who cross America to compete in a beauty show in Los Angeles. At the cinema I ran into friends who made comments about the film - 'strange,[17]' 'weird' - but also spoke of the transvestites in the film in ways which began to attract my attention. What became evident from their comments was that homosexuality and transvestitism were considered to be one and the same thing, and that both were considered with disgust. Discussion of homosexuality with women of different backgrounds tended to produce the same sorts of comments.

> **Sylvia:** "I don't know much about homosexuality. I have seen them in town on the 6 poniente."
>
> **Me:** "How do you know they are homosexuals?"
>
> **Sylvia**: "Because when they talk they have men's voices, and they have the slim hips of a man."
>
> **Me:** "Oh, you mean they are dressed as women?"
>
> **Sylvia:** "Yes."

> "Homosexuality? Well, it's difficult to know if it's natural or not. I don't know - some of them are so female, they even operate themselves, almost as if they reject the sex they were born with. I think it's natural, it's from birth. Some of them,they are degenerate. But I don't think they are guilty for it (*tienen la culpa*)
>
> A masculine homosexual? I have never thought about it. I suppose it is possible, but I think gays are only those who dress and act like females. I think so. But then, there are those '*artistas*' like Rock Hudson, who are surrounded by beautiful women, from the nature of the work they do, and they get bored of women and look for something else, some new experience... and that lead singer of *Cafe Tacuba*, with the long hair, he is '*un loco*'." (Lucia)

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[17]"*raro*" was one of the words used, meaning odd or strange.

Amongst lower income women, homosexuality was spoken of in terms of derogatory labels (*maricon, puto)*, or in most cases, not commented on at all: some women (Emilia, MariLuisa) claimed not to know what I was talking about.

> Lourdes "I know a *maricon* - I have a photo of him. They get on my nerves"
>
> Dominga:"I think as men they have less troubles with their feelings - they are less emotionally repressed. My younger son Pablo lives above a hairdresser's in Mexico City. David says his brother is having relations with the gay (hairdresser), but Pablo says he isn't and they fight about it. When David has a fight with his wife, Pablo says he is fighting with his '*puta*' and when Pablo fights with the hairdresser, we say he is fighting with his *'puto*' (Laughter).
>
> Really gay men are not one thing or another, and they are very coquette. Real women are not like that, with all their mincing."
>
> Cristina:"My cousin Pablo wanted to get married - his girlfriend was pregnant. Her father said my brother was gay and stopped the wedding and made the girl have an abortion. I don't mind if someone is gay - it's not their fault if they are that way. My cousin lives with a '*maricon*', but he is not a homosexual."

The above family were always very frank with me and treated me as a family friend. They spoke of their own sexuality and sexual experiences openly, so I have no reason to mistrust what they told me - indeed, as Dominga's sons live in Mexico City and I rarely met them, there was no need for them to mention that Pablo lived with a 'gay man' - indeed it took 6 months for this story to emerge. It demonstrates the differentiation people make between 'gais' and 'hombres'.

This understanding of homosexuality and female dress as being directly connected, was not openly expressed by middle class women:

> "Homosexuality is wrong, it's very ugly. I think it's genetic. Lesbianism is even more shocking - they can appear very feminine, as if they were normal. I think I have heard about bisexuals, but I don't know if it's really possible" (Maria)

> "Homosexuality seems to be getting more common - or maybe it's becoming more open. If your body asks that of you, then there is nothing you can do about it, but it is a sin. However, if you try to lead a normal life, you will only damage other people around you. For them it's natural - although it's not natural. I wouldn't do it, but then, it's not my inclination. Bisexuality is not possible. Really, these things revolt me - they disgust me - it's a degeneration of the mind." (Maru)

These are the two women who nursed a friend, Jorge, who died of an AIDS related illness in 1994. They also spent a lot of their social life with a fairly large group of single, gay men. I found their above comments really bewildering in light of their behaviour and couldn't believe they really didn't know about our mutual, quite open, friends. However, our common friends were men with 'masculine' appearances and personas, and therefore it is possible, in light of the common association of homosexuality with effeminacy, that the connection was never made.

Other middle class women appear more tolerant on the subject of homosexuality, but again, always see it as something removed from their experience, and as a deviation, or an illness, and often as a sin.

> "I don't mind gay men at all, in fact I get on really well with them. When I worked in a restaurant once I had a good friend who was gay. It's like having a really good girlfriend, only they don't get so worried when you tell them really intimate things, and also they are not so gossipy. I don't like those men who become homosexual for the money (mayates) - if a boy is born that way - sick - then it is in his hormones that he is more woman than man. They should have the right to demonstrate what they are. My husband can't stand them - he calls them maricas, or mariposas.

> One day we were watching *Cristina*[18] and a man said 'the man who hates homosexuals is a homosexual' He got very upset and said, 'so I am a homosexual now!' Effeminate men can like women sexually. Maybe they grew up with lots of girls, and they are used to being surrounded by them. A macho can be a gay - they are the worst. Once I met a man who was married to a lesbian. People like that are depraved, they've tried everything, even sex with children" (Elena)

> "Homosexuality is a natural thing, but some men are born that way, and some become that way in their lifetime. I think there are studies to show that it's something hormonal. I don't like those men who 'bother' young boys, and get involved with them. (*se meten con ellos*). A gay should be with other gays. Parents should make sure their children know about these things, take care of them, during these difficult times. I think lesbianism is less common, or I mean, it's not so easy to detect. I have never had contact with those sorts of women. There is definitely a type of man who is homosexual - you can identify them in the street, and you think right away - that man is gay. I don't have any experience of people being bisexual personally, but I have read about it. Apparently there are many men who are. I know one man who might be - he is very delicate, very interested in detail. He is married with children, but always surrounded by little homosexual type boys". (Gina)

There is a common view that while some men are born homosexual, others become so because older men 'get involved' with them. This point of view is reflected in the saying "*se nace o se hace*", meaning one is born that way, or one is made (changed to be) that way. Again, the idea that a man is homosexual only if he is visibly feminine, and the idea that a man who in any way contravenes male stereotypes - by being delicate, or somehow interested in non-manly things, is of suspect sexuality, is repeated here.

Dolores, who is 42, is married to a rich Puebla industrialist. She has two

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[18]Cristina is a daily chat show in Spanish, filmed in Miami and broadcast to all of Latin America. It is extremely popular, a Spanish equivalent of Oprah. Topics discussed are fairly frank, frequently about sex.

grown up daughters and one grandchild. Her husband was kidnapped and held to ransom during our acquaintance, which ended our conversations.

> "I think bisexuality, homosexuality and lesbianism, and these are theories I have read or heard, are the result of excessive sexual experimentation. I don't mean it's like alcohol, that you get addicted, I mean it's more a series of things that happen to you - and not just sexual. For example, a dominant and excessively religious mother might change you. But one should be open and not judgmental. I don't think I am prejudiced, I don't mind gay men - who knows what really goes on in our heads? I don't think, however, that two men should raise a child, or get married. It's not the proper way for a child to grow up. It could be natural, it could be that some people are just born that way. It is a sin, but it's not a huge sin. Treating a child badly is a huge sin. Sexual sins are always seen as the worst, when really starving children is a huge sin. Homosexuality is not a satanic sin."

Amongst my neighbours, a group of women of a lower education and income level than the women above, homosexuality was a more difficult topic to discuss.

> " I really feel sadness for homosexuals. I haven't had much contact with them, but when I worked at the bank there was one there, and his friends used to turn up to visit him. I think people can really do what they want with their lives. Some homosexuals are just sick, and some just get involved in it. Once we went with that poor man (*el pobrecito*) at the bank to the homosexual disco in Cholula - we all went on a night out from the bank. It was really impressive to see all those men together, but what was really shocking was to see two women together. It makes me sick. I don't know about married men with other men. I suppose that goes on, but I have never suspected my friends or looked at them in that way. I can't imagine it happens really - I don't think it can be very common" (Alejandra)

> "Homosexuality is an illness, it's congenital. A family will normally reject a son who is not quite right, but that is unfair - they can't help themselves, it's not their fault. We should help them. Bisexuality is not an illness, it is a degeneration. I think there are men who have so many women, so much sex, that they begin to try anything. In lesbians it's the same thing. I know one young girl

> who had so many boyfriends, who experimented so much that she is a lesbian now. She has gone off men. Some gay men hide their illness, and have children. I know of cases." (Luci)

These women therefore connect homosexuality with femininity, sexual degeneration, illness, sin, and 'otherness'. It is not a topic any of the women talked of with ease, except for the sisters Dominga and Lourdes, who joked about it, even in the context of their own family experiences. There was little stated acceptance of the possibility that masculinity and homosexuality might co-exist in one individual. Lesbianism - not concentrated on in the interviewing - was commented on even less, but when it was, it appeared to be considered even more depraved than homosexuality. Whereas homosexuality is often considered 'natural', i.e. congenital, bisexuality is not. Bisexuality is seen as the result of excess sexual experimentation, and a pure degradation.

In light of how homosexuality is presented in and by popular culture in Mexico, it is not surprising to find these attitudes easily expressed, especially as these conversations usually took place in family homes, and in the context of discussions about men, women and family life. Women who were tolerant and open to 'different' ideas on the subject of women's responsibilities, expressed intolerance of homosexuals, mostly through their understanding of the possibility that homosexuals 'influence' young men and boys to become homosexuals. There was also often a combination of contradictory beliefs held in conjunction, i.e., that homosexuality is an illness, that it is also something 'natural' or essential, but that it is also possible to become homosexual, revealing that this deviancy is also somehow contagious.

However, homosexual Mexican men do sometimes become accepted, or get re-accepted into their families. Some of my male interviewees had re-negotiated membership within their families after coming out. Perhaps these women's' expressed views only capture at a superficial

level how homosexuality is perceived, reflecting normative ideas and the important representational element of gender discourse. They also perhaps reflect how homosexuality is tolerated and absorbed into the principle Mexican social structure, the family, by demonstrating the silence which surrounds the subject in the family sphere, and the removal of its discussion, other than as a joke, (*alburre*), from the family (see Carrier:1978). Importantly, these men were largely re-accepted into their families as sons, and rarely as husbands.

6.5 Problems with labels: 'Bisexuality'

The beliefs about homosexuality expressed by these men and women represent a combination of interpretations. In these conversations, however, I understood bisexual practice to be a considerably suppressed category. Herdt & Boxer (1995) delineate four[19] ways of understanding bisexuality, and argue that the most recent, useful and least frequently discussed is cultural bisexuality. Arguing that identity is constituted of both cultural construction and ideas of internal self, they stress that bisexuality must be understood as part of collective rather than purely individual meanings. The uptake, negotiation with and acceptance or rejection of varied homosexual identities in Puebla demonstrate that this is clearly the case.

Bisexual activity is argued to be the linchpin for transmission of HIV from men who have sex with men to women. As the previous discussion has shown, care must be taken to differentiate between bisexual identities and bisexual behaviours (Aggleton:1996:1). In the Latin American context, the idea that there is a large bisexual practicing population is often used in literature about HIV in a vague way, with little referencing or interview material. This reflects the problems discussed in the introduction of researching an intimate topic, but great care is also

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[19]'Biological' (innate), Psychological, Behavioural and Cultural. (1995:70)

needed to avoid assigning exotic sexual practices to Latins as part of the on-going racist/sexist discourse of otherness that has also helped to underpin, as Gutmann argues, the idea that Mexican men are 'machos'. (Gutmann:1996) Examples of this practice in the literature are given below (Carrier:1995[20];Rapkin & Erickson:1990;[21] Valdespino Gomez et al:1992[22]) An interesting example of where these ideas of otherness provide contradictions in evidence, the only study that provides statistical evidence of bisexual practice in Mexico (Izazola Licea:1991) finds a much lower percentage of men admitting to bisexual practices than Kinsey found for the US[23], (Kinsey:48% reporting bisexual practices, Izazola Licea:2.5%, Mexico city study only).

Bearing the difficulties in examining the processes of self-identification

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[20]"..as far as I know, no one has made a detailed study of Mexican male bisexuality anywhere in Mexico.[..]In my judgement, at any given point in time the largest portion of the bisexually behaving subset of Mexican men who have sex with men... are probably single men at the peak of their sexual needs.."(1995:199)

[21]"same sex activity has been estimated to be more common among minority (hispanic) than non-minority men." (1990:898) References given in text, USA study.

[22]"It is known that nearly half homosexual men in Mexico also have heterosexual practices. Although there are no studies of the prevalence of male bisexuality it is estimated to be more frequent here than in countries like the United States, which is a factor in the greater heterosexual transmission of HIV in Mexico" (1992:34) No references or statistics given.

[23]The dates of the two studies (1987-88) cf. 1948(Kinsey) account for sociological differences in definition of bisexuality and the acceptability of acknowledging certain sexual practices, and the sample sizes are vastly different. Whilst not really comparable, the two studies do provide an interesting example of constructions of 'other' sexualities: Latin, exotic sexuality vs. U.S. liberal promiscuity.

as 'bisexual' in Mexico in mind, the previous discussion about homosexuality also makes it obvious that there might be other reasons why Izazola Licea's study produced such low results. Similar to female sexuality, this is a territory where silence reigns. There are reasons why bisexual practices might be more prevalent. In a social world in which men and women live largely in separate spaces, there is difficulty of access to the other sex, whilst there is plenty of opportunity for same sex access. This is a simplistic argument however, that acknowledges neither desire nor love. Perhaps more pertinently, the strict gender hierarchy that until very recently has been maintained and monitored within and by the gay world has made it easy for men who have sex with men and with women to conceal their activities. By assuming a masculine identity, not developing a personal 'identity' narrative, and living beyond words, the bisexually behaving male remains invisible.

Bisexuality is a difficult subject for these women to discuss. It is spoken of by women as a degradation, an impossibility, and most importantly as threatening. When women speak of homosexuals as 'naturally' that way, or 'sick', they reference an essentialist notion of gender and the body (albeit the wrong gender marking the wrong body). This fits well with the strict gender division they experience in other areas of life. When they talk of men 'influencing' boys, this opens up an element of choice on the part of the individual, and admits to the possibility of change. This change is far greater than the limited and limiting spaces for change they experience in their own gender discourses, and destablises the institutions (family, society) they themselves help to maintain.

Bisexuality appears to be a problem for men who have sex with men to discuss as well. There are many reasons for this. Most of the men I spoke to had gone some way to a (sometimes limited) exploration of a gay identity. Their work with the self-help group or other contact with the gay world/HIV epidemic means that to an extent some have become

politicised. Rejecting bisexuality as a possibility may be a political gesture towards increasing the acceptance of a homosexual identity. For some who claim the label 'bisexual' (Enrique, Javier and Roman, both sanctified/excused by medicine/psychology) it may indeed be a way to hide. Enrique and Javier have never had sex with a woman. But it may be that, in addition to an essentialist idea of their own 'natural' sexuality, they retain an essentialist idea of their 'natural' gender, recognising their own social and economic value as men. In a sharply dichotomised social world, the opening up of 'gay identities' indicates a new, limited acceptance of sexuality as a concept, and as not essentially fixed to gender, but at the same time, a certain rigidity in gender thinking persists.

The implications of this for discussion of HIV infection in the context of the family are manifold: male same sex practice is removed and undiscussed. It may tacitly be acknowledged to be there, but if a husband has sexual relations with other men, rarely will it be discussed. This implies complicity, to a certain extent, on the part of female members of the family, and some men are convinced that this is how it works. With the space men have in Puebla to live a single life "*en la calle*", both before and after marriage, leading a double life (with other women) is known, and to an extent tolerated. The locations for same-sex activities in Puebla, and in many other Mexican cities, are highly visible. The *zocalo*, the central space of southern Mexican cities, is a common place for homosexual encounters. This places homosexual activity very firmly into the realm of the public, and affirms the public space as male. It is unspoken, yet highly visible, if you know what you are looking for, if you are *entendido*. But not all women do know and understand. As Adolfo said of his wife: "Why should she suspect me of having sex with other men? She knows nothing of that world."

This discussion has gone some way to clarify the inadequacy of the

categories homosexual, bisexual and heterosexual in HIV/AIDS discourse, in places where these categories are not the norm. However, thinking in terms of active/passive/international does not broaden our understanding very much either. They are to a certain extent a different set of labels that assign assumed, static sexualities to gender categories, and as such are inadequate for a deeper understanding of human sexuality. They do, however, make it more clear that even 'deviant' sexualities are structured along well-worn traditional lines, and that they re-inforce dominant gender categories. Whilst Butler (1990) argues that limited gender categories make subversive identities almost limitless, subversive categories also re-inforce the normative categories they are trying to escape.

6.6 Summary

Role play in the Mexican gay world is very highly developed, accounting for the richness of the lexicography. The terms 'active/passive' and 'international' have common currency amongst gay Puebla men. The passive label is classically assigned to feminised men, and working class men like Ismael see a direct connection between social persona and sexual role. Ismael considers himself incapable of being active in sex - and considers 'gay's as women in male bodies, seeing a clear division between '*gais'* and *'hombres*'. He could not explain clearly to me why a '*hombre*' who has sex with other men is not a 'homosexual'. Women too, who do not have any common contact with the gay world, tend to think of homosexuals as being feminised men or transvestites. The idea of a *macho* homosexual - a masculine, gay man was not generally entertained. Style of dress, form of comportment and role play in the sexual act appear to be understood as more indicative markers of gender, than anatomy/ physical sex.

Confusion is expressed, however, amongst many men, about whether the labels adequately match the realities, and very few of the men I

interviewed find a simple match between sexual preferences and social identities. Middle class men like Enrique and Joan are more likely to reject the notion that passivity in sex is complemented by a feminized social persona. As Joan commented, in Mexico, homosexual men have played up the feminine side, and looked for a macho to order them about. They are now beginning to realise the macho is in all of them. Ruben, from a working class background, having initially claimed that the two were linked, changed his mind during the course of our friendship, when he made a personal transition from '*pasivo*' to '*activo*'.

Many women also expressed ideas reflecting the possibility that male sexuality is fluid, in the idea that one can become a homosexual as well as be born one. Working class women who admitted to knowing something about homosexuality were more vivid in their disgust of it - they felt insulted that a man should think his parody of a women (for this was how it was expressed) should somehow approach a real woman's likeness. In this economic group, the most obvious and overt links between homosexuals and transvestites were made. Most interesting in this context is that whilst homosexuality is acknowledged, (whether as depravity or illness, but always associated with femininity), lesbianism, when commented upon, is considered possible and *most* shocking, but bisexuality is rarely considered a possibility by those outside the 'gay' environment. Many homosexual men also deny that bisexuality is possible. Those men who do self-identify as bisexual (Ramon, Enrique, Adolfo, Javier) express a sexual preference for men. The idea of an individual 'bisexual' in Mexico, appears to be problematic from both outside and inside the gay environment. The category of 'bisexual' is highly suppressed - the subject generated an emotional reaction in many of my conversations - and yet in practice bisexual practice does not appear to be uncommon.

Categorising and labelling different forms of behaviour and different

types of same sex sex is not satisfactory. Roles and persona do not always match, as people change over time. Ruben demonstrated to his own surprise that change is possible. These experiences therefore concur with the fluid nature of human sexuality that theory and ethnography have portrayed. The idea of categories and social identities for men who have sex with men, however, remain fixed, in the same way that available social identities for women do. Labelling homosexuals from without serves the purpose of demarcating 'problematic' groups that can then be stigmatised within the dominant discourse. As Prieur has remarked (1996) labelling is a way of manipulating power:suggestions of homosexuality are severely disrupting to heterosexual society. From within the gay world it serves a similar purpose - it is about maintaining status and hierarchies within groups of men. Active, masculine men do not become homosexuals merely because they penetrate other men. They do not therefore become stigmatised and lose their status. Men who are passive, men who are penetrated become female and lose their status as proper men. The gender divisions between men and women that are maintained by heterosexual men and women are perpetuated and re-enacted between groups of men who have sex with one another. As sex between men is usually in private, the power of the word becomes paramount. The over-riding important factor is how one is seen, and how one represents oneself or is represented, and not what one actually does. The confusion generated by the discussions reported above help to underline this. HIV/AIDS education that fails to address the implications of this, by focussing on appearances, will not really address the problem.

What is missing outside the urban-elite gay world is a personal narrative, the need to declare a gender identity based on one's sexual preference and practice. There are several reasons for this. The limited nature of gay sub-culture in Puebla means that there is little advantage

in declaring oneself as something so generally despised (Lumsden:1991). Further, there is an absence of a history of individual 'identity' as such, in a society based on the idea of the family rather than the individual as the basic unit. Gay men of any class very rarely have the ability or the wish to totally reject their family. The idea of reconstituting family on the basis of a same-sex relationship is only recently finding limited acceptance in some parts of the North (Weston:1991) - the material and ideological conditions for this are far from near in the Mexican provinces. Most importantly, it is sexuality itself which is problematic. The silence which surrounds female sexuality also envelopes male same sex practices.

The moral universe responsible for so many popular ideas about female sexuality also monitors homosexual behaviour, and similarly the Church can provide absolution for men who commit homosexual sin. But as Boswell argued, society, with a concern for reproduction and discourses of unnaturalness, is less tolerant. Yet, if discourses of manhood and respect model men along a continuum of more/less, and men do not transgress their proper gender lines, society too can tolerate homosexual practices.

A focus on penetrative sex as symbolising the essence of gender identity is clearly important to address. If, as gay writers have complained, homosexual men are supposed to stop having penetrative sex, while heterosexual men are encouraged to continue with their proper practices, the bisexually behaving male is receiving a confused message. Compounding this is the emphasis on penetration at the heart of nation/state mythology that creates such deeply embedded ideas about sexuality with respect to women and men. This unarticulated discourse is so entrenched that it makes change difficult. Carrier notes (1995), for example, that homosexual oral sex is uncommon in Mexico, compared to the US, suggesting that the

importance of unprotected penetrative sex in the transmission of HIV has not been made fully explicit.

Joan and La China Poblana shed a great deal of light on differences/similarities between the United States and Mexico. Their experiences of being gay in two places demonstrate clearly how surrounding social phenomena affect the development and form of sub-cultures. One explanation for the extremes of machismo and femininity found in the Mexican gay world are that they reflect developments in the US/Anglo gay world since the 1970's, where some men sought extreme masculine images in dress style and behaviour to counteract the 'traditional' imagery of queens and effeminacy. (Edwards:1994) However, the active/passive division predates these more recent developments (Carrier:1995) and the divisions of the Mexican gay sub-culture are a direct reflection of the *'buga*' or straight world, and the little questioned ascription of the absolute difference between men and women in terms of social and sexual identities. Heterosexuality provides the model for relationships and behaviours for homosexual men in Puebla.

The pressures of a society based on long-term heterosexual coupledom in which two partners play clearly defined roles influences gay identity in Mexico, whilst in the United States there appears to be more cohesion in the gay 'world', and less imitation of heterosexual couples. Enrique, for example, provides interesting contradictions. Whilst concern for his family's reputation and high social standing in Puebla forbids Enrique from 'coming out' to his father, he leads a fairly open life with his partner. His education and easy access to travel outside of Mexico has opened up the possibility to him of contesting his normative gender role. Perhaps his contact with an international gay community has given him a sense of being able to belong in another place, or possibly even the potential of belonging in different ways, in two different and often

opposing groups - upper/middle class Puebla society and an international gay elite. Puebla gay sub-culture, such as it is, does not appear to be strong enough to offer an alternate 'community' to men who totally reject/are rejected by their family and kingroups. All the men interviewed, however, consider that the Puebla gay world is changing, and opening up. Not to the same degree as Mexico City, but certainly many men (and some women) feel it is less hidden than before. Some consider this a generational change, as older men are thought to be more concerned about their social reputation, and also more likely to be married. HIV/AIDS, in conjunction with increasingly rapid US influence on Mexico may have contributed to this opening up.

The last three chapters have considered what is known about HIV/AIDS, and placed that discussion into the context of ideal types of men, women and relationships, demonstrating both how HIV/AIDS is understood, and the contradictions inherent in dominant and deviant gender discourses, and the sexual plurality of reality. We now need to look at how this interacts with practical concerns, such as belief in and use of medicine and healing systems, and look in particular at sexual health and the use of contraception.

Chapter Seven

7.1 Popular Medicine and Sexual Health

Anthropological work examining healing systems in Mexico has concentrated on the more exotic aspects of traditional medicine, in particular *curanderos*, or healers (Myerhoff:1974). Foster and Anderson (1978:56-77) for example, focus on humoral pathology, brought to America by the Spanish. The dominant medical system until the 18th century, this understanding of well-being continues in today's common concepts of *aire* and the emotional causes of problems such as *susto, chípil* and *empacho*[1] Present day local knowledge of the medicinal value of herbs and plants also reflects pre-Conquest Nahua/Mixteca medicine. (Lopez Austin:1980). Much of this anthropological focus gives the impression that bio-medicine is rare in Mexico.

Whilst charity/church health care characterised colonial and independent Mexico. (Soberon:1983), the modern medical structure has its origins in the revolutionary period of the beginning of this century and the Constitution of 1917, which pledged to provide adequate health care for all. Finkler (1985;1991;1994) has focussed on the complex relationship between alternate healing systems and bio-medicine. She notes that bio-medicine is the dominant treatment in Mexico today, but it is 'differentially accessible to various segments of the population' (1985:41).

The achievements of the allopathic health care system are many, but the

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[1]The 'airs' are cold (*aire*) and opposed to 'hot' causes of illness, such as too much reading (warms the eyes), pregnancy, hot food, fright, anger and grief. These form a hot/cold dichotomy, which, with dry/moist, are the four elements of humoral pathology. These ideas are popular, with regional variations. Examples of health problems with emotional causes include *Empacho*, a clogged stomach, *susto*, fright caused intentionally or unintentionally, and *chípil,* jealousy of a sibling (or imminent baby).

structure of the system outlined in Chapter Three affects an individual's ease of access. In particular, the confused nature of policies surrounding the provision of contraception ensures that obtaining contraception easily, cheaply, or even free, is never guaranteed. Abortion, although illegal, is reportedly widely practiced.

Mexicans use a piecemeal approach to medicine. The high cost of private doctors and medicines mean that rarely will an individual use this system exclusively, although the very rich travel abroad for medical attention. Allopathic medicine is interwoven with *remedios caseros*, traditional home remedies, and other forms of medicine. All social classes make use of bone setters, herbalists, and sometimes *curanderos*, (healers) or *brujos*, (witches)[2]. These men or women are turned to when the cause of an illness is believed to be someone else's bad intentions or jealousy, although it is considered that the desire to harm can also be unintentional. Although these ideas are more popular in rural areas, especially on the gulf/Caribbean coast regions, or among the urban working class, many families express belief in them. Finkler (1994) points out that many of the women she interviewed in Mexico City pinned their source of illness on the failure of others to behave as they should. This supports my introductory argument that what people say about others can often be used to define permissible and non-permissible behaviour, but it also highlights one of the great problems in HIV/AIDS education - the belief that others, and not oneself are at fault, and so their, and not one's own behaviour is in need of modification. Homeopathic medicine, sanctioned by the State, is popular amongst middle class families, particularly for common, chronic complaints like parasites and eczema. This combination of medical systems underlines the popular belief that sickness can be caused by a greater number of factors than germs or

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[2]A *curandero/a* is a healer, whose principle method of healing involves cleansing the person (*limpia*) whilst a *brujo/a* can both heal and harm.

viruses, and that ones social environment can also be a source of harm. It also underlines the belief that individuals themselves play an important role in the healing process.

In this chapter I will outline popular ideas about medicine and the use of the health care system, and relate these to ideas of personal responsibility for health. I will then look at how aspects of sexual health - contraception, sex education, pregnancy and abortion, impact on individual lives, and how this interplays with the channels that have been set up to respond to and contain the HIV/AIDS problem in Mexico. By examining what individuals say about medicine, healing and sex, I will demonstrate both the layered nature of discourses structuring and shaping ideas about health, how these interact with ideas about gender, sexuality and ideas expressed about HIV/AIDS.

7.1.1 Home Remedies, witchcraft and other medicine

Women and men from all socio-economic groups are familiar with home remedies used in their family. Men are often familiar with what to use, and how, but treatment remains firmly in the hands of women. Handed down from grandmothers, mothers and aunts, there does not appear to be an economic divide in the use of this knowledge. Although there are variations in remedies, there are more similarities in treatments.

Bougainvillea, grown on almost every patio, is used to make a tea for upset stomachs, as is camomile (*manzanilla*), whilst tea made from lemon and honey is used for a sore throat. Eucalyptus, another indigenous plant, is also used for upset stomachs. Dominga, 43 and Lourdes, 40, for example, advised me on how to treat my cold:

> "If you have a flu, you need to sit in a steam bath, then rub yourself with alcohol, and then have a herb bath of eucalyptus, rosemary and salt. You have to sweat out the 'little worm' (*gusanito*) that is in your nose".

Bone setters (*hueseros*) are popular for advice on twisted or strained joints,

but fewer people readily admit to consulting herbalists or local healers. Some (Agustina and Benjamin, both 40) expressed their belief that healers/witches were fraudsters, whilst others, like Emilia, 28, claimed that they had had no need to consult a witch, as no one had intentionally wished them or their children harm. People from Puebla's neighbouring state of Veracruz[3] more readily admit that they use witchcraft in conjunction with allopathic or other types of medicine, as Lucia, 37, demonstrates:

> "We have IMSS health insurance, but this is the first year we have had it. Before we used *salubridad* for the children's problems. I also go to the witches and herb-sellers for the children's problems, but I never tell the pediatrician, as he gets very cross. The witches are usually old ladies who know how to cure. It's a tradition. I know some basic things, the teas, and arnica for cuts and grazes.
>
> I took my little boy to the *curandero* when he was in shock (*espanto*). My father-in-law shouted at him when he ran into the street and was nearly run over by a lorry. My father-in-law got scared and hit him. We have spoilt the little one, so he was frightened. I took him to the *curandero*. He shouted at him, hit him with herbs, ran an egg over his body and made him sniff alcohol. That cured him".

Lucia is a trained nurse, but combines many different types of medicine in her personal and family care. She uses traditional medicine such as consulting curers, for emotional problems, but reflecting her status as the most wealthy of the working class women I spoke to, now pays IMSS insurance for possible future hospital care and serious medical complications. Her husband is a taxi driver, part-owning his own car, and they are slowly building their own house on a piece of land in Cholula. She is thus in a financial position to look to the future and provide for possible misadventure.

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[3]Veracruz has more African/Caribbean influence and a higher black population with some Yoruba traditions, whilst Puebla, as an archdiocese has always been more directly under Spanish control and influence. This may again be an assignment of behaviour to 'others', but probably reflects the different cultural histories of these neighbouring states.

Enrique, 23, commented on his boyfriend, also from Veracruz:

> "I only use allopathic medicine, but my boyfriend is from Veracruz, and there they all undergo 'cleansing' (*limpias*) and things like that. Many people from Veracruz are ambiguous - under my influence he is less of a believer than he used to be, but he still believes. He reads cards, buys and carries amulets, and he lights red candles for this, white candles for that. He comes from a small town, and his family send him to witches, to have eggs rubbed all over him. He believes in "fright" (*susto*) and other such things. When his father was very old he had senile dementia, and he went missing from his house. Everyone went looking for him, but they couldn't find him and so went to a seer, who told them he was already dead and lying in a canal. Sure enough, he was. Now, he believes even more strongly in everything. He believes in them, just in case".

Enrique's boyfriend is a bio-medical doctor, underlining again that a trained biomedical health professional might combine different medical systems and use different methods for different types of affliction.

Healers also give cleansing (*limpias*) like that given to Lucia's son to close relatives of the recently deceased, to ask the spirit of the dead person to leave the living alone. Although I found that no particular adaptations have been made for people who die of HIV infection, some HIV positive people in Puebla have incorporated visits to the *Iglesia de las Maravillas* (Church of Miracles) in the centre of the city into their treatments, to ask for a miraculous cure.

For most of the people I spoke to home remedies are the first stage in treating a problem, particularly if it doesn't appear to be serious. A flu, however severe, therefore would not involve a trip to the doctor, and would more likely be treated at home with herbal remedies than a syrup from the pharmacist. As a lowly affliction, and one that allopathic medicine has yet to find a cure for it is unlikely that anyone would waste precious money on a doctors visit and expensive medicine, or several hours in a crowded waiting

room at *salubridad* . Flu, one of the first symptoms of HIV infection,[4] is likely to be tolerated as a common occurrence.

As I conducted this research in an urban setting, use of local healers was less frequent. Those who had grown up either in the country, like Javier and JJ, or near the Atlantic coast, as did Lucia, were more likely to have experienced visits to the local healer during their childhood. In addition, poorer, urban interviewees were more likely to admit to a belief in witches and their uses. For most people, the combining of systems places a heavier accent on allopathic medicine, with its connotations of modernity and the idea of a faster, effective cure.

7.1.2 Allopathic Medicine

Lower income families and individuals tend to use *Salubridad* (SSA), the free government health care service, as their contact with the world of bio-medicine. As this usually involves waiting hours for an appointment, and the doctors are considered young, and lacking in training, it is not highly spoken of. More common is auto-prescription at the pharmacy[5], as consulting a pharmacist rather than a trained medical doctor is considered a legitimate option.[6] Since another problem with '*Salubridad*' is the high cost of medicine, cutting out the doctor and going straight to the pharmacy is a cost-saving alternative.

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[4]Current long term management of HIV is based on early detection and subsequent intensive care. Early detection also helps to pinpoint more accurately the source of infection, and epidemiological route the infection is taking.

[5]Newspaper reports for 1996 show that in the year following the devaluation and economic crisis in Mexico (1995) auto-prescription increased greatly.

[6]Pharmacists are also licensed to give injections, the preferred way of taking medicine. (Mundigo:1996)

IMSS, ISSSTE (or PEMEX) health care is regarded as better quality medical care. People, like Lucia, Dominga and Lourdes, who do not have regular paid employment can also make contributions if they can afford them, in order to have access to IMSS. They may do this, for example, if they have a chronic, long-standing health problem they need to treat, or a more urgent medical problem they would like to resolve, but cannot afford to pay for a private operation. Dominga and Lourdes who work for themselves, demonstrate the combined use of different parts of the public health care structure:

> "We go to private doctors now. We were paying IMSS insurance but it is so expensive. We are thinking of paying it again for a year as Dominga needs an operation on her bladder."

This health care also covers the cost of medicines, including, since 1982 (Lumsden:1990) for long-term illnesses, like TB and cancer.[7]

More affluent people may pay into private health care plans in addition to, or as an alternative to IMSS insurance. Middle class families also quite frequently have a family member who is a doctor, and thus consultations are free, though again, this does not include the cost of medicines. Luci's husband was a private doctor, and her health care was always therefore in the hands of family friends, whilst both Maria (23) and Patti (15) consult an uncle, while Gina, 39, has a sister who is a doctor. Whilst well-educated and from a middle class family, she does not have a lot of money, and explains how she typically resolves health problems:

> "I use allopathic and homeopathic medicines, and even witchcraft. Witches cleanse you - they rub an egg all over you, chant, and use

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[7]This is a legal loophole which has allowed HIV positive people with IMSS insurance to receive their medication free, an undoubted bonus considering the quantities of medicine PWA are usually prescribed. This includes AZT, which cost around 1,200 pesos per month. (1996 prices). Considering the government's current IMSS reform plans, this loophole will probably be closed.

> special herbs. I usually start with allopathic medicine - although I go very infrequently to a doctor, I usually just buy something from the chemist. If I have a long term problem, I try homeopathic medicine. I have been to a *curandero* for depression. My sister took me in Tampico, and I have been two or three times, but only when I am seriously depressed. It works because the things they say to you make you change your attitude.
>
> Of course I use a lot of herbal remedies at home, which my mother taught me. *Te de yerbabuena* (mint) is for the stomach. If it's really bad stomach ache, then *te de anis*. *Te de tila* (lime blossom) is for a headache and *te de tomillo* (thyme) or *oregano* for menstrual cramps"

Her approach demonstrates a more elite attitude, where allopathic medicine is tried first, and alternate remedies used after, or as a complement. This is the reverse to the poorer or semi-rural people I spoke to, who work the other way round, starting with home remedies, possibly visit local witches/healers, and finally turning to allopathic medicine as a last resort.[8]

Allopathic medicine in Mexico undoubtedly represents modernity, and some association with the USA, but it is subject to conflicting ideas. The biomedical structure attempts to give everyone access to modern medicine, but only the higher echelons of private medicine and expensive surgeons really carry the prestige more normally associated in the North with bio-medicine. Further, since the 1970's the Mexican state has attempted to recruit doctors from a broader range of socioeconomic groups, contributing to public perception of loss of prestige in the profession. US academic journals and teaching predominate now, yet Mexico looked to French medical knowledge and learning[9] from the independence period until the

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[8]Finkler(1991) found that bio-medicine was nearly always first choice. Her study sample, in Mexico City, was much larger than mine, but this may rather reflect Mexico City/provinces differences.

[9]French society and culture were the predominant influence on the cultural elite of Independent Mexico (1810-1910).

second world war.[10] France is still considered a prestigious source of bio-medical knowledge,[11] providing a challenge to US dominance in medical knowledge, and feeding into the contentious relationship between Mexico and the US. In combination with the other types of healing that are considered legitimate, bio-medicine is dominant, but only one of a possible range of solutions.

The implications of this piecemeal response to illness for both monitoring HIV infection, and providing treatment are twofold. First, whilst individuals have a systematic, personal way of dealing with illness, whatever their particular circumstances cost affects all but the very rich. Second, faith in bio-medicine is not universal, particularly as home remedies may well be just as or more effective than expensive potions from the chemist. The perceived failure of allopathic medicine to deal with emotional problems also influences the continued recurrence to traditional healers outside the bio-medical system[12]. The crowded waiting rooms of the SSA are off-putting,

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[10]Although medical doctors are trained in Mexico, and Mexican medical research is published by the IMSS and *Instituto de Salud Publica*, American medical journals and research are very influential in Mexico. This, combined with the power and influence of the WHO and PAHO, means that Mexican medicine is very responsive to the changes and innovations of American medicine, albeit within the limits of the economic circumstances prevailing in Mexico.

[11]At a Janssen conference on HIV held in Mexico City in July 1996, Dr Luc Montagnier, and the Pasteur Institute were introduced to the other doctors present as "the real discoverers of HIV". Bearing in mind the controversy over this point, this was triply convenient, in that it (1) was true, (2) flattered their guest, and (3)challenged Dr Robert Gallo and the US's claim to bio-medical dominance.

[12]Finkler (199:61) notes that psychiatry has never really got a foothold in Mexico:problems with mental health tend to be referred to neurology. Whilst surprising, given the impact of US medicine in Mexico, this, she says is because the autonomous family rather than the autonomous individual is understood to be the primary unit.

while the clinical corridors and endless forms of IMSS hospitals may appear to be worse to bear than the problems caused by a medical condition.

Health is taken care of in the context of the family, as knowledgeable older members of the family are turned to for their advice in times of need. Women, well established as family carers, extend their role to that of non-professional medical practitioner in times of sickness. Health is therefore more normally considered a group rather than an individual responsibility. Cause of illness is not always reducible to scientific theory, as emotional problems are also considered a potential cause of misfortune. This incorporative approach to medicine allows for a view of the body as much subject to environmental phenomena - germs and viruses - as to more imperceptible social phenomena.

Sexual health policies, touched on earlier, must be considered within this background of multiple beliefs about healing systems. The government lays out rules and protocols for sex education and contraception. However, because of the complicated relationship between Church and State in Mexico, its stance is contradictory. As noted in the introduction, morality is often regarded as outside social policy, but in the sexual arena, moral codes and norms are extremely important, and as we have seen in the preceding chapters, certainly impinge on any discussion of reproduction and sexuality.

7.2.Church and Morality, Sex Education and Contraception

Despite the claims of individual priests that contraception can be negotiated between a couple and their particular priest, the popular message given to the public in Mexico is that any contraception other than the rhythm method is prohibited to Catholics. This is re-inforced in newspapers headlines, and sometimes by popular radio and television personalities.

The official Church attitude towards contraception follows the deliberations of the Second Vatican Council, and Papal Encyclical 'Humanae Vitae' in

1968. The issuing of this dictate by Pope Paul V had been seen as the opportunity for the church to state its position in relation to a changing world during the 1960's, and to give Catholics an understanding of how to incorporate new medical advances (specifically the pill) into their faith. It was received in the United States and other Western countries, therefore, as something of a disappointment. Church opinion was sought to provide a helpful solution to this particular moral quandary, and despite its attempts to make itself more accessible - Mass in English, nuns in secular dress and sex education in Catholic Schools (not in Mexico) - the new policy on contraception in fact alienated the church even more from many of its faithful (Greeley:1977)

The impact of the Second Vatican Council and in particular the Humanae Vitae in Latin America was somewhat different. Priests and Bishops supported the Pope, because this dictum was also understood as a response to the interference of the IMF and World Bank, who had begun to link loans to the issue of population control. Embracing the Pope's message and snubbing the perceived imperialistic motives of the developed world could thus be achieved by one single measure - supporting the Church's stand on new methods of contraception. (Hebblethwaite:1993) This anti-imperialist stance developed further in Latin America, and acted as a stimulus for the Liberation Theology movement, in the aftermath of the first ever Papal visit to Latin America, at Medellin, Colombia in 1972.[13]

Because of the confusing and contradictory nature of a country with a disestablished but very strong, popular church, individual responses to this issue are also confusing and contradictory, as is the attitude of priests. Pope Paul V did not issue his dictum as infallible, and he insisted on 'compassion

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[13]The contraception issue is further exacerbated by the rise of Evangelical Protestantism in Mexico during the 1970's and 1980's. These sects also promote a view of contraception as morally wrong and a 'fundamental' attitude towards women, motherhood, and female participation in the labour force.

for sinners' (Hebblethwaite:1993:517) so in practice a Priest has the right to condemn or forgive. As a result of this moral minefield, educated Catholics negotiate some sort of compromise with the church, whilst less educated people tend to remain loyal to the outward message of the church. How much the church influences people who take no contraceptive measures is difficult to say, but if one's only exposure to the idea of preventing conception is that it is morally wrong and forbidden by the church, there is a good chance that this will prevent one taking any contraceptive measures. The church also emphasises the potentially damaging nature of hormonal contraception to a woman's body, thus re-enforcing its message with a co-incidental scientific argument. Thus, while there is a great lack of contraceptive use among large parts of the population, it is evident from statistics that many educated and middle class Mexicans do use some sort of contraception. Either a compromise has been reached between faith and necessity, or religious belief is not a constraint on choice.[14]

To get a clear understanding of the issues is difficult. The government actively promotes contraception, sex education and family planning, yet at the same time tries to maintain a balance with the church. The issues are little discussed on television, but regularly discussed in the printed press, where the battle between the Church and representatives of individual choice are waged almost daily. As will be seen below, the furor over the Beijing Conference for women (1995), and the issue of abortion, created daily scandal and anti-abortion headlines for almost a month in the conservative *El Sol de Puebla* and *El Heraldo de Mexico* newspapers.

As an extension of the issues of contraception, family planning and the church, it is important to note here how moral pressure groups in Mexico have reacted to AIDS. As can be expected within these confines, open and frank discussion of HIV/AIDS has not been easy. After an initially bold stance

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[14]70% of 30-39 year olds, 36% of 15-19 year olds use some sort of contraception nationally, according to La Jornada, 1.11.95.

taken by CONASIDA[15], members of the medical community were threatened with jail if they dared to say the word condom in public.[16] The two main television channels, one State-owned and the other privately owned and pro-government, both initially refused to run advertisement campaigns. The advertisements that were eventually run were as oblique and obscure as the infamous iceberg campaign run in the UK[17]. Many moral pressure groups have emerged, and older groups have been strengthened on the basis of a fight against the moral degeneration that they believe has led to AIDS.[18] They are often linked to the PAN, thus placing them in a position of some power in many cities, and influencing the visibility of the campaign. *La Jornada* has monitored PAN controlled events in Guadalajara, such as the banning of mini-skirts, and in Guanajuato, where the local secretariat of public education (PAN controlled) published a sex education programme which 'appears to have been written by the Pope' (Orozco Nunez:1997). Anti-AIDS education stances have reached such extremes that they have recently included opposition to the promotion of condoms on the grounds that, not being biodegradable, they cause environmental pollution and should be banned (Castillo Peraza:1997).

Education about HIV/AIDS has to negotiate a space between a highly

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[15]At one of the early international AIDS conferences, Mexico produced a key ring with a condom inside it, and the words "Break in Case of Emergency", which one first prize in a design competition.

[16]Dr Antonio Marin claimed this happened to him.

[17]This early TV advertising campaign backed by the Thatcher government discussed HIV so obliquely, with its reference to the hidden epidemic (7/8 of the iceberg being underwater) that is was heavily criticised.

[18]Provida, Opus Dei, Union Nacional de Padres de Familia are among the 23 groups listed recently who fight against the 'moral degeneracy' that 'causes' AIDS. (Gonzalez Ruiz:1993)

contested arena of sex education and religiously influenced morality. The government weaves an alternating path between support for the Church, ever mindful of its popular support, and economic policies and dealings with the outside world. The church, meanwhile, despite embracing elements of both left and right, is never openly liberal, although may be accommodating on a more individual basis. HIV/AIDS has caused a resurgence of hostility towards liberal elements in society - the right wing press bemoans what it sees as the causes of AIDS and points squarely at the United States as source of infection. The difficulties of untangling how moral arguments interweave, contradict or support government policy are reflected in the following discussions, and the comments of individuals on how they accommodate the conflicting messages they often receive.

7.2.1 Sex Education

Biological models of sex education are legislated for and taught at lay schools, but Catholic Schools provide religious interpretations. Such variation in teaching practice implies that for many the subject may remain mysterious, particularly when families cannot provide further detail. Sex in many Western cultures, the UK included, is often not comfortably discussed within the family. Only one woman, Dolores, claimed that sex was an easy topic of discussion within her household, that *alburres* and sexual word-play were frequent in her family. She joked with openness and ease that perhaps she and her husband had not discussed sex quite enough, as her daughter got pregnant before marriage, something that is more normally kept quiet in middle-class families.

Many of the men and women spoken to claimed to have received no sex education from their parents. Although the tendency for this to happen was greater in the lower income families, by no means did being more economically stable mean that parents could discuss sex with their children. There are examples of middle-class families where this is just as delicate and difficult an issue as elsewhere. Eliza, 23, could not discuss these issues

with her mother, even after she had been forced by her boyfriend to have sex with him, and Patti, who is 15, claims lack of information on a great many points. Some claim to have learnt about sex either through friends or cousins, or only on marrying. Enrique, 23, who went to both a Catholic primary and secondary school, comments:

> "My parents never talked to me about sex or contraception. My aunts never married, I literally have to tell them things, they have no knowledge of what happens between men and women. I learnt about sex from the headmaster of the school, a priest, in the 6th year of primary. He came to tell us where babies came from. Sex only happened inside a marriage, so it wasn't spoken of in the context of sin, or a sinful act. At secondary school they talked to us about different methods of contraception. They got a doctor, a sexologist, to come to speak to us, and focussed on the prevention of pregnancy. It was always the lay teachers who spoke to us about these things, and it was always just information, never interpretation. Pre-marital sex was not spoken of, marriage was normal, and they recommended the rhythm method. They never spoke of abortion either. Homosexuality was never mentioned, other than as a sexual deviation. I even saw a book that spoke of homosexuality as pathology, something unimportant, something light".

Patti: (15)

> "At secondary school (a lay school) they explained to us about sex. They said it was very bad. At *prepa* (sixth form) they have told us a bit more, they said it is the decision of each person to make. My parents have only told me not to do it. I don't really feel I understand about sex, no. I think I still need some more explanation".

Alejandra (33):

> "I learnt about sex and contraception at university. They didn't talk to us about these things at school, because they were nuns. They just said that, as women, we had to 'take care of ourselves'. We didn't really know what they were talking about. Maybe you picked up a thing or two from cousins, or from friends, but it was really only at university that I understood what they meant .My parents never spoke to me about it. (Laughs). When I had my first period I went to my mother and said "What's this?". She was so shocked and embarrassed she sent me to an older cousin to talk about it. I do plan to explain things to my daughters - the way the world is going, the sooner the better. They tell them in the primary school now".

Despite Eliza's own lack of sexual education within her family, comments about generational changes reveal that sex education is now more accessible for some in Mexico than previously:

> "When I was at (Catholic) school, a nun saw me talking to a boy one day, and she said I could get pregnant if I talked to boys. I learnt about sex, and where children come from, when I was 15, and I had to give a presentation in class. When I was 16 (lay) school took us to ISSSTEP and we listened to a doctor talk about contraception. My mother never explained anything about it to me, not because she was ashamed, but because of the type of education she herself received. My mum learnt what sex was when she married my dad...."

If sex education is left to families, or more especially to mothers, there appears to be a conflict with norms that require women either to know little about sex, or at least be decent enough not to bring discussion of it into the family domain. Although lay schools begin discussion of sex and procreation at primary level, many Catholic schools, which predominate in the Puebla area, do not. When sex is discussed, it is couched in the ambiguous terms of religious discourse. This involves, rather than an explanation of the mechanics of sex, a more mystifying combination of such advice as - it is not done outside marriage, it is for procreation only, it is bad, it causes immediate pregnancy, and so on. As Enrique, Alejandra and Eliza comment, this does not clarify the issues for many people. Patti, having finished her lay school education, and now in sixth form, is still perplexed about many issues.

Sex education in school may provide basic details, sometimes backed up by further discussion in the home, although this appears to be unusual. Gossip and jokes, untruths and half-truths, as everywhere, fill in some of the blanks and create further confusions. The conflicting messages from school, home and church about sex and procreation have, as discussed, led to a high rate of teenage pregnancy in Mexico. Interwoven with this confusion are other issues - the ease of access to, and knowledge about contraception, the

confusion surrounding abortion, and the cultural value of motherhood as a life goal for women, which all affect an individual's ability to make judgements, and to set their own goals. Further, both young men and women receive mixed messages about the appropriateness of their own behaviour and knowledge according to their gender. Young women have to be seen as decent, and to some extent sexually ignorant, yet are exhorted, mysteriously, to 'take care', whilst young men are encouraged to prove their manliness by cultural discourses that ascribe appropriate, male knowledge and behaviour. In my discussion of sex education and contraception with these various women, very rarely was the issue of female sexuality, and of the ability or need of women to enjoy sex and take pleasure from it, raised or discussed.

7.2.2 Contraception

The use of contraception depends on many factors, not least knowledge that it exists and what it is for. Although this may seem a facile comment, in light of the inadequate provision of sex education, and the confusion many feel, whether they have received a Catholic or lay education in Puebla, it is a justifiable point to make. Barrier contraception has been promoted as one of three methods of safer sex (the others being abstinence and monogamy,) and as the discussion in Chapter four revealed, is the most commonly cited method for avoiding infection. Following this, ease of access to contraception, both in terms of availability and cost, is essential. We have already seen that the provision of contraception is variable, and so it follows that contraception is not always easy to find. Condoms, if not received free from DIF or *Salubridad,* are expensive .

Discussions with men and women in Puebla revealed large differences in knowledge about contraception between people of different socio-economic status. Working class women in particular revealed huge gaps in their knowledge about the functioning of their own body, and how contraception works. Normally, after the birth of their first child, they had received some sort of explanation and were given some limited options. Gabriela, 33, who

now has 7 or 8 children[19], had her first child at 15 years old:

> "After I had my first baby they told me how to stop having them, but I hated the injections, and everything else damages you. My husband wanted me to be operated, but some people told me it hurt very much, and some people told me it didn't, so I didn't know what to do. All the time I was thinking about it and I got pregnant again. Until I had a miscarriage I never used anything, and then I was sterilised".[20]

Sylvia, 33, has five children with her present husband, but had already had a son before she married him. She too had her first child at 15:

> "I never used contraception. My children were born two years apart. Now I am sterilised. My religious beliefs had nothing to do with not using anything"

The confusion contraception raises for some people is reflected in the following account of a discussion with Mariluisa, aged 48. Easily the most destitute woman I met, living in a half-built shack on borrowed land, she had had 12 children, five of whom (mostly boys) had died as infants. I asked her about her own personal use of contraception (*anticonceptivos*), to which she replied that she had never used *antibioticos* (antibiotics), as the Pope would be cross with her, and that they also would damage her body. I then asked her if having 12 children did not harm one's body, to which she replied that yes, she thought so now. Having lost so many of her children, I couldn't and didn't want to pursue the subject further with her.

Her knowledge and confusion reflect the varied sources of information she is

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[19]It was difficult to determine how many children she had, as she lived with her mother, and one older girl was sometimes referred to as her daughter, and at other times as her sister. This is frequent family arrangement, when a child is born to a very young, unmarried girl.

[20]Another time I saw her she told me she had also taken the pill, so her story is a little confused.

subject to, and different claims of legitimacy and truth. Her understanding of the medical discourse is reinforced by the religious interpretation she also receives.

Agustina, 40, displayed the same confusion about contraception. After her disabled daughter was born she used contraception for the first time in her life:

> "I have never taken pills, or used - what did you call them? Condoms. After Meche was born so badly the doctor put an apparatus (*aparato*, ie IUD) in me because she said I was going to have even worse problems if I went on having children. I know it's wrong to stop children coming, but we can't have any more. I don't think 6 children is a lot - my sister-in-law has 11. I like children. Some people say that the doctors are tricking me, that I shouldn't have an apparatus".

The idea that Agustina was somehow being tricked into not having any more children was re-inforced by her neighbours and her local priest. It is the logical extension of the church/government discourse discussed above, that links population control to the imperialistic motives of the countries that lend Mexico money[21].

The only group of working class women who do differ in use of contraception from the pattern of IUD/injectable hormones/sterlisisation are professional sex workers, who, as discussed in Chapter Three, are cautious in their professional lives yet tend to follow the pattern typical of working class women in their personal lives. Dania, 23, like the other female prostitutes I talked with, does not use condoms in her personal sex life. She has two children, and relies on a combined system of luck and home remedies to

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[21]Augustina sends her children to a local independent school that is supported by NGO money from Canada. Popular ideas in the neighbourhood, supported by the local Priest who opposes the school in general, are that children are abducted by the school governor and sent to live in Canada. Local ideas easily link children, childbirth, contraception and imperialist foreign motives.

avoid further pregnancies.

> "I always use condoms at work... My boyfriend and I do not use condoms though, and I don't use any other form of contraception. I will only get pregnant if I want to. There are plenty of ways to avoid pregnancy. If I have sex with him, the next day I have *'desenfriolito'* (a cough remedy) with warm beer, or prune tea (t*e de pasote)*. It seems to have worked so far. Other types of contraception makes me feel sick. After my second pregnancy they gave me an IUD but it made me bleed a lot, and my stomach ached. I don't know anything about pills and injections. I think I will not get pregnant until I find the right man. I think my methods work, because sometimes I don't get a period for some months, then I take one of my remedies and I bleed again."[22]

The separation in Dania's mind of working from personal life demonstrates the clear distinction between procreative sex, love and commercial sex, and how two worlds and two different levels and uses of knowledge co-exist in close proximity.

The difficulties of talking about contraception to children are tied in with those of talking about sex. Doña Lourdes, in her 40's, was considerably upset when she came to our house one day, as her unmarried daughter had just revealed herself to be 6 months pregnant:

> "She betrayed me! (*me traicionó*). Last week she was saying, 'oh, I fancy this' and 'I fancy that' (*se me antoja*)[23] and I was thinking to myself, what does she mean 'I fancy that'? But she didn't say anything until this morning. I never talked to her about contraception, no - well, she never asked me".

So much is revealed by her dramatic use of language in this situation, particularly the idea that her daughter had somehow betrayed her trust,

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[22]This subject changed slightly each time we spoke. She has a good idea of most of the contraception available.

[23]'*Antojitos*' are appetisers. Pregnant women are supposed to '*antojear*' particular foods, so *antojear* in this sense can be understood as 'craving'.

either by getting pregnant, or more probably by having sex with her boyfriend in the first place. She also shifted the responsibility from herself to her daughter, in the discussion about contraception. Although she was genuinely upset, she almost seemed to be expressing what *ought* to be her feelings, in the language of decency[24]. Despite the difficulties of yet another mouth to feed in her house, she may also have been quite happy at the prospect of a grandchild.

Working class women, whilst increasingly concerned about the control of their own fertility, do not often have the means to do so. Some expressed the idea that men were totally impossible to involve, whilst most spoke only in terms of their own responsibility. The idea of reducing the number of pregnancies is slowly taking hold - compared to their mothers, these women have reduced the number of children they have had - but they still have significantly more children than women who are financially more stable, and who have received more education. Some of the women in this group said they had never heard of condoms when they first had sex, whilst others claimed either that men wouldn't use them, or that they had only just been invented.

Men too, often claim to have had as little information about contraception as women. Ismael, 23, put his lack of sex education and contraceptive advice into the context of his family background. Other than condoms, he has no real knowledge of other forms of contraception.

> "My parents never discussed sex or contraception with me. I learnt what I know from school, and from life. My parents, well, in their

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[24]She was working as our house cleaner at the time, and therefore our relationship was properly one of employer/employee, which is perhaps whilst she felt the need to portray her daughter's pregnancy as her daughter's personal failure, and not her own.

> generation there wasn't much in the way of contraception.[25] They are also a little bit old fashioned, very worried about what people will say about them. Very reserved. Before, the relationship between parents and children was very formal. I also think there was a lack of information about the subject - most people had a very short period of education, because of money, or family problems. So, they didn't have the capacity to understand or explain these things. Parents today are younger, and younger people are more willing to explain these things."

Ruben, 28, who is HIV positive, claimed at different times that he first saw a condom in a sex education class at school, and at other times that he didn't see one until he was already HIV positive.

> "My parents told me nothing about sex. I learnt in the street. I think parents have an obligation to tell their children. They explained to us about sex in secondary school, and for the first time in my life I saw a condom. But I didn't understand what it was for, I didn't know how to use it, what the purpose of it was".

Some middle class women would like contraception to be a joint issue between men and women, although some express concern that men cannot be relied upon to comply, and that in reality it is solely their worry. Maria, who is a 23 year old graduate and engaged to be married, said:

> "I know various types of contraception (lists most available in Mexico) and I think both partners should be aware of them and be responsible, although ultimately it is the woman who is going to get pregnant, so she is more likely to be concerned. But there is contraception for both men and women to use. I think sometimes it is difficult to get men to use them, because men think it's a woman's job, but I don't think that is right. I think the problem is really in the working classes, where there is machismo. It's a lack of culture, and the ignorance of the people. I plan to discuss it with Jorge, when we are married, but who knows what he will accept".

IUD's and the pill (rather than injected hormones) are the most popular form of contraception amongst these middle class married women, with

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[25]His mother is 49 and his father is 46, so contraception would have been available to them from their early 20's onwards.

sterilisation (Dolores) or vasectomy (Maru's husband) following. Condoms are used only in exceptional circumstances, such as when one partner has an infection. (Marielena). Only the one single, older woman I spoke to (Gina) has used condoms with a partner in the past, as she was not in a marriage/long-term relationship. She felt that she had never encountered any resistance on the part of a man to using condoms. Gina has had four sexual partners, two of whom have been married men.

The likelihood of a barrier method of contraception being used long-term in a marriage is extremely low in either the working or middle class group. Prevention of pregnancy is the priority aspect of contraception, preventing sexually transmitted disease does not appear to be a concern. There is an element of co-decision making between middle class husbands and wives on this issue, but all women admit that as they are the one who will become pregnant, ultimately they look to themselves to be responsible. Both Dolores and Maru's husbands have been sterilised too, and Maria plans to talk to her fiance about contraception when they are married, so some men are being persuaded that it is a shared responsibility, but again, pregnancy rather than STD's are the focus.

Two women here summarise how difficult an issue contraception can be between husbands and wives. Lorena, whose husband died in 1995 with HIV infection, and who is HIV positive herself, said:

> "I used injectable contraception, but after my last son was born I was sterilised. I asked my husband to use a condom once, and he said to me, 'What have you been up to?'. When I told him I hadn't been up to anything, he said that there was no need to use one then".

Eliza, made another to-the-point comment about condoms in marriage relations:

> "Between husbands and wives, there is no discussion of condoms,

there is no discussion of AIDS"[26].

One of the greatest problems in the transmission of HIV infection is the difficulty of introducing safer sex into long term relationships. This has been found to be true in both heterosexual and homosexual relationships. Based, at least in Western cultures, on a long term understanding, usually unspoken, of sexual fidelity, discussion of safer sex opens up areas that may be only tolerated if they remain undiscussed (Willig:1994). If trust is implicit, it cannot easily be examined, making safer sex almost impossible to practice, whereas casual relationships, as in Gina's case, are assumed to be outside of trust, and therefore involve more 'risk'. Transforming sexual behaviour is extremely difficult when it needs to go to the very roots of what men and women are supposed to be. This is particularly so in cultures where discourses of sex and gender construct men as sexually licentious and women as faithful, modest and virginal. The problem of knowledge about and use of contraception in Puebla is not just one of supply, but also raises questions about much more deeply held assumptions and beliefs.

My study therefore concurs with the research that has found that different populations within Mexico have different levels of uptake of contraception, usually relative to educational level. (Mundigo:1996) While I agree that middle class women are more likely to use it, I consider that there are other, important difficulties. These women often express a concern for the conflict they feel between their use of contraception and their faith. As the Church and religious education opposes contraception, this causes dilemmas, in particular for women and men who wish to preserve their religious belief and practice but are made to feel guilty about their own use of contraception. For men and women who do not use any contraception, the church's teachings can be used as justification for their own lack of interest or responsibility, and as a touchstone for cultural practices, like *machismo,* that promote the idea

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[26] (*Entre la pareja, no se habla del condon, no se habla del SIDA.*)

that many children are the sign of (male) virility, and thus masculinity. For middle class men and more particularly women, who want to use contraception to control their fertility for whatever personal reasons they have, conflict with the church is often a problem. It was often rationalised to me, with a reference to 'the world population problem', thus justifying personal behaviour not on selfish grounds - which is how the religion interprets it - but rather in the general interest of humanity and the planet. It also negates the idea that these women might be having sex purely for enjoyment, instead of for procreative purposes[27].That it is an issue and not one that people feel they can easily dismiss was confirmed by Maru, 47, who made the following comment:

> "I don't think the vatican is right in what it says about contraception. This world is full of poor people - why make more? My husband had a vasectomy after our second child was born - and the church says that is wrong."

The proviso that contraception is open to negotiation makes for the very personal involvement of a priest in the sex life of a couple, emphasising religious and procreative argument. Marielena and Alejandra both consulted their local priest about the use of contraception. Marielena, who takes the pill, was granted permission to do so because of having experienced difficult pregnancies. Alejandra also takes the pill, having had problems with an IUD:

> "Before we got married I saw a gynecologist who gave me pills. Rafa and I did not want to have children straight away. After I saw the doctor I felt guilty, so I went to talk to a priest. He told me it was alright to take them. But one of my friends found my pills and she told me I was committing a great sin. I don't believe that, despite what the Pope says. The world is in a terrible state, and who wants to be bringing children into it every five minutes. I respect other people's decisions, not like my friends. I think the Pope should be more open in certain respects".

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[27]Potter (1996) comments on similar research amongst Argentinean women that found that sex was seen as an obligation, rather than something to enjoy.

Dolores too expressed the opinion that the Vatican should be more lenient, putting the Pope's declarations down to 'bad advisors'. She described Mexicans as' very accommodating', in that they listen with respect to other people, but then make up their own minds. Luci spoke with some anger about the conflict she had experienced with the church. Her thoughts reflect the real anguish these dilemmas can cause.

> "It is a problem that using contraception conflicts with what they teach you in church. The church permits nothing more than the rhythm method. I wish they would change. As my daughter says, if they opened up a bit, more people would come closer to God. I did talk to my priest once about using contraception, but he forbid it. The church can be too restrictive.... When I used contraception I just thought, well, that's the way it is, now I can't take communion."

Despite the fact that the church is a very powerful social and political presence in Mexico, given the evidence presented statistically by declining fertility rates, the increase in the uptake and use of some forms of contraception, and the individual opinions expressed above, the Church is not the final, deciding factor in influencing whether or not men and women use contraception. Level of education and economic means are more likely to influence ones use of contraception than religious belief. However, the Church's standpoint certainly causes moral dilemmas for many people, even though it may ultimately be justified and rationalised personally, and makes a difficult subject more difficult. The more right-wing press in Mexico has emphasised, since the beginning of the AIDS problem, the intolerance to and opposition of the Church to contraception. The powerful force of these beliefs in relation to government approaches to HIV/AIDS should not be underestimated. These discussions also confirm that, whereas condoms are understood as useful for avoiding HIV, many people do not use them. This indicates that the women discussed above do not consider themselves 'at risk'.

7.2.3 Pregnancy and Childbirth.

Another area of sexual health that directly impinges on a discussion of

HIV/AIDS is the place and importance of childbirth in a society. Ideas about pregnancy and childbirth are produced in and by the moral environment discussed above, as well as within societal codes and norms.

There is a large difference between the two groups of women in the numbers of children they have. In the working class group, the birth of the first child is at a very young age, and the overall numbers of children born are greater. This reflects not only the issues of sex education and contraception already discussed, but their own personal values. The middle class women I spoke with had nearly all received some form of higher education. Although they didn't necessarily think in terms of having a career, or an individual life for themselves, they, in conjunction with their partners, had decided to have less children, and a higher standard of living.

The most extreme case was MariLuisa, aged 48, who had had 12 children, seven of whom had survived. The babies that died, mostly boys, had died of what she called dehydration. Gabriela, 33, has 7 or 8 children, whom she could not afford to feed and clothe and Diega, 52, has had 9 children, whilst her daughter-in-law Sylvia, 33, has 6.

Superstition and suspicion surrounds both pregnancy and childbirth in some of these cases. Local folklore prescribes that pregnant women wear red at the time of an eclipse usually in the form of a red *'faja',* (a type of belt/corset), and newborn or young babies are supposed to be dressed in a red item of clothing, in case a stranger looks at the baby with envy (*mal de ojo*) and thus causes them harm.[28]

Agustina, who thinks she is 40 years old, has an extremely disabled younger daughter, Mercedes, who, aged 7, is the size of a one year old child. She said:

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[28] I was told this by both friends and strangers with regard to my own daughter, and had it confirmed by various interviewees.

> "When I was pregnant last time, someone poured petrol on Miguel and he got burnt - you see all his left side is burnt? I had a fright (*susto*) and this Meche was born like this, because of the shock I suffered. When she was born, she was enormous and fat, and she is getting smaller. People here said she was grotesque, and I used to cry a lot, but now I accept her and that there is nothing we can do for her. A lady down the road has a girl who is ill and really big, and she rubs her period on her face. I am lucky with Meche, I can put her in my shawl and take her with me."

Working class or semi rural mothers may go to a local clinic to have the first baby, and any subsequent children are born at home, usually in the presence of a local midwife (*partera*) or sometimes alone.

Women who have received more education, or grown up in a more affluent environment, have reduced the number of children, compared to their mothers. This is the result of conscious family planning and the use of contraception, as well as economic pressures on the middle classes in Mexico, which are making feeding, clothing, housing and schooling large families to a decent standard more and more difficult. For example Luci, now in her 60's, has had four children, whilst the other women in the middle class group have two, one or no children as yet. However, these women all came from larger families, most having around 8 or 9 brothers and sisters. Gina, who is 39, unmarried and has no children, commented on her own childhood:

> "My father left school at 13 to go to work - he was a self-made man. My mother devoted herself to her children (there are 8) but all of my brothers and sisters are professional people. At first, my father opposed my sisters' careers'.My oldest sister was a bilingual secretary, the second wanted to study, so gradually he gave way. He used to think that women were "long on hair, short on ideas" (*de pelos largos y ideas cortas*) but now he is proud of us all. They had so many children because of their religious beliefs, but also probably because of the unavailability of contraception at that time. Finally they started to use the rhythm method, in order to stop having children. My mother was from a rich family, and was raised to be a good wife and mother. We had four servants in our house - to wash, iron, cook and clean,

> and we all went to private schools.. .Now I think there are an increasing number of women in Mexico who are happy with their careers and their lives and not waiting for Prince Charming (*el principe azul)*"

Other women, for example Alejandra and Marielena, acknowledge that their children were planned, and have started to use contraception to avoid any further pregnancies.

Apparently middle class women more readily submit themselves to technology in childbirth. Amongst middle-class mothers there is a high incidence of cesarian sections. This has been difficult to research, but there seems to be an element of fashion in this, cesarian and medical intervention in childbirth being seen as somehow modern[29]. One interviewee (Maru) questioned that it was fashion, and suggested that hospital births in the best hospitals were only covered by private insurance policies in the case of cesarian, making a cesarian more likely.

> "Both my daughters were born in hospital, by normal births. I think there are medical reasons for all the cesarian these days, I don't think it can be a fashion. But my children were born 20 years ago in Mexico city, so I don't know about Puebla these days. Maybe a lot of insurance policies only pay up for cesarian sections? I had general anaesthetic when both my children were born - I was very afraid of the pain. I feel very guilty about this. One of the babies reacted to it, and it was my fault. That was my little sin"

Whilst motherhood is seen as a defining life goal for most Mexican women, the fertility transition in all of Latin America, particularly since the 1970's has

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[29]This may be related to USA, where caesarean sections are increasingly common because of the threat of malpractice. There is no statistical evidence available, but caesarean's were very common amongst my friends in Mexico, and there was an element of preference in this. One area I have not investigated here is the link between willingness to undergo cesarean section and the notion of suffering, pain and motherhood, i.e. the self-sacrifice of the mother in producing the child contributing to her moral superiority.

led to significant reductions in the number of children, particularly amongst those with access to contraception, and an education level that links quality of life, standard of living and economic means with smaller family size. However, the transition has not been the same as in Europe and northern America, where the birth rate has declined so dramatically that populations are now not replacing themselves. Pregnancy and motherhood are still seen as extremely important by most women, and have not in any sense been replaced by the idea of a career as an alternative.

Pregnancy and childbirth are considered central to womanhood. Whilst middle class women have reduced the numbers of pregnancies they have, the ideology and status of motherhood persists in all social groups, and the idea of the family as 'proper' persists. A single mother, although frequently understood to have 'failed', is normally re-instated in the family once the child is born. Contraception is understood precisely as that, and not considered in terms of prevention of sexually transmitted disease. Individual knowledge of HIV as a potential risk must be considered within the weight of these prevailing discourses and ideas, which do not take into account the reality of heterosexual transmission.

Additionally, some folkloric beliefs about pregnancy mean that this 'embarrassed'[30] state is a little removed from the world of medical intervention and clinical discovery. Pregnancy and childbirth remain a woman-centred domain, protected by cultural discourses of the importance and sanctity of motherhood, that, despite the middle classes increasing submission to bio-medical intervention in childbirth, serve to remove this area of discussion from medicine, pathology and HIV/AIDS.

Where religious and moral arguments are used to great effect is in the debate over abortion, which, whether appealing to religious dogma or

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[30] *Embarasada* is the most common word used for pregnancy in Mexico

cultural discourses about the value of children, touches a raw nerve in popular opinion that concurs with the institutional debate and argument already outlined.

7.2.4 Abortion.[31]

A legal and moral issue, abortion has received increased press, government and medical establishment attention in light of the HIV/AIDS epidemic. I include the following discussion because abortion was an issue that some people that I spoke with, both HIV positive and negative, have had to deal with as a personal issue and it is necessary to examine the circumstance in which this has taken place. Ideas about abortion also underline thoughts and feelings about an individual's control over their own body. This discussion also serves to underline how moral codes sometimes work in conjunction with, and opposing to, decisions about health and the body.

Legislation in Mexico provides for abortion only in the extreme cases of rape or life-threatening danger to the mother. In reality, legal abortion is little performed, whilst estimates of illegal abortion range from 5 daily admissions to hospital in Mexico city, with 1,500 related female deaths per year [32] to 20,000 related deaths per year in Mexico, with over 2 million Mexican women practicing abortion annually,[33] placing Mexico fourth in the world in terms of illegal abortions. Proving a rape allegation is immensely difficult in

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[31]There was sometimes confusion over the discussion of abortion, because the word for abortion and miscarriage in Spanish is the same, *aborto*. The medical word for abortion is *legrado*, but some women claimed not to know what I meant. This may have been vacillation over a sensitive issue.

[32]Estimated by Harvard University and reported in La Jornada,12.5.96

[33]La Jornada, 29.1.96

the legal system.[34] .[35]

Suggestions of law reform, made from time to time by sections of the press and government, cause almost hysterical reaction in the conservative press[36]. The Beijing conference was a case in point. During the Fourth International Woman's Conference in the late summer of 1995, El Heraldo de Mexico and El Sol de Puebla carried daily words of condemnation from the Archbishop of Mexico, the Archbishop of Puebla and the Pope, of suggestions of the legalisation of abortion and increased promotion of contraception. Feminism, together with other 'radical' movements such as liberation theology, environmentalism and many other liberal 'isms', were described in terms of a plot to control the population of developing countries and to humiliate women and threaten their 'femininity', by contradicting the "cultural values of the Mexican family".[37] The Mexican delegation to the conference, headed by Sylvia Hernandez, Minister for tourism, was attacked when it was announced that Mexico would sign an agreement declaring women's right to abortion. Mexico did not in fact sign the agreement, presumably because of some behind the scenes negotiating between the

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[34]Rape stories, and their lack of prosecution are frequently reported in the more reliable press (*La Jornada, Reforma).* As *La Jornada* pointed out with reference to one particular case, where a 13 year old girl whose family was trying to prosecute a rapist had been harassed and hounded from their neighbourhood, a civil wedding certificate can be much quicker to process than a rape case.

[35]La Jornada, 31.7.95

[36]The biggest selling book during 1995/6 in Mexico was a guide for teenagers and their parents called "A Desperate Scream" (*Un grito Desesperado*) in which there is a graphic, highly emotive description of an abortion taking place. The foetus, given full human faculties in the book, fights desperately for its 'life,' trying to avoid being destroyed.

[37]Heraldo de Mexico, 12.8.95

Mexican government and church representatives,[38] and the press attacked the delegation, stating that it did not represent the Mexican people. The Pope and archbishop continued their
attacks on the conference, and finally the Mexican delegation withdrew its contribution to debates on such issues as sexuality and control of fecundity, preferring instead to issue a press release saying that 'homosexuality is legal in Mexico' and nothing more.[39]

The status quo held, and despite a few reiterative news items in the months that followed, the issue became invisible again. The non-debate did, however, provoke contradictory comments from members of the government. The Secretary for Health, Juan Ramon de la Fuente, stated that:

> "Abortion is not a closed issue in Mexico, although now is not the moment for change".[40]

whilst the Secretary of *Gobernacion*,[41] Chauyffet said that:

> 'killing the unborn will not be legal in our country.' [42]

El Heraldo de Mexico surveyed members of the public in Mexico City on the subject of abortion, and found that 60% of respondents did not want abortion

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[38]These arguments were reported in national papers almost daily during the months of August and September 1995.

[39]El Sol de Puebla, 11.9.95

[40]La Jornada, 15.8.95

[41]Equivalent to the Home Office.

[42]El Heraldo de Mexico, 27.1.96. Front Page

legalised,[43] but other conservative papers sometimes produced quite surprising editorials on the subject. In November, a surgeon used to dealing with the aftermath of illegal abortions wrote about the need to protect the weak - but was deliberately ambiguous on whether this meant the embryo, or the woman,[44] while El Sol de Puebla opined that the issue should be put to the vote amongst women, noting that rich Mexican women already left the country to have safe, legal abortions in the United States or elsewhere.[45] La Jornada continued to argue for safe, legal abortion on demand, in light of the horrifying numbers of abortions and 'maternal' deaths.[46]

The numerous daily national newspapers in Mexico has a readership confined to a middle class, urban elite, so the relevance of this fiery debate is perhaps questionable. The interesting point is the level of comment it did provoke in this medium and the necessity felt by the church to underline its point of view so fiercely and frequently. The government position was continually ambiguous. Those politicians who might be willing to stake their careers and reputations on the abortion issue are not prepared to do so because of HIV/AIDS, even though there is a sense that at national level some politicians would like to change the law.[47]

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[43]11.9.95. Whole page (broadsheet) devoted to the survey results.

[44]El Sol de Puebla, 5.11.95

[45]El Sol de Puebla,1.3.96

[46]La Jornada, 29.1.96

[47]Dr Jaime Sepulveda, former minister for health and acknowledged as the country's leading HIV/AIDS specialist, at the Janssen conference on HIV/AIDS in Mexico City, July 1996, was asked directly by a member of the press if, in the light of the church's repeated declarations against abortion, he would lobby for legislation for abortion for HIV positive pregnant women. He said "no comment",

Dr Antonio Marin, Director General of the General Hospital in Puebla and under-secretary for health in the State of Puebla, expressed his opinion in a private interview that abortion should be legislated for on various grounds, but this was not an opinion he made public:

> "Abortion is a problem in our country. Speaking of abortion implies not only a legal side, as you have asked me, but also a moral aspect. My morality is one issue, my position as a doctor, and a human being, is another. I think that in a country like ours, we ought to instigate, with a great deal of groundwork, legislation for abortion, not in this, but in other cases. Not only in AIDS cases, because that is just a pretext, but in many other cases. In this country, just as rape can be the reason for an induced abortion, the emotional problems suffered by a woman who is going to have a Downs syndrome child, cerebral paralysis could be another - there are many reasons for an abortion and it should be handled integrally, not just in certain specific cases like HIV. Otherwise we are starting a law of sub-laws, and it's not worth the effort. That is what I think."

Priests in Puebla confirmed the official church view on abortion, and considered the issue in the light of HIV/AIDS. Both Padre Renaldo, a carmelite friar from the Templo del Carmen in the centre of the city, and Padre Leopoldo Nunez, a theologian at a Jesuit University, confirmed that contraception was a matter of negotiation between a couple and their priest, but abortion is non-negotiable in the eyes of the church.

Padre Renaldo, who has worked with people with AIDS, especially in the north where men who have worked as labourers in the States have brought the infection home with them and infected their wives, says that HIV infection is not a legitimate reason for an abortion:

> "We know that HIV is not always transmitted from a mother to her

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sarcastically. The audience laughed loudly, indicating that they understood his pro-abortion position. This key conference was broadcast live by satellite link to the medical community in Guadalajara, Monterrey and Puebla, an important event.

> baby, but in any case, I say that the baby has to be born. The baby inside her feels love, even though it is not yet born. It's not her fault if that baby is born and dies quickly. We have to promote life."

This is not a surprising point of view, considering there are no legitimate grounds for abortion in the eyes of the church. But what if the birth of a child threatens the woman's life?

> "Let the child be born, even if the woman has a lot of children. A relation of mine has 18 children, in Chihuahua. There was another women with 23. They were both fine!"

Padre Nunez, a theologan at a Jesuit university helped to explain some of the contradictions about contraception and abortion. An academic his viewpoint is far removed from that of the local parish priest above.

> "Pope Pablo V had a clear vision of this, published in Humanae Vitae. There is no definitive word on it, apart from 'love life' (amar la vida). It is generally seen as a kind of selfishness (egoismo), to not have children. But there are different applications for each couple, that is the rule. Ideology is one thing, and each specific case is another. My view is that it has to be a decision made within a couple, by both partners, after consulting their priest. Once they have made their decision, they can then be calm. If a priest is informed and follows this procedure, then all is well. Problems often arise when you have a narrow minded priest, with little vision.
>
> Abortion, it is very evident from the studies, that they are to be avoided, apart from a douche (lavado) 24 hours after intercourse. No attempt (atento) against the embryo can be tolerated. What the church cannot redress is going against facts (hechos consumados), but the Church is always open, and never condemns.
>
> The Church as an institution resists discussing these matters openly because of the general level of education and culture of the people in a country like Mexico. The Church thinks that if it opens its doors to something like abortion, it knows what will happen - abortion would be used like contraception. Education of the young is the most important issue. We must teach fundamental and not absolute values."

Both of these religious men are from the north of Mexico, and as such, say

they have had problems adapting to the mentality of central Mexico, which they find close-minded and repressive. Although both reveal the flexibility within the dogma Padre Nunez confirmed that the dominant message is to avoid contraception, and that abortion is always wrong. This is the message which uneducated people are more likely to hear. The church has however appeared to have moved from its initial reaction of condemnation and moral outrage at HIV/AIDS, to one of acceptance and forgiveness.

Abortion, as an adjunct to contraception, is important to discuss in the context of HIV infection, because it could be seen as possible justification for procuring an abortion. It also raises the important issue of control of and responsibility for one's own body, and sexuality that tie in with this discussion. Perhaps here we can look at the comments of the people who daily confront the issue of children being born with HIV, the care of those children and their chances of survival with HIV/AIDS in Mexico. One leading figure in the Puebla AIDS council, which at the time of my fieldwork was monitoring the health of 36 children with HIV, commented in an official interview:

> "We can only offer an abortion to a woman with HIV if her life is at risk as a result of the pregnancy.A woman might want an abortion, but she has a right to be a mother, to feel what it's like, even though she is HIV. There has to be a balance - although I as a woman have the right to know what it's like to be a mother, a baby also has the right to be born healthy - it's very difficult to say whether you are pro or against this. But I think the legislation should exist - we know that mother-child transmission is a fact, even though the baby doesn't get it during the pregnancy normally. But if I am HIV positive, and my child is healthy - what can I offer it, who can I give it to, what will become of it? You need to evaluate a lot of things before you legislate for abortion."

The ambiguity and confusion of this statement reflects the reluctance of a public official to commit themselves to controversial beliefs, one way or another.

Current policy regarding HIV/AIDS is that there is no legitimate reason to

offer a woman an abortion on the grounds that she may transmit the virus to her child. Any argument that she may not live to raise the child does not hold, as no person, rich or poor, healthy or otherwise can guarantee their child's or their own future. For the hundreds of thousands of children born daily into poverty into Mexico, there are no guarantees either, and one illness cannot be used as an excuse. However, the language used to justify the policy is in keeping with gender discourse in Mexico. A woman has a right to be a mother, and to realise herself as a mother, because this is constructed as the most natural right a Mexican woman has. The pro-life lobby with its anti-abortion arguments fits perfectly into this schema.

Abortion was one of the most emotive issues that I encountered in my discussions. It was always considered morally wrong, just as much by women who said they had practiced it, as those who said they had not. Although people might add that in extreme cases there may be a necessity for it, it would still be wrong. There was an absolute consensus on this issue. Abortion falls into the 'what other people do, but not me' category. Everyone knows there are special doctors, or someone who has done it, but only two women, Mariana and Teresita, claimed to have practiced abortion.

Mariana, 22, is from Jalapa in the state of Veracruz and is HIV positive. Her three year old son (born with HIV infection) died in October 1995. She has twice had an abortion, one clinical, and once with herbal medicine. She discovered her own HIV infection when her son was born. She has never used any type of contraception, so when her son was one and a half, she got pregnant again.

> "When Max was one and a half, I had an abortion. I think it should be easier to have an abortion. I don't want thousands of children around me. Anyway, I went to a private doctor. He charged me 700 pesos for the operation. He wanted to charge me more - the normal price is 1000 pesos, but I told him about my case, I told him I am HIV positive, and he did the operation for 700 pesos. When I told him about me, he said, ok, stay here now, I will do it right away. So I rang my father and he came for Max and he did it.

> Before Max was born I had already had an abortion. I don't know exactly how I did it. I went to see the women in the market, those ladies that sell the herbs. It was a special liquid that they make, a combination of herbs that smell disgusting. The house smelt of that stuff for days. Three days after I drank the liquid I had a pain in my stomach. I went to the toilet and something came out, something complete.
>
> It's wrong to do this, it is killing, but if a child isn't wanted then it pays in life, because it is mistreated. Or it has to go into a home, the DIF takes it away. It's wrong, but it's a different form of killing if you mistreat them."

Teresita, 30, feels a great deal of regret for an abortion that she had over ten years ago. Now that her husband Alfonso is HIV positive, she sees this as God's punishment for their earlier failings. She laughs at herself for this, as she is a graduate in psychology, but at the same time cannot escape her own feelings

> "I think abortion should be available for women who are HIV positive, but if it's just a woman who has been irresponsible, then no. Women who are raped should be able to have an abortion too, but that is legally possible now. When we were younger, I got pregnant. I was about 20, and it was the wrong time in my life for a child. A doctor gave me some injections, which didn't make me abort, but they did damage the embryo, so I had to see another doctor to have it taken out. It cost us a fortune - about 1,700 pesos, so I had to sell a gold watch to help pay for it. Just because it is illegal doesn't mean it isn't possible"

Almost all of the middle class women expressed their disgust with the idea of abortion, always adding the caveat that perhaps in the case of rape it might be permissible. Gina, as usual, was the exception to the rule. Maru, echoing Teresita's comment on the irresponsibility of the woman commented:

> "If the mother is not at risk, then the baby should be born. If a woman wants an abortion because it is the product of an illicit affair, or because she wants to have a life of fun, then that is morally wrong. A single woman should not have a sex life".

Abortion is discussed in the school environment, although never in any way

other than emotionally, and with great horror. Patti, explains what she feels about abortion, and reflects, like Maru, the associations of (single) women and sex with guilt:

> "I had to do a presentation at school about abortion, so I had to research it. I think it is horrible, but I think a lot of girls do it because their parents force them, so that people won't talk. (*Para que la sociedad no hablará*) Anyway, that is what happened before, but I think it still goes on. I think that if a girl is raped, then she should be able to have an abortion, but if she is in anyway guilty, then she shouldn't do it".

Javier, 23 and HIV positive, recalls his school experience in a similar vein:

> "I think abortion should be allowed when it is necessary, which means when the life of the woman is at risk, or also in the case of - I don't know if it's possible to test for things like Downs' Syndrome? Once I saw that all the Deputies got together to discuss this matter - and they were all men! HIV is a bit difficult - what if they find a cure the day after the child was going to be born? At school they showed us a video of an abortion. It was awful and I remember it clearly. It was part of a psychology course. The teacher said that abortion was bad, and he said: "What if they had aborted Picasso?"

Dominga's son David, and Lourdes' daughter Cristina both said that abortion should be allowed in the (usual) extreme cases, although Cristina thought she could never do it herself. When I asked them to whom they would go to have the operation, they said that there are doctors, 'everyone knows who.' When I asked how much the operation usually cost, Lourdes said that it was the same price as private child-birth, from 1000 up to 2000 pesos, which makes it a very expensive operation, even for the middle classes, and as it is illegal, a dangerous one.

The idea of abortion-on-demand for most women is anathema. The idea of abortions for HIV positive women, or women with AIDS seemed to be a new one I presented in my questions, and it was generally added to the list of possible exceptions to the rule. I didn't push this further by asking to what

point the list of exceptions could be stretched. Women, and some men, including those people who have practiced it, express the idea that abortion is morally repugnant, and the heightened emotional atmosphere in which it is discussed, whether at school or in the press, contributes to the guilt that surrounds the subject. Yet, if the figures reported in the press in any way reflect reality, many thousands of women practice illegal abortions annually.

Real data on this issue in Latin America is extremely difficult to find because of the obvious difficulties associated with what is an illegal and to most people in Latin America a morally repugnant issue. The evidence that does exist, from the 1960' s and 1970's shows that married women are more likely to have abortions than single women. (Mundigo:1996) This was related to the lack of provision of contraception at that time, and no subsequent data is available, but if it remains the case that married women still recur to abortion more frequently than single women, then the implications of this must be considered. It could reflect the lack of availability of contraception, but it could also reflect the resistance of a husband/partner to use any. An abortion can be obtained without the knowledge of a partner, and this may sometimes be easier than an open discussion and planning about contraception. Again, this focus on abortion as a form of contraception sidesteps the issue of its possible use in the prevention of sexually transmitted disease.

Possible reform to current legislation, should the government be so daring as to undertake it, would not, apparently, have much overt popular support.

The above demonstrates the emotion the discussion of abortion generates. It highlights the strength and currency of religious dogma in this area of sexual health, and that even if the Government has good intentions in opening up this arena to more general, frank discussion, it has to combat heavily entrenched social and cultural values. It also shows us that other aspects of cultural discourse - the value of motherhood and 'right' of every woman to 'realise herself' can be argued to be more important than health or even life.

7.3 Summary

This chapter has looked at how individual men and women live within the constraints imposed on them by the health care system, as well as their own choices and use of different medical systems. It has also examined how they make contraceptive choices, their ideas about pregnancy, motherhood and abortion, and the heightened atmosphere within which they often negotiate these subjects. Economics and education affect an individual's ability to make choices, and there are great differences between middle and working class people in Puebla. This chapter has drawn together some of the common constraints and highlighted some of the differences.

Approaches to healing are incorporative in Mexico, and whilst one type of medicine may dominate, it is never exclusive. Widespread use of home remedies based on plants and herbs rather than chemicals may be a result of economic necessity across the classes, but it also demonstrates systematic approaches to different types of treatments. Traditional forms of medicine can also be specifically Mexico, and promoted as such in the face of encroaching global/US knowledge (and related costs). Whilst bio-medicine is looked to first by some, for others, often the poorest, it is a last resort. The acceptance of many forms of knowledge about health means that bio-medical conceptions of the autonomy of the individual and the cause of illness are not unquestioned, or accepted as the only legitimate medical knowledge. This may serve to cast doubt on biomedical models of how diseases are caught and lessen the effect of new public health information.

Responsibility for health is a family rather than individual issue. Keeping medicine within the home environment may be more effective for some problems, as the alienation and foreignness of the clinic may do more harm than good. The discourses surrounding HIV/AIDS that have evolved in the US/Europe, which have pathologised sex and associated the virus with every sort of deviancy outside/opposed to the family, and that place the responsibility for sexual health firmly with the individual and a biomedical

understanding of cause and illness, may not easily find a space within the local understandings of health and sexuality as contained within the family.

Children and child-raising are seen by women as 'determining' women. They are not seen, except in the rare case of Gina, as alternatives to a 'career', or a choice, but rather as a given. In this context, contraception is regarded in terms of family planning and not in terms of prevention of STD's or as freeing a woman to enjoy her own sexuality. Within religious discourse in Mexico, sex is considered solely for reproduction, and remains firmly located within the family. The arena of sexual health however, is negotiated territory, contested and fought over by the state and the church. The need to balance the power of a popular church with the realities of managing an ever expanding population living in increasingly desperate conditions, and the economic necessities of compromise with the outside world result in varied, mixed and confusing messages and truth claims, from which the individual must make meaning. Educated women and men do make their own decisions, but reaching these decisions often brings other problems, such as conflict with deeply held religious conviction.

As Chapter Four outlined, knowledge about HIV/AIDS is oriented towards the idea that certain individuals and types of people are more likely to contract HIV than people who live normal, respectable lives. Additionally, condoms are understood to be the main way to prevent infection. As we have seen above, condoms are not typically used in long term sexual relationships in Mexico, indicating that the idea of personal risk of infection has either not been taken on board, or that the reality of changing a personal situation is overwhelming[48].

This chapter has discussed some individual interpretations of information,

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[48]In family planning literature, this is known as the KAP-GAP, i.e. the gap between knowledge of something, and knowledge as applied to oneself.

and demonstrated how meaning is made from different sometimes contradictory sources. The contested nature of knowledge about HIV/AIDS within the medical community, the fought over domains of knowledge between the Mexico/USA and the multiple arenas of medical knowledge, particularly relating to sexual health, provide the background within which individual understandings are made. In conjunction with the idea that HIV/AIDS is contained within deviant populations, and the reality of sexual identities compared to normative ideal types, the conditions are created that make women and men vulnerable to infection. The next chapter will examine individual stories and responses to this health problem, to see if the overwhelming reality of sex, gender and health discourses have affected their own ability to take control.

Chapter Eight:

8 Coping with illness

Access to resources, gender ideologies and health care combine to produce the conditions in which people are affected by HIV/AIDS, and in which some struggle to survive. Analysis of a series of life histories reveals some of the private, deeper issues that are raised in this discussion. Focussing on individuals whose lives have been affected by HIV demonstrates that those infected are not different from the non-infected, and also demonstrates that men and women suffering from the same health crisis are differentially affected.

The narratives that follow highlight different aspects of individual experiences, with sometimes my own and not necessarily their emphases. These experiences are raw, uncertain, almost unknowable - there is no adequate language for pain. It is hard to analyse these experiences without making the individuals appear overly pathetic, or desperate victims - as adults they have made choices, with their own knowledge and judgement to guide them. However, some aspects of their experiences reflect cultural values of gender and sexuality, and help to demonstrate how local gender discourses that are structurally asymmetrical condition the individual's ability to take control of their own body, and their sexuality.

Given that people who are HIV positive survive less time in Mexico than their counterparts in the USA, all of these individuals had been diagnosed HIV positive quite recently. The longest period of time being around 5 years, the shortest, one month.

8.1 Women: Motherhood, Monogamy, the 'gay world'.

HIV positive women were by far the most difficult people to meet, and to talk to. Not only were HIV positive women apparently 'silent', they were also nearly invisible. I met female carers, doctors, nurses and psychologists who worked with HIV positive patients, but women who themselves are HIV

positive were difficult to find, and usually unwilling to talk to me. I tried to get a sense of their experience with HIV, of how they tried to make sense of it to themselves, and of how HIV related to their other life experiences. For all these women it was a painful task. One woman in particular, who had been diagnosed HIV positive just one month before I met her, was in such a state of despair when we first met that I felt particularly intrusive and insensitive when speaking to her[1]. The other three, who had had more time to adjust to the facts, had in a sense developed a framework for thinking about their disease - through their contact with doctors, social workers and psychologists - which may reflect in part, some of what they feel, and certainly goes some way towards articulating to others what they are experiencing.

Two of the women, Teresita (30) and Lorena (36), are or have been married. Adriana (36) has a long term boyfriend/common-law husband, and Mariana (22) has never married and is open about her frequent changes of sexual partner. Teresita, whose husband is HIV positive, (she is not) was the only woman with some university level education, whilst the other three women had all left school with primary education incomplete.

Applying what is promoted as HIV prevention - first an understanding of the possibility of infection garnered from government sponsored information, and secondly the use of barrier contraception along with a reduction in the number of sexual partners - to women who are HIV positive, it is clear that there is a great gap between (possible) knowledge and the possibility of its application. This basic, structural problem is a central tenet of much recent work published on HIV/AIDS and women, and of the feminist critique of safer sex education. (Boulton:1994) Examination of these women's stories allows

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[1]Tere had agreed, via her psychologist, to speak with me. However, I stopped seeing her after two sessions, as I felt that my questions and interest were contributing to her discomfort. The other women appeared more willing to talk to me, and said that they appreciated my interest.

for a consideration of the other factors in their lives that limit their ability to act on information they might receive.

8.1.1 Lorena: Monogamy as Prevention

Lorena (36) has two children, aged 12 and 10. Her husband died the year before I met her, "*de lo mismo*"[2]. She has known for two and a half years that she is HIV positive, and currently has a fungal infection in her throat which inhibits her speech. She was friendly and open in our discussions, once we had got to know each other. She lives in *Infonavit Margarita* (public housing projects) and currently has no formal income, other than money she makes from knitting and selling jumpers at markets. She says that she was infected by her husband.

> "Our marriage was always in trouble. Not only money worries - in reality I supported the family economically, taking in washing when we were broke - but he was always messing around with other women. He was like that when I married him, and I knew it. He had a child with another woman around the same time that our first son was born. He also used to go with prostitutes."

Her description of her marriage, and her apparent passivity or tolerance about accepting her husband's sexual habits suggest a feeling of resignation about his behaviour, as she was incapable of changing or fighting it. Lorena holds her husband entirely responsible for her condition, which she puts down to his promiscuity. She stressed that he ran around with other women, carefully emphasising that there was no suggestion of homosexuality. She contrasted his behaviour with her own sexual fidelity to her husband. While she thinks that women might be unfaithful in their thoughts, she also claims that women have more "respect", and are not unfaithful in practice.

> "I have never had sex with anyone other than my husband. Women have more self-respect than men. Men see what they want, and go

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[2]"of the same" is the euphemism HIV positive people in Puebla use for HIV/AIDS. It is also known as "gripe" (flu).

> after it. Yes, we might see a nice young man and think, 'Oh, I wouldn't mind,' but there it stays - we don't do anything about it. Sometimes I think about what my husband did, and I get angry. His family never believed it was true, they said he was going to get better. They were very closed minded, but now they are opening up a bit. I could have gone after men, messed around, and got this on my own - I could have behaved like him".

Lorena married and was faithful to her husband, even tolerating his frequent infidelities, or at least unable to challenge and stop them. Her acceptance of what had happened to her, and the feeling of futility about her condition were conveyed in how she summed up her situation:

> "I don't have a future, and I don't have any plans - I can't plan because I don't have any guarantee of time. I hope that my children stay at school and study. I haven't discussed this with my sister yet, but since the beginning she has told me not to worry, so I know she will look after them. I used to go to therapy, but I have stopped now. Now I have to come to terms with this on my own."

Lorena claims only one long term sexual relationship. As such, she should fall within the protected, monogamous shield that marriage and fidelity accord a woman, within AIDS discourse. However, as discussed in Chapter Seven, amongst homosexual and heterosexual couples everywhere most 'risk' behaviour is more likely to take place within long-term sexual relationships than without. Care, trust, loyalty - the bases of any romantic union are not guarantees, although within long term relationships they are often implicit. This unspoken rule, removing honest, open discussion about sex from marriage, is what makes sexually transmitted disease such a difficult topic between couples. Although I think this particular problem arises in many cultures, Mexican gender discourses that specifically promote the idea that women are without sexual desire, or respectable only when they have little knowledge of sex, and as such are less likely to receive sex/contraception/std education, exacerbate the problem greatly.

8.1.2 Mariana: Motherhood

Much local research has concluded that motherhood is the desired status,

and defining life goal of most Mexican women. (see Melhuus 1992, 1996) Lorena, as the surviving parent of two children, has to face decisions about their future, and is fighting to stay alive in order to take care of them. Women take on the responsibilities of child raising almost completely, and amongst working class urban women/rural women this frequently means financial support of the family too. Mothers with HIV often face the problem of transmitting HIV to an unborn baby (if they are aware of having HIV), of recourse to dangerous abortions, or the worries of leaving children orphaned.

I will recount some of Mariana's story in detail, as she has had more experience than most of the tragedy of HIV infection in young children, as well as providing further insight into the already discussed inadequacies facing the Mexican public health system when it comes to dealing with HIV/AIDS. Mariana is from Jalapa, Veracruz, and she found out she was HIV positive when her son, Max, was born.

> "When Max was born, I think there was some complication or something, so they did some studies, then they put me in the isolation ward. My mother came in to see me, and she was crying, but she wouldn't tell me why she was crying. She said she had to go out, to buy me new clothes and things, new cutlery and plates. She came back with all these new things. A doctor came by to see me, and he said, well, you have HIV. I didn't really understand what he meant. He told me that my baby would only live for 6 months
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> When Max was born, I wasn't with his father anymore, but he found out about the baby, and came round and said he wanted to see his son. So he met Max. When he was 8 months old, I told his father that Max was sick, and I showed him all his medical records. When he saw the one that said 'HIV/AIDS' he said -'what is this?'. I told him, yes, that is what we have - that is what you have. 'No', he said, 'I don't have anything'. I said to him that it was obvious. If Max had it, and I have it, then he has it too. 'No', he said again, 'I don't have anything'. No matter how many times I told him, well, it wouldn't enter into his head that he had it too.
>
> We became friends again. He came by to take us out for a walk sometimes, in the evenings. One night he was at my house, and the phone rang for him. They said it was his wife, and she was in hospital

because his baby was going to be born. I couldn't believe it - he had told me he had split up with Edith. Then he said she had been pregnant when they split up. Something cold went through me, as I thought the baby and his wife must have this too. Well, it appears, from what he has told me, that his wife and daughter are well. I met them once, and they look happy, robust. So maybe now I think that my son and I were infected in the clinic, when he was born. My son's father, he refused to do the test, he still hasn't done it. He said my son was ill because I didn't feed him enough, he needed more vitamins and so on. Max was always very thin, very delicate, but I used to feed him and feed him. It wasn't that I didn't give him enough to eat, it's that there is no cure for this disease.

.... One day Max's father's sisters brought their mother to meet Max. Up until that day she hadn't known of my existence. She was enchanted with Max, because she said he looked like Carlos when he was little. But she asked me 'is he sick' and I said that yes, he had leukaemia. I found out then that Max had another half-sister, who is 12, in Mexico City.

I don't think Max ever realized he was ill. I treated him as a normal child. We would get up and go out at 8am, running about, busy in the street until the evening. He had his bad times, but I tried to give him the most normal childhood. They were surprised at the hospital when he survived 18 months. I had to take him for so many studies. Once they came to see him at home and when they found him running around and jumping and shouting they told me to be careful with him, that he shouldn't be doing that. Once at the hospital a nurse said to me 'I don't know why they keep doing studies on him, we all know what he has got'. I took him to the Casa del Sal[3] once, in Mexico city, because I thought they would look after him there, but they wanted me to leave him alone there, I couldn't stay with him. I wasn't going to leave him there! It is for abandoned children really. They make them swallow AZT every 6 hours and give them one sweet after.

I have no regrets about Max's life. He was a normal child, he loved playing with his cousins.I told him, you might not be 100% well, but you have to learn, and I am going to scold you if you are naughty. My mum was the one who tried to spoil him. He didn't want to take his AZT, because it tastes horrible, but if he saw my mum take her medicine then he would take his. I would take it too, to encourage him. When he began to get sick, after his third birthday, I didn't try to slow him down at all. He still ran around, and played when he could. He got pneumonia after his third birthday and was in hospital for two

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[3]*La Casa de la Sal* is a hospice for HIV positive children in Mexico City.

> weeks. I brought him a big cake and we celebrated when he came out. Eventually though, he had to stay in bed, because they said his bones would break if he wasn't careful. The last two weeks he was in bed, but sitting up, playing and drinking sodas. On the Saturday he was in bed, weak, but playing, and on the Sunday he died."

Mariana was quite matter of fact in telling her story, even the parts about her child, although this was a very recent experience.[4] Unlike Adriana and Lorena, Mariana had sexual experiences with several men, and has never married. As she has seen her mother, grandmother and sister suffer in bad marriages, she does not believe in a white wedding and staying with one man. She says she feels no shame about her own behaviour, or fear of judgement. She had dropped out of school at 14, and begun working in a bar as a waitress. There followed a succession of two or three boyfriends, and a couple of casual relationships too. She doesn't know who she got HIV from, although does suspect one person in particular, a man[5] she lived with for three months whilst working in the bar.

Mariana's story outlines the frequent reality of the working class Mexican family structure, as the father of her child had a child with another woman at the same time, and already had a child from a previous liaison, all of which was apparently unknown to Mariana. She appeared to be more in control of her own sexuality, if not her fertility, than Lorena. While she did not present herself as a victim, neither did she take responsibility for her past or present. The priority of ideas of virginity and sexual loyalty run through Lorena's expressions of correct and incorrect behaviour for women, but the ideal status of motherhood motivates Mariana's personal history, and a young

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[4]Without wishing to dismiss their importance, the trajectories of individuals' experiences of HIV, including the sense they make of any counselling they receive, and experience of pain has not been a focus of this thesis. There is obviously a great deal more to be said on this subject.

[5]Although her story is a little confused, she does not think that Max's father transmitted the virus to her.

woman achieving that status in Mexico can usually overcome other failings, such as not being married. Her frequent change of sexual partner place her into popular perceptions of risk, as a sexually active, unmarried woman, but in reality it is more likely her failure to use barrier contraception, and little knowledge about her partners sexual practices that caused her to become HIV positive.

8.1.3 Teresita: The 'Gay' World.

Whilst Mariana now suspects one of her previous lovers of sexual practices with both women and men, and Lorena has had contact with the Puebla gay community after being diagnosed positive, through her contact with the Civil Association, neither Adriana and Lorena associate their male partners with 'homosexuality'. The reasons why this should be so reflects the popular idea that the polluted groups of homosexuals and 'prostitutes' are distanced from 'normal' society in local ideas about HIV/AIDS, as well as the differential interpretations of what homosexuality can mean to women and men of different class and educational backgrounds.

Teresita met Alfonso through a cousin, in 1980. She suspected him of being 'bisexual', because the cousin who introduced them is gay. One day she went dancing at the gay disco with her cousin, and saw Alfonso there.

> "Seeing Alfonso in the gay disco didn't really shock me. I sort of suspected him. It put a new light on our relationship. I feel a lot of affection for him. He has always been the one to fool around, to go looking for affairs. Anyway, men are always more likely to go looking for other women"

She got married knowing about his 'other life', which she says she doesn't mind about, drawing the line only at other women. Alfonso thinks he got HIV from his "one experience without a condom" with a prostitute in the north of the country, but also claims he regularly took HIV tests, until 1991 when he was diagnosed positive.

> "It was very hard when Alfonso told me he has HIV. We had been separated for about one year, when he rang me up and asked me to

> come and meet him, saying that he needed to talk to me. I imagined everything - another woman, a love child, another man, a divorce - everything but this. When I got to the cafe he was sitting there with another man, and so I thought that's it, he is leaving me for another man, but no. He just said it straight out - "I have AIDS". Of course, I thought he was lying. Then he started to cry, and I began to believe him.
>
> I thought he was a coward, because I thought that he had brought it on himself. At the time he had thought only of enjoying himself, he thought only of that moment, and not of the future. Of course I was afraid I was positive myself. I was very worried, and I did the test. I'm not afraid of being infected now, because our relationship is spiritual and not sexual. We don't have sex anymore. I think Alfonso finds that much harder than I do. I don't find that I need sex anymore."

Teresita is by no means usual in her approach and honesty towards this subject. Her open acceptance of her husband's 'other' sexuality would make her quite unusual in most Western societies. Despite her open criticism of her husband's careless behaviour, she is very supportive of him. However, she does not believe that he contracted HIV from a female prostitute. As she pointed out, he regularly disappears to Mexico city for days on end, to hang around *'el ambiente'*. Both Teresita and her husband Alfonso think that men with homosexual practices are quite frequently married, and consider the openness of their marriage quite rare. As she says;

> "The gay world here is big, but it's very hidden, because people here, especially in Puebla, are very repressed. When they go north of the border, they just go mad. The joke here is about '*el Sancho*' - the lover everyone knows about, but no-one talks about. People tend to think that gay men are women inside, that they dress as women, and that they want to have a sex change. But I think it depends on your education. I know men who are 100% *hombre, machos*, but they are gay. Women who think that all gays wear dresses are usually married to gay men without knowing it."

Teresita and Alfonso have not told their families about the special nature of their marriage, because, despite Teresita's fairly liberal upbringing, they do not feel their families will be able to cope with the news. Additionally, Teresita's sister, and her cousin, have, within the last year, both died of AIDS

related conditions. Teresita feels that she is the backbone of her family now, and cannot expose her mother to any more shocks. This family contact with AIDS has provided her with a cover for her voluntary work with the self-help group. Teresita is hard on Alfonso and won't succumb to his emotional blackmail. When he speaks of suicide, she tells him he is a coward. Although being married to a man with bisexual practices places Teresita in a 'core' group for risk of infection, Teresita and Alfonso have always been honest with each other about their extra-marital relationships, and perhaps this is what accounts for the fact that Teresita has not become infected. As they point out, they are not at all a typical couple.

The women discussed above have outlined in their own, varied stories some of the deeper reasons why the possibility of infection with HIV is only one facet of the issues surrounding sexuality. Lorena, whilst uneasy about her husband's behaviour, felt unable to challenge it, and unable to protect herself against a sexually transmitted disease. Mariana's ambition was to be a young mother, and for personal reasons never used contraception. Teresita and Alfonso were honest about the nature of their marriage, but readily accepted that their approach was unusual. Ideas about male and female sexuality affect a woman's ability to control her sexual life and fertility, and are crucial elements in this discussion, frequently ignored in safer sex education. They are some of the more fundamental reasons, compounding the difficulties of access to contraception, why HIV/AIDS education and prevention everywhere, is so difficult.

8.2 Women and HIV/AIDS: Risk, Responsibility, Disclosure

Women who become HIV positive in Puebla do so because of a compounding of the problems of access to health care, education and contraception, within the norms required of them within Mexican gender/sexuality ideology.

The women who have had some time to come to terms with HIV have

developed narratives - either for themselves, or for others, about their experience. That they have been seen by doctors, social workers and psychologists over several months accounts for this, in addition to a need they have obviously felt to try to explain it for themselves. These three women see HIV as something that has been done to them (or in Teresita's case, to himself) by men. None of them expressed open hostility or anger, although they were bitter and depressed, and trying to make the best of their current circumstances . They did not declare openly that they may be equally responsible for sexually transmitted disease, by their lack of responsibility in the use of barrier contraception.

Whilst there is no need for these women to publicise their HIV status - it is of course a private matter - most of them are living in fear of being in some way found out. Disclosure of their HIV status to their families has been partial. Mariana continues to have sexual relationships with men which do not include any form of protection, and she does not reveal her HIV status to her partners, which may be her way of getting revenge. A fear of rejection and of hostile reactions from members of her family, especially towards her children in Lorena's case, prohibit open acknowledgment of the problem, whilst in the case of Adriana, shame and embarrassment have meant that she cannot discuss it with her father. This is not always the case with some of the men I will discuss in the next section, who have found a way to use their experience to talk about and even educate about HIV/AIDS. Even Teresita, who has experienced HIV/AIDS as a family crisis before, and who has an open relationship with her husband, cannot turn to her family for support. However, her involvement in the HIV/AIDS support group has prevented her from being totally isolated. This health crisis, popularly associated with very stigmatised groups, is understood by these women as something shameful for the individual and the family, and this prevents contact and talk with those outside the clinical environment, further contributing to their isolation.

Lorena said that she and her husband suspected that they were both HIV

positive, so despite her denial, she obviously had heard something about it, but either didn't or couldn't apply that knowledge to her own sex life. Mariana too denies any prior knowledge of HIV.

Adriana, from a small village in rural Puebla, travels to COESIDA in the city once a month to see the psychologist and doctor. She claims that she had never heard anything about HIV before her diagnosis, and says that she got it from the man she was living with.

> "If I keep taking all the medicines they give me, and vitamins, and eat well, I am going to get better. I got this illness from the man I was living with. He says he doesn't know how he got it. He is much worse than me now."

Although the newness of her experience accounts for her reticence and inability to express herself, her personal circumstances may also have made this more difficult. She received little more than basic primary education, although has since trained for secretarial work. She claimed no previous knowledge of HIV, nor of homosexuality, but all the same had construed the illness as somehow shameful. Fear of losing her job made her reluctant to tell her employers, despite needing time off work to travel to the medical centre in the city. She is not now ill, but her diagnosis and visits to the clinic have cast her into a sick role, one that she has to come to terms with somehow. She has placed her faith in the Virgin, and goes to church more than before, praying not to suffer, and in the hope that God will take her problem away. Her expressed ideas about her body, about HIV and treatment, and about her cure, revealed a limited knowledge of what is happening to her. Her difficulties in expressing herself also revealed her pain, her sense of betrayal and lack of anyone to turn to.

Information about HIV/AIDS then, if received, had not been applied to any of these women's lives, with the exception of Teresita. Where there was a previous sense of risk of infection, as in Lorena's case, there was very little ability to apply that knowledge. Responsibility for infection in all cases had

been cast with men, although Mariana, who continues to have casual (unsafe) sex with several men, also speculated that she too may have been responsible for infecting other people. Discussion of risk of infection must therefore be considered from a gender perspective. It also must be considered within a context of different ways of knowing, and the different criteria that form an individual's understanding of themselves and their sexuality. Personal constraints and choices, such as the right or need to be a mother, the depth of understanding, and the choice/necessity of marriage, impinge upon an individual woman's ability to control and direct her fertility and sexual practice.

8.3. Men: Questions of Identity

The personal histories discussed below are divided according to the individual's auto-designation within the local schema. The stories emphasise the problems of an understanding of this health problem based purely on the division of sexualities into two, or sometimes three discrete categories. They also very clearly highlight that whatever a man's particular self-identification, he cannot assume that he will be protected by his social identity.

8.3.1 Men Who Have Sex with Men

JJ (28), emphatically denies any 'gay' labelling, but nonetheless has only ever had sex with other men. Even if he had known about HIV in 1984, when he first had sex, he probably would not have thought it a personal problem. In his own story, his first sexual encounter with another man surprised him, in that the other man was not a 'queer' or effeminate, but really masculine. As he struggled with his sexuality, he felt he was on a slippery slope downwards towards some sort of femininity, and he feared he would 'end up' a transvestite.

However, by the time JJ had started to prostitute himself in Mexico City's *Zona Rosa* in 1988, in order to supplement his income as a student, he had

become familiar with the gay world both in Puebla and in Mexico city, and, according to him, was fully aware of HIV/AIDS as a risk, and so used condoms with clients.

> "When I was a student, here in Puebla, I began to meet other gay men. I started going to a gym, to the cinema, and I worked in a restaurant. I met someone to share a flat with, and we began to go to Mexico City at the weekend to prostitute ourselves, in order to earn money faster. I always used a condom with clients. At first, I asked for 250 pesos, but I had to lower it to 150 pesos. With Chuey (my boyfriend) I never used condoms. I started to take the AIDS test too. I had really broken with God, and the church, by then. I really felt I would be contaminating my family with my sins, but I felt clean when I used a condom.
>
> In December 1993, after finishing my degree in August, I met Feliciano in Puebla....two days later when I asked him to be my boyfriend, he said yes. I told him all about myself, even about being a prostitute. Feliciano already had a boyfriend from Michoacan. He had met him in Los Angeles, when he worked there for two years in a meat processing plant, from 1989-1991. We think he got the virus in LA. I did the HIV test two months before I met Feliciano, and it was negative.
>
> In February of 1994 Feliciano started to get ill with diarrheas and stomach pains. I was in the bank with him one day and I saw the shadow of death on his face. He said 'papito[6], I am frightened'. In May of 1994 we both did the test, and we both came out positive. At first, we had used condoms together, but we had stopped, because we were in love. I don't like to use condoms, they are a barrier for my love. I think using a condom is not just the physical sensation of being separated, but an emotional one too. Feliciano had never done the test before, and he had only had two partners in his life. We came out of COESIDA, and hugged and cried and felt unhappy - not because of the virus, but because our love was going to end, and one of us would have to die first. Feliciano was constantly ill, and died in April 1995.
>
> I feel impotent in the face of this disease, and I felt it all the time Feliciano was dying.... I think somehow you can adjust yourself to physical pain, but you cannot adjust yourself to emotional pain".

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[6] *Papito* (little father) is a common term of reference between male Mexican gay couples, where one partner assumes the more dominant social role.

Although JJ admits to hundreds of sexual relationships in his working life, he thinks that Feliciano infected him, at the same time maintaining that Feliciano was sexually quite inexperienced. He did not look for much outside support while Feliciano was alive, but lived with a nurse friend, who helped them. They rejected the new self-help group, preferring to remain alone. He was[7] afraid that someone would find out he was HIV positive at work[8], and that he would be labelled a homosexual because of it, but was eventually sacked for making a personal comment to a secretary, who happened to be his boss's girlfriend. As an individual, he was very concerned to maintain a 'straight' persona, which is one of the reasons why he and Feliciano avoided too close association with the 'gay' dominated self-help group.

JJ constantly emphasised his masculine identity, and the penetrative role he played in sexual encounters. His receptiveness to information about a 'homosexual' disease, therefore, would be bounded by his own understanding of himself, which might include self-denial (for example, about any sex-for-money encounters where he might have occasionally played a passive role).

8.3.2 'Homosexual' Men

Ruben, (28) a dancer with the Folkloric Ballet in Puebla, is also fairly certain of how he got infected, but claims that he knew nothing of HIV/AIDS beforehand, despite an active sexual life with other men since a young age.

> "I had never really heard of AIDS before I got it, and I had never used condoms. I was with my partner for a long time, and well, I had had my flings, but always within my circle of friends, and they are, you know, clean. I never really went with strangers. I went through a promiscuous stage as a teenager, but that's because I went with all

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[7]I change tense here because JJ died in Autumn 1997, at home in the village he grew up in.

[8]He was working in a local government department at the time of our friendship.

> my neighbours, I was their 'pet'. (*mascota*) I know my friends are all clean, because when the dance company found out about me, everyone had to do a test.
>
> I know how I got infected. I had an argument, a fight with my boyfriend, because I saw him with someone else. Because I was proud, I wanted to pay him back. I went with some friends to a club in Mexico (City) and I picked up this guy. It turned out he was the manager of the club, so he invited me upstairs to his room, and we had sex. He knew he was infected and he passed the virus onto me deliberately, because someone had done the same to him. I had been with my partner four years, and I had been faithful to him, and anyway, when I tested positive he had a test too, and he is negative. Well, I saw the man that infected me here in the street not long after I knew I was positive and he asked me how I was. He told me to infect someone else, to get my revenge. Why would I do that? I wanted to kill him. I see him from time to time at the discos here in Puebla.
>
> I got HIV in January of 1993. I did the test and it came out positive in March of 1993. The way they told me was brutal. I went in to get the results and the psychologist told me, well, you have got HIV, this is the way the disease develops, etc. etc. She explained everything very fast and none of it went in. I didn't even want to know how the disease develops. I left there and I felt - I don't even know how to explain it. I felt like I had a huge scream trapped inside me. I suddenly thought - that's it. In 15 or 20 days I am going to die... When I think of that man, about what he did, I am filled with hate.
>
> I get depressed when I drink. It is as if, after all this time, I still don't accept this is happening to me. I get so angry when I think of his stupid ideas of revenge. I would never do that to anyone. If I have sex with someone, I tell them, look, I am HIV positive, or at least I insist on a condom. If they don't like them, well, that's that".

Ruben, like Alfonso, is very definite in his story of how he was infected with HIV. Joan (45) too was certain about what had happened. As his father moved to California when Joan was a child, he has spent large parts of his life in the US. He met David, a Scot, and set up a successful restaurant business with him in San Francisco. David had been diagnosed HIV positive 2 years before Joan found out.

> "David found out he was HIV positive when he got his pilot's license, because they all have to take an HIV test. We had been separated for a year and a half, and he didn't tell me that he was positive. We didn't

> use condoms because we were an old, established couple - we were together 18 years. I had been faithful to him all that time, and I think he felt guilty about infecting me. I think I have had HIV for about 9 or 10 years.
>
> After I left David, I came back to Mexico. I began to feel tired and to lose weight. I felt OK when I went back to the States, so I didn't see a doctor, but when I got ill again, with diarrhoea, a doctor friend of ours did a blood test without telling me. He asked David to help him give me the result, and that was when David finally told me about himself. I then decided to move back to Mexico permanently.
>
> I was depressed and sad for two or three weeks. I felt betrayed and cold towards David. But then I realised that whereas I was beginning to accept my illness, he never had. When I went to see him, we started to fight. He was getting ill by that point, but didn't want to take any medicine.
>
> Our restaurant business in San Francisco had been very successful, and as we had more money, we had more and more time. David became an alcoholic through boredom. He took flying lessons and bought a part-share in a small airplane. One day we were going to have lunch with some friends in a restaurant on Catalina Island, but David and I had a fight, so I went there with my friends instead. As he tried to land his plane he crashed it, and he died. I don't know if it was suicide. He was three points over the alcohol limit".

Although Joan claims that he was faithful on his part, he was infected in a long-term relationship. Joan is an 'out' homosexual, and his experience of growing up both in Mexico and California have given him a wide experience of being gay in two different cultures. His best friend, Chucho (47), is more ambiguous about how and where he got infected, although he suspects someone local, as well as someone he met during his time in the USA, where he worked illegally in restaurants. Chucho comes from a well-known, fairly prestigious Puebla family, and is also a well-known, now notorious figure in the gay world. He was always well off, and still has a hairdressing business, but has spent most of his money.

> "I am very well known here, and very honest. When I was first diagnosed HIV positive, I didn't know what to do, so rushed around and told everyone. So now, all of Puebla knows that Chucho Rafael has AIDS.

> I don't know if I got infected here or in the States. The person I suspect here has already died. They told me, guess who just died, and I asked, who? Everybody knows more than me. Joan says we came back from the States infected, but one can't be sure. About three years ago my hand went numb, paralysed, and my right leg as well. I couldn't move it. I didn't have any other symptoms, no night sweats or anything like that. Anyway, they did an HIV test and it was positive. When my sister died, I went back to California for her funeral, and I didn't take Oscar (his boyfriend) with me, and I had a little fling there. That might be when I got it too.
>
> Of course, I told so many people that now everyone knows. After Oscar left I was very lonely. I used to look in the zocalo for company. I still do from time to time. About 6 months ago I picked someone up and took him home with me. He asked me if I was Chucho Rafael, and I said no, I wasn't. He came back a couple of days later to visit me and he brought a friend. I invited them in, and they jumped on me, and grabbed my video and tv and my jewelry. They held a knife to my throat while they did it."

These three men openly accept a homosexual label, and claim almost total sexual passivity as their sexual preference. For Chucho and Joan, who are out in all aspects of their lives, this has a great deal to do with the amount of time they spent in California in the 1970's and 80's. Ruben, younger and not so experienced, as a ballet dancer also maintains an 'out' persona in most aspects of his life, although his experience of HIV has also forced him to come out to his family rather sooner than he was ready to. Chucho and Joan were therefore well informed about HIV/AIDS, although disclaim personal responsibility, preferring to present themselves as victims of other peoples choices. Ruben too, despite his denial, has been out in the Mexican gay world for some time and had access to information from an early age. These men have prioritised other aspects of their life over safer-sex. Joan, claiming that he had been faithful to his partner, demonstrates, like Lorena, that 'risk' behaviour is as likely to take place inside a long term relationship, as outside of it.

8.3.3 'Bisexual' Men

Alfonso, (30) whilst enjoying an open relationship with his wife Teresita, and to some extent 'out', insists that he was infected by a female prostitute.

> "I have been promiscuous since I was an adolescent, and used to regularly visit prostitutes. Since I got married in 1989 I have really changed completely. I don't drink as much as I used to, or look for other women, and I have stopped having unprotected sex, since 1991. I also used to take the HIV test quite regularly, and came out positive in March 1991. I got HIV from a prostitute in Monterrey. I sure of this, as it was the one time I didn't use a condom."

Supported by his wife, he is nevertheless ambiguous about his sexuality. At the same time, he is semi-open about his HIV status.

> "Economically we are really badly off, because, about a year ago I had an appendix operation, in the midst of applying for a job with *Bimbo*[9]. I had to lie about my qualifications because they won't employ you as a salesman if they think you are overqualified. Anyway, the company somehow got hold of my medical records from the IMSS and they cancelled my contract, on the grounds that I am overqualified, and not because I am HIV positive. There is nothing I can do as I lied on my application from, but I feel very bad about it. Everyone at work knew I was HIV positive of course, once the gossip went around".

Because of his wife's family's recent bereavements, he has not yet told his own family that he is HIV positive. One of his brothers also died recently (a heart attack), and so he doesn't want to give his family any more shocks. Alfonso was very involved with the self-help group for a long period of time, and constantly traded *alburres* and comments about his 'bisexual' preferences, in the presence of his wife. He was usually referred to amongst the group as 'the heterosexual'. Like JJ, he had a history of repeated testing before he was diagnosed positive, indicating again that he was aware of HIV, but perhaps not always careful to avoid unsafe sexual encounters.

8.3.4 Transvestitism/Prostitution

Roman (40) worked for many years as a transvestite prostitute on the 6 poniente, the city's centre for transvestite prostitution. He was also married with four children, but claims that his family did not know of his double life.

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[9]Bimbo is the largest bread and cake manufacturer in Mexico

He kept working after he was diagnosed positive, but says he was then careful, and has since stopped selling sex.

> "I started to suspect that I was HIV positive about 6 years ago. I took the test regularly, about every 6 months. All of the early results were negative, but from 1992 they started to be positive. I do suspect the person who may have infected me. I was diagnosed in the IMSS San Alejandro hospital.
>
> The chemist who did the test was very kind, but they doctor who gave me the results destroyed me. I suffered that day. They didn't offer me any kind of counselling, either before they broke the news, or after. Nothing. I went in, thinking it was a negative result as normal, and so was very shocked. Since they told me, I think of myself as an ill person, but I have decided to fight it.
>
> My family knows, that is, my family who lives with me, my children and my mother. I took my children to a psychologist, to prepare them for the news, and then I told them. The girls seem to have accepted it, but the boys have not. My wife and I have been separated for about 10 years. I tried to send a message to her, so that she could get tested to, but we couldn't find her.
>
> Listen, I was a gay prostitute, a transvestite prostitute. I didn't have any education, and I wanted to do the best I could for my children. The only thing I could do to make money was to sell my body. I was always informed about HIV, but I wasn't always careful. I didn't always have protected sex. Because of my own behaviour, I now think that I wanted to infect myself. I was careless with a man I thought was faithful, I knew very well how not to get HIV. I did what I did for my children - I wanted to give them an education. The only thing I am sure I have really given them is information about this disease, and an experience of it. They know what it is, and all the dreadful things that are to come".

Roman's story is similar to that of the female sex workers Dania, Iris and Patricia, discussed earlier. Whilst careful in his working life, to the extent that he used condoms and tested regularly for HIV, he practiced unsafe behaviour in the context of his romantic relationships with other men. Whether he was continuing to have sexual relations with his wife at that time was unclear, although he was living with her. There is survey evidence that men with bisexual practices in Mexico who use condoms with women are more likely to use them with male partners. (Izazola Licea:1993) However, as Prieur (1998) has argued, for men who have sex with men and women,

as much as with men who have sex only with women, romantic discourses of love, loyalty and jealousy structure long term relationships. When a relationship with either sex enters the sphere of romantic love, (continued) use of condoms is unlikely. Izazola Licea has suggested that contacting men with bisexual practices in gay gathering places may be a way to increase condom use with female partners, given the difficulties of contacting these men in other ways. This is certainly one possible approach, but the difficulties are compounded by mens' ideas about self, identity, and a differentiation between romantic love, sex for money, and sex for the sake of sex.

Alfonso's relationship with his wife is based on honesty, whilst Roman's relationship with his wife was not. Roman justifies his withholding of specific and very important information from his wife on the grounds that his children were the most important element in his life. This also follows typical gender discourse, emphasising the general understanding that the relationship between parent and child is more important than the relationship between spouses. He emphasised his personal sacrifices, underlining his status as a good father.

8.4 Knowing, Risk and Disclosure

The other people spoken to in this study have some knowledge of HIV, even if they feel it is not applicable to their own lives . It is therefore reasonable to assume that the men interviewed here would have had some prior knowledge of HIV. Close association with some aspect of the gay world, even if they were not 'out' at the time, and, their experiences in or of the USA, means that their knowledge of the 'risk' is likely to be greater than that of the other people I have already discussed, and possibly influence their practices. (Shafer et al:1997) In a climate that ascribes HIV/AIDS to 'homosexuals,' and labels it the 'gay disease', auto-designation as homosexual or not obviously has some influence on how much it is seen as relevant to one's life.

Many of the men interviewed feel that there has traditionally been a link between being feminine and homosexual, and masculine and 'a man' (*hombre*), and this has influenced the adoption of a 'gay identity' and possibly how much HIV is perceived as a personal issue. Although some men, like Ruben and Joan concluded that sexuality was more flexible than these static categories allow, popular ideas about homosexuality in Mexico do generally conform to these categories, meaning that HIV/AIDS is not perceived equally as a risk by all men with what Euro/Americans might term 'homosexual' practices. Given that the virus is more easily transmitted from 'active' (penetrator) to 'passive' (penetrated) partner, (be they male or female) and the association between 'active' and masculine, and (in the Mexican context) often a married man, the nature and role of bisexual practice in the transmission of the virus in a particular culture is pivotal.

All of these men are healthy, yet have accepted a sick role as a result of their diagnosis of infection, and their subsequent involvement with health institutions and a community group. However, they do not emphasise being ill as part of their narrative, but rather tend to highlight how they got infected, and where responsibility lies. As with women, the issue of personal responsibility is not raised.

The narrative of infection is mediated through their place in society, cultural values and their own sense of self as it is for women. There is no direct link between the educational background and economic status of an individual and a certain way of accepting or dealing with the problem. Roman, for example, defensively emphasised his poverty and need to work for his children's' sake, yet has taken very formal steps to prepare to tell his children by asking a psychologist to help. Ruben portrayed his experience as the result of bitter revenge, with himself as innocent victim, whilst Joan emphasised the romantic betrayal of trust in his long-term relationship. JJ constantly emphasised his masculinity, and Alfonso denied that being infected with HIV was as the result of any homosexual activity. Chucho, a

flamboyant and open gay figure "told everyone," admittedly in the hope that someone would come up with the solution. Joan and Chucho think they have been infected for a long time, especially as they consider they were infected during their extended stays in Los Angeles. The other men consider their infection more recent.

Whether or not a person discloses their HIV status has to do with the degree of support they feel they have. Feelings of shame, through the strong association with deviancy, seem to be lessened if a man's association with the gay world is stronger. Men who have sex with men are also subject to moral codes, in this case those which demand that a man be manly and masculine. Men with more international experience, like Chucho and Joan, (not to mention their social status, and money) to a certain extent have used their experience of a foreign gay community, and its attempts to fight HIV/AIDS, to help them cope. Ruben, however, was forced to disclose his status when he was filmed for a local television special, and, against his expressed wishes his face was shown. In a case like his, there is simply nothing else to lose. The difficulties of disclosure, and the sense of paranoia and fear it evokes, revolve around ideas like those expressed by Alfonso, who feels he lost his job because 'someone talked'. Another man, Ricardo, who died in December 1995, was sacked from his job as a primary school teacher when his HIV status was somehow disclosed. It is not just an individual's reputation that is at stake, but often their livelihood too. There is very little to be gained by being open in the wider community.

Most men have a strong sense of how and where they were infected, even though most admit it is impossible to be certain, and many look to more practical means of coping, like co-operative, education based work, than to religion and prayer. Like the women, they have often experienced the death of a partner or relative, and so also live in a pessimistic world. For some like Ruben, the support of a group and medical community is not enough to help overcome the despair.

8.5 Coping with Despair

Apart from issues of personal responsibility for safer sex, and blaming others for becoming positive, other experiences are also part of the struggle to make sense of living with the virus. Whether or not the individual man tries to make sense through questions of identity, he, like the women above, is alone in his personal experience. Ruben's story underlines how isolating this health problem can be.

> "The last time we spoke, I was really depressed. I had problems with my partner, I had economic problems, I felt very alone. Even though I was with that partner, I still felt alone. I saw him with another man one night, and felt dreadful. He had started to see other people. It was just before Christmas, and of course I felt nostalgic because of that. I lived alone, and I felt really alone, like a dog. I went to speak to him about what was happening, and he told me he didn't want anything else to do with me, that I was infected and he wasn't, and that he was afraid that I was going to infect him. He told me to come back the next day, and that he would sort out his ideas and tell me everything. So, I went back when he said, in the morning, and I waited all day, until early the next morning, when he finally came in, again with that other person. I had told him the day before that if he left me I would kill myself, and so he said to me, go on then, kill yourself. The other man was offering him a lot, he said, and he wanted to be with him. Well, I went home feeling very alone, very unhappy. I had insecticide in the house, a 250ml bottle, and I waited until midnight, I don't know why, and then I drank it. It tasted really bad, but I drank it all. Then I lay down and switched off the light and tried to go to sleep. I said to myself, I won't wake up until tomorrow.
>
> I started to have hallucinations, and began twisting and turning, and feeling very bad. I tried to get up in the dark, but I fell over and knocked my eye on something. I was seeing double. I thought to myself, this isn't normal, this isn't normal, so I made myself sick and the strength went out of my legs. I was terribly thirsty, so I got into the kitchen somehow, and saw that it was getting light outside, so I grabbed my keys and went out. I was trying to get to the doctor's house, but I walked and walked and I passed this clinic here, so I came in. I didn't want to die anymore. I walked into the clinic and passed out on the floor. I wouldn't tell them what I had taken, because it is a crime to kill yourself, so when I felt a bit better I left. I went to see my sister and she took me to COESIDA, and finally I told them I had accidentally swallowed insecticide, and the next day I felt worse, so

> they put me in hospital.
>
> I felt stupid then, because the person I did this for is not worth it, and I feel bad because of all the trouble I caused. The doctor got me into the hospital, even though I have no insurance. And so many people came to see me, even the director of the hospital. There was a queue of people outside my door. They told me in the hospital that I had permanently damaged my liver, kidneys and large intestine, and also there is a danger of hepatitis now.
>
> I hadn't really planned to kill myself, or, what I mean is that yes, I wanted to kill myself, but I just used what was to hand. I couldn't have afforded anything else. It was just, you know, a type of revenge on that boy. But also I think it was that, although I have been living with this thing for so long, I still really hadn't accepted it in my mind. Everyday I was waking up and thinking - another day of this. How long is it going to go on?"

Ruben's isolation and despair was overwhelming, despite his association and work with the self-help group, and close personal friendships with staff at COESIDA. While being out and part of the gay world may help to alleviate some of the problems associated with coping, it can be a double-edged sword. Living in a social world that focuses almost exclusively on the illness does not provide a space for not being ill. Being 'outed' on TV and forced to acknowledge his homosexuality to his family served to alienate them and not to bring them closer, increasing Ruben's isolation, and his reliance on a small world of positive individuals and medical staff.

8.6 Summary

Drawing together the different experiences outlined in this chapter highlights that there are common problems and issues faced by HIV positive women, and HIV positive men, but that there are also quite startlingly different ones. All of these individuals live closely with death - either a partner, a child, a personal suicide attempt, or more generally through their personal networks in the Puebla gay/HIV world. Their recourse, where possible, to a limited coping network emphasises both death and sickness as constants.

Questions of disclosure of HIV status also arise for men and women. All of

the women who are positive have combined disclosure and non-disclosure within their own families - Lorena doesn't want her children to know, in order that they are not ostracised, while Adriana has told her brothers and mother, but not her father. Mariana did not get a choice in whether to disclose this information or not to her family, as the hospital informed her mother before they informed her. The men too have had to go through this process. Given that the implications of having HIV popularly imply that the man concerned is homosexual, for some, like Javier it is a combined event of disclosure - first to tell his family that he is gay, and to tell the rest when the shock of the first revelation has been assimilated to some degree. This is where one of the differences in experiences begins to emerge, that is, the issue of children. Of the men, only Roman has children, and he has decided to tell them the truth, both that he is gay, and that he is positive. Lorena, on the other hand, has decided to keep the truth from her children until they are older, because of the shame she feels about herself, and possibly because of the implications being positive has for the memory of her dead husband. Non-articulated moral discourses impact on both men and women, limiting both their access to knowledge, and their ability to react to a new situation.

The women I spoke to self-identified as heterosexual, and had contracted HIV through sex with a positive partner. The men, with one exception, were self-identifying homosexual, and all acknowledged that they had had 'promiscuous' periods in their sexual history, by which they meant several partners, and frequent unprotected sex. Risk of infection, then, generally has a different meaning for men and women, in that most of the men were aware of the problem as a risk to themselves, some (Roman, Alfonso, JJ) even repeatedly testing before being diagnosed positive. HIV/AIDS was an aspect of their lives, as gay men growing up and having sexual experiences in the 1980's, and a problem to be aware of. The women - Adriana, Mariana - had no conception of HIV as a risk, while Lorena, who said that they 'suspected immediately what it was' when her husband began to get ill, obviously had some ideas about AIDS, but no means to protect herself. Teresita was also

aware of the virus, but despite her knowledge of her husbands 'double life', she did not have the ability to prevent its impact on her own life. Where there are similarities between homosexual men and heterosexual women and the assessment of risk, it is in the context of romantic love, where trust and loyalty between long-term partners are prioritised over a sense of danger.

Another gulf that exists between these gendered experiences of HIV is that of life experiences. These women have never left Mexico. Apart from Teresita, they say that as far as they know their husband/partner has never left Mexico either. The men, on the other hand, have all but one of them travelled to the United States to work, and have had sexual encounters there. JJ, the only man who had not left the country, was the partner of a man who had spent three years working in Los Angeles. The contact with the outside world is direct and obvious amongst the men - meaning greater direct and personal exposure to outside ideas, information and cultures.

Although there are shared issues other than the direct health problems men and women face, men and women's experiences remain very different. For men, there is more of a response network available, even in Puebla, where a 'gay identity' is the privilege of an elite, and coming out is fraught with problems. There is a sense that the men who talk above have mediated their experience through some sense of a shared problem and shared life experiences in a small gay sub-culture. Their prior knowledge of the disease and of types of responses to it - from where to go to get tested, to who to tell, means that there is a (limited) way to get through the maze of problems that HIV brings with it, and to begin to come to terms with the problems, that is more readily available to gay men than to women.

Women on the other hand, other than the help available through the institutions and medical establishment (which does of course provide variable types of support) have to fend for themselves. They may be able to tell their families, but as principal child carers they often have to negotiate a

delicate balance between members of the family who can know, and those who cannot. In a world where only homosexuals and prostitutes 'get AIDS', disclosing HIV status even in the environment of the immediate family implies the acceptance of a label - if one's husband or partner is a 'man,' and no suggestion of homosexuality can be suggested, or tolerated, then the woman herself can only have brought this state upon herself. In the eyes of the community she is not decent. In the absence of other routes of infection, sexual transmission is best known and normally implied.

The responses available to men and women who are diagnosed positive reflect normative discourses of gender and sexuality. Whilst the family is significant for both men and women, a male-focussed coping network has evolved in Puebla during the course of the epidemic, as a result of the more 'public' lives men live, the (limited) gay world (gay) men have access too, and as I shall outline in the next chapter, through the voluntary community response in Puebla. Women, as guardians of home, children, family networks, and religious and moral values, often have to face this health crisis as individuals. Whilst HIV/AIDS may appear to open up some discussion of sex and sexuality, its impact on individuals is differential according to gender, and for women, it is a very isolating experience.

Chapter Nine

9.1 Community Responses

Discussing individual experiences of HIV/AIDS highlights personal difficulties, but these need to be considered in the context of the wider community. This will cover grassroots politics in the wider community, including the development of urban social movements, the 'gay community', and the medical community. I will consider the extent to which HIV/AIDS can be understood as both forming 'communities' and re-structuring community.

The response of the 'gay community' in the United States and the UK/Europe has been one of the most important factors in urging diagnosis and a rapid search for a cure since the beginning of the epidemic, and certainly the most important cause of searches for prevention of infection (safer sex). Whilst the idea that a 'gay community' can exist at all is negotiable, many writers on HIV/AIDS clearly believe that, as a product of shared experience at bars/discos/political meetings/social gatherings (Kippax et al:1992) something more than the sum of its parts is produced, and that shared element, the 'community' has been instrumental to a great degree in the fight against HIV/AIDS since the beginning of the 1980's (Shilts:1987). Whilst it is also arguable that the importance of the gay community in the UK/US epidemic has more to do with off-loading the costs from an over-burdened welfare state (Altman:1993) and that the NGO sector is government approved because of an increased opportunity for rhetoric about a market-based commitment "to widen consumer choice" (McCann:1992:192)[1] many recognise the importance of the idea of gay community in influencing personal behaviour and stimulating change. (Weeks:1990:246).

Having outlined the problems implicit in gay 'identity' in Mexican provincial

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[1]M.P.Norman Fowler's comment on the UK Conservative Government's policy of Care in the Community.

culture, the idea that what has happened in response to HIV/AIDS in the US and UK can reproduce itself in quite different social and cultural circumstances is clearly not straightforward. Further, some writers on the community response to HIV/AIDS have commented on the problems that women face, when community efforts have been geared towards the needs and requirements of men. Patton (1994) argues that where women have been targeted as in need of help, it has usually been through consideration as prostitutes, drug-users, carers, or a mothers of infected children, the "vectors of transmission". Rarely have women as sexual beings been considered a priority (Gupta and Weiss:1995). Applying this to the Mexican case, and to the individual experiences already discussed, indicates the difficulties of looking to the non-government sector for a response. Experience in other countries implies that women may be marginalised in any response that can be made.

9.2 Community Politics in the Mexican Context

Social movements and community politics in Mexico have a long and varied history. Although some historians and political scientists see 1968 as the watershed year in Mexican political history, marking a break in the type and number of social movements, popular political movements have also been regarded as a continuum, predating the 1917 Revolution. (Fowraker & Craig:1990). One of the outstanding post-1968 features of these social phenomena in Mexico is the greater inclusion of women in social protest groups and community politics, particularly in the urban arena, (Logan:1990, Westwood & Radcliffe:1993), although there were popular movements in which women were involved before the 1960's[2] . What also seems to be new now is a strong sense of the failure of national politics to resolve the most pressing issues people face in daily life, resulting in an increased openness

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[2]Women participated fully in the revolutionary struggles of the first two decades of this century, as '*soldadas*' whilst an important element of the *Cristero* rebellion (reactionary) in 1930's Guadalajara was solid female support.

in the challenge of social movements

However, the degree to which these social movements actually influence and change the institutional political system is a matter for continued debate. The Mexican political system is surprisingly agile, able to readapt and to a certain extent absorb political challenges. Although *neo-cardenismo* and the 1988 elections are seen as the outstanding example of the heights popular movements can reach, the history of the PRI after 1988 is testament to its strength and ability to fight off attacks. It is with this background in mind that the potential success or failure of a non-government/community based HIV/AIDS support group must be considered.

Poor and working class women, in other words the women currently being most affected by HIV/AIDS in the Puebla region, have been particularly involved in urban social movements. Recent research (Jacquette:1980; Jelin:1990; Miller:1991; Stolz Chinchilla:1993) has indicated, however, that these women become involved in political movements largely as an extension of their everyday lives. The issues that affect them most, as wives and mothers, and that affect their immediate residential area are the issues that lead to some sort of collective action[3]. De la Rocha (1994:215) sees this phenomenum as an extension of horizontal networks of reciprocal social exchange that urban-poor women tend to develop to meet the problems of day to day survival. Where more 'traditional' avenues of protest, for example the well-established Mexican trades union movement, have failed to improve the appalling conditions of rapid industrialisation/urbanisation, urban social movements have developed in a more spontaneous way to fill the gap. Action includes the struggle for basic amenities such as water or refuse disposal, to more outgoing ventures like the use of spare land for small scale agriculture, to raise new sources of income (Villareal:1996). Not only do

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[3]Joann Martin (1990) has also examined women's community action in a more rural environment, where women redefined the role of mother to use in political imagery.

women become involved in community politics as extensions of their roles as housewives, but the impetus for action is developed within the community, as neighbours, *co-madres* and families join together to fight for an issue. Logan (1990:) sees that the 'key to poor women's motivation to mobilize lies in their self-definition as mothers...', which means that such action is based on, if not an acceptance of gender values, then at least a focus on the pressing issue in hand that can be met out of joint action, and not a challenge to anything perceived as an underlying structural cause. Blondet (1990) in her study of Lima shanty town neighbourhoods, notes that much of women's public sphere contact is on an ad hoc basis, provoked by immediate concerns within their private arena, and as such is not considered by participants as being 'political'. Participation in more organised activities not directly linked to neighbourhood concerns is less enthusiastically and fully supported. Molyneux (1986) suggests that this type of 'political action' is based upon a differentiation of strategic from practical concerns.

Urban social movements are not therefore given blanket support by all women, and women's participation is differential, sometimes active, more usually passive. The nature of womens involvement in community politics is such that any challenge to the gender status quo is a by-product, and not the focus of energy. Community politics do not bring women into the political or economic sphere on the same terms as men. Fowraker & Craig have noted that women participate in community politics by constituting the bulk of the ranks, whilst the leaders tend to be men. These womens networks cannot be seen as a 'womens movement' therefore, and should not be considered as the expression of theoretical position.[4] The urban social networks discussed

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[4]The women's movement in Mexico has been seen by Mexican writer Zoraida Vasquez (1982) as a result of the influence of theory, rather than preceding theory. This is used as an explanation for the relative slowness of the influence of the womens movement - it did not evolve from a spontaneous movement born out of a conjunction of social/economic factors, but rather as part of a globalising influence of factors from abroad on the academic/intellectual elite.

above represent a spontaneous, working class reaction to problems that is gender biased, whilst the Mexican womens movement is mainly a middle class questioning of gender structures.

Since the 1970's many community based groups in Latin America have developed in association with the church. In Mexico, liberation theology has spawned Christian Base community groups in urban areas that support grassroots efforts to improve life in poorer *colonias*. (Gutmann:1996; Napolitana:1996) While this could be seen as potentially oppositional to central government, given the ambiguous position of the church, this cannot be assumed. Although this network of groups, already in place, provides a potential avenue for education and change, the combination of christian inspired endeavor with, for example, HIV/AIDS, is difficult. Furthermore, as Miller notes (1991:234) the Vatican has silently promoted the dismantling of CEB's in the 1980's in order to "re-assert the centrality of a Eurocentric church", and liberation theologists have been gradually removed from positions of power and influence all over Latin America.

Working class female HIV/AIDS activism in this context seems unimaginable. Women find a limited voice in some spheres through their gender - their identity as poor housewife and mother provokes action. Men involved in HIV activism, despite being for the most part self-identified homosexuals and thus in a sense not full social actors either, respond to the crisis as men. However much their sexuality shapes the problems they face, however much they negotiate and resist norms of 'masculinity', they are able to take a political stand through their position as men, with all that implies.

A limited gay sub-culture exists in Puebla, as the discussion in the preceding chapter indicates. The men interviewed agreed that a local gay world existed, but whether there was enough of a sense of something shared to imply 'community' was debatable. Perhaps the idea of 'congruence' or 'confluence' is more appropriate. Compared to Carrier's earlier work in

Guadalajara, there appears to be an increase in gay locations/venues and activities in provincial Mexico, that would indicate that the sub-culture is opening up, with more people participating in a more open way. The size of the city makes it large
enough to provide a certain anonymity if one isn't from one of the principal families. The proximity of Puebla to Mexico City, with its much larger and more open gay life provides an escape to those who can't or don't want to be seen on their own doorstep[5]. The overwhelmingly religious climate of the city provides an obstacle to the development of gay life, but, as gay locations are discrete, there is more tacit tolerance of gay activities than there is of female prostitution. There were no overt signs of official repression towards gay men and no official local rhetoric to suggest that these people were intolerable. However, neither was there any open discussion of homosexuality in the local papers or by the local government, and very few of the men I knew led completely open lives. There is also a sense that, whilst tolerance may be increasing, it is tolerance of men who keep to their space, do not contest their role as men who should have been women, and who are thus unlikely to become full, male social/political actors, unless they fully adopt a male performance.

If the idea of 'community' is too monolithic, there is a sense of a group of people developing a common response to HIV/AIDS in Puebla, and that group is largely composed of gay men.[6] This response has developed as a result of the perceived failure of the wider community, especially the medical community, to address the problems facing HIV positive individuals.

9.3 The Medical Establishment coping with HIV/AIDS

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[5]In the same way, I often met men from Mexico City, Orizaba or Veracruz in the gay discos of Puebla and Cholula at the weekends.

[6]Although gay 'community' should in theory involve women, it is my experience in Puebla that very few women are involved in gay activities, and even less in HIV/AIDS work.

COESIDA Puebla is run by a young, female doctor, who thinks that the reason she had risen rapidly in the medical ranks of the city is that she heads a branch of public medicine that more self-concerned, established doctors would not touch. As HIV/AIDS and COESIDA had grown rapidly, and press coverage of the epidemic mushroomed during the 8 years she has run the centre, her position as a frequently quoted, often-seen-on-television figure has became important, resulting in public put-downs and remarks by envious colleagues[7]. HIV/AIDS remains a polluted area of public health medicine that many doctors or nurses are not prepared to involve themselves with. There was also some suggestion that the *Salubridad* clinic with which COESIDA shared premises were tired of 'all the homosexuals' hanging around[8].

The public health service itself acknowledges the difficulties of persuading trained and training medical staff to provide a fair and useful service to people with HIV. Medical journals have reported findings of their own surveys that indicate that many doctors and nurses are influenced by popular ideas about HIV/AIDS and that those ideas influence their work, and how they treat their patients (Garcia Cervantes & Sanabria Hernandez:1995;Higuera et al:1995). Roman and Mariana told of their own brutal experiences at the hands of medical staff who were unkind in their handling of their medical diagnosis and treatment.

Scott (32) is an American who has lived in Mexico for several years, teaching at a private university. His lover died in spring of 1995, of an AIDS related condition. He is not 'out' at work, and so could not openly express his grief, nor ask for help, or reveal his problems to neighbours and colleagues.

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[7]She was presented to the audience in conference by one more senior doctor as "this little girl".

[8]This was one of the opinions expressed privately by medical staff when the Civil Association was asked to disassociate itself with COESIDA (see below).

As a foreigner, his experience of an AIDS related death in Mexico perhaps exaggerates the more normative aspects of how death and dying is handled in Mexico.

> "As far as I know, Jorge had HIV since about 1990. He had no health problems until the summer of 1993, and he got intoxicated from the medicine they gave him, and had to go into hospital for about one month. We went to the IMSS hospital in Mexico city (Ciudad Neza) but they never had the medicines for him, I had to go and buy them all. His doctor was really nice though, and they did give him AZT free. In the ward they didn't want to give him any cutlery and the food was disgusting anyway, so we brought it all in for him. He was in an isolation unit. One day the man in the bed next to him knocked the IV out of his arm, and he was calling and calling for someone and no one came. There was blood everywhere.
>
> Jorge had respiratory problems, but he would never discuss his illness with me. In the hospital he thought that everyone thought he was straight, and he
> was very proud of that. His family knew what he had, but they didn't believe it. His father had all sorts of other theories - that Jorge had done too much exercise (he had been a runner) and so on. Once there was a locum and he was rude to me in the hospital, but all the other staff were nice - they seemed to think I was from the American embassy, so I played that up for them. I shared caring for Jorge with his mother[9]. Anyway, he came out - he didn't want to stay in hospital anymore, and we went to Veracruz at Christmas - he was very weak by then.
>
> He couldn't stay in Mexico city, because of the pollution - it affected his breathing. He was in the house (in Cholula) for around two months, and a friend helped me to look after him. His mother came to visit eventually, and his little brother. I supported him, financially - all his medicines, food, clothes. He had thrush in his mouth, and it was very painful for him to eat. He weighed about 25 or 30 kilograms when he died. He was very skinny, with huge eyes.
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> He got better before he died. His mother thought he would recover. He hadn't been able to walk on his own for sometime.

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[9]In social security and public health system hospitals in Mexico the patient is expected to have a member of their family with them at all times, to carry out basic nursing duties.

She had to go home that weekend. He was in a foul mood all day. He wanted a bath, so we bathed him. Then E... went to get some more medicine, and Jorge wanted to go to the bathroom. He either couldn't wake me, or didn't try, but somehow he got there by himself. We think he had a heart attack - E... and I tried to resuscitate him, but not too hard.

We called the university paramedics. One of them came eventually - the ambulance has to be warmed up for twenty minutes to get it going! I told the paramedic what Jorge had, and he didn't know what to do, so he called UPAEP (university hospital) and they took him to hospital, wrapped him up in a plastic sheet, and left him in a hall. The hospital began ringing around to find out what to do with his body - they even rang the homicide division. Then they demanded payment for the rubber gloves and plastic sheet they had used. I kept asking them to put his body somewhere else, because his family were on the way. Finally they put him in the chapel, and the family turned up, all very formal in their suits. We tried various funeral homes, explaining what he had had, and eventually found one that would take him.

Jorge's dad and brother dressed him in his suit, and too much cologne. He died at 4am on Saturday morning, and was cremated on Sunday afternoon[10]. No-one would sign his death certificate, as he died in Puebla but his GP was in Mexico city. Then when they did sign it, his father's name was misspelt, so no-one would cremate him until we got another version of the document. By this time you can imagine what was happening to his body, and they had him in the coffin with his eyes open. I was so wrecked I thought I saw his body move. I didn't stay for the wake.

After he died, his family arranged for me to be cleansed. I was diagnosed with playing cards, then had an egg rubbed all over me, followed by other herbs and rocks. Then they lit a fire around my legs, and made crosses of flame, which didn't work apparently. Finally I had to burn a candle in the shape of a naked man, to make his spirit, and the sadness, leave me.

The worst part was that the doctor at the University had got hold of the story from the paramedics, and somehow it had got out all over the campus. It was then they realised that I hadn't taken the (mandatory) AIDS test, and that I didn't have a medical file. They gave me a little talk, about their right to 'protect' the other students,

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[10]People are usually buried within 24 hours of death in Mexico. This is for normal reasons of hygiene in a semi-tropical/tropical climate.

> and then wrote a formal letter to the Rector complaining that I had had someone with AIDS on the campus and not 'informed them'. They threatened to fire me, but I have tenure here[11], and said I would go to the press, as they were infringing my rights and breaking the law. They claimed that they had already paid off the press. It resulted in no-one (from the staff) talking to me. I would like to do something - write to the gay press in the US, or even the papers here, but even there, who would employ me after such a scandal?"

The experiences of individuals at the hands of medical personnel, and the results of the health service's own surveys indicate (to a limited extent) that HIV/AIDS within the medical community has the same popular image as in the wider community. Although this might indicate a lack of professionalism on the part of the medical services, it really serves to underline the fact that a medical culture reflects wider aspects of a local culture. The importation of much bio-medical practice from the US does not undermine local models of the body and disease, and the power of lay ideas of polluted and infected people. Furthermore, doctors and nurses in the situations discussed above, are in reality reacting in a rational way, in that popular ideas of infection to some extent follow virus theory and current scientific understanding of HIV as a highly infectious agent in the blood. The difficulties of finding morticians and clinical staff who will touch the body of a person who has recently died with HIV infection, as in Jorge's story above, also reflect scientific knowledge of HIV. Scientific and folk knowledge thus combine in a utilitarian way with reference to HIV/AIDS .

9.4 Non-government responses to AIDS in Mexico and Latin America

Altman (1994) writes that early responses to HIV/AIDS in South America grew directly out of existing gay networks. Chile and Brazil especially have created networks of NGO's, and in 1993 Chile was instrumental in pulling

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[11]Employment law in Mexico gives people who have been in a job tenure after two years, which means they cannot be dismissed easily from their position.

together 19 NGO's to create a Latin American network, considered a model for information sharing. (ibid:101) Altman also highlights some of the problems Mexican NGO's have faced, noting that HIV/AIDS support groups are often in competition with each other, as ideological differences produce competition rather than consensus.

There was very little NGO/HIV activity in Mexico outside of the major conurbations (Mexico City, Guadalajara, Tijuana)[12] until 1989. During that year the Confederation of NGO's "Mexicans Against AIDS" was formed, in order to create an information/support network across the country. Hampered by lack of money from the start, it evolved as a response to an increase in anti-HIV/AIDS activity by the main 'family values' groups[13]. Since that time there has been NGO activity in almost all of the other states. (Sepulveda:1992) Where there has been a response, it is the failings of the institutional sector to help support emotional and financial needs that brings people together.

9.4.1 *Aprendiendo a Vivir* - The Civil Association

During the year 1994-5, an HIV self-help group started up when four people receiving treatment for HIV at the IMSS San Alejandro hospital in the city met up and decided to take some action. I first met this group when I attended therapy sessions at COESIDA. After explaining the nature of my research, I was invited to join the membership, and began to interview some of the members. In return, I helped out with their activities, which included contacting HIV support groups in the UK on their behalf, fund-raising (in the street), driving people to funerals and any other way in which I could help them, which more often than not meant sitting around chatting, rather than

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[12]Merida being the exception here, reflecting its legacy as a liberal city.

[13]*Pro-Vida, Padres de Familia.*

anything more specific. The aim of the group was (is) to provide emotional and financial support for people with HIV, through weekly meetings, psychological counselling, monthly basic food *dispensa*s, pooling of medicines, and events and outings. Funeral costs could also be met from pooled funds, in the absence of family.[14]

After a series of conferences for medical students at COESIDA in September 1995, during which members of the civil association introduced themselves in order to publicise their activities, they were refused continued use of COESIDA premises for their meetings, and group access to psychologists and medical staff. No satisfactory reason was ever offered for this, but the reasons appeared to be political, as a government institution could not be seen to favourably support a non-governmental group, especially one with so blatant a homosexual membership[15].

The Civil Association was fortunate to some extent in that the people who started it and comprised its early membership were professionally trained men, including an accountant and a notary. They were also for the most part single men (one was divorced), and all but one were self-identifying homosexuals. Only two or three members had wives and children, which meant that most had time, and some had limited money to devote to the group. During the 14 months I worked with them, the membership fluctuated from around 20 to around 45 members who attended, with a further 20 - 40

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[14]Although the City pays for a pauper's funeral, the aim of the group is to restore some dignity to death, by letting an HIV positive person know that people will mourn them, and that there will be a proper coffin and flowers. Additionally, the group was in contact with one of the few funeral parlours that have agreed to touch an HIV infected corpse.

[15]As the reason for this was never fully disclosed, COESIDA and the group were henceforth locked into battle over the rights of the group to access services, medicines and consultations.

names listed, many of whom died during the course of the year.

The group was severely hampered in its efforts, in that 95 percent of its membership was composed of individuals with HIV. Psychologists, medical students, social workers and relatives of PWA joined, but didn't last long, or really commit themselves to the group. Changes of non-infected members were therefore frequent. In the aftermath of the split with COESIDA, a lot of time and energy was spent on fighting with the clinic, name calling, and people dropped out after accusations of spying or betrayal. The atmosphere was rarely conducive to getting anything done. The main source of energy went into fund-raising, as money was always in short supply, but in the atmosphere of lethargy and illness, many of the fund-raising events were disasters.

One of the most overwhelming, obvious problems the group faced was to try to get women equally involved. Gay men were always the largest group involved, and indeed the meetings usually centred on gay political issues - if they ever got that serious - rather than problems of HIV. The women who were HIV positive faced difficulties in attendance and in child-care. There were sometimes female relatives who attended, but again, their membership was usually short-lived and non-committal. Jose Manuel, the President and one of the founding members of the group put it like this:

> "It is difficult to get women involved. There was a young girl coming, from Cholula, she was very young, but her parents don't like her to go out on her own and now she doesn't come. Lulu used to come, but she doesn't anymore because she is very ill, and also she had to bring her three children with her, so it was difficult. Women are very careful about people, even their own families, finding out, and so they won't join a group like this".

Within the context of the social-unacceptability of homosexuality it is not difficult to imagine that women who did turn up looking for advice and some sense of emotional support were often put off by the atmosphere of campness and in-fighting that the meetings frequently tended to provoke.

Lorena, who I met at a Saturday night dance organised to raise funds for the Civil Association, was one of the few women who had joined the group. She said that she didn't mind gay men, that they seemed to be able to handle their problems quite well. She admired that and found it encouraging. However, her 12 year old son had asked her why all the men walked and talked like women, and she was at a loss as to what to tell him. Her son also commented that the men all looked like his father had looked, when he was ill. It might be that she didn't want to raise the possibility of a connection in her son's mind. Lorena's problems, of having become a single mother, with no income and a terminal illness, were quite different to the needs and problems of the other members of the group, and that is presumably why she stopped attending shortly after she joined.

Whilst the women I met at the group protested that they had no problem with gay men, there was obviously a gulf of understanding and experience. Teresita had had more experience with the gay world over the years, which explains her involvement with the support group as secretary, but she and her husband stopped coming in the Spring of 1996, after a pointless accusation was made about their commitment.

HIV/AIDS has opened up a space for gay politics in Puebla, and equally the limited development of gay community in the city has allowed for a response of sorts to HIV/AIDS to be organised, but neither HIV/AIDS or being gay has become open enough to elicit the kind of non-governmental response the illness really needs. The difficulties of combining the two issues means that other people with the illness - women, children, straight-identified men - are unlikely to approach the group, and unlikely to commit to it. In addition, people who do not have HIV are unlikely to respond to the need these people have, which increases their marginalisation within the community.

9.4.2 Vulnerability, and the vagaries of the law

Shortly after the split between COESIDA and the Civil Association, a meeting was held at the house of one of the members. A Mexican doctor arrived, who had spent the ten previous years living and working in Queens, New York, and who claimed she had found a cure for HIV infection. She said that her cure had a patent pending from the FDA (she gave us the case number) but that she was determined to get it to the people who needed it as fast as possible, which is why she had brought it back to her home town. In addition to a strict diet, including, in the land of corn, no corn products, the treatment involved a twice daily injection of her formula (at one hundred pesos per shot) for 8 - 12 phases (of about two weeks per phase). Between the 8th to 12th phase, individuals could do an HIV test again, and would get a negative result. She claimed that she had documentary evidence (a video of a child recovering from AIDS) which she did not produce. Following the speech that evening, she then went to the local radio station, accompanied by members of the group who wanted to speak on her behalf, and advertised her cure publicly. The response was amazing. The sad result of this demonstration was that the majority of the members of the group began to take her cure, and many other people with HIV in Puebla, who I had never seen before and never saw again, began to turn up to the daily vaccination sessions. The majority of group members were poor, usually unemployed people, so the functioning of the group began to gear itself towards paying the costs of the treatment. Discounts were negotiated, but huge debts were also incurred by most members. Between December 1995 and March 1996, at least 12 members of the group died. Whether the treatment hastened their demise is not certain, but they all suffered with similar symptoms of dementia, beginning with headaches.[16]

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[16]During this time I investigated the Doctor's claims with contacts in the USA at the Centre for Disease Control and the FDA, at neither of which place was there a record of her work. She also did not produce any documentary evidence - published research papers or the video, of her 'cure'. I researched her claims in conjunction with the man who had become her secretary during her stay with the group, but who had become suspicious of her motives. Only when the majority of

This story demonstrates the extreme vulnerability of people with AIDS in Mexico, and the difficulties of a legal response to it. Although from the beginning her story and claims were highly suspicious, many people believed in her, and paid out for the cure. People not previously associated with the group turned up for the first time, and poorer members indebted themselves. The association was so tied in with her activities that by summer 1996 there was little energy left to continue, and so many members had died that everyone was disillusioned with what could be achieved.

Although this may seem a particularly Mexican situation, the early stages of developing a vaccine for HIV have been characterised by similarly uncertain tests of trial drugs and placebos, which although sanctioned by the authority and gravidas of the US or European medical establishments, may often be just as risky as a charlatan cure like this. The response of the members of the

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members began to turn against her, did I voice my own suspicions and express distrust. When I tried to instigate some action against her, by reporting her to the State Secretary for Health, I was told that the only possible cause of action was a civil law suit by a member of a 'victim's' family against her, as she was represented by the civil association and working from their premises. Indeed, as she had been marketed by the association, the law suit would have to be against the association. Also, as a foreigner, and with a Mexican government scholarship, I personally was not permitted to undertake this kind of action. As the tide of popular support turned against the Doctor, she left Puebla in April 1996, reportedly for the state of Veracruz, and her contact telephone number in New York was disconnected.

There are huge ethical issues involved in my reactions to this situation. Whilst my initial reaction was to shout 'fraud' at the top of my voice, I felt that until I could provide evidence of her deception, I could not do or say anything. Furthermore, many of these people wanted to believe her, and would have continued to take her 'cure' regardless of how much evidence I could produce against her. As a non HIV positive individual, I felt that I had no right to interfere with other peoples choices, and continued my investigations about her in private, until others began to have their doubts as well.

Civil Association in Puebla to the Doctor may seem naive and extreme, but their search for a cure should be considered against this uncertain background of HIV drug trials, and their personal desperation to get better.

9.5 Summary

All societies have their coping mechanisms for crises and in Mexico, illness and death at a young age are not unfamiliar. Whilst AIDS is a new illness, it has not to date produced the devastating results seen in, for example, Uganda (Barnett & Blaikie:1992) and thus whilst widely recognised as a health problem, there is no sense of a perception of the potential effect on all the population. Correspondingly, there has been little shift in coping mechanisms outside of certain very affected communities. Those affected communities have modified some elements of normal practice to incorporate their new tragedy; for example fashions come and go about drinking the water at a certain spa, following the teachings of certain psychologists, and as outlined above, taking miracle cures that ostensibly carry the stamp of medical approval.

Mexico has always lived in close proximity to potential natural disaster, with live volcanos[17], earthquakes, hurricanes and flash floods. In addition, frequent economic swings and intrinsic political corruption mean that a certain fatalism is implicit in attitudes towards risk, disease and death. These environmental and socio-political events contribute to the idea that an individual has little control over their future and circumstance, and combine with the belief that 'others' may be responsible for ones misfortune. This obviously affects attitudes towards health, illness and personal responsibility. The Church manages death through Mass and prayers for the dead, and an elaborate pre-Hispanic death cult is re-enacted each year. This has been enlarged in recent years, with children and even the victims of

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[17]The *Popocatepl* has been more active than usual 1996-1997, with ash falling quite heavily at times on both Mexico City and Puebla.

violent deaths receiving their own special day in addition to the older celebrations. Victims of HIV may be incorporated into this death cult in future, but it is unlikely. HIV/AIDS has not been acknowledged as part of everyday life in Mexico and subsequently the coping mechanisms of the general population have not been modified to incorporate it.

Community responses to HIV/AIDS in the Anglo environment have been great. In the US/UK, different self-help groups have developed areas of expertise, allowing them to provide services to disparate people - gay men, straight women, IV drug users, for example. In Puebla, one group is trying to be all things to all people, and it fails to function well. Without solid institutional support, indeed with institutional support locked into challenge, HIV/AIDS continues to be stigmatised and too controversial to generate real,solid concern in the non-affected populations.

The aims of the civil association are to improve the conditions of life for people with HIV infection in Puebla. They want to do this through improving access to health care and improving the quality of that care, ensuring the availability of medicines, and trying to remove the stigma from the illness. They also want to be able to take some action against employers who sack people for being HIV positive, and against employers or medical staff who 'leak' information about third parties. In short, they want the guarantees made in amendments to the Mexican constitution to be fulfilled.
These issues have much in common with other social movements in Mexico, in that they are responding to immediate needs and perceptions of what is lacking from official/institutional services. Perhaps the response of the authorities to the civil association can be understood better in this light. As the association made its presence known at a public conference, the links with officialdom had to be immediately severed, not only to establish a clear divide between government and non-governmental organisation, but also to weaken the non-institutional element. This was in fact doubly convenient - not only did it fit in with typical state/party practice, but in an (un)official

homophobic atmosphere, served to distance the government from these (overtly) homosexual people. Whereas in other cases the energy and commitment of people in a community based organisation is normally picked up by the dominant local political party (PRI, PAN or PRD), in order to use and subsume that energy, this has not been the case with the Civil Association[18]. The 'undesirable' nature of both the illness and the people, and the indications that the energy of the people will/has burnt itself out, has not made an HIV support group a fearful political force.

That there has been some community response by HIV positive people at all in Puebla is to be commended, given the hostility these men and women face to their problem, not only from the population in general but also from the institutions they have had contact with. In addition to this, those who have become involved have for the most part been those who are infected, and very often ill. The energy and commitment of many of these people cannot be overstated. However, the problems the group has faced have been overwhelming. Financial problems, health problems, problems of interaction with COESIDA, not to mention the devastating effects of a fraudulent 'doctor' with her miracle cure, have all served to undermine their efforts. Not least has been the issue of confronting AIDS as a gay issue, when gay identity is rarely acceptable, and combining this problem with those of women and children. Whilst some of these women protest that they have no problem with gay men, there is obviously a gulf of understanding and experience. HIV/AIDS as single issue politics does not unite different people with very different needs.

Relying on church-backed community response to tackle the problem of HIV is again problematic, given the moral quandaries HIV raises. Liberation

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[18]Interestingly the group had approached the PAN, not the PRI, for financial support. The PAN won control of the city in November 1995 (a PRI governor remained) but did not offer assistance to the group. The PAN is notorious for anti condom, anti-promiscuity pronouncements.

theology is just as opposed to frank and open discussion of condom use as more right wing branches of Catholicism or Evangelical Protestantism[19], and whilst left-wing priests may openly fight for poverty alleviation, and advocate gender equality, their advocacy of monogamy, chastity and abstinence as adequate preventative measures counteracts the reality of sexual practice in Mexico.

When it comes to the difficult subject of HIV infection then, falling back on one's status as wife and mother does not provide an impetus to action, indeed it encourages the very opposite. HIV/AIDS is an isolating problem, not one shared in the community. Admitting to having AIDS, and trying to take control of the problem or even become an advocate for rights and action is tantamount to admission of one's or one's husband's failure. Although health issues, and those affecting one's children might provide a reason for action, the stigma attached to this illness, and the very nature of the illness usually inhibit this type of response.

While HIV/AIDS compounds and is compounded by gender ideologies and structures for women, there is a sense of a creating and structuring of gay identity and gay response in Puebla. This has parallels in some other parts of Latin America, in particular Brazil (Parker 1991:168) and places further afield (India, the Philippines) where "HIV has in many respects seemed to reconstitute homosexuality and identities founded upon homosexual desire," as newly articulate groups of men emerge (Watney:1995:68). This new articulation works simultaneously in opposing directions: whilst gay men may find a voice, HIV/AIDS becomes more firmly associated with homosexuality, and women as sexual beings and as sufferers are further marginalised. A new sexual idiom is being created in Puebla, as in other

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[19]I encountered this type of opposition whilst carrying out a survey for COESIDA at the IberoAmericana (Jesuit) University, Puebla. I was given permission to survey students after close examination/consultation of the contents of the survey, but was not allowed to discuss, distribute or encourage the use of condoms.

areas of the South, yet that idiom is almost purely male.

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Whilst I support the conclusions that I draw about female HIV activism in Puebla in this chapter, with reference to the discussion in Chapter 5 of the public/private 'dichotomy', I recognise that this concluding interpretation does not pay sufficient heed to more recent literature that has examined political activities amongst Mexican women since the 1980's.

The discussion in Chapters 5 and 9 are context dependant, reflecting my experience amongst predominantly middle class Mexicans in Puebla. The material referenced in Chapter 2, (e.g. Stern:1995, Young:1983) has demonstrated the plural interpretations of public/private - Stern's examination of colonial Mexico shows that this has long been the case. Nikki Craske (1993), working in *colonias populares* in Guadalajara, argues that since the 1980's women's involvement in political and economic activities in Mexico has greatly increased, and that women support popular mobilization to such a degree that it would not exist withough their input. The context of their political experience (state sponsored activities versus independent activity) leads to varying degrees and varied understandings of female political activism. The more political, less 'normal' (i.e. 'female') experience of women in independent popular movements has impacted to a degree on state sponsored women's groups in the PRI. As Craske states, public-private should be thought of as a continuum, and not a dichotomy.

My conclusions about Puebla reinforce the idea of a public/private divide between women and men, in that I forsee little opportunity for women to fight against HIV/AIDS. A continuum of public-private, however, can incorporate the female doctors, nurses and psychologists with whom I worked, who work against HIV infection. Furthermore, this thesis does not address the ongoing work of women HIV educators and activists in Mexico City. A focus on these peoples' activities might produce some different conclusions.

My thanks to Dr Tessa Cubitt for clarification and discussion of this point.

Chapter Ten: Contested Knowledge, Conflictive Morality

HIV/AIDS education and prevention is complex because it touches on an arena which is largely unexpressed, but where people make so much meaning. Foucault's suggestion that sex is over-reified in western culture captures the reality in which sexually transmitted disease has to be considered. Whilst sex, as we have seen, is regulated through its sites of construction, the larger social formations of economy, education, criminality and public health (Foucault:1986,1990), Vance (1984) suggests that *sexuality* is an unpromising domain for regulation. The environment we grow up in, and parental mores and values create a sense of belonging, constitute our world, and often become our own values, even if constantly refashioned, rarely articulated, and sometimes rejected. We create imaginary worlds and myths to deal with the unknown and unknowable, and sexuality is a central part of this. Reproduction, creation, existence and desire are fragile arenas. The mechanics of the sexual act may often be separated from these symbolic worlds, and a heavy handed approach to sexual education that fails to recognise this will not succeed.

The Mexican government reacted swiftly to the new problem posed by AIDS by establishing an education/advice structure to address the problem. This has always been, as Wilson (1995) stressed, an attempt to contain the *idea* of AIDS, rather than a real effort to get to the root of the problem. Financial support from supra-national health agencies fuelled the setting up of an educational infrastructure, and withdrawal of that money has led to the proposed integration of the CONASIDA organisation into the SSA.[1], with a

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[1] *La Jornada* has published a monthly supplement since August 1996, "The Letter S" which has documented government and opposition party policy on HIV/AIDS. The aim of this supplement is to keep the issue in the public arena, document NGO activity and critique government lethargy. Articles have included comments on: church opinion that cyber sex, whilst a sin, could actually present a solution to STD's,(15.8.97) *Pro Vida*'s continuing anti-condom campaigns (14.8.97) and in April, the announcement that the government has put together a

more general emphasis on sexually transmitted disease[2]. Whilst this study and other recent survey work (Izazola Licea et al:1989) indicate a high level of public awareness about HIV/AIDS, they show that there is neither a real understanding of potential health problems, nor evidence of behaviour modification. CONASIDA is being dismantled for financial reasons, not because its education/advice programmes have been successful

A model of illness that tends to locate cause/blame with others or social forces, and a model of male sexuality that de-emphasises control over nature, do not bode well for public health messages that call for individual responsibility. Within the overall context of health care, lack of access to basic health care services and frequent reliance on home remedies/family as a first port of call indicate that early diagnosis of HIV infection and subsequent treatment has/will not be typical of the process as assumed in Northern policy making. These are symbolic and structural areas of health and sexual practice that CONASIDA/government have not tackled. They imply that should clinical management of this public health problem become cheaply and easily available in Mexico, these areas will need to be addressed through new, more specific education programmes.

10.1 Knowing and Morality

Micro level studies of individual contexts demonstrate how new, global ideas are incorporated into local knowledge in a differentiated way, resulting in understandings of cause and solution that may vary greatly from the original.

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new Anti-AIDS programme, with CONASIDA "fully incorporated into *Salubridad*"

[2]That this was imminent had also been indicated to me by Dr Marin, Puebla under-secretary for health, in June 1996, when he claimed that HIV infection was now under control in Mexico, that "young men in Mexico use condoms", and the national government's focus on HIV as a health problem as separate from other STDs was now inappropriate.

Scientific discourse is hegemonic in the North, but we make our own meanings from it, so that "even if we could all magically be made to know... the process of our coming to know these facts would entail embedding them in the diverse social, political, moral and metaphysical meanings with which we construct our daily lives" (Claeson et al:1996:) While science may be considered truth by many, equally it is frequently held as version (Cohen:1993). This finds echoes in the field of HIV virological knowledge. Contested between scientists, it has also become so between experts and the lay public, as the affected claim different expert status through personal experience. Bio-medicine is the dominant healing system in Mexico, but its limitations are recognised, and other medical systems legitimised by both government and public. This pragmatic approach to medicine must be considered within yet another well-worn circle of discourse that simultaneously acknowledges northern (US) knowledge as desirable and modern, and yet, as foreign-produced, does not allow it to go unchallenged.

Very clear categories for understanding women and men exist in Mexico. These categories do not normally allow that sexuality exists as something apart from gender. Female sexuality is silenced, but women obviously do have sex, and many largely have sex in circumstances other than the required norm. Men too have other kinds of sex, including sex with other men, and sex with men and women. Despite the uniformity of language, and the promotion of ideal types, this thesis has demonstrated the plurality of sexualities, and the difficulties that arise in trying to categorise them. The problem is wider, however, arising in more general discussion around HIV/AIDS and sexuality. Bisexuality in education material is often discussed in a way that implies that a 'bisexual' is a valid type of identity. The non-specificity of this category, both in the literature and in real life, needs to be clarified and addressed.

Although one might argue that legal systems shape moral environments, this view reflects a Northern understanding of law in practice that many societies,

Mexico in particular, do not experience[3]. Religious morality has repeatedly surfaced as a limiting factor throughout this discussion. History demonstrates religious institutional monitoring of class, colour and sex throughout colonial and independence years. Although apparently not influencing decisions about contraceptive use, the church makes open discussion and easy acceptance of its use difficult for some women and men, and creates an environment of church-sanctioned righteousness for those who have no intention or information about using it. Church opinion is alternately supported or ignored by the State, but never criticised. Whilst ostensibly influencing women's' behaviour more than men's, the ideological symbolism and importance of the family in Mexico is supported by both men and women. Church endorsed moral guidance to some extent infiltrates and influences most peoples' lives.

Religious morality is differential, finding skewed articulation in social values. In middle class Puebla there is a need to belong, and to conform to prevailing social mores that incorporate market-based values. The welfare state that exists is small and unreliable - there is no safety net outside the family. Exclusion from middle class family and social life would be almost totally devastating. The guarantee of a good job and acceptable standard of living rests in conformity to the norms, which include being seen to be 'decent', attend the correct church on Sunday, educate one's children in certain (Catholic) schools, and be seen as prestigious and worthy of an old Spanish surname. Working class men and women may not appear so concerned about maintaining their 'position', but the judgement of their peers is equally important. The people they live with and work with, and frequently join in communal action with, constitute their social world,

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[3]Smithhurst (1996:89) states "Equity requires the criminal law (in the UK) to be reformed after the manner of the Napoleonic Code in which laws regarding consent, assault, public decency and so on are formulated without regard to the homo/hetero distinction". This thesis has quite clearly demonstrated that jurisprudence is not the sole, governing factor in monitoring sexuality.

providing their own social safety net.

Knowledge about sexual transmitted disease might demand a contestation of social/sexual norms, but it is not easy to live outside society. Many women recognise that society demands certain conformities of them, few are willing to contest these thoroughly. Motherhood is stressed as the 'traditional' and 'correct' status for a woman, and the home as duty. While this may well be real feeling, it is often also acceptance and recognition of little alternative. Men too are subject to social moral censure, in a pecking order of more or less manliness. Middle class men should be seen as good providers for their family, but their sexual proclivities are not subject to the same control and monitoring as women, and this double standard ensures that moral codes do not encompass men in the same way as they do women. More experienced men who have sex with men have understood that assuming a 'straight' identity allows them access to a world where they retain the privileges of their sex, whilst enjoying the predilections of their sexuality. Even men who 'come out' in Puebla rarely walk away from their families.

Although social and sometimes religious morality can weigh heavily on the individual, ideology is experienced as different from practice. This small space for contestation of gender/sexual imagery makes conforming not totally stifling. There is an element of manipulation possible, especially in the higher social scales. 'Homosexual' identity finds a way to accommodate to this. Expressedly it is condemned, but tacitly it is tolerated as long as it occupies that permitted space - where men who are homosexual are men who should have been women, and who are thus incapable of changing their real nature. This is what makes the idea of a bisexual individual so problematic. It cannot exist, because it is so threatening to the established divide between men and women. Bisexual practices cannot be made to accommodate within the normative gender divisions supported by both men and women, and so the category of bisexual is suppressed. Whilst a space for negotiation makes living within social and religious moral surveillance possible, it also opens up the space where HIV/AIDS can enter.

Discussion of prevention in terms of perceptions of risk relies on a model of the world that assumes that people make choices based on an idea of what is rational, and that rationality is general. Risk itself is culturally specific, and discourses of trust and sexual loyalty can be just as strong a force. Popular and scientific ideas (knowing) about HIV/AIDS contain pre-modern, folk ideas about illness, yet prevention discourse centres around rational choice models, and the two sets of ideas exist in apparent conjunction. Yet we tend to be surprised at lack of behaviour modification by people who have appropriate knowledge. The idea that all people operate within a general human schema of rational choice has been disputed by anthropology. The same concerns might feature in individual lives - health, family, life, desire - but the weighting we give to each facet of our lives differs from individual to individual, and cultures may value emotion as much as reason (Overing:1985). Within a background of establishing cause/blame as lying outside the individual (the other is responsible) and an understanding of God/the Virgin as also looking out for you, the cause of illness and one's responsibility for health may not be tied to a view of the individual as rational, logical and understood as in charge of her/his own personal fate. Catholicism provides a utilitarian way to cope with shame, guilt and remorse: confession, penitence and absolution allow for repetition of behaviour that might otherwise cause personal angst. Motherhood, social position, being seen to be respectable, being seen to be a man, have such force, and symbolic/economic value, that open, frank discussion of sexual practice might undermine them. Based on emotions, these values are just as rational as others.

Public information/new knowledge is essential in order to attempt to combat communicable disease, yet less easily definable types of experience can undermine the effectiveness of public health education. The research on which this thesis is based suggests that the force of social morality should not be underestimated. Morality is crucial in forming subjective understandings, our sense of self and appropriate reciprocal behaviours for

living in society, not least in the delicate arena of sexuality. Puebla is as class divided as other parts of Mexico, but is a largely homogenous society in terms of religion, language and the local ethnic origins and cultures of many people. Poblanos may find refuge in moral knowing, an articulation of local, Mexican values in opposition to northern, US, 'global' values. Morality provides a self-defence, a reference point, an inward looking reaction and 'othering'. With so much of the national identity project constructed in relation to and opposition from the United States, with its 'lax' sexual values, especially where female sexuality is concerned, gender ideology can be understood as highlighting the difference between the two countries, and symbolising the claim for Mexico's implicit cultural superiority.

10.2 Action

The cross class perspective I have taken in this thesis has outlined the parameters of agency, as only those in certain positions, with access to certain material and educational resources can shift those parameters. The overwhelming force of the moral universes that men and women inhabit show up the weaknesses in theories that argue that manipulation of gender/sexual identity will overthrow structures. 'A fantasy of utterly unfettered, purely elastic gender seems to underlie much of the work on performativity' (Morris: 1995:585). Subversion is possible, but performance theory as politics carries within it too much idea of intentionality. Within the (homo)sexual worlds of Enrique, Joan and Ismael lies the potential for subversion, for gender games and transgressions, but for most men and women the spaces are too limited and limits of daily life too encompassing. Gender subversion is individualistic, and outside the social world and political reality that most people in Puebla inhabit. Examples from recent studies (Melhuus:1996; Prieur:1996; Stern:1995) demonstrate that small scale resistance to dominant gender discourses does not challenge the status quo. Gutmann (1996:96) talks of the 'covert subversion' of gender norms that he encountered in a Mexico City colonia, that never overthrows the social hegemony. In Lancaster's work on Nicaragua, (1992) the *cochon*, the passive homosexual male, re-affirms macho gender discourses. The

exception confirms the rule. It is perhaps instructive in this context that some northern European and the North America economies have partially incorporated both gay male identity and women's equality, but lesbianism remains silenced as ever.

The experiences of a group of positive men and women setting up a self-help group enshrine many of their more general problems. Aside from the health issues, the problems of gender in relation to community politics were brought out in full by the difficulties of combining disparate needs in one small group, and may have proved overwhelming. Men and women face very different issues. Further, men with differing ideas about their own identity and sexuality have varied education requirements. When men from the self-help group in Puebla distributed condoms in the gay discos, other men would sometimes throw the condoms back at the distributor in disgust, rejecting the fact that their being in a gay club implied in any way that they might need to avoid a 'gay disease'. Alfonso participated fully in the self-help groups activities, and sat back and listened whilst his wife and a foreign researcher discussed his sexual practices, yet would not accept a label of 'bisexual'. Clarifying how sexuality is experienced underlines that very specific, targeted steps have to be taken towards education, that address different groups of people in different ways.[4]

Work on female infection has talked of empowering women, and altering structural gender inequality as a long term goal and by-product of education. Whilst this is commendable it has so far proved largely utopian, and disregards the lack of attention that many governments and many individuals have given to female HIV/AIDS. Gay men in Puebla appear to be empowering themselves, newly brought together and articulate through this

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[4]Liguori, Block & Aggleton(1996)discuss their experiences of education work with Mexican building site workers (*albaniles*) and the need to target education projects towards different groups, specifically heterosexual identified men who have sex with men, bisexual identified men, and their female partners who may or may not know about their same sex activities.

health problem yet Taylor & Bennett (1995) note that this illness has not brought with it the same empowerment for women as it has for gay men. Perhaps the comments made at the beginning of this study should be taken literally. Hispanic sexuality, in particular female sexuality, may be shrouded in silence, but it is not that women don't speak, it is more that no-one listens. Gupta and Weiss (1995:264), in a survey of recent research work with women in different developing countries note that researchers commented how their work "opened the floodgates" of female discussion about sex.

Furthermore, empowerment as a goal has to be closely examined. It may mean financial independence and a focus on individual achievement in a north American/ northern European context, but in other situations, and for many women, becoming a mother is empowering, and this individual goal is more easy to obtain than a struggle for a more equal society.There is no direct link between northern notions of empowerment, and personal control of the female body in other cultures. Women in Mexico have spent many years empowering themselves to the extent that, while the stereotypes of *marianismo* and *machismo* appear overwhelming at first glance, scratch the surface and the generational changes between women within the same family are startling. Yet this thesis has demonstrated that the women in Puebla that I spoke to largely think of themselves first and foremost as mothers. Mason (1994) writes that whilst it is often assumed that women would chose to use (sic) condoms more than men, this is not necessarily the case. The problems with empowering women viz-a-viz condom use is that privileging women as educators re-enforces gender ideology, and contributes to maintaining the status quo[5]. With reference to sexually transmitted disease, it does not conform to the reality of sex as a difficult topic

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[5]Coercive family planning policies have gradually given way to an understanding that the birth rate is linked to the level of female literacy. Whilst improved literacy and lower infant mortality/less children may contribute to better quality of life for the individual woman, this places contraception/fertility issues firmly in the realm of female responsibility.

for young, frequently uneducated, un-knowing women to discuss with men. If men are to continue to be privileged in societal attitudes towards sex (they can have more of it, they can talk about it) then men should more appropriately and logically be targeted for education about condoms.

Education about sexually transmissable disease is essential, but must be given in clear, explicit and highly targeted messages. Sensitivity to local ideas about women and men is essential, recognising both the limitations of an individual's ability to act, and their own potential to cause and manage change.

10.3 Policy

Intervention campaigns at a federal and state level in Mexico have demonstrated that the conservative right wing and the church present the biggest problems. Having regulated sex since colonial times, a shift in official Church doctrine is unlikely.The fact that priests will permit the use of non-chemical contraception to couples who discuss it with them demonstrates that it is not too difficult an adjustment for the church to make on an individual basis. The tragedy of this particular situation is that those most in need of encouragement to take care are probably those least likely to approach the priest for guidance. Additionally, as Miller (1991:243) notes, the Vatican's attempts to subsume Liberation Theologists, in combination with the hugely increasing presence of fundamental Evangelical Protestantism in the American continent, means that the shift in political leaning of religious institutions appears to be increasingly towards the right, effectively closing down more liberal avenues of education. The mass media is conservative too, and has continually avoided detailed public education broadcasting. Change in these powerful institutions is unlikely, so the non-government sector appears to be the only way to extend and deepen HIV education.

The ultimate irony is that the multiple problems in confronting HIV education in Mexico also provide a possible manner of addressing them. Whilst the

differences between representation and practice that the individual inhabits creates confusions about real practice, the state/government/party has raised what-is-seen-to-be to a political art form. A disestablished church operates very successfully within a revolutionary regime, whilst foreign influences, money and intervention are simultaneously absorbed, admired and criticised. This creates a space for the right hand to not know what the left hand is doing. Non-government organisations that are committed to education about AIDS at the grassroots level, whether foreign or home-grown, have an almost perfect opportunity to operate in this space. Additionally, the costs are off-loaded from central government, and opposing political forces can argue pro and contra the work and intervention, as and when it suits them.

The contentious, unconstitutional issue of pre-marriage testing in the state of Puebla appears to be misguided. At best, it will prevent HIV transmission between heterosexual couples in only a very small percentage of individuals, capturing those (middle class people) who marry formally, and of those, protecting only the women and men who remain virgins until marriage. It is effectively a last ditch campaign, and cannot be said to be education, and rarely a method of prevention. Rather more hopeful is the fact that information on HIV is now[6] going into primary and secondary school biology text books, bringing specific information to the attention of young people.

To state that HIV/AIDS is well known is correct, but to say that what people know about it and how they are reacting to it is sufficient, is incorrect. If the government goes ahead with dismantling the CONASIDA structure, however, and creates a health department with a remit to focus on sexually transmitted disease in general, this ultimately may prove to be a good thing. There is a desperate need to focus on sexual health in Mexico. Discussion of health problems like Human Papilloma Virus, breast cancer and cervical

[6]From 1996.

cancer, whilst locating sex related problems purely in the realm of pathology, at least develop the arena of female sexuality, and may gradually make it more open and permitted. A greater focus on sexual health, and on women's health in particular may lead to an overall increase in their perceived value as individuals.

Lower level, specifically targeted small scale campaigns appear to be the only way forward. Whereas the gay community has to an extent tackled HIV in clubs and discos, and gay identified men are aware of the problem, more attention needs to be paid to the other men who frequent these places, and this of course is the most difficult area to address. Whilst neighbourhood groups, as already established social groups, could be a perfect arena in which to discuss sexually transmitted disease, this public arena may frequently be both too enmeshed with the church, and also subject to the prevailing leadership/membership tendencies (men:women) to function practically as fora for female education. But these groups have energy and a structure that could be utilised to form narrower focus groups for HIV/AIDS education. Local knowledge is never closed, and the organic nature of knowing allows for gradual modification in belief and practice.

Whilst prevention is immensely difficult, treatment is still nearly impossible. Recognising bio-medicine's limitations coincides with new lay arguments about HIV/AIDS in the North[7]. There are arguments pro and contra testing - knowing and not knowing, but the belief that the individual is an agent in the healing process has never lost favour in Mexico the way it has in the industrialised north. Specifically Mexican local ideas about health and healing have great value.

Sexuality in Puebla as elsewhere is plural, despite the limitations of ideal

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[7]The role of the individual as an agent in the healing process is finding new articulation in bio-medicine, in the field of psycho-immunology.(Emotional state affecting immune system).

gender types. AIDS has brought limited changes to sexual stereotypes for some men, but morality continually tempers sexual relations. Removing the shame associated with the discussion of sex is therefore essential. The Mexican experience represents the core of issues the South faces with AIDS. The reality of cost issues and peripherality to global centres of knowledge must be addressed whilst respecting the culture and society of a people.

8.

The emphasis on biomedical or transmission categories to discuss individuals is the focus through which I discuss the subject of HIV in Mexico. This focus does not seek to *explain* the problem. Whilst some epidemiological studies have suggested that HIV is more readily transmitted via anal sex than vaginal intercourse, and I quote this material in the text (Urbina Zuñiga:1992), this matter has never been completely resolved. Population studies suggest that the density of mixing soon after exposure to HIV may be more relevant than type of sex, condom use and so on.

Viewing individuals through the lens of biomedical categories has circumvented the need to clarify the relative importance of sexual identity in everyday social transactions in Puebla. It also obscures the place of 'sex talk' in a particular culture, a critique that has been made in ethnographies of sexual practice and erotics, (see for example the concluding discussion in Herdt & Stoller:1990 pp353-365).

The thesis also inadvertently suggests that the issue of sexual identity is far less complex in Anglo/Northern cultures, which clearly it is not. I do not intend to set up a contrast between Mexico and 'the West', but rather try to show how local Puebla discourses interpret the same issues. I discuss where the focus of understandings about HIV in Puebla seem to lie, and how that relates to the very suppressed category of 'bisexual'. The issue of bisexual identity is perhaps not clarified sufficiently in the thesis - the label contains a multitude of meanings. In my attempt to understand such complex issues I have not fully disentangled several layers of discourse about sexual identity - the global/US, its interaction with the local, and that interaction with local medicalised understandings. I have aimed, through my examination of the links that exist between the nation state and gender roles, and my examination of how local understandings of homosexual sexual activity are expressed through varied gender identities and sexual practice, to stress what I understand as the important place of sexual identity in everyday social transactions in Puebla. My focus on biomedical categories may give a false impression that these things are easily discussed.

One of my aims has been to demonstrate the inadequacies of sexual identity categories in understanding this problem, and in doing this I may have reinforced those categories.

(My thanks to Dr Sophie Day for clarification and discussion of this subject).

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