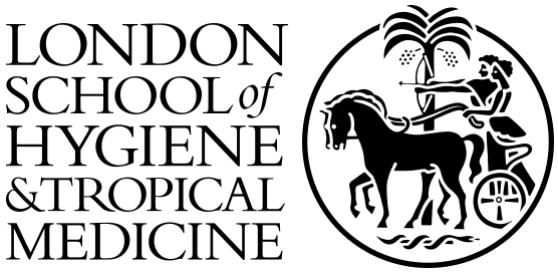

Sexuality, Violence, and Vulnerability in the state system for young offenders in São Paulo, Brazil

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This thesis is dedicated to my parents Janet Beatrice and Abraham Charles Yankah

Statement by candidate

I hereby declare that the work presented in this thesis is my own.

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November 2009

Abstract

A situation analysis of policies and practices related to sexuality was conducted in the state system for young offenders in São Paulo (FEBEM-SP) from October 2005 until February 2006. Using quantitative and qualitative research methods three separate but interlinking research studies explored aspects of sexuality and vulnerability in young people, the capacity of FEBEM-SP staff members in residential institutions to respond to aspects of sexuality and vulnerability and lastly the ideology and functioning of FEBEM-SP itself. The research study was a collaborative effort between the London School of Hygiene (LSHTM), the University of São Paulo (USP) and the Population Council Brazil. A comprehensive literature review revealed a dearth of research on the sexual vulnerability of young people under the care of FEBEM-SP or other similar institutions. Furthermore, no previous research among this population has attempted to link the vulnerabilities of service users, service providers and the institution. These research gaps highlight the importance of this research and its findings.

The results from this study indicate that the young men who participated in the study were highly vulnerable to sexually transmitted infections including HIV. Access to sexual and reproductive health services were severely constrained especially in residential institutions. The majority of young men were sexually active and reported high numbers of life time sexual partners and inconsistent condom use.

Violence emerged as the major aspect of vulnerability in young men's lives. Racial discrimination emerged as another important aspect. The young men interviewed experienced violence in all spheres of their lives: in their homes, in their communities (school or FEBEM-SP) and in the street. At the time, FEBEM-SP residential institutions were plagued by major security concerns including frequent rebellions and uprisings. Young men and FEBEM-SP staff were both victims and perpetrators of violence. In residential institutions there were reports of clandestine sexual activity (including sexual violence) with fellow residents, visitors and staff members. There was a taboo surrounding sexual violence. Constrained by an institutional policy of "no sex, no condoms", staff members felt unable to respond to young men's sexual and reproductive health needs. Staff members felt that their own needs for safety at the workplace were not met.

Steps need to be taken to change the institutional ethos. However, the author recommends against the creation of institutional STI prevention programmes given the lack of institutional support and capacity for previous efforts. The author strongly recommends the implementation of a swift transition of young people from residential FEBEM-SP institutions to the probation system where they will have easier access to education, social assistance, leisure programmes and the municipal health services provided by the City of São Paulo.

Table of Contents

List of Figures

List of Tables

List of Abbreviations

AIDS	Acquired Immune deficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
CBO	Community-based organisation
CEERT	Centre de Estudos das Relações de Trabalho e Desigualdades
CI	Confidence Interval
CMDCA	Conselho Municipal dos Direitos da Criança e Adolescente
CONANDA	Conselho Nacional dos Direitos da Criança e do Adolescente
CONDECA	Conselho Estadual dos Direitos da Criança e Adolescente
CSW	Commercial sex worker
ECA	Estatuto da Criança e do Adolescente
FEBEM-SP	*Fundação Bem-Estar do Menor São Paulo*
FGD	Focus group discussion
FUNABEM	Fundação Nacional do Bem Estar do Menor
GDP	Gross domestic product
GEM	Gender equitable men
HBV	Hepatitis B virus
HCB	Hepatitis C virus
HDI	Human development index
HIV	Human immunodeficiency virus
IDU	Injecting drug use
ILO	International Labour Organization
IPEA	Institute for Applied Research and Economics
KAP	Knowledge, Attitudes and Practices
LA	Liberdade assistida
LAC	Latin America and the Caribbean
LSTHM	London School of Hygiene & Tropical Medicine
MSM	Men who have sex with men
NGO	Non-governmental organisation
OR	Odds ratio
PhD	Doctor of Philosophy
PSC	*Prestação ao serviço a comunidade*
RAC	Reconhecendo o Adolescente na Comunidade
ROTA	First Battalion of the Riot Police "Tobias Aguiar"
SP	São Paulo

SRQ	Self-reported *questionnaire*
STATA	Data analysis and statistical software
STI	Sexually transmitted infection
SUS	Sistema unico da saúde
TFR	Total fertility rate
UN	United Nations
UNAIDS	United National Joint Programme on HIV/AIDS
UNDP	United Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Programme for Women
US	United States
USA	United States of America
USP	University of São Paulo
VCT	Voluntary Counselling and testing
WHO	World Health Organization

Glossary

Estatuto da Criança e do Adolescente *(ECA)* – the Brazilian adaptation of the Convention of the Rights of the Child. ECA recognises children aged 0-11 years and adolescents aged 12-18 years as full citizens of the state.

Medida socio-educativa (translation socio-educational training order) – is a judicial order for young offenders under 18 years of age. Orders in decreasing order of severity include: full-time residential training, part-time residential training, probation, community service, repair of damage, and warning.

FEBEM-SP – state system for young offenders in São Paulo. FEBEM-SP is made up of the *regime fechado* and the *regime aberto*.

Regime fechado (translation closed system) – FEBEM's system of full-time and part-time residential institutions. Young people in part-time institutions are given home leave over the weekend.

Regime aberto (translation open system) – FEBEM's non-residential system. The non-residential system implements the training orders of probation and community service. FEBEM's regime aberto has been decentralised since 2004. Implementation is sub-contracted to CBOs and NGOs with oversight from FEBEM-SP.

Liberdade assistida (translation probation) - is a non-residential training order.

Prestação serviço a comunidade (translation community service) – is a non-residential training order.

Pátio - the *patio* is the courtyard located in the centre of the residential unit. It is the centre stage for most interactions between FEBEM staff and young men.

Agente – the lowest level of staff member in a residential unit. He/she is in daily and direct contact with young men on the *patio*.

Conselho Nacional dos Direitos da Criança e do Adolescente *(CONANDA)* - the national committee for the Rights of the Child and Adolescent. CONANDA's role is to set national policy

Conselho Estadual dos Direitos da Criança e do Adolescente *(CONDECA)* - the state committee for the Rights of the Child and Adolescent. CONDECA advises on state-level polices and manages the appropriation of state funds.

Conselho Municipal dos Direitos da Criança e do Adolescente *(CMDCA)* - the municipal committees for the Rights of the Child and Adolescent advises on municipal policies, investigates children's institutions, and oversees the administration of municipal funds

Centros Estadual de Defesa da Criança e do Adolescente *(CEDCA)* Centres of Defence for the Rights of Children and Young People. CEDCAs are civil society organisations which strongly support ECA's implementation.

Menina roda banca – (translation a girl who gets around) a colloquial expression for a young woman who has been sexually linked with most guys in a circle of friends

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Chapter 1: Introduction

Brazil has the largest Afro-descendant population living outside of Africa[1]. My interest in studying the health problems affecting Afro-descendant populations has its origin in my own history of being raised as an Afro-descendant in Germany. After 15 years in Germany, my educational path led me to the United States were I spent many years living and learning about the health inequalities affecting African-Americans and Latinos, the largest minority populations in the United States. Both of these rich and varied experiences finally led me to Brazil, a Latin American country with a unique mix of Indigenous, European and African history. My particular interest was to find out what makes Afro-Brazilians different from African-Americans and different from Africans with respect to the impact of the HIV epidemic. My "love affair" with Brazil started in 2001 when I moved to Salvador da Bahia and Rio de Janeiro for six months in order to learn the language, learn about the culture and make my own impressions of the "Brazilian success story", the internationally heralded response to the HIV epidemic. My pursuit was in search for specific answers about the impacts of HIV on Afro-descendant young people living in urban mega cities like Rio de Janeiro and São Paulo. With the support of David Ross in London and colleagues in Rio de Janeiro and Geneva I finally settled on a PhD thesis exploring the topic of young men, sexuality, violence and vulnerability in the state system for young offenders in São Paulo.

In this thesis I will present the background, rationale, methods and results of four years of intensive study about Brazil including 18 months of field study living in country. **Chapter 2** starts with a literature review of Brazil, its socio-economic and cultural characteristics, the response to HIV and AIDS with a particular focus on young people in conflict with the law and an extensive discussion of social exclusion. The chapter concludes with the study justification and design. **Chapter 3** describes the conceptual framework, research questions and study design. **Chapter 4** provides a detailed account of the methodology employed

for carrying out each of the three interlinking sub-studies that make up this thesis. Chapters 5, 6 and 7 subsequently describe the results of each of the three sub-studies. **Chapter 5** focuses on sexuality, violence and vulnerability as experienced by five young men in conflict with the law in the peripheral district of Jardim Ângela. **Chapter 6** focuses on knowledge, attitudes and behaviours as well as violence and vulnerability experienced by a select group of staff members of the state system for young offenders in São Paulo. And **Chapter 7** is a policy analysis of sexuality and sexual and reproductive rights within the state system for young offenders in São Paulo informed by the reports of key informants from government, civil society and academia. The thesis is concluded by chapters 8 and 9. **Chapter 8** discusses the findings described in chapters 5, 6 and 7 and connects them to the available evidence described in the literature review. Finally, **Chapter 9** contains concluding remarks and makes recommendations for the way forward.

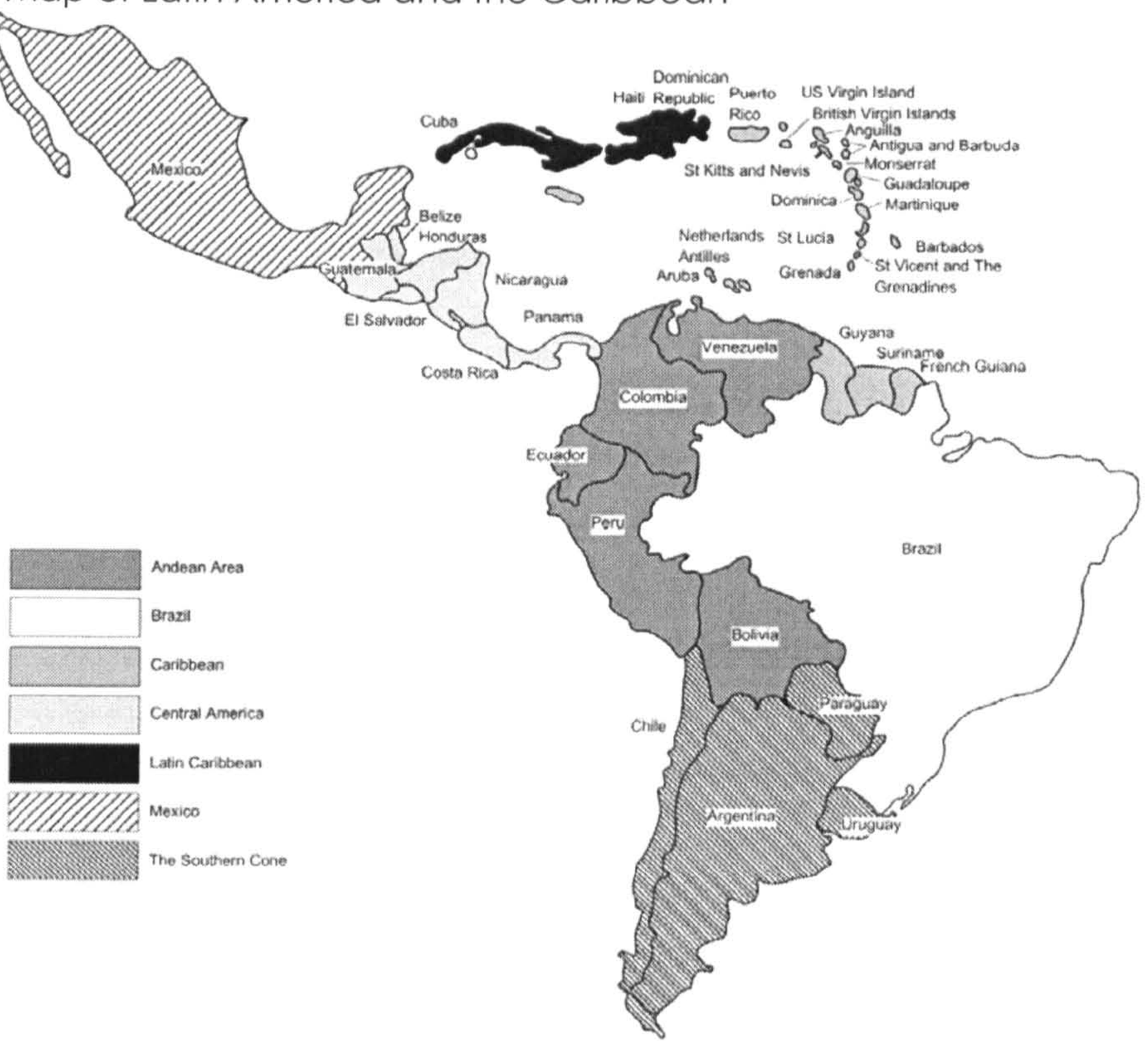
Chapter 2: Literature Review and Rationale for the Study

A Profile of Brazil

The Federative republic of Brazil is made up of 26 states and 1 federal district[1]. Brazil makes up one of the seven sub-regions of Latin America and the Caribbean (LAC) the others being the Andean Area, the Caribbean, Central America, the Latin Caribbean, Mexico, and the Southern Cone (see Figure 1). Like the rest of the region, Brazil is a country characterised by great natural diversity, variability in wealth and a shared history of European colonisation[2]. Brazil, however, stands out based on its size and the intermixing of its Indigenous, Portuguese and African populations. It is the only Portuguese speaking country in the region. The former Portuguese colony was the largest slave-owning region of its time with an estimated 40% of the 11 million slaves transported globally[3]. Today Brazil is home to the largest Afro-descendant population outside of Africa[1].

The Federative Republic of Brazil was founded in 1985 after a succession of military dictatorships from 1964-1985[1]. The constitution stipulates that the president is elected for a once-renewable four-year term and that he or she enjoys extensive powers. Once elected, the president names the cabinet and can influence thousands of other senior appointments[4]. The current President Luis Ignazio (Lula) da Silva was re-elected in 2006 to serve his second term and is the first socialist leader to rule the country[4].

Figure 1 Map of Latin America and the Caribbean



Cáceres 2001

Brazil is also the largest and most populous nation in Latin America, with up to 190 million people spread over an immense landmass of 8.5 million square kilometres, a size comparable to continental Europe[4]. It shares common boundaries with every South American country except Chile and Ecuador. The North, the largest region, occupies 45% of the national landmass, but has only 7% of the population whereas the Southeast occupies 11% of national landmass and has 43% of the population[5].

85% percent of the Brazilian population lives in urban areas[6], the largest Brazilian cities being São Paulo City, Rio de Janeiro and Salvador, in descending order. Since 1975 there has been a steady increase in the urban population from 62% to a projected urban population of 88% in 2015[6]. With approximately 17 million inhabitants living in São Paulo City and another 3 million in the surrounding

areas, São Paulo is the largest city in Latin America and the fifth largest city in the world[7]. Much of the country's population and wealth are concentrated in the South and South-eastern states of Santa Catharina, Rio Grande do Sul, Rio de Janeiro and São Paulo. The Northeast of Brazil is the most underdeveloped region in the country evidenced by unfavourable development indicators such as unemployment, infant mortality and literacy. Not incidentally, the Northeast has the largest population of Afro-descendants[1]. Since the 1950s, rural poverty has sparked huge waves of migration from the Northeast to the more prosperous urban cities of the Southeast[8].

Demographic trends

Population estimates vary considerably depending on the source. The United States Central Intelligence Agency quoted 190 million, UNDP quoted 187 million and the 2000 Brazilian census cited 169 million inhabitants. The figure of 190 million takes into account the implied under numeration based on the 1990 census as well as the effects of excess mortality due to AIDS-related deaths[9]. The population in 2015 is estimated to increase to 210 million inhabitants[6]. Annual population growth for the period from 1975 to 2005 was 1.8%. The projected annual population growth is estimated to decline to 1.2% for the period from 2005 to 2015[6].

The Brazilian population is predominantly young although this pattern is predicted to change. The median age of the population is 29 years[10]. More than one quarter of the population is under 15 years of age whereas only 6% of the population is over the age of 65 years[6]. This pattern is projected to change in 2015 with the proportion of the youngest age group (15 years and less) estimated to decline and the oldest age group (65 years and older) estimated to increase, with men outnumbered by women in this age band[9]. This demographic shift is mirrored in the decline in total fertility with a total fertility rate (TFR) of 4.7 in the 1970s and a current TFR of 2.3 meaning that on average a

Brazilian woman has 2.3 live births during her life compared to 4.7 live births 30 years earlier[6].

There has been a major shift in the age of first marriage. While 30% of women aged 25-49 reported having been married by the age of 18 years in 1990 this number had declined to 23% in 2005 when women's average age at first marriage was 21 years[10]. As a result of many factors, including urbanisation, nearly one quarter of Brazilian households are headed by women[11].

There are marked differences in the male to female ratio in different age bands. Whereas men slightly outnumber women in the lowest age band women outnumber men in all other age bands[9].

Afro-Brazilians

Geography and history explain many of Brazil's racial/ethnic and economic divisions. Racial intermixing, a legacy left behind by the Portuguese settlers, creates an illusion of racial equality. However, the effects of what was the largest and longest-standing slave economy in the world[1] are deeply embedded in society. According to the 2000 census, 45% of the population reported being mixed-black (*pardo*) or black (39% and 6% respectively), 54% reported being white, and the remaining 1.6% were made up of a mixture of people reporting Japanese, Arabian, Amerindian or unspecified descent[12]. The proportion of Afro-Brazilians though is likely to be an underestimate, as being of African or mixed descent is generally associated with lower social status and is therefore under-reported[12]. The majority of Afro-Brazilians live in the Southeast and the Northeast of the country[1]. The North-eastern state of Bahia, often referred to as the centre of the African Diaspora, has a population of over 9 million Afro-Brazilians accounting for nearly 80% of the population[1]. In São Paulo nearly one third of the population declared itself as black or mixed-black in the 2000 census[13]. In the large cities such as São Paulo, Rio de Janeiro and Recife a high proportion of Afro-Brazilians live in shanty towns known as *favelas*, which are

marked by structural violence and social exclusion (see section on social exclusion).

Religion

In terms of religion, the majority of the Brazilian population classifies themselves as either Catholic (74%) or Protestant (15%), with the remainder claiming a mixture of Spiritualist, Jewish, Buddhist, Muslim and other religions. These figures, however, do not capture the real diversity of religious beliefs as they cannot portray cross-over between Christianity and the two principal Afro-Brazilian religions, Condomblé and Umbanda. Condomblé and Umbanda are most frequently practised in São Paulo, Rio de Janeiro, Rio Grande do Sul and in Bahia with an estimated one third of the Brazilian population having visited an Afro-Brazilian spiritual centre at least once[14]. Until recently, systematic intolerance of Afro-Brazilian religions was common in many parts of Brazil[15]. Only in the last five years have important legal victories been won advocating for non-discriminatory portrayal of these religions in the media and assuring the legal recognition of marriages performed within/by Afro-Brazilian religions[15].

Improvements in life conditions

In the last decade Brazil has achieved important economic, social and environmental advances, including low inflation and stable economic growth accompanied by marked reductions in poverty, income inequality and in deforestation rates in the Amazon. The country is also increasing its involvement in the international community, assuming a leadership role in areas such as climate change, trade, bio fuels, HIV and AIDS, biodiversity and social technology (e.g. cash transfer programmes)[16].

Brazil ranks number 70 in the Human Development Index with an HDI value of 0.80 thus just making the cut-off for countries exhibiting high human development[6]. Over the last 20 years the country has seen steady increases in human development among a range of standard indicators – see Table 1.

Life expectancy at birth has increased significantly from an average of 60 years in the 1970s to an average 71 years in the new millennium with important differences by gender[6]. Brazilian women can expect to live more than ten years longer until an average age of 78.5 years compared to Brazilian men until an average age of 64.2 years[6].

Both infant mortality and under five mortality have dramatically declined since the 1970s although disparities by race and social class still remain[6]. Infant mortality declined from 95 per 1,000 live births in 1970 to 31 per 1,000 live births in 2005[6]. Similarly, under five mortality has decreased from 135 per 1,000 live births in 1970 to 33 per 1,000 live births in 2005[6]. Improvements were not limited to standard health indicators alone. The Brazilian population using improved sanitation has increased from 71% in 1990 to 75% in 2004[6]. The increase for the population using an improved water source increased from 83% to 90% over the same period[6].

Table 1 Trends in Key Development Indicators for Brazil 1970 – 2005

Development indicator	1970-1975	2000-2005
Human development index	0.649	0.800
Gini index	42	57
Life expectancy at birth	60 years	71 years
Total fertility rate	4.7	2.3
Infant mortality per 1,000 live births	95	31
Under 5 mortality per 1,000 live births	135	33
Access to improved sanitation	58%	75%
Access to improved water source	55%	90%

Data sources: Human Development Report 2007/08[6] and UN Environment Programme 1989[17]

Recent data from the World Bank indicate that poverty, measured by the local minimum wage, declined from over 52% of the population in the 1990s, to about 38% of the population in 2005, therefore reaching Millennium Development Goal one. There were declines in extreme poverty, defined as income of less than a dollar a day, from 8.8% to 4.2% of the population in the same period[16] as well as declines in the proportion of the population suffering from malnutrition[6]. In 2000, 54% of women aged 15-64 were participating in the labour force, compared to 81% of men in the same age group[11].

Brazilian society is characterised by highly unequal income distribution, regional variation and urban and rural poverty. The richest 10% of the population account for 45% of income or expenditure compared to a share of less than one percent (0.9%) among the poorest 10% of the population[6]. The Gini index for Brazil is 57 compared to 36 for the United Kingdom and 41 for the United States, where a value of 0 represents absolute equality and a value of 100 represents absolute inequality[6].

Economy

In Latin America Brazil is the leading economic power and a regional leader[9]. Sustained economic growth in the late 1960s and early 1970s led to a period of weaker output expansion and marked economic volatility[4]. This was followed by hyperinflation in the early 1990s and a series of exchange-rate shocks[4]. The 1994 widely acclaimed "Real Plan" introduced by former president, Fernando Henrique Cardoso, succeeded in ending hyperinflation, but caused a marked appreciation of the currency exchange rate which in turn constrained economic growth[4]. Mounting market pressures on the Brazilian currency (Real) led to its devaluation in January 1999[4]. In terms of social policy Cardoso's presidency was marked by the initiation of successful healthcare and primary education reforms[4]. In his first term, President da Silva was able to achieve greater macroeconomic stability and favourable international economic conditions owing to the maintenance of orthodox policies put in place by the Cardoso government[4]. Economic stability permitted an increased emphasis on anti-poverty initiatives[4].

Characterized by large and well-developed agricultural, mining, manufacturing, and service sectors, Brazil's economy outweighs that of all other South American countries and is expanding its presence in world markets[9]. Since 2004, Brazil's growth has yielded increases in employment and real wages[9]. Per capita gross domestic productivity was estimated at US$9,700 in 2007[9]. Economic strength is attributed to vast natural resources and a large and diversified labour pool[9]. The service industry makes up two-thirds of GDP, followed by industrial production at 31% including a wide range of products such as textiles, shoes, chemicals, cement, lumber, steel, aircrafts, motor vehicles, machinery and agriculture at 5% of GDP with the production of coffee, soybeans, wheat, rice, corn, sugarcane, cocoa, citrus and beef[9].

The period from 2000-06 revealed a higher than previously estimated average annual GDP growth of 3.1% and a trend of accelerating economic expansion since the late 1990s, indicating the positive impact of gradual reforms. Inflation

and exchange-rate volatility have eased since 2003[4]. The Real exchange rate has appreciated by around 30% since the start of 2004[4].

Education

Brazil has achieved marked improvements in basic education. Enrolment in basic education rose from 85% in 1990 to 97% in 2005 for children and young people between the ages of 7 and 14 years[16]. School enrolment rose in part due to a decline in child labour. In 2000, 92% of girls and 84% of boys aged 10 to 15 attended school and did not work, and 5% of girls and 9% of boys attended school and worked[18].

Taking into account population growth, literacy rates have increased over the last decade for young people and adults. The current overall literacy rate is 88.6%, an increase by almost 7 percentage points from the rate in 1990[18]. Literacy among young people aged 15-24 years is much higher, which can be explained by recent developments in school expansion[18].

In the period from 2002 to 2005 the Brazilian government spent 4.4% of GDP on education, an equivalent to approximately 11% of total government spending[6]. By comparison the UK spends about 5.4% of GDP or 12.1% of total government spending on education[6]. 41% of the Brazilian education budget is spent on primary and pre-primary education, 20% on secondary and post secondary and 19% on tertiary[6]. These proportions of government spending for education are very similar to those in industrialised countries except that the proportion of the population attending tertiary education institutions in Brazil is markedly less.

Successes in basic education are attributed to the *Bolsa Família* programme, a government cash transfer programme designed to stimulate regular school attendance, reduce child labour and increase educational attainment through financial incentives to poor families[16]. Since 2002 *Bolsa Família* has enabled children who previously were out of school and working to attend school by providing assistance to the households of 5 million children[19].

Despite impressive progress, the education sector still faces major challenges. Brazil has 15 million illiterate young people and adults[18] showing important differences by race. Data indicate that in 2001 literacy was 81.8% for black Brazilians compared to 92.3% for white Brazilians[20]. According to development reports, the educational system suffers from poor quality at the basic and secondary levels[16, 18]. Grade repetition rates are very high, averaging 21% compared to less than 5% in other middle income countries. Grade one repetition rates are nearly 30%[18]. Moreover, enrolment in pre-primary and secondary education remains low, especially among the poor[16].

Health

The latest Brazilian constitution was adopted in 1988. It defined health as a right of citizenship and created a Unified Health System to decentralize the provision of health services, ensure universal access and bring the health system closer to the people[21]. Health councils were created at all government levels (federal, state, municipal) in order to increase democratic participation in developing and implementing health policies and to create a unique opportunity for representatives of the Ministry of Health, service providers, and civil society to work toward public health policies that meet the needs of individuals and communities[21]. The Brazilian government invests nearly 5% of its gross domestic product (GDP) in health care expenditures[6]. In comparison, the United Kingdom and United States spend approximately 7% of GDP on health care[6].

The main strategy for primary health care is the Family Health Program (PSF - *Programa Saúde da Familia*) to which the federal government supplies technical support and funding[22]. State-funded public health services, complemented by private services subcontracted by the government, cover 75% of the population[22]. Most inpatient hospital services are provided under a system of public reimbursement for services provided by private entities (80 % of hospitals that provide services within the system are private) [22]. In 1995, 20% of

the Brazilian population, approximately 34 million people, were covered under private health insurance plans, at a total cost of 6.4 billion US dollars[22].

The health profile of the Brazilian population has made dramatic improvements since the 1970s (as mentioned above). Despite progressive commitments, Brazil remains a country of disparities in the quality and accessibility of healthcare. Disparities are evident by region, age, sex, income level and race. For example, although 97% of births are attended by skilled health personnel and 77% of married women aged 15-49 years use a modern form of contraception[10], approximately 72% of the poorest 20% of the population had their births attended by skilled personnel compared to nearly 100% of the richest 20% of the population[23]. By age 20 nearly one third of Brazilian women have given birth at least once[24]. The maternal mortality ratio is 260 maternal deaths per 100,000 live births[10]. Abortion is only legal to save the life of the woman or in case of rape[10].

The Brazilian mortality information system registers approximately one million deaths annually in the country as a whole[22]. Diseases of the circulatory system, one third of all deaths, are the leading cause of adult deaths in all regions of the country[22]. Male deaths (55% of total deaths) were greater in virtually all age groups compared to female deaths[22].

Unfortunately, impressive gains in infant and under-five mortality have been offset by dramatic increases in homicides among children and young people. Data for the period 1980 to 2002 indicate that young people aged between 15 to 19 years were the major victims of homicide, corresponding to 88% of all cases[25]. The magnitude of Brazilian homicides among children greatly outnumber global increase in violence with Brazil reporting the highest homicide rates among countries not experiencing civil war or armed conflict[26]. Findings indicate that the victims of homicide are predominately black, poor, male, linked to organised crime and residing in disenfranchised urban centres of Brazilian megacities[25]. It is very common for the general public to perceive homeless children and young people as a social menace. During writing of the

UN World Report on Violence against Children the research team received many reports of assassinations of street children in various regions of Brazil[25]. "Disappearances and executions are frequently justified by policy and by governments in the name of the war against crime[25]."

HIV and AIDS in Brazil

Brazil's size has masked the global importance of its HIV epidemic[27]. This is because most international comparisons have been based on national HIV prevalences rather than absolute numbers of people living with HIV. Brazil is the centre of the HIV epidemic in Latin America and the Caribbean. There are an estimated 620,000 people living with HIV in Brazil, 220,000 of who are women[28]. This means that almost 40% of the 1.6 million people living with HIV in Latin America and the Caribbean live in Brazil although the national adult prevalence is only 0.5%[28]. Moreover, about two-thirds of all people receiving ART in the LAC region live in Brazil[29]. In 2006, an estimated 14,000 AIDS-related deaths were reported[28].

Brazil is experiencing a concentrated epidemic. HIV transmissions are concentrated among populations at high risk of exposure including sex workers, injection drug users, men who have sex with men and prisoners. In the mid 1990s, 69% of all AIDS cases were found in the states of São Paulo and Rio de Janeiro[30] but cases are now found in both urban and rural areas[28].

HIV infections arise within multiple overlapping epidemics, each with its own dynamic and character. Although HIV infections were initially concentrated among men, the epidemic has subsequently spread into the general population and is increasingly affecting women[31], young people and people from low-income communities in all parts of the country[29,32,33]. The recent feminisation of the Brazilian HIV epidemic can be attributed to the risk behaviour of women's male sexual partners[34]. HIV screening among low-income antenatal clinic

(ANC) patients in the state of Rio Grande do Sul has recently revealed prevalences of 3-6% and "raised fears that serious epidemics might be under way but undetected in some disenfranchised communities" [35]. The prevalence of HIV in urban antenatal clinic attenders is relatively high at 1.6-4.0% but unevenly distributed with the highest prevalences recorded in the South and Southeast, and lower prevalences in the Northeast and Central West[35].

The male to female ratio of HIV infections declined from 27:1 in 1985 to 3:1 in 1996 and ultimately 1.5:1 in 2006[27, 36]. Research has shown that heterosexual transmission among lesser educated and rural populations is becoming increasingly common[37]. Recent HIV infection trends have focused prevention efforts on women, those from the poorest households, rural populations, and Afro-descendents (who comprise 48% of the population and 63% of those living in poverty)[38].

The marked social inequalities endured by non-white Brazilians suggests that HIV infection may also disproportionately affect Afro-Brazilians and other ethnic minorities[39, 40]. However, incomplete monitoring in national surveillance systems has made it difficult to track ethnic disparities in HIV infection.

In contrast to the general population, commercial sex workers (CSWs) 17.8%, injection drug users (IDU) 42% and men who have sex with men (MSM) 9-14% all have much higher HIV prevalences[12,29,35,41,42,43]. Unprotected sexual intercourse among men remains an important driver of the Brazilian HIV epidemic accounting for approximately half of all sexually transmitted HIV infections[44]. In some cities HIV prevalence among injecting drug users has declined as a result of harm-reduction programmes, and overall because of a switch from injecting to inhaling drugs, and high mortality among drug users[44,45].

Routine surveillance

In Brazil a switch to HIV surveillance versus AIDS case reporting was initiated in 1992. Monitoring of the HIV epidemic is usually based on repeated studies of HIV prevalence in specific population groups. However, most LAC countries have based their information systems on AIDS and HIV case reporting. Both methods have their own advantages and problems[29]. The limitations of AIDS case reporting are: long incubation period, under-diagnosis, underreporting and reporting delays. Moreover, with the introduction of universal ART in 1996 in Brazil, AIDS case reporting is no longer an effective way to track the HIV epidemic[29]. UNAIDS and WHO recommend repeated seroprevalence surveys in selected population groups as the best method for monitoring the HIV epidemic.

The only published studies that have reported the HIV prevalence in young people have come from STD clinic patients[12], street children[46] and young people in conflict with the law[47]. The HIV prevalence in 13-19 year olds attending STD clinics in five regions of the country in 1997 was just over 2% in both males and females, 4.9% in street children and between 2.6 and 10.4% in young men[12].

A recent survey of young women aged 14-29 years at a public HIV-testing site in Rio de Janeiro found a prevalence of 8.0% for HIV and 6.5%–9.5% for each of three other STIs (syphilis, gonorrhoea and chlamydia)[48]. Clients seeking VCT services, however, may not be representative of the general population, let alone young men in residential centres.

The most recent national population-based Knowledge, Attitudes and Practices survey was conducted in 2004 among 15-54 year old Brazilians. A total of 6006 interviews were conducted[49]. 62% of the sample correctly identified all five modes of HIV transmission[49]. The percentage answering all five items correctly varied by education, only 51% without high school correctly identified the items compared to 79% of those who had completed high school[49]. Knowledge was

higher among people aged 25-39 years and among residents from the South and Southeast[49]. Only 29% reported consistently using condoms with any type of partner[49]. Women and those with low incomes reported the lowest levels of consistent condom use[49].

Young people aged 15-24 years had higher knowledge scores and reported the highest levels of condom use compared to adults[49]. Consistent reported condom use with a casual partner was almost 60% among young people, compared to 52% in the general sample[49]. Among young people reported condom use at last sex was 74%[49].

Results for the 2004 survey were not reported by race. A previous national KAP survey had found important disparities by race with lower HIV knowledge, negative attitudes towards risk perception and less willingness to change behaviours among non-white respondents[40].

Universal Access to Treatment, Care and Support

Brazil's National AIDS Programme has had relative success in controlling the HIV epidemic[50]. Influenced by strong social movements that emerged in the post-dictatorship era, the national government showed commitment to the response to HIV and AIDS early on and was able to successfully engage in multi-sectoral collaborations, especially with organised civil society financed by international donor support[50,51,52]. The national strategy is based on a three-pronged approach: early and continued prevention, protection and promotion of human rights, and universal access to treatment and assistance[16]. Close collaborations between NGOs and government ultimately triumphed with universal access to free anti-retroviral medication[50-52]. In 1996, against warnings from the World Bank, Brazil was the first developing country to implement universal access to anti-retroviral therapy (ART) via its national health-care system[16]. Universal access to ART has led to a 50% reduction in the AIDS mortality rate since 1999, an improvement in the quality of life for those living

with AIDS[53] and significant cost savings to the national health care system because of reduced number of hospitalisations from AIDS patients[38]. Currently more than 180,000 people have access to free treatment provided through government financing[38], and 58% of all pregnant women living with HIV receive prevention of mother-to-child treatment (PMTCT). Brazil is among the countries leading the manufacture of generic ART and elements of the Brazilian success are being adapted to the AIDS Control Programmes of other developing countries[54]. Current national government expenditure on HIV and AIDS is 386 million US dollars[55].

The Brazilian AIDS Programme is now discussing ways of facing the challenge of sustaining its universal treatment programme since the number of patients receiving antiretroviral drugs increases every year and the prices of the latest drug treatments are rising rapidly[56]. These challenges are being met by negotiating drug prices with pharmaceutical companies and by strengthening the national capacity to produce generic antiretroviral drugs[56]. An emerging issue requiring intensified focus is the link between poverty, race, inequality, gender and vulnerability to HIV infection[56].

HIV in Institutionalised Populations in Brazil

In 2005 the Brazilian adult prison population was estimated at 361,402 inmates which translates to a proportion of 191 inmates per 100,000 population[6]. 6% of the adult prison population in Brazil is female[6]. Brazil's prison population ranks above the United Kingdom, which has a prison population of 88,458 inmates or 124 inmates per 100,000 population, and below the United States, which has a prison population of 2,186,230 inmates or 738 inmates per 100,000 population[6]. The State of São Paulo with a population of 40 million accounts for approximately one third of the national prison population. The State of São Paulo keeps approximately 110,000 adult prisoners and 7,000 young people aged 12-21 years[57]. Many Brazilian prisons operate above their allowed capacity. Data from the mid 1990s reveal that there were at least two adult prisoners for every prison space in the country[58]. The State is also responsible for approximately 21,000 young people serving residential and non-residential training orders every year[59]. The main focus of this discussion is on adult prisons and full-time residential institutions for young people.

HIV prevalence in adult male prisoners has been well documented for the Carandiru prison facility in São Paulo, once the largest prison in Latin America with approximately 10,000 prisoners[58]. The first seroprevalence studies measured HIV prevalences of 12.5% among the general male prison population in 1987, 14.9% among newly admitted male prisoners in 1990 and 17.3% among the general male prison population in 1991[60]. Similarly, a study conducted in 1987 among 284 self-selected female inmates indicated a HIV prevalence of 18%[61]. More than 90% of these female inmates were injection drug users[61].

The surveillance of HIV and other viral and bacterial infections has been the subject of limited scientific investigations in Brazilian residential institutions for young people in conflict with the law. A study by Vasconcelos and colleagues conducted in 1987 in a residential institution for street children and young offenders in Rio de Janeiro was the first to suggest that young people in closed

institutions were disproportionately affected by HIV infection[61]. It also showed that young people who were injecting drug users had an HIV prevalence of 13.2%, nearly seven times higher than the prevalence of their non-injecting counterparts and this despite their age[61]. The São Paulo State Programme on STD/AIDS reported 22 cases of AIDS in young people having given an FEBEM-SP unit as an address for the period between 2002 and 2006[62]. For the same period there were 32 reported cases of other STIs[62]. As previously discussed, AIDS case reporting is not a good indicator of the prevalence of HIV infection given the long incubation period and limited access to voluntary counselling and testing (VCT)[29].

Adult prisoners

A systematic review of the peer-reviewed literature using MEDLINE and Scielo Brazil (Scientific Electronic Library online) for the years 1987 – 2006 identified eight HIV prevalence studies among adult prisoners in Brazil[60,63,64,65,66,67,68,69,70]. These and other studies also reported the prevalence of other bacterial and viral infections such as the hepatitis B and C virus (HCV and HBV) and syphilis, but this is not the focus of this review. The heightened burden of HIV infection among inmates has been well documented for Brazilian adults (see Tables 2 and 3) and to a lesser extent for Brazilian young people in full-time residential institutions (see Table 4).

All eight studies were cross-sectional in design although one study also reported results from a cohort study. The studies were conducted in the period from 1992 until 2000 with main concentration in the South-eastern part of Brazil, more specifically in the State of São Paulo. Sample sizes varied considerably ranging from 63 to 756 participants. The sample sizes in female prison studies tended to be smaller as there are proportionately fewer female prisoners in the country.

Considering that HIV prevalence in the general population was less than 1% in the 1990s, studies of male prisoners reported disproportionately high HIV

prevalences. At 3.2% HIV seroprevalence was lowest in a prison facility in the state of Minas Gerais[64]. HIV seroprevalences in the state of São Paulo were all above 10%[60, 63, 64, 65]. HIV prevalence in a maximum security unit in Campinas appeared higher (18.1%) than HIV prevalence in a minimum security unit (10.9%) in the same facility[65]. The risk factors for HIV infection in multivariate analyses were: HCV infection with an odds ratio of 10.5 (CI: 5.1-21.7); injection drug use with an adds ratio of 3.4 (CI: 1.8-6.2) and male-to-male sex with an odds ratio of 2.4 (CI: 1.1-5.4)[60, 63].

Table 2 HIV prevalence among male prisoners in Brazil

					Prevalence (%)	
Author	**Year**	**N**	**Region**	**Age***	**HIV**	**Others**
Massad[60]/Buratti ni[63]	1993/94	631	SP	30.8	16.0	HCV 34.0 syphilis 18.0
Guimares[64]	1993/94	756	SP	30.2	13.7	HCV 41.0 HBV 68.0 syphilis 3.0*
Catalan-Soares[65]	1994	63	MG	30.2	3.2	HCV 6.0 HBV 18.0 syphilis 7.0*
Osti[66]	1995	693	SP	n/a	14.4	HBV 7.0
#mean age, SP – São Paulo, MG – Minas Gerais, HCV – hepatitis C virus, HBV – hepatitis B virus, * active syphilis, n/a – not available						

All studies apart from Osti and colleagues, reported data on drug use and sexual behaviour. Reported injection drug use was high at 22% in Massad & Buratini and colleagues and 18.6% in Guimaraes and colleagues. Guimaraes and colleagues was the only study to distinguish between risk behaviour inside of the prison environment and outside of the prison environment. Reported injection drug use was significantly higher outside of the prison environment (18.5%) compared to inside of the prison environment (1.4%) whereas non-injecting drug use was high regardless of the prison environment (55.4% outside compared to 51.6% inside)[64]. The study population in Catalan and colleagues reported frequent use of all types of licit and illicit drugs including marijuana (33%), cocaine (12%), multiple illicit drugs (10%), alcohol (71%) and smoking

(75%). Catalan and colleagues was also the only study to report on the frequency of prison-made tattoos and piercing (22%).

With regards to sexual risk behaviour, 11% of participants admitted engaging in male-to-male sex[64]. Reports of consistent condom use with any type of partner were low for all studies, 2.7% always used condoms[60, 63] and 91.7% never used condoms[64]. Several participants indicated that they had had unprotected sexual relations with sex workers[65].

Table 3 HIV prevalence among female prisoners in Brazil

					Prevalence (%)	
Author	**Year**	**N**	**Region**	**Age***	**HIV**	**Others**
Ferreira[67]	1992/93	350	SP	n/a	25.0	-
Miranda[68]	1997	121	ES	30.2	9.9	HCV 19.0 HBV 7.0 syphilis 16.0*
Lopes[69]	1997/98	262	SP	32.4	14.5	syphilis 5.7*
Strazza[70]	2000	290	SP	31.0	13.9	HCV 16.2 syphilis 23.0

#mean age, SP – São Paulo, ES – Espirito Santo, HCV – hepatitis C virus, HBV – hepatitis B virus, *active syphilis

Studies of female prisoners also reported disproportionately high HIV prevalences. A 9.9% HIV seroprevalence was lowest in a prison facility in the state of Espirito Santo[68]. HIV seroprevalences in São Paulo State were well above 10%[67, 68-70]. The earliest study by Ferreira and colleagues reported the highest HIV prevalence at 25%, the reason being that half of the study participants were injecting drug users. The risk factors for HIV infection in multivariate analysis were: injecting and non-injecting drug use with odds ratios of 14.6 (CI: 3.6-57.1) and 10.8 (CI: 1.4-86.6)[68] in one study and odds ratios of 4.2 (1.4-12.2) and 2.5 (CI: 0.9-7.0) in another study[70]. Based on data from these two studies it appears that drug use acts as a clear risk factor for HIV infection. In Strazza and colleagues multivariate analysis indicated that HIV infection was

associated with the reported risk behaviour of male sexual partners. Women prisoners who had had an HIV positive or injecting drug using male partner were more likely to test HIV positive (odds ratios 7.4 CI: 2.1-26.0 and 4.7 CI: 1.9-11.9)[70]. Female prisoners presented with high levels of STI symptoms and diagnosed infection (see Table 3)[68-70]. Many women tested positive for multiple infections[68].

Limited socio-demographic data allowed for some comparisons between study populations. Mean age was around 30 years. Educational attainment was low with a range of 6.5%[70] to 11.5%[69] of the population reporting that they were illiterate. The overall average time spent in prison was less than one year in Miranda and Ferreira and colleagues compared to almost three years in Lopes and colleagues.

All studies reported data on drug use but not all studies reported data on sexual behaviour. Both non-injecting and injecting drug use were common with IDU rates ranging from 9% to 23%[67-70]. The consumption of other illicit drugs included marijuana, cocaine, crack cocaine, inhalants and amphetamines. Marijuana was the most frequently reported illicit drug. Other risk taking behaviours included the sharing of injecting equipment and unprotected sexual relations with known injecting drug users[70]. In the study by Miranda and colleagues, 63% of women prisoners said that their sexual debut was before the age of 15 years. None of the studies reported data on consistent condom use but it appears to have been low in at least one study[68].

Young People in Conflict with the Law

A systematic review of the peer-reviewed literature using MEDLINE and Scielo Brazil for the years 1987 – 2006 identified four HIV prevalence studies among young people aged 12-21 years in full-time residential institutions in Brazil[71,72,73,74]. A copy of the study by Vasconselos could not be retrieved. All three studies are summarised in Table 4.

Table 4 HIV prevalence among young people in Brazilian residential institutions

						Prevalence (%)	
Author	**Year**	**Region**	**N**	**Sex**	**Age***	**HIV**	**Others**
Strazza[71-72]	1995	SP	1112	M	16.2	2.6	HCV 5.9
			89	F		10.3	HCV 4.6
Miranda[73]	1999	ES	206	M	16.3	4.9	syphilis 7.8%*
Carvalho[74]	2003	SP	83	M	16.3	1.0	HCV 6.0 HBV 16.0 syphilis 8.5%*
#mean, SP – São Paulo, ES – Espirito Santo, HCV – hepatitis C virus, HBV – hepatitis B virus, *active syphilis							

All three studies were cross-sectional in design and were conducted in the states of Espirito Santo and São Paulo in the South-eastern part of Brazil. Young people in Brazilian residential institutions were disproportionately affected by HIV considering their age and national HIV prevalence in 15-49 year olds of less than 1%. The highest reported prevalence was 10.3% among a subset of 89 young women in a facility in São Paulo City[71-72]. The only separately reported HIV prevalence for young men was 2.6% from the Tatuapé institution in São Paulo City[71-72].

In multivariate analysis HCV showed a strong association with HIV infection (OR=26.5 CI: 8.8-79.7), age over 18 years (OR=3.5 CI: 1.2-9.9) and injecting drug use (OR=3.4 CI: 1.1-10.4) for young men[71-72]. For young women, the strongest association for HIV infection was reporting having had sex for money (OR=6.0 CI:

1.2-34.3)[71-72]. All other proposed risk factors for HIV infection in young women and young men were only border line significant[71-73].

Incomplete socio-demographic data restricted comparisons between study populations. Mean age was around 16 years for all studies. Data on educational attainment indicated that more than half of study participants had completed primary school. Illiteracy ranged from 3%[71-72] to 10%[73].

All studies reported data on drug use and sexual behaviour. Injecting drug use was lower than in adult prisoners but still considerably high. Injecting drug use was reported by approximately 10% of young people[71-74]. Injecting drug use among women in the study by Strazza and colleagues was particularly high at 15%. Young people in all three studies reported frequent use of all types of licit and illicit substances including: marijuana, cocaine, crack, inhalants and alcohol. Marijuana was the most frequently used drug.

With regards to sexual risk behaviour, consistent condom use was rare. Only 18% of young people in Strazza and colleagues reported using condoms consistently compared to 29% in Carvalho and colleagues. Some young people reported that they had exchanged sex for money or drugs. In accordance with unprotected sexual activity, many young people reported that they had a history or symptoms of STIs. STI history was more frequently reported among young women with 21%[71-72] than among young men, 12% and 13%[71-72, 74]. 29% of young people said that they had experienced STI symptoms at some point in their lives[73].

An analysis of the peer-reviewed seroprevalence studies indicate that Brazilian prisoners and young people in residential institutions are disproportionately affected by HIV and other sexually-transmitted bacterial and viral infections such as syphilis and the hepatitis C and B virus. These data are alarming especially for young people. However, data are limited by the fact that the actual proportion of inmates and young people who participated in the studies

is not known thus limiting the representativeness of the findings. Male and female prisoners and young people in residential institutions reported universally high levels of illicit drug use including injecting drug use. Multivariate analyses indicate that HCV was consistently associated with HIV infection. HCV is a known marker for injecting drug use. The results of the study by Carvalho and colleagues conducted in 2003 might suggest that HIV prevalence among young people in residential institutions is going down but there is considerable bias in making this generalisation based on point prevalences of a very small, non-representative sample of young people under treatment for crack addiction.

Social Exclusion

The term "social exclusion" was coined by René Lenoir, former Secrétaire d'Etat a l'Action Sociale of the French Government when speaking about "the excluded" in France[75]. According to Lenoir, the term referred to approximately 10% of the population such as the mentally and physically handicapped, single parents, substance users and other groups unprotected by social benefits[76]. The meanings of exclusion and its appropriate responses, insertion and integration into French development debates in the early 1980s, has been used as an important contemporary form of poverty analysis[76]. In addition to its material and non-material features social exclusion was seen as the progressive rupture of social and symbolic bonds, economic or institutional, which normally attach an individual to his/her society[77].

These non-material features of social exclusion have been the subject of intense academic debate[78]. The Nobel laureate Amartyra Sen describes these aspects as capacity deprivation. Sen puts forward that social exclusion must be seen in terms of poor living rather than the scarcity or lack of material income. "In the Aristotelian perspective, an impoverished life is one without the freedom to undertake important activities that a person has reason to choose[79]." The International Labour Organisation (ILO) argues that the concept of social exclusion is relevant analytically to understanding poverty in both the South and the North. They define social exclusion as:

'A state of poverty in which individuals cannot access the living conditions which would enable them to both satisfy their essential needs (food, education, health, etc.) and participate in the development of the society in which they live. The analysis of social exclusion is concerned with the causes of poverty, the specific nature of essential needs in different societies, access to the services and opportunities which would make it possible to meet these needs and the civil and political rights of individual'[80].

Social exclusion in the Brazilian context

As discussed in a previous section, data from the last few decades in Brazil have shown that social indicators related to education, health, housing, social security and the acquisition of durable goods have progressively increased (see improvements in life conditions). However, in a discussion paper written for the World Bank, Reis and Schwartzman argue that this progressive increase is based on the rise from very low baseline levels, which comparatively speaking, place Brazil in poor position compared to neighbouring countries[81].

In the Atlas of social exclusion in Brazil Pochman and Amorim used data from 5,507 Brazilian municipalities in order to construct an index of social exclusion. [82] The authors used a composite score made-up of quality of life, education and adolescent risk indicators including information such as: formal employment rate, disparities in income; percent of heads of households with more than 5.5 years of education; percentage of the population under the age of 15 years, homicide rate. The authors found that geographically speaking Brazil was characterised by large areas of social exclusion with intermittent patches of inclusion mainly in the Southeast and South of the country[82].

According to Reis and Schwartzman, looking back historically, social exclusion had always been part of the fabric of Brazilian social policy. They said that compared to other Latin American countries Brazil is characterised as a conservative moderniser, which means that large segments of society have always been excluded from the modern economy, the political system and society in general[83,84].

Furthermore, in the atlas of social inclusion, the editors distinguished between two types of social exclusion: the old and the new. They reported that the old form was found in regions with the highest indices of social exclusion, namely the North and the Northeast of the country, and was closely related to material forms of poverty[82]. The new form, however, they argued, was the result of the perpetuation of an exclusionary model of economic development, which

besides maintaining old problems has created new forms of exclusion typified by unemployment, discrimination and social apartheid[82]. The result was a visible separation between rural and urban[82]. Characterized by a rural exodus, new urban settlements were experiencing a population explosion made up of underemployed rural fugitives living below the poverty line[85].

Much research has noted that the novel form of social exclusion is commonly found in the Southeast and South of the country, reflecting the model of saturated industrialization in Brazil [81, 82, 83, 84, 85]. Similarly to the French debates in the 1980s, researchers describe that the different dimensions of social exclusion constitute not only a socioeconomic phenomenon but also a symbolic one. The excluded is viewed as an unequal and he/she is deprived not only in consumerist terms (economic power) but principally of social attachments[81]. Social disruption manifests itself in the form of unemployment, social disarray, urban violence, personal instability and worsening public health indicators[83].

The following discussion will focus on a range of aspects related to social exclusion. This discussion is not comprehensive and only focuses on those aspects related to the research study in question.

Aspects of social exclusion in Brazil

Race, ethnicity and racism

In recent times there has been considerable debate concerning the concept and indeed the use of the word 'race'. The attempt to classify human beings into distinct biological types corresponding to racial groupings has become increasingly problematic[86]. Theories of *race as biology* which seek to link genotype, the underlying genetic differences between groups of people, with phenotype, physical characteristics such as skin or hair colour, have been discredited by modern genetics[86]. According to leading geneticists there is no genetic justification for distinguishing different races[87]. Therefore, "while most

social scientists would reject the validity of the concept of 'race' they also recognise that the common belief in the idea of 'race' and its influence on the way people interact justifies its use as a social category[86]".

The concept of ethnicity, on the other hand, is not rooted in biological theories. Ethnicity refers to a sense of cultural awareness and identity within groups that share a common history or heritage[86]. It is argued that the process of cultural identification as typified by dress, religion, custom and food has a determining role in explaining the different social experiences of black and white people, for example. Similarly to race, ethnicity has been used in constructing boundaries between the self and the other[86]. Common identity on the one hand and cultural difference on the other hand, can be mobilised to account for fear and hostility of one population towards another. There are serious theoretical problems with this approach because distinguishing the "other" can be used for exclusionary practices. In summary, both race and ethnicity are social constructions and associated with a range of biological and social variables[88]. The diversity of meanings of the term 'race' or 'ethnicity' are influenced by the rules and social codes of a certain time in history, by certain social groups, and by the physical space and symbolism that they occupy[89].

When looking at the exclusionary practices that use 'race' or 'ethnicity' as distinguishing factors it is more acceptable to refer to the concept of racisms. "The concept of racisms refers to beliefs and social practices which draw directly or indirectly on the belief that there are racial and ethnic groups which have distinct physical or cultural characteristics which are usually but not exclusively defined in negative terms[86, 90]." It has been argued that the emergence of the African slave trade was one of the triggers that led to the invention of the modern concept of racism[91]. "Blacks had to be branded as inferior in order to justify this barbaric practice[92]." Furthermore, according to Cooper and David "a second development of this historical era had a more enduring effect. The long-term needs of a growing multi-ethnic society demanded the invention of institutional racism[93]."

"The idea that population classifications based on race and/or ethnicity accurately describe innate genetic differences responsible for disparities in health (as well as intelligence and behaviour), has been repeatedly discredited over the past 50 years[94, 95]." The last two decades have shown a growing interest in the social phenomenon of racism and its effects on public health[96, 97]. The deleterious effects of racism on health have been documented for the population of the United States[98],[99] and to lesser extent in Brazil[96]. The remainder of this section is concerned with the manifestations of racisms in Brazil and how they impact on health and other experiences in people's lives.

Racism in Brazil is characterised by different manifestations in time and place[96]. In order to analyse racism in Brazil, great emphasis is placed on how the term 'race' emerged historically and how it has been associated with inequalities in power as a direct result of colonialism, slavery and discrimination[100]. Since the beginning of colonisation by the Portuguese crown, the concept of 'race' has been fundamental in the organisation of the principles of Brazilian society[96].

In Brazil, its ideological character gives social meaning to certain standards of phenotypical and/or genetic diversity and assigns negative characteristics to groups with "deviant" standards which in turn justifies unequal treatment[96]. Racism is a form of social and ideological programming to which everyone is exposed[96]. Once programmed, people consciously and subconsciously reproduce racist attitudes which, in some cases, are entirely opposed to their personal opinion[96]. Historically, the social meanings, beliefs and attitudes about racial groups, especially Afro-Brazilians, have been translated in politics and social arrangements which limit opportunities and well-being[96].

The way racism is applied in Brazil is very different and perhaps difficult to understand for someone used to the Anglo-Saxon context of racism. Firstly, one has to distinguish between national theories of racism and the experiences of racism[101]. In the United States, for example, racial classification is rooted in

ancestral origin, a practice that is still alive today. Before the abolition of slavery the principle of "one drop of black blood" meant that a person would be classified as black even after several generations of white intermixing[101]. This is entirely contrary to the concept of racism in Brazil which is based on physical markers, most notably skin colour and hair texture[101]. As a result of its phenotypic origin, Brazilian racism is applied in gradations, most severely affecting those with the strongest African phenotypes, i.e. dark skin and coarse hair and idolising those with white European phenotypes such as pale skin, light eyes, straight hair, slender noses and thin lips[101]. It is important to note that Afro-Brazilians are not the only victims of racism in Brazil. There are many other groups subjected to racism including the indigenous population[101].

The second difference is that unlike the United States, Brazilian racism is not mirrored in the existence of segregationist laws and institutions[101]. In fact, official segregation was impossible because of the already existing demographic mix of the population, the majority of which was of African descent[101]. This means that, politically speaking, it was impossible to employ mechanisms for exclusion of their own kind considering that members of the elite were of mixed race[101]. Informally however, social mechanisms were used to segregate people with visible African phenotypes to the most precarious urban and rural centres and in the least developed regions in the country[101].

Until the 1930s, Brazil promoted a white image of the country which was replaced by a white celebration of racial mixing and racial democracy[1]. The myth of racial democracy was presented at the end of the 19th century as a harmonious solution to the "racial problem", meaning dealing with the black population. The principal scholar of this view in Brazil was the anthropologist Gilberto Freyre[20, 102]. His work had a strong influence on policy. The racial democracy was to be achieved by gradual intermixing of blacks with whites. The ideal of a whitening-out of Afro-descendant populations had as its goal the gradual disappearance of blacks by absorption into the white population.

As a community, Afro-Brazilians are still economically marginalized and politically disenfranchised as evidenced by a range of social and economic indicators[11, 96]. For much of Brazil's recorded history, Afro-Brazilians were absent from most official images[1]. After independence, the symbol of Brazil was the monarchy even though Afro-Brazilians, many of them slaves, constituted the majority of the population[1]. The myth of a racial democracy was continued with the deliberate absence of racial/ethnic classification in national census data from 1970 until 1996 although limited data had been collected before 1960[1]. Some governmental as well as non-governmental organizations (NGOs) and private institutions have now begun to gather statistics on race and ethnicity, although past negligence makes historical comparisons difficult[1]. Statistics on Afro-Brazilians remain intrinsically problematic because of poor data-gathering practices, and the myriad of terms that Afro-Brazilians continue to use to define themselves from region to region[1].

The importance of including racial and ethnic data in the national information system became one of the biggest demands of the Black Movement (*movimento negro*)[102]. Finally, in 1996 an interministerial working group on the valorisation of the black population was responsible for reintroducing racial/ethnic information in the national birth and death registries[102]. In 1999, the government statistical institute, IPEA, published national data about the profile and socio-economic position of the Brazilian population by race for the first time[11,103,104,105,106] demonstrating that there were large disparities across all social indicators among self-identified Afro- and indigenous Brazilians compared to self-identified white Brazilians.

'Social Apartheid'[107]

In Brazil 'social apartheid'[107] is a term used to describe the gulf between rich and poor living in the same city. In São Paulo, violence is not experienced equally. Poverty, social exclusion, deprivation and neglect provide fertile ground for violence to flourish [108, 109].

Areas prone to high levels of violence generally have few available jobs and high levels of unemployment[109]. The risk of violence increases when heads of households have no income. Recent data indicate that among families living in poor neighbourhoods most heads of household earn less than US$ 164 per month[109]. Most heads of households with higher income levels live in the central part of the city[109]. The peripheral districts encircling São Paulo city, Jardim Ângela for example, have the highest concentrations of poverty[110]. This process of economic exclusion started in the 1960s and suggests a failure of social and economic policies to foster inclusion and social mobility[109].

Homicides proliferate in areas that have high concentrations of poverty but also have high concentrations of young people and fewer older individuals[109]. Areas with high incidence of homicide usually have populations that are growing many times the average for the city[109]. High population growth creates a considerable pressure on already scarce and precarious housing options.

Populations living in areas with high incidence of homicide have low levels of education. Jardim Ângela for example has almost twice as many poorly educated heads of households (30%) compared to São Paulo's average of 17.8%[109]. Access to education is limited by the willingness of teachers to work in areas with high concentrations of crime. The poor quality of education is compounded by lack of incentive and supervision on the part of parents, poor amenities and high teacher absenteeism. Poor schooling increases the likelihood of job insecurity and low income[109].

Neighbourhoods characterised by high levels of crime have limited access to hospitals, health posts and social protection by law enforcement officials. When emergencies occur in these areas, health and rescue services often have difficulty reaching the people in need and getting them to the nearest hospital[109]. Lack of access to health services is mirrored in basic health statistics. The infant mortality rate in Jardim Ângela is 18.9 deaths per 1,000 live births; higher than São Paulo's average of 15.8 deaths per 1,000 live births[109].

In Brazilian *favelas*, some might consider structural violence to be 'natural' as it reflects forms of domination by class, group and the state[111]. Structural violence features strongly in the everyday experiences of young people. This overarching term captures the additive effects of poverty, violence, disenfranchisement and lack of access to basic entitlements to public services[112], [113], [114]. Children and young people are more vulnerable to violence and greater numbers of young people living in conditions of concentrated poverty increase their susceptibility to and the likelihood of violence[109].

Violence is exacerbated by easy access to illicit drugs and firearms which turn relatively trivial disputes into potentially deadly situations[108]. Many of these young men have not been taught how to condemn the violence that they experience and to acquire the personal relationships and social exchange that will place them in a network of cooperation and solidarity which in turn would allow them to participate in political culture and create conditions for intervention and change[108]. Research in the *favelas* of São Paulo has suggested that high rates of structural violence underlie young people's vulnerability to HIV and other STIs[107, 113-114].

Urban Violence

Violence is a daily concern for the inhabitants of São Paulo City (Paulistanos). Acts of violence and brutality are frequently discussed among Paulistanos, especially when reported by the media[108]. Concerning the drug trade, for example, the information circulated by the media propagates the image of young men in drug trafficking gangs, especially when they are the victims or perpetrators of violent killings[108].

In Brazil, increases in homicide are a phenomenon associated with urbanisation [109]. Violence in urban areas has been growing since the early 1960s[109]. Although virtually no data exist from the dictatorship era, trends indicate that the increase in urban violence is merely a continuation of longstanding problems including violent crime and gross human rights violations such as the abusive use of police brutality, lynchings, vigilantism, and death-squad activities[109].

Research data indicated that 38.3% of all homicides in Brazil occur within the metropolitan regions of Rio de Janeiro and São Paulo, both of which comprise only 17% of the country's population[109]. This is because Rio de Janeiro and São Paulo differ from other places by the scale of deprivation and the extent of inequalities[109]. Homicide is the primary cause of death for males aged 16-24 years in Rio de Janeiro and São Paulo[115]. In the *favelas* of Rio de Janeiro and the periphery districts of São Paulo, daily life is subjected to the control of sophisticated and powerful criminal gangs, which exert their influence at the highest levels of government as inumerous parliamentary commissions of investigation of the National Congress have documented[26]. Human rights organisations, NGOs and major newspapers continue to document these activities[109].

Defining vulnerability

In the early 1990s, the concept of vulnerability reached prominence in public health through its introduction by the late activists and researcher Jonathan Mann and by its adaptation to the Latin America context by Jose Ricardo Ayres at the University of São Paulo in Brazil[116],[117],[118]. In the international social science discourse experts distinguish between two groups of the vulnerable:

- "those who are vulnerable because of their situation in life – mothers and children, and the elderly, disabled, and those at health risk because of where they live and work or how they live and work; and
- those who are rendered vulnerable by their socioeconomic status and the ways in which society deals with them."[119]

The philosopher Samuel Gorovitz has defined the three intrinsic qualities of vulnerability to be:

- not binary meaning that "it is not something one either has or lacks"
- not unitary meaning that it is "neither present nor absent in each of its many dimensions"
- not stable meaning that it is dynamic in character[120].

Given these fundamental principles one cannot say that an individual is vulnerable or not but rather that each individual has a complex and evolving set of vulnerabilities throughout life[120]. Applying the term vulnerability to explain the poor health outcomes of Afro-Brazilians Lopes has said: "as well their unequal and disvalued insertion in society; and the invisibility of their real necessities in terms of social actions and welfare programmes, health promotion and disease prevention activities; black men, women and children in Brazil live in a constant state of defence. This unending necessity to integrate oneself, and at the same time, protect oneself from the adverse effects of integration, may provoke precarious behaviours which result in psychiatric, psycho-social and physical illnesses[96]."

For the purposes of this thesis, the term vulnerability is defined as the degree to which an individual or group has control over the chances of being exposed to a negative outcome, such as violence or an illness, taking into account both their own individual characteristics, the characteristics of the society they live within, and their ability to protect themselves from the outcome and its negative consequences. A vulnerable individual or group is socially, politically and legally disadvantaged in relation to the promotion and protection of their well-being.

Masculinity

Much like the literature on racism, theories of masculinity have relied on describing the polarities of the masculine and the feminine. Throughout history the feminine has been referred to as the "other" or the weaker gender compared to the male subject[121]. The sociologist Connell describes masculinities as "configurations of practice structured by gender relations. They are inherently historical; and their making and remaking is a political process affecting the balance of interests in society and the direction of social change[122]." Historical interests have not only created polarities between men and women, they have also created hierarchies of power among men. In the late 1970s Pleck and Snodgrass described hierarchies of power among men in relation to class, race and conformity to hegemonic ideals (gay men)[123], [124].

In Robert Stapels' "Black Masculinity", a pioneering study of ethnic differences, Staples connected the social situation of black men in the United States within racism to the dynamic of colonialism in the developing world[125]. Following that theme, in "Dilemmas of Black Manhood in America" Majors and Billson elaborate on the "cool pose" an exaggerated masculine version of self that serves as a coping mechanism to maintain "face" or self-respect in the face of racism and in the absence of other sources of male identity and self-worth[126]. Review of the African literature has found that on the continent masculinity is strongly tied to financial independence, employment or income, and subsequently starting a family[127]. Marriage and family formation are directly tied to having income and/or property[127]. The literature describes that men's social recognition, and their sense of manhood, suffers when they lack work[127].

Newer theoretical language on masculinity formed in the early 1990s focused on the common themes of the social construction of masculinity, the importance of economic and institutional structures and differences among masculinities and

the dynamic character of gender[121]. More recent research has found that subordinated masculinities also influence dominant forms[128].

Latin American "machismo"

As in many other cultures, the main role of a Brazilian man is seen to be that of patriarch and provider for the family[129]. Features of that position are associated with responsibility, respect, reliability and reproduction[129]. However, this privileged position suggests that most men have limited involvement in reproductive health for themselves and for their partners, as well as child care; they may also feel a sense of male entitlement to sex from women[130]. In the sexual realm, this entitlement to sex is underscored by the *machista* notion of virility[131] which is typified by men with an uncontrollable sex drive that must be exercised and satisfied from an early age. Men may therefore engage in multiple premarital and extramarital relations without the fear of social sanctions. The constant search for new sexual partners tilts the balance towards compulsive and performance-orientated sexual pre-occupations rather than intimacy and commitment[132].

The *machista* attitude serves a second function of controlling female sexuality[132]. The honour of female members of the family, mothers, wives and daughters is closely guarded. The use and widespread tolerance of violence by men against women is another form of control over their sexual partners[132]. Adoption of these traditional views results in a double standard which enables men to engage in both pre- and extramarital relations with multiple partners while prohibiting such activity for women[133]. With the upholding of *machista* culture, young men are encouraged to seek sexual experiences early in their lives, with little guidance and information on sexual and reproductive health[130-133].

However, recent research from Barker and colleagues in Rio de Janeiro has suggested that masculinities are not fixed and that some young men choose to behave in more gender-equitable ways[130]. Research also suggests that

traditional masculine gender norms, as described above, may be an important determinant of vulnerability to STIs.

Sexual vulnerability is as much shaped by individual behaviours as it is by cultural belief systems. Although the religious, political and economic motives underlying the construction of sexualities have varied over time[134], traditional Christian ideology is still powerful in influencing Brazilian sexuality. The Christian tradition places importance on marriage, monogamy and procreative sex[135]. Sexuality that occurs in the Christian discourse is therefore mostly reproductive and heterosexual. Dowsett refers to this experience as 'compulsory heterosexuality'[136]. However, in the strict Christian discourse lie several dangers for young people. By virtue of this almost all of young people's sexual activity is placed outside of the acceptable, as many young people are unmarried, engage in multiple short-term relationships and tend to want to avoid pregnancy. Therefore, young people's sexual activity is demonised and their sexual and reproductive health needs are simply overlooked. Secondly, CSWs and MSM who openly engage in non-reproductive sexual contact are marginalised[135]. Similarly to the case of young people, the disproportionate risk behaviours and sexual and reproductive health needs of CSWs and MSM are not met by traditional health services[136].

In his work on Brazilian erotic ideology, Parker describes how 'cultural frames of reference' offer a variety of diverse perspectives for shaping sexual practices. Hence, in Brazilian society, sexual practices are separated into those that are socially acceptable i.e. vaginal sex between husband and wife and those that are socially unacceptable or forbidden i.e. anal sex between men. The very fact that certain sexual practices are "prohibited" opens up the possibility of transgression. Transgression is the defiance of social convention. As a result, non-reproductive sexual practices like anal and oral sex are deemed dangerous and associated with enhanced pleasure. Particularly for men, anal eroticism is associated with transgression and taboo. *Fazendo tudo*, breaking the rules,

becomes central to the physical experience of sexual excitement and pleasure in Brazil[137].

According to Parker, this division of good and bad, accepted and forbidden has an impact on where, when and what types of sexual activity take place and how gender roles are assigned to those who are sexually involved[137].

Table 5 Brazilian Erotic Ideology

	MEN	**WOMEN & BICHAS[1]**	
Space	Public (street) Masculinity Work Struggle Individual freedom Temptation Danger	Private (home) Femininity Domestic Comfort Family responsibility Tradition Patriarchal authority	Transgression Freedom of sexual expression
Practice	Being active Penetrating during a sexual act *Comer* – to eat *Vencer* – to conquer	Being passive Being penetrated during a sexual act *Dar* – to give	
Identity	Masculine are those who assume the active role during sexual contact (phallic domination)	Feminine are those who assume the passive role during sexual contact (submission)	
Source: Parker R. *Sexual Diversity, Cultural Analysis, and AIDS Education in Brazil*. London: UCL Press, 1999			

According to Parker, in Brazilian erotic ideology two major distinctions are made between "space" and "practice" (see Table 5). For males, the public domain represents masculinity, paid work, individual freedom, temptation and danger. It thus affords a man the flexibility and room to pursue all sexual interests[137]. The private domain on the other hand, represents the family and in the case of Brazil, Christian family values and patriarchal authority. A woman not associated with the private is labelled a 'street woman' and seen as dirty and untrustworthy[135]. Inadvertently, the family domain is also the showplace for transgressive behaviour. A popular Brazilian saying sums it up as: "within four

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[1] *Bicha* stands for "queer". Directly translated it means female animal. 77. Parker R. *Sexual Diversity, Cultural Analysis, and AIDS Education in Brazil*. London: UCL Press, 1999.

walls anything can happen". The rules of normal daily life cease to exist and freedom of sexual expression that would be strictly forbidden outside take place in the privacy of the home[137]. This means, for example, that in the privacy of their home husband and wife may engage in oral and/or anal sex.

The second distinction, practice, is the basis for assigning gender roles. Masculinity is associated with the active sexual role '*actividade*' whereas femininity is associated with '*passividade*' or being penetrated during vaginal and/or anal sex. Brazilian men therefore identify themselves as masculine based on their active role and domination over their partner during sexual intercourse.

While transgressive behaviour of men, such as anal sex, may occur in the privacy of the home with a female partner, the assignment of gender roles allows for the possibility of engaging with submissive male partners. Several authors have reported about male-to-male transgressive behaviours in Latin American working-class settings[43, 134-135, 137]. Here, men engage in sexual contact with other men without sacrificing traditional masculine identities because they are always the penetrating partner. However, while almost all of these men also engage in sexual contact with women, only a few will identify as 'bisexual', because this category is either unknown or it is understood to be 'role-versatile', meaning that they may assume either the active or the passive role, which they would avoid at all cost[43]. Some working class men will rely on the financial aid from an older gay friend, a 'sugar daddy', or on the product of more formal sex work with affluent gay men. The understanding of male-to-male interactions in the working class is less common in the middle and upper classes because those men more typically embrace globalised gay lifestyles[43, 137].

This important information about transgression and sexual roles could explain why South American countries are experiencing HIV epidemics that are, to a large extent, transmitted through sex between men with subsequent heterosexual transmission to other sexual partners. "Sex between men is an important, but neglected, feature of Latin America's HIV epidemic"[35]. At least a

quarter of HIV infections are thought to be the result of male-to-male sex in Bolivia, Chile, Ecuador and Peru in South America, as well as in several Central American countries, including El Salvador, Guatemala, Honduras, Mexico, Nicaragua and Panama[138]. Conversely, open homosexuality is still a source of stigma and discrimination[43].

The History of FEBEM-São Paulo

The Fundação Estadual do Bem-Estar do Menor in São Paulo, also known by the acronym FEBEM-SP, was created in 1976. FEBEM-SP is a remnant of the military government which created the Fundação Nacional do Bem Estar do Menor (*FUNABEM*) in 1964[139]. Its main aim was to care for children and young people with unusual family situations, including orphans, street children, and young people in conflict with the law[139]. In line with the reforms of the new democracy, FUNABEM and most FEBEM institutions were abolished. Very little documentation about FEBEMs and FUNABEM remain today. Anecdotal evidence suggests that during the military regime FEBEMs functioned as a collective home for socially undesirable young people, including street children, orphans and young people in conflict with the law employing a repressive model of juvenile detention. Before 2006 FEBEM-SP was the only remaining state foundation in Brazil having maintained the outdated acronym[140]. FEBEM-SP has meanwhile been rebranded to Fundação CASA[140]. The remainder of this document will continue referring to FEBEM-SP as that was the name it was known by at the time of the study.

With the end of the military regime, the decade of the 1990s was the beginning of radical transformation of the legal protection of the rights of children and young people. The *Estatuto da Criança e do Adolesçente* (ECA), the Brazilian adaptation of the Convention of the Rights of the Child, became effective in April 1990[141]. The advent of ECA was the first time in Brazilian history that children (0-11 years) and adolescents (12-18 years) were recognised as full citizens of the State[141]. Articles 103-128 concern the legal rights of adolescents in conflict with the law[141]. Important changes in language from minor and detainee to young person tried to erase memories of the repressive model of detention during the dictatorship. In accordance to the new law, what was previously known as detention was now referred to as a socio-educational training[142]. Socio-educational training orders include the following, listed in increasing order of

seriousness: warning, repair of damage, community service, probation (*liberdade assistida*), part-time and full-time residential training[143].

Other basic tenets include[143]:

- young people under the age of 18 years cannot be punished in the same way adults can,
- young people cannot be deprived of their freedom without due legal process, and
- a maximum training order of three years.

Furthermore, young people in full-time residential institutions are guaranteed basic human rights such as[143]:

- adequate living conditions in the same locality as the young person's family or as close to it as possible,
- adequate medical care,
- individualised treatment focused on rehabilitation and return to society,
- education and professional training.

Government policy stipulates that the implementation of ECA occurs through three types of government organisations: the national committee for the Rights of the Child and Adolescent (CONANDA), the state committees for the Rights of the Child and Adolescent (CONDECA) and the municipal committees for the Rights of the Child and Adolescent (CMDCA)[144]. The specific role of CONANDA is to set national policy[144]. CONDECA on the other hand, advises on state-level polices and manages the appropriation of state funds and CMDCA advises on municipal policies, investigates children's institutions, and oversees the administration of municipal funds[145]. In addition to the three government agencies ECA's implementation is strongly supported by a range of civil society

organisations such as Centres of Defence for the Rights of Children and Young People (CEDCA) [144].

In 2002, the Sub-department for the Rights of the Child and Adolescent and the Institute for Applied Research and Economics (IPEA) commissioned a national assessment focusing on socio-educational "training" orders for young people in conflict with the law[142]. The results of the report form the basis for restructuring services for young people in conflict with the law from contention and repression to a rights-based approach using education and rehabilitation[142]. The assessment mandates a clear separation between socio-educational orders for young offenders and temporary housing services for orphans and street children[142].

In São Paulo in the early 1990s, a new State policy created specific social policies for the areas of health, education, culture, sport, leisure, housing and labour[143]. There were also separate policies for young people in need and young people under special protection including children and adolescents who were victims of abandonment, child trafficking, exploitive and abusive labour, abuse, negligence and maltreatment, street children, child sex workers and young people in conflict with the law[143]. In line with ECA, FEBEM-SP was decentralised in 1995[143]. In 2004, with support from UNICEF Brazil, FEBEM-SP initiated the decentralisation of the two community-based socio-educational training orders, community service and *liberdade assistida*, involving partners in government and civil society[146].

At the time of the study (Oct 2005 – March 2006) FEBEM-SP was comprised of 106 units in the City of São Paulo[59]:

- 43 units for full time training,
- 1 reception unit,
- 5 units for temporary training,

- 9 centres for part-time training orders or *semi-liberdade*,
- 48 units and sub-units for probation or *liberdade assistida*.

More information on FEBEM-SP's institutional structure is provided in Chapter 6.

Human rights abuses in FEBEM-SP

According to several human rights reports, FEBEM-SP has been the subject of international scrutiny for decades calling for an end to the patterns of violence, riots and escapes[144, 147,148,149]. Since the launch of ECA in 1990 public prosecutors, bar association, parliamentary commissions of inquiry, state human rights councils, guardianship councils, FEBEM-SP staff unions and human rights organisations have all submitted to the São Paulo State authorities detailed reports, describing severe overcrowding, appalling conditions, and cruel punishments and beatings[144]. A number of young men have died under violent circumstances[144]. Human rights reports provide intricate details of the inadequate conditions that young people are kept in including serious overcrowding and no separation by seriousness of crime, age and physical size[144, 147-49].

Amnesty International has claimed that "there is a culture of torture, ill-treatment and arbitrary punishments" committed by staff and young people alike. "Chronically understaffed *agentes* receive little or no training when put in charge of vastly disproportionate numbers of young people. Punishments carried out by *agentes* are arbitrary, and often deliberately designed to humiliate. Young people are frequently beaten, often at night. Verbal humiliation by *agentes* is common"[144]. A minority of young people from drug-trafficking gangs transfer their own violent codes of behaviour to the training centres[144]. The Amnesty International report claims that smaller boys and those

not conforming to the majority rule are exposed to the influence and victimisation of gang leaders.

Frequent riots and subsequent hostage taking incidents have occurred in FEBEM-SP institutions. Some staff have sustained serious injuries during riots and young men in security cells are at risk of attack from fellow 'inmates'[144]. Amnesty International reports that staff who have suffered hostage-taking incidents, or who have been attacked by young people, have been returned to the same unit within a matter of days without any back-up support from FEBEM-SP[144].

Amnesty International has concluded that the human rights of young people and staff members in FEBEM-SP had not been sufficiently addressed by the responsible parties. Amnesty International claims that statements by São Paulo government authorities expose a deep contradiction between stated policies and practice.

Recent changes

On July 4 2004 the sub-department for the Rights of the Child and the Ministry of Health published a policy paper outlining the integration of the national health care system (SUS) into residential institutions for young people[150]. This document paved the way for universal access to health care services in all FEBEM-SP units[151]. At the time of the study, contracts between FEBEM-SP and the municipal health services were under negotiation[152].

A general health profile of young people in residential institutions

Three unpublished reports of the health status of young people in FEBEM-SP were identified by contacting experts in São Paulo[153], [154], [155], [156]. All three studies paint a general picture of the health and socio-demographic profile of young people in full-time residential institutions. One of the studies presents the results from *Fique Vivo* (Stay Alive), an HIV prevention project-turned NGO founded by academics at the University of São Paulo in 1995[155-56].

Table 6 Summary of recent health studies conducted in FEBEM-SP

Institution	Year	Location	N	Sex	Age (yrs)
Instituto UNIEMP[153]	2006	FEBEM-SP	1190	96% M	16.7 median
Hospital Albert Einstein[154]	2005	FEBEM-SP-Bras	177	100% F	15-19
University of SP[155-56]	1998	FEBEM-SP-Tatuapé	265	100% M	16-17

The most recent study was an internal study commissioned by the Director of Health Services in FEBEM-SP and was conducted by a research group from the State University of São Paulo, *Instituto UNIEMP*, during March and April 2006[153]. It involved a random sample of 1,190 young men and women selected from all full-time residential units in São Paulo State[153]. 96% of the sample was male[153]. The second study conducted by the charitable division of the Hospital Israelita Albert Einstein was an exploratory health survey of the entire population of young women serving training orders in the State of São Paulo in November 2005[154]. 177 young women agreed to take part in the study[154]. A third study was conducted by the University of São Paulo in 1998[155-56]. The study included 265 young men from several full-time units in FEBEM-SP Tatuapé[155-56].

The majority of study participants were aged between 15 and 19 years of age. Between one half and two-thirds of the study participants were serving training orders for the first time[153, 155-56]. Educational attainment was low with the majority of young people only having completed four years of primary school. School drop out may be linked to the necessity to earn an income as evidenced by half of the young women reporting a monthly income of up to 450 US dollars[154].

Study 1: Survey of Young People and Sexual Health in FEBEM-SP[153]

A large proportion of young men (97%) and young women (87%) were sexually experienced. A greater share of young men, 88%, compared to 25% of young women said that not having sex in FEBEM-SP mattered greatly. Close to 80% of young people were in favour of intimate visits and would like it if their sexual

partner could visit them. 45% of men and 52% of women reported that they had received some form of sex education; most of it in school. Young women also reported receiving information at health posts and from family members. 55% of young people said that they worried about STIs. A relatively high proportion of women (more than one in four) and some men reported a history of sexual abuse which for many happened before the age of 12 years. Two male respondents admitted that they had experienced attempted rape by other young men in the residential institution. Reports of sexual abuse by young men in FEBEM-SP are likely to be under-reported. Substance use was frequent. 70% of young people smoked and nearly all had experimented with alcohol and marijuana at least once. A large proportion of them were regular users of alcohol and drugs before they entered FEBEM-SP. 27% of young people reported that there were adults with alcohol problems in their families. Only a minority of young people had experimented with injecting drugs.

Study 2: Survey of Young Women and General Health in FEBEM-SP-Bras[154]

All 177 young women were asked for a blood sample, underwent a gynaecological examination and completed a self-completion questionnaire. Medical exams and blood tests indicated that most young women were of good health except for 12% of young women who were classified as obese. All blood test results and blood pressure measurements fell within the normal range. 11% of young women were married at the time of the study. In terms of sexual behaviour, nearly a quarter of the young women had initiated sexual activity before the age of 12 years. 17% reported a history of sexual abuse. 76% of young women reported that they had been pregnant at least once in their lives. 14% admitted to having had an abortion. Eight young women were pregnant at the time of the interview. Alcohol and illicit drug use was common with many young women reporting use of marijuana, cocaine, crack cocaine and solvent inhalers. Young women reported that their alcohol and drug consumption was about 20 times greater outside of FEBEM-SP. Consistent condom use was low (29%) and 80% admitted to having had sexual intercourse without a condom. STI screening revealed that 10% had Trichomonas. Two young women tested

positive for HIV. The association between outcomes and race were not considered in the analysis although more than half of young women self-identified as black or mixed-black.

Study 3: Survey of Young men and Sexual Health in FEBEM-Tatuapé[155-56]

This study revealed that young men serving training orders were exposed to high levels of violence throughout their lives. 50% thought that there was a chance that they may die being shot by the police and 35% had previously suffered gun or knife injuries. The majority of young men were sexually experienced and as a result of their lack of knowledge about STIs, HIV and pregnancy they had put themselves at considerable sexual risk. 38% of young men said that they had experienced symptoms of an STI. A large majority of young men (69%) had misconceptions about condoms and thought that they could cause cancer. Only 9% of young men reported that they consistently used condoms. 22% of the young men were fathers, some with two children or more. Furthermore, 8% admitted to having had male-to-male sex, 12% admitted to having engaged in transactional sex and 5% admitted they had been forced to have sex against their will. From the data it was not clear whether male-to-male sex and forced sex happened inside or outside of FEBEM-SP. As reported previously, illicit drug use was very common. 97% had experimented with marijuana, 67% with cocaine, 50% with inhalants and crack-cocaine and 6% with injecting drugs.

The data from all three studies suggest that young people in residential institutions in São Paulo self-report high levels of sexual risk-taking and high levels of legal and illegal substance use. A minority of young men and women self-reported having experienced sexual violence and abuse. The study of young men also reported other forms of violence.

Discussion

Brazil is a large and diverse country strongly influenced by rapidly changing economic, political and social conditions. Many of Brazil's social divisions have their origins in its history of European colonisation, slavery and more recently industrialisation and urbanisation. The concept of social exclusion has been widely recognised and studied in the Brazilian context[81-85]. According to Pochmann and Amorim social exclusion is the norm rather than the exception with elevated indices of exclusion concentrated in the North and Northeast of the country. However, a newer concept of exclusion stressing non-material dimensions is found in informal settlements of large Brazilian cities like São Paulo and Rio de Janeiro. The excluded is viewed as an unequal and he/she is deprived not only in consumerist terms but principally of social attachments[81].

In the context of social exclusion racial discrimination was highlighted as an important obstacle to health and well-being in Brazil[96] and elsewhere[97-99]. Since the beginning of colonisation by the Portuguese the concept of "race" has been fundamental in the organisation of Brazilian society[1]. The literature suggests that, as in other countries[157,158], a combination of social policies and cultural norms has historically rendered Afro-Brazilians economically and social disadvantaged. Lopes describes racial discrimination towards the Afro-Brazilian population as the additive effects of "their unequal and disvalued insertion of society" and "the invisibility of their real necessities in terms of social actions, welfare programmes, health promotion and disease prevention activities".

Other parts of the literature discuss the links between social neglect and the rise of violence and crime in São Paulo. Studies show that the rise in violent crime has steadily increased since the 1960s and could be linked to slow economic growth, unemployment, high birth rates and lack of investment in social infrastructure among other factors. The rise in unintentional injuries as a result of

violent crime is particularly striking among young men aged 15 to 24 years who are said to have one of the highest homicide rates in the world[115].

Politically, the change from military dictatorship to federal republic about 20 years ago created opportunities for drastic changes in social policy. A stable economic environment, large labour pool and vast natural resources make Brazil one of the emerging economies in the world. Over the last ten years Brazil has assumed global leadership in areas such as climate change, trade, bio fuels, biodiversity, social technology and HIV and AIDS[16]. The Brazilian response to HIV and AIDS has been heralded by many as a global success story[16, 55]. Universal access to anti-retroviral treatment coupled with strong prevention campaigns in the period after 1995 saw a 50% reduction in hospitalisations from AIDS-related causes[159]. National HIV prevalence has remained stable and is currently reported as 0.5%[55]. HIV infection is concentrated in vulnerable populations such as IDUs, sex workers, men who have sex with men and prisoners.

A systematic review of the literature identified eleven peer-reviewed studies of HIV in adult prisoners and young people in conflict with the law in Brazil [60, 63-74]. All of these studies point to the fact that HIV disproportionately affects incarcerated populations. These data are limited by the fact that the actual sampling of inmates who participated in the studies is not known thus limiting the representativeness of the findings. Some studies suggest that the institutional environment itself adds to the vulnerability of its population as indicated by the fact that HIV prevalence is more prominent in high-security prisons where prisoners have less contact to the outside world[66]. These and other studies confirm that prisoners and young people in residential institutions engage in high risk behaviours inside and outside of the institutional environment involving substance use, violent and aggressive behaviour and unprotected sexual activity[71-74, 153-56]. All studies indicate that risk behaviours engaged in before and during incarceration give clues as to who is most at risk for HIV infection and other negative outcomes.

In studies of adult prisoners gender is an important predictor of HIV risk[60, 70]. Additional literature on gender outlines how many dominant forms of masculinity encourage risk-taking behaviours including violence against women and other men. The presence of hierarchies of masculinity is acknowledged in the literature by Parker with respect to Brazilian erotic ideology. Parker explains how the link between the insertive sexual partner and masculinity opens up the possibility for homosexual behaviours in non-gay identified men. Discussions of sexual violence among male prisoners was absent in the public health literature.

FEBEM-SP is a remnant of the military government which created the *Fundação Nacional do Bem Estar do Menor* (FUNABEM) in 1964[160]. Its main aim was to care for children and young people with unusual family situations including young people in conflict with the law. The end of the military dictatorship paved the way for the adoption of *Estatuto da Criança e do Adolesçente* (EAC) in 1990, a landmark policy recognising children and young people under the age of 18 years as full citizens of the State. Despite successes in the early 1990s, human rights organisations have repeatedly condemned FEBEM-SP for its poor and sometimes abusive care of young people under its jurisdiction and the staff members hired to care for them[144, 147-49]. Limited scientific data to support these assertions are available. In response to the pressure from civil society, the Brazilian government has introduced two additional landmark policies affecting young people in full- and part-time residential institutions[142, 151]. Anecdotal evidence suggests that both of these policies have proven difficult to implement. Two of the most recent studies on young people in full-time residential institutions were unpublished[153-54] and confirm the need for activities to address sexual and reproductive health, substance use and violence prevention.

The literature identified one study suggesting a link between the hostile working environment of prison facilities and its effects on mental health. Data from an adult prison facility in Salvador Bahia reported that prison staff experienced

elevated levels of job-related stress which in turn negatively affected their mental health[161].

Summary of gaps in the literature

There is a dearth of information on the experiences of young people from urban informal settlements, let alone young people in full- and part-time residential institutions.

The violence experienced by young people in FEBEM-SP and elsewhere is poorly documented. However, general statistics reveal that urban violence is a significant problem and that young men from the peripheral districts of São Paulo are disproportionately affected. Homicide is the leading cause of death for young men aged 15-24 years in Rio de Janeiro and São Paulo, many of whom are Afro-Brazilian and poor[115].

At the time of the study there were no data describing the racial and ethnic composition of young people in FEBEM-SP and why Afro-Brazilian young men might be overrepresented.

The sociological data on young people in FEBEM-SP lacked an exploration of how gender affects vulnerability. The general literature revealed that the Brazilian definition of gender allows for wide interpretations of the male and female. Sex between men is not necessarily recognised as "gay" sex. This has important implications for sexual violence among male inmates in prisons and young people in full-time residential institutions. Taboos about open homosexuality are the reason for underreporting of sexual violence in closed institutions.

Study justification

To date, studies in Brazil have tended to focus on individual level factors related to vulnerability in young people in full-time residential institutions. There is a dearth of scientific enquiry into the institutional environment shaping young people's vulnerability in FEBEM-SP either from the stand point of the young persons themselves or from the stand point of staff members working in these institutions.

It is posited that the experiences of young men in FEBEM-SP are influenced by a wide range of societal factors: social apartheid, structural violence, gender and racial discrimination. There were no studies that investigated the interrelationship of these factors with vulnerability. Furthermore there is a general lack of data on young men from low-income communities in São Paulo.

An analysis of the national and international literature suggests that the group- and social-level factors affecting vulnerability for young men in FEBEM-SP could be explored by studying:

- The experiences of young people from low-income communities in São Paulo and a social analysis of how these young people experience their gender and race.
- The experiences of young men and their social environment inside and outside of the FEBEM-SP.
- The experiences of staff members working in FEBEM-SP and a social analysis of staff members' ability to deal with sexuality and vulnerability.
- The experiences of staff members working in FEBEM-SP and their perceptions of racial discrimination.
- FEBEM-SP, its formal and informal policies and the feasibility of introducing an institutional intervention to address young people's vulnerability to violence and sexual and reproductive health.

Chapter 3: Conceptual framework, research questions and study design

Building on the rationale for the research study and the findings from the literature review this chapter now presents the conceptual framework, research questions and study design of the situation analysis of sexuality, violence and vulnerability in the state system for young offenders in São Paulo, Brazil.

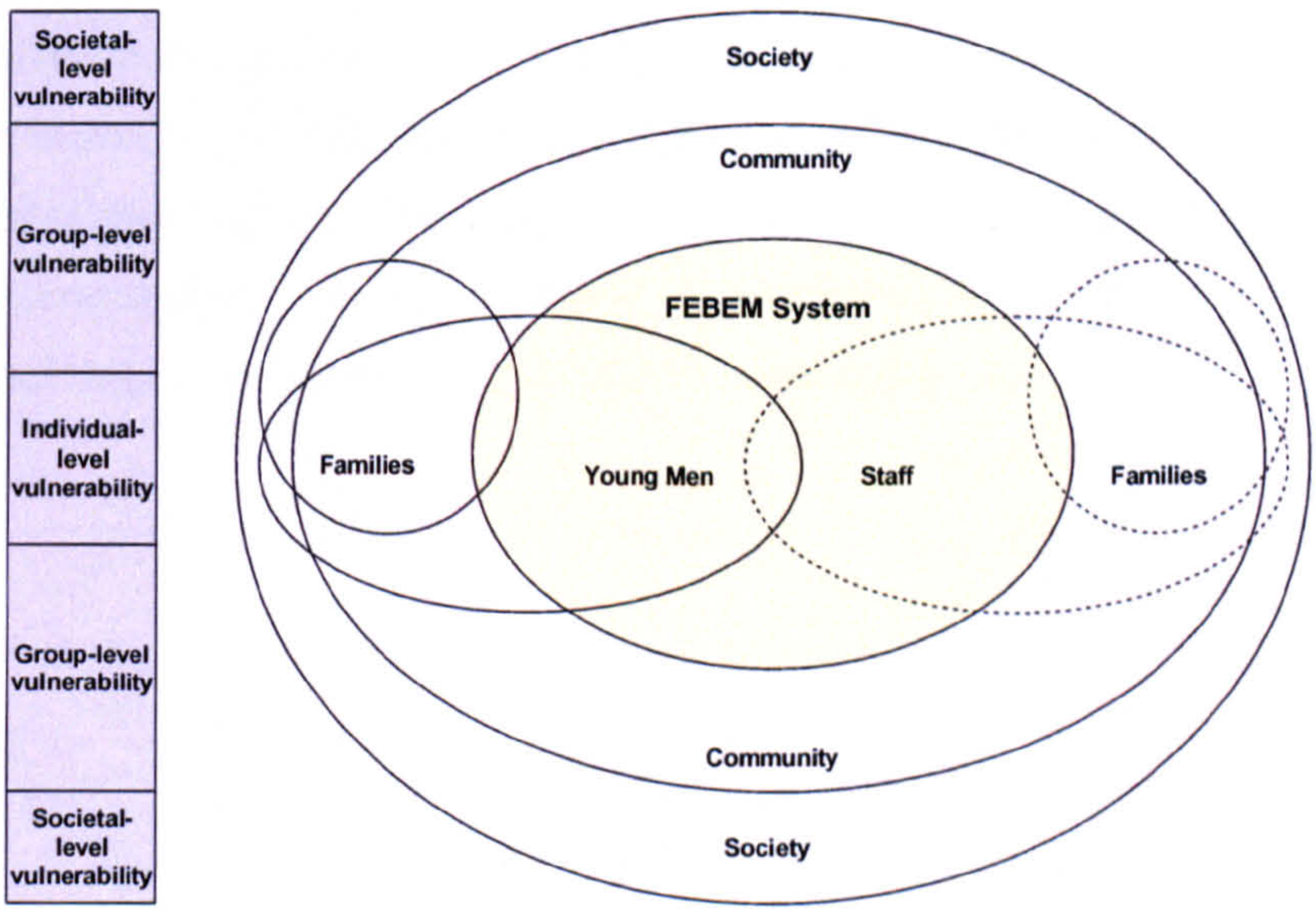
The literature review makes references to the unequal experiences of Afro-Brazilians in relation to education, employment, living conditions and health, particularly with references to sexual and reproductive health. It makes specific reference to the exorbitant mortality rates linked to violent crime of young men aged 15-24 years in low-income neighbourhoods of São Paulo. The literature uses the frame of social exclusion to highlight the social disparities affecting Brazilians living on the margins of society including violence, social apartheid, racism and the social construction of masculinity. The literature review concludes with a summary of the main research gaps and the justification and rationale for the research study. The main gap in the literature is identified as studies which describe the experiences of marginalised young men in a non-institutional environment and the complete lack of data on the capacity of institutional staff to respond to the needs of young people. Additionally, it was very difficult to access internal FEBEM-SP documents which could have shed light on the policies and practices in support of sexual and reproductive health.

The situation analysis was thus designed in view of collecting empirical data for the development of a sexual and reproductive health programme in FEBEM-SP. The research questions and study design were ordered within a conceptual framework (see Figure 2). The conceptual framework is made up of interlapping circles adapted from the ecological model[120, 162]. The inner most circle represents the FEBEM system. The next circle is the community circle followed by the largest circle representing society. Placed within the social environments of

the circles the framework contains the actors of interest to the study: young men (depicted in a solid line), FEBEM-SP staff (depicted in a dotted line), young men's families and FEBEM-SP staff member's families. The circles of the main actors are placed in such a way as to interact with each other within respective contexts, i.e. the FEBEM-SP system circle for young men and FEBEM-SP staff, the community circle for young men and their families. All main actors also interact with their families. The family circles were intentionally placed so they would mainly exist within the community sphere with some overlap in the FEBEM-SP sphere as well as the societal sphere.

The legend on the left hand side of the conceptual framework provides further detail about the levels of vulnerability that each circle represents on the vertical axis. Starting from the top and dissecting all circles vertically, the first slice of the framework represents societal level vulnerability, followed by group level vulnerability and lastly individual level vulnerability. These slices are repeated in ascending order in the second half of the circle.

Figure 2 Conceptual Framework



Using the conceptual framework as a guide it is possible to visualise the amount of available literature relevant to each level of vulnerability. As discussed previously, there is an abundance of literature on societal level vulnerabilities as described in the section on social exclusion e.g. unemployment, gender norms and racial discrimination. There are modest amounts of literature on group level vulnerabilities defined here as geographical regions of São Paulo, security level of prisons or secure group homes and other institutional, neighbourhood and family characteristics. However, none of this literature is directly relevant to low-income young people in Brazil. Furthermore, there is a dearth of literature on individual level vulnerabilities of young people within the FEBEM-SP system such as level of education, criminal history, sexual debut, condom use etc. (Chapter 2 – HIV in young people in conflict with the law & a health profile of young people in residential institutions) and none on the individual vulnerabilities of staff members in FEBEM-SP.

The three interlinking sub-studies making up this thesis were thus designed to address the prominent gaps in the available literature. One sub-study would explore group-level vulnerabilities of young men in one socially-excluded neighbourhood of São Paulo. Another would explore individual- and group level vulnerabilities and capabilities of staff members in FEBEM-SP. And a third sub-study would explore the institutional environment of FEBEM-SP itself acknowledging the strong influence of social policies (societal level vulnerability). Moreover, the research results would explore the inter-relationship between these differing levels of vulnerability.

Study Design

A mixed-method research study utilising quantitative and qualitative methods from the disciplines of sociology and epidemiology (see Table 7) was designed to answer the research questions mentioned below. The study design and corresponding objectives are also outlined. The research methods are described and justified in more detail in Chapter 4.

Table 7 Summary of research studies and methods

	Community Case Study	**Institutional Analysis**	**Policy Analysis**
Methods	5 cases studies 15 in-depth interviews 1 FGD	4 Fads & site visits structured survey, n=166	34 in-depth interviews
Study population	Young Men	FEBEM-SP Staff	Stakeholders

Sub-study 1: Community case study

The research questions to be answered by the community case study were:

1. What are some of the key individual-, group- and societal-level vulnerabilities experienced by young men in conflict with the law?
    a. How do individual-level vulnerabilities intersect with group-level vulnerabilities in low-income neighbourhoods of São Paulo or in FEBEM-SP?
    b. How do individual-level vulnerabilities intersect with societal-level vulnerabilities such as gender norms and racial discrimination?

The community case studies used sociological methods to explore the three intersecting levels of vulnerability among five young men living in the District of Jardim Ângela over a period of 2-3 months.

Method summary (for more detail see Chapter 4):

2. An in-depth qualitative exploration of the vulnerabilities faced by five young men living in the District of Jardim Ângela.
3. A qualitative investigation of the vulnerabilities faced by 15 young men in full-time training in FEBEM-SP Tatuapé
4. A qualitative investigation of the vulnerabilities faced by a group of 5 young women attending a vocational programme at a community-based organisation.

Sub-study 2: Institutional Analysis

The research questions to be answered by the institutional analysis were:

2. What is the ability and preparedness of FEBEM-SP staff members to address the vulnerabilities faced by young men in conflict with the law?
    a. What are FEBEM-SP staff members' knowledge, attitudes and practices related to sexuality and sexual and reproductive health and HIV prevention?
    b. What are staff members' perceptions of racial discrimination?
    c. What are staff members' levels of gender equity?

The institutional analysis used a mixture of qualitative and quantitative research methods to explore the ability and preparedness of FEBEM-SP staff members to respond to the vulnerabilities faced by young men in conflict with the law.

Method summary (for more detail see Chapter 4):

1. A qualitative investigation of the roles and responsibilities and vulnerabilities faced by different types of FEBEM-SP staff.
2. A quantitative investigation (structured survey) of FEBEM-SP staff members' ability and preparedness to respond to issues of sexuality, violence and other vulnerabilities faced by young men in conflict with the law.

Sub-study 3: Policy Analysis

The research questions to be answered by the policy analysis were:

3. What is the ability of FEBEM-SP to respond to the vulnerabilities faced by young men and staff members?
    a. What are the legal safeguards that protect young people's human rights including sexual and reproductive rights?
    b. Should FEBEM-SP have a formal sexuality policy? If so, what steps need to be taken to develop consensus for such a policy within FEBEM-SP and more generally within the political environment?

The policy analysis used qualitative research methods to document the opinions of government officials, community leaders in civil society and academics regarding FEBEM-SP's ability and preparedness to respond to sexuality, violence and other vulnerabilities faced by young men in conflict with the law.

Method summary (for more detail see Chapter 4):

1. A qualitative investigation of key stakeholder opinions about FEBEM-SP's ability and preparedness to respond to the vulnerabilities faced by young men in conflict with the law.

The results of the community case studies are described and discussed in **Chapters 5**. The results of the institutional analysis are described and discussed in **Chapter 6**. Lastly, **Chapter 7** describes the results of the policy analysis. A detailed discussion of all study results is provided in **Chapter 8**, followed by conclusions and recommendations in **Chapter 9**.

Chapter 4: Methods

The research sites, methods and recruitment of the target population for each of the three interlinking sub-studies are described below. It is followed by a short description of data analysis methods for each sub-study, a summary of ethical issues and finally remarks on self-reflexivity.

Partnerships and Contributions

The work in this thesis was initiated and managed by the lead researcher, Ekua Yankah, with technical support from David Ross at LSHTM. It was not part of an existing research programme. Data collection in Brazil was made possible by research collaboration between the Infectious Disease Epidemiology Unit at the London School of Hygiene (LSHTM) and the Faculty of Medicine, Division of Preventive Medicine at the University of São Paulo (USP). At the time of data collection, the lead researcher was a research degree student at LSHTM with co-supervision by a staff member at USP, José Ricardo Ayres. USP had primary responsibility for all aspects related to data collection, including ethical approvals, permission, and authorisation within Brazil.

Additional collaborations were established with the Population Council Brazil (co-applicant for funding, data entry and cleaning, and management of administrative processes), Instituto Promundo (for application of the Gender Equitable Men's scale), CEERT and Educafo (for questionnaire development and pilot testing), RAC (for data collection within the community case studies), and the Institute of Health (in-depth interviews with young men in residential institutions).

The lead researcher (EY) was responsible for overall day-to-day co-ordination and design of all of the three sub-studies from their inception. She personally initiated and led the development of the research concept; research design; feasibility analysis; fundraising; partnership development and management;

research clearances, negotiations and approvals; financial management; and data collection, management, analysis, and write-up. In addition, she managed all aspects relating to recruitment, training and supervision of all three research teams. She was assisted by a part-time Research Co-ordinator (SA) for the KAP study, a local team of social scientists (LS, MGAC, LVN, PAS, TCR), and a research assistant (MTV) responsible for transcriptions. The part-time Research Co-ordinator assisted with the facilitation and transcription of focus group discussions, the training of interviewers for the KAP survey, questionnaire development for the KAP survey, and implementation of the KAP survey in the field. A list of the members of the research team is provided in the Appendix. The reason why such a large research team was employed is due to the logistical constraints of running three simultaneous sub-studies in a period of five months. The disadvantages of employing a large research team were that the lead researcher had less control over the quality of the data that was collected than if she had done it herself. However, several procedures were put in place i.e. recruitment and training of qualified research staff and regular quality checks, to make sure that data collection was of the highest quality. Moreover, there were several advantages of using local research staff for the simple fact that they were native Portuguese speakers and were well acquainted with the sub-culture of low-income neighbourhoods in São Paulo.

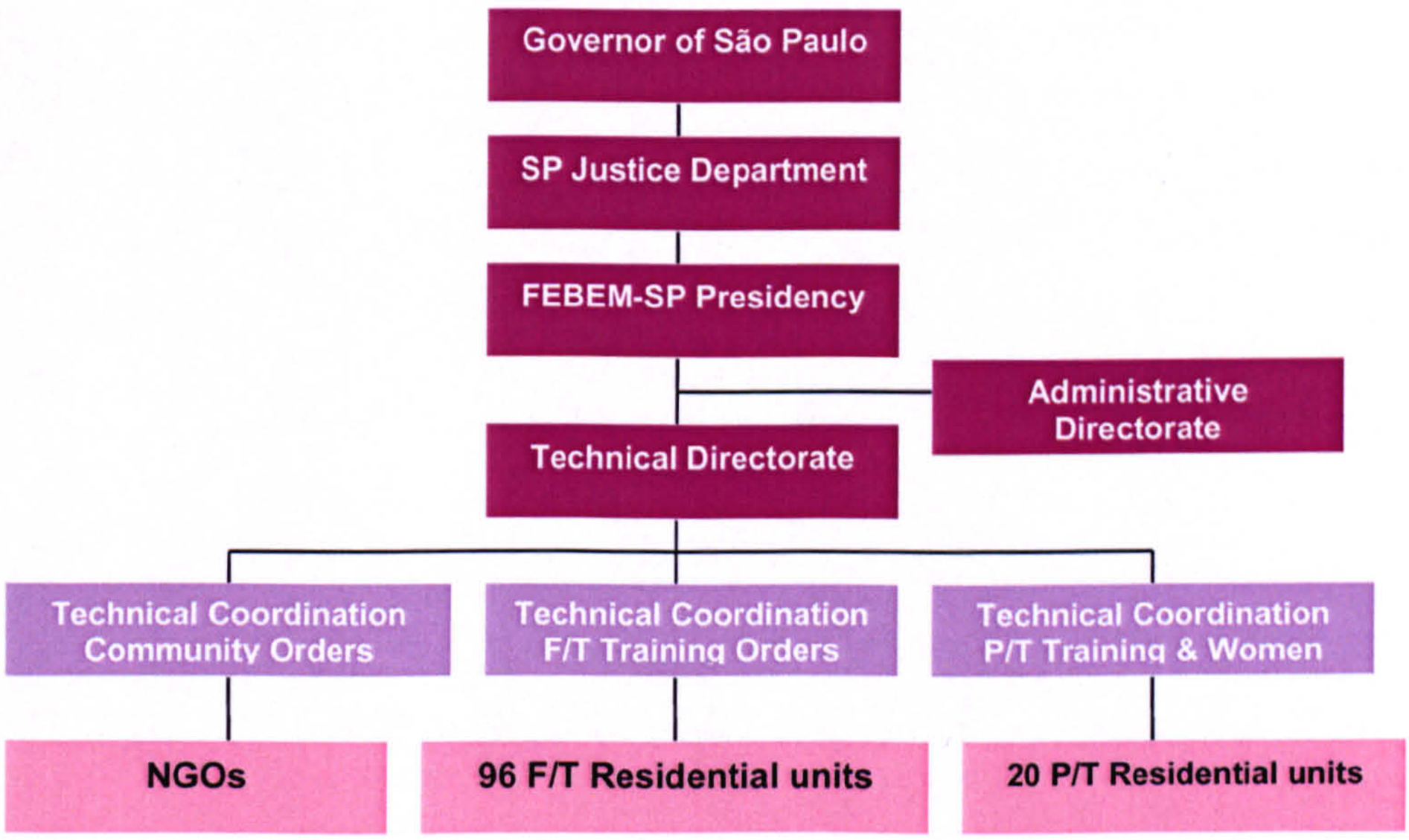
Research sites

Young men for the case studies were selected from the District of Jardim Ângela in the Zona Sul of São Paulo due to its high indices for crime. A decade ago the district of Jardim Ângela was considered by the United Nations to be the most dangerous place on earth[163]. Overall, mortality rates were recorded as 116 deaths per 100,000 population. Young men aged 15-24 years have a mortality rate of 206 deaths per 100,000 which is comparable to that of countries undergoing a civil war[13]. The majority of these young men are black. Among the 96 sub-districts in the city of São Paulo, Jardim Ângela is currently ranked

number one for social exclusion by the Municipal government based on mortality rates and other social indices such as unemployment and educational achievement[164]. Jardim Ângela has approximately 235,000 inhabitants living over 37.4 square kilometres in an archipelago of more than 100 neighbourhoods[163].

All focus group discussions (FGDs) with staff and interviews with young men were conducted in the residential complex Tatuapé in the Eastern Zone of São Paulo. Tatuapé is a full-time residential institution composed of 17 separate units where, at the time of the study, approximately 1,400 young men were kept under lock, with more than 2,000 staff. The first three focus groups were held in a medium to high security residential unit within Tatuapé housing approximately 140 young men between the ages of 16 and 20 years. At the time of the study, this unit was above its official capacity of 120 beds. The unit housed re-offenders and young men held for serious crimes such as homicide, armed robbery, kidnapping etc. The unit was divided into three modules: blue, green and brown, with each module responsible for approximately 45 young men.

Figure 3 FEBEM-SP Organogram as at October 2005



The KAP survey was administered to FEBEM-SP staff members in three different types of residential institutions (see Figure 3); 4 *internatos* or secure group homes (small scale training centres with 60 person occupancy) in *internação* or full-time training, ten *casas comunitarias* (secure homes) and three training units in *semi-liberdade* or part-time training, and four training units in *internação provisoria* or temporary training. Separate authorisation was granted for this sub-study. All institutions were located in the City of São Paulo. This study sample represents approximately one third of the staff population of the above-mentioned FEBEM-SP institutions at the time of the study.

The list of stakeholders contained suggestions from FEBEM-SP's Director of Medical Services and members of the research team. Almost all stakeholders worked in São Paulo City and surrounding areas and were thus interviewed in their offices. Additional stakeholders from the states of Rio de Janeiro, Pernambuco, and Brasilia were either contacted by telephone or while they were visiting São Paulo.

In order to address the research questions three separate but inter-linking research sub-studies were designed: the community case studies, the institutional analysis, and the policy analysis. Each sub-study will be described in detail in the following sections. The methods of the three inter-linking research studies were constrained by the need for permissions and the laborious procedures the lead researcher had to follow to obtain these.

Research clearances

Gaining entry into FEBEM-SP was extremely difficult for anyone; even more so for a foreign researcher. The process of gaining entry into FEBEM-SP was facilitated by the fact that a former Unit Director of Unit 12 in FEBEM-SP Tatuapé was a professional contact of the lead researcher. Prior judicial and institutional authorisations had to be obtained for research with young men in the above-named unit. Entry authorisations were solicited at two levels. Firstly, the lead researcher submitted an official research request to FEBEM-SP in March 2005, and secondly, the Unit Director submitted an official research request to the Judiciary. Clearance of the authorisation process took six months during which Unit 12 had five Unit Directors. From September 2005 until October 2005 the authorisation process was stalled by a newly recruited Unit Director, who refused entry to the research team three times. Authorisations were finally granted to the research team in October 2005. For two weeks, the research team had unrestricted access to young men and staff members in Unit 12. For this reason, all participants in the focus group discussions and in-depth interviews were recruited from this unit. The research team was not authorised to conduct in-depth interviews with young people and focus group discussions with staff members in any other units within Tatuapé or any other complexes. Based on site visits to other training centre units, Unit 12 is likely to be similar to other medium to high security training centre units in FEBEM-SP Tatuapé based on characteristics of occupancy, staff turn-over, and management structures.

Further research clearances were obtained from the district judge responsible for young offenders for the interviews with young men and independent institutional clearances from executive members in FEBEM-SP: the directors of full-time training (*internação*), part-time training (*semi-liberdade*), and provisional training (*internação provisoria*), the Director of Medical Services, and unit directors. The application consisted of the research proposal accompanied by a formal letter soliciting authorisation to conduct a research study with young men and staff of FEBEM-SP.

Challenges

The research team faced many obstacles during the course of data collection. Over the past 15 years, FEBEM-SP has moved from the Department for Social Promotion, to Youth, to Education, to Social Assistance and Development, and finally to the Department of Justice[165]. Each move was associated with numerous changes in leadership and strategy, and was also associated with increased violence within the FEBEM-SP institutions. In 2005, the year the study was conducted, there were more than 30 rebellions in FEBEM-SP institutions in the city of São Paulo alone. That same year, more than 1,700 staff members (approximately 20% of total staff) were dismissed because of improper conduct (reports of torture and violence)[166] and all "non-essential activities" (including HIV prevention education) were suspended.

In June 2005, a new Executive Director was appointed as head of FEBEM-SP who brought in an entirely new technical management team (health & education) which required the research team to re-negotiate previous work plans and authorisations. The newly instated Director of Medical Services stopped all external groups working with FEBEM-SP in November 2005. After a series of negotiations, authorisation for the KAP survey was granted on 19 December 2005 after important changes to the project design. At the request of FEBEM management, the KAP survey sample size was reduced from 300 to 160 and the target number of stakeholder interviews was increased from 12 to 33. Access to FEBEM-SP units for the KAP survey was restricted to part-time training (*semi-liberdade*), temporary training (UIP), and *internatos*. Access to full-time training centre complexes was prohibited due to security concerns. It was also agreed that the lead researcher would give feedback on the preliminary results before leaving Brazil in March 2006 and return to Brazil in order to discuss the interpretation and dissemination of final results later that year. The lead researcher returned to Brazil in early October 2006 shortly after the conclusion of the gubernatorial elections. The new Governor of São Paulo as well as key leaders in the State Government were inaugurated in January 2007. As a result of the political situation, the Director of Medical Services declined to discuss the

results and dissemination of the situation analysis in 2006. The same leadership team remained in charge of FEBEM-SP after 2007. The Director of Medical Services was promoted to Director of Residential Services. She continues to decline a discussion of the research results.

Two proposed components of the situation analysis were not carried out due to a lack of authorisation from FEBEM-SP: participant observation of staff and documentation of the physical characteristics of selected training centre units. FEBEM-SP management's main critiques of the two techniques were: the inability to generalise findings from observation and difficulties in utilising these types of data for strategic planning. It may have been possible to persuade FEBEM-SP to allow us to substitute participant observation with focus group discussions in other full-time and part-time institutions. However, time constraints ruled out this possibility. The documentation of physical characteristics combined with observation of activities, e.g. flow of young men, would have given some useful objective information on whether the rather subjective claims made by NGOs are really justified. These data could have, at least partially, related to their potential consequences in terms of violence and sexual health.

Sub-study 1: Community case studies

Prior to the commencement of field work several research methods were considered. Originally the lead researcher had planned to conduct structured surveys of young men in conflict with the law before, during and after their stay in FEBEM-SP residential institutions. This research method was subsequently ruled out because the FEBEM-SP administration refused access to a sample size of approximately 750 young men in the residential study arm. The lead researcher therefore decided to change the focus of her investigation from a quantitative investigation to a qualitative investigation. In order to gain a better understanding of the every day experiences of young people she opted for in-depth interviews. In the community setting the lead researcher opted for repeated, in-depth interviews with young men (case studies) rather than pursuing the original idea of a structured survey. The reason for choosing the case study approach is because as a method it retains the holistic and meaningful characteristics of real-life events[167]. For the work in the community the lead researcher also considered participant observation but due to issues of time, safety and lack of ethnographic skills of the research team members this method was ruled out.

Interviews with young men

After six months of negotiating research authorisations, the lead researcher was granted permission to conduct a "pilot study" with young men in a medium to high-security unit of FEBEM-SP Tatuapé. The lead researcher and her team opted for semi-structured in-depth interviews because there was no opposition to this method from the FEBEM-SP administration as qualitative methods generally require much smaller sample sizes. Secondly, this was a method that everyone on the team had experience in utilising. It was agreed that no particular number of interviews were to be specified as the researchers would interview young men until a point of information saturation had been reached. An interview schedule was developed in collaboration with two researchers

from the Institute of Health (RF and MF). Six thematic areas were explored: family, community, education/work, sexual and reproductive health, substance use, and violence.

Recruitment of the first group of young men was planned in detail. The lead researcher visited all three modules of the unit. Introductions were made to the director and supporting staff followed by a tour and introductions to young men. The lead researcher noted the names of certain young men who showed an interest in the research study and looked for them on subsequent days. Recruitment of the second group of young men was based on snowball sampling. Interviews were conducted face-to-face in a private space. Interviewees were asked for permission to tape-record the interview. None of the interviewees declined the recording. A maximum of three interviews lasting up to one hour each were conducted per researcher per day.

Community Case Studies

The community case studies used an entirely qualitative approach using in-depth interviews to explore the life histories of five select young men in one particular low-income community on the outskirts of São Paulo. The case studies did what was not possible in the FEBEM-SP institutional setting, namely conduct repeat interviews with the same young men and members of their immediate social circle over a period of three months. Compared to the in-depth exploration of the case studies, the interviews with young men in a residential unit of FEBEM-SP (above) were only a brief snapshot of the experiences in FEBEM-SP itself. Another qualitative approach, participant observation, was considered but rejected on the basis that fewer team members were experienced in this method as well as considerations of time and safety in the field. The case study design was based on preliminary analyses of the in-depth interviews with young men in a residential unit of FEBEM-Tatuapé (see above). As described above, Jardim Ângela was selected based on indicators of social exclusion and close contacts to a local NGO named RAC (*Reconhecendo o*

Adolescente na Comunidade or Acknowledging the Adolescent in his Community) working with young offenders in the region. RAC is contracted by FEBEM-SP to administer the community training orders of: PSC (*prestação ao serviço a communidade*) – community service and LA (*liberdade assistida*) – a type of probation service. Community training orders in São Paulo are largely outsourced to community-based organisations like RAC. RAC is affiliated with a religious NGO named Sociedade Santos Martires founded by an Irish Jesuit priest in the late 1980s. In addition to young offenders, RAC accepts other disadvantaged young people to participate in their educational and vocational programmes. Direct supervision of young people is carried out by trained case workers (social workers, psychologists, and teachers). These case workers were instrumental in the selection of the five case study participants (see below).

There was a dedicated research team of five graduate social scientists working on the case studies. The team was made up of two psychologists, two anthropologists, and one sociologist. Four team members had completed or were in the process of completing post-graduate training. The fifth team member had considerable experience case managing street children and low-income families in the Zona Sul of São Paulo, including in the selected community of Jardim Ângela. The research team underwent one half day of didactic training, one half day of participatory training, and ongoing, weekly fieldwork supervision through team meetings and field visits by the lead researcher.

The lead researcher first made contact with RAC in March 2005. Two further visits were made before the initiation of the case study interviews in October 2005. During the last visit, the lead researcher and team leader made a formal presentation of the aims and objectives of the overall research study as well as the specific objectives of the case studies and RAC's involvement as the community liaison. The team clarified ethical aspects (voluntary participation, informed consent, confidentiality and anonymity), criteria for selection as well as

issues relating to timing and cost of the case interviews. Ongoing queries were answered by the research team. Each case worker agreed to gather the names of a minimum of two young men under their supervision that they could present to the research team. Over the course of the following four weeks, the research team attended RAC activities and met up with various young people indicated by their case workers. Approximately 10 potential young men were identified. The final selection of participants was made based on team discussions. The young men who were chosen were not selected to be representative of the population of all young men in the district rather for their particular life experiences. The aim was to get a varied selection of young men based on family history, community training orders, girl friend status, and age. For example, the research team looked for at least one young person who was in a stable relationship and at least one young person who had never been in a sexual relationship. The team also looked for various family constellations, young men living with biological parents, others living with foster parents, others living in female-headed families.

Six young men were approached to participate in the study, one of whom dropped out after the first interview. Prior to the interviews, researchers obtained their written consent. The case studies generally consisted of three to four formal interviews: the initial interview with the young man, one interview with a close relative (mother, father, grandmother, or older sibling), one interview with the RAC case worker, and, if possible, a final interview with a girlfriend or close friend. In several cases there was more than one interview with the index case. Interviews were face-to-face and recorded with permission of the interviewee. They lasted between 45 minutes and 1.5 hours. Interviews were subsequently transcribed in full by the same person who conducted the interview. Additionally, one focus group discussion (FGD) with four young women aged 15 to 17 years from Jardim Ângela was held in order to validate the findings from interviews with young men. Topics of discussion were dating relationships especially sexual debut and access to sexual health information and services. Two young women were selected based on their family relationship with an

index case and another two were recruited on RAC's premises on the day of the study. The discussion was also recorded and transcribed. The FGD lasted one hour.

Sub-study 2: Institutional analysis

The fist part of the institutional analysis was comprised of focus group discussions (FGDs) with four different types of staff members. The fist part was followed by a structured KAP survey administered to staff members from three different FEBEM-SP institutions. These data were supplemented by observations and field reports from site visits and informal discussions with staff members at FEBEM-SP headquarters. These activities were facilitated through contact with the Director of Medical Services Drª Filmomena Palermo Perez in February 2004 and subsequently with her successors Drª Alexandra Pinheiro dos Passos and Drª Maria Eli Bruno in March and October 2005, respectively. The lead researcher had also considered a component of participant observation and mapping for the institutional analysis. Neither of these components were authorised by FEBEM-SP and hence dropped from the study design. There was a clear link between the qualitative data of the FGDs and the quantitative data in the KAP survey. Many of the KAP survey questions were directly informed by the results of the FGDs. The FGDs also helped to identify new questions which had not been covered in the literature review or in existing questionnaires.

Focus Group Discussions

Four FGDs were held with staff. All were facilitated by the Research Co-ordinator assisted by the lead researcher and a social scientist. The idea of a FGD was to have a guided conversation with a group of individuals while at the same time capturing group dynamics. No participant incentive was offered. However, participants were excused from their normal duties in order to attend the FGD. The primary objective of these discussions was to guide the questionnaire design

of the KAP survey which aimed to answer "How do staff function within the institution?" and "Which type of staff may be best suited for delivering a potential sexual and reproductive health programme?" The secondary objective was to record qualitative data in its own right which would complement the quantitative results of the KAP survey. The advantage of using focus group discussions is the ability to capture the group dynamic as well as identifying novel but related topics of interest to the participants. A structured interview guide was used based on draft versions of the KAP survey questionnaire. The topics included: the roles and responsibilities of different staff members, their specific involvement with young men, the type of training and support that they had received in order to fulfil their duties, the challenges they experienced in carrying out their jobs, perceived hierarchies, and how important they thought HIV prevention was given the current institutional situation.

A maximum of eight staff (male and female) were invited to participate in each focus group. The discussions were held in a private office where the tables had been pulled to the side and the chairs were arranged in a circle. Depending on the group, discussions lasted between 50 and 90 minutes. Participants were selected from four main occupational groups: *agentes de educação* - educational staff, *agentes de segurança* – security staff, *setor técnico* – psychologists and social workers (case workers), *divisão técnica* – managers with technical qualifications. Individual participants were recruited from a medium to high-security unit in FEBEM-SP Tatuapé on the day of the interview based on availability and with permission of the unit director. FGDs were recorded and subsequently transcribed by the Research Co-ordinator (SA). Preliminary analyses of the FGDs guided the finalisation of the structured KAP questionnaire.

KAP Survey

The KAP survey was a face-to-face interviewer-administered questionnaire applied by trained interviewers. Questionnaire administration lasted between 30 and 75 minutes. Interviewers were recruited through the research network of the University of São Paulo and the network of young Afro-Brazilian professionals at CEERT. Interviewers were both male and female and had completed or were in the process of completing their first degree. Everyone received 2.5 days of paid training in research ethics, recruitment, interviewing techniques, and questionnaire application. A selected team of four interviewers were also involved in pilot-testing the questionnaire two days before the main interviews began. Only slight modifications were made to the survey instrument. A total of 16 interviewers were specifically employed for the KAP survey, which was administered on three consecutive days. Each day different mixed-sex teams, made up of three to four interviewers, worked together. Interviewers and interviewees were matched by sex whenever possible. There were five teams on day 1 and four teams each on days 2 and 3. Each team had a team leader who was chosen based on seniority, and was responsible for distributing and collecting the questionnaires and consent forms. To maintain quality, interviewers were restricted to conducting a maximum of four interviews per day. There was one exception to this rule on day one when two interviewers completed six interviews each in one day. However these two interviewers were very experienced and review of the questionnaires did not uncover any notable quality problems. Fieldwork supervision was shared between the Research Co-ordinator and lead researcher.

The KAP survey was administered to 166 FEBEM-SP staff members in four different types of residential institutions in December 2005. The sample included: 4 *internatos* (full-time, secure group homes which are small scale training centres with up to 60 person occupancy); ten *casas comunitarias* (part-time, secure homes); three part-time training units; and four full-time, provisional training units. All institutions were located in the City of São Paulo.

KAP survey sampling

The sample size was determined prior to data collection. The sample size calculation was based on HIV transmission knowledge in the 2004 national survey for purposes of comparison. Overall 62% percent of the Brazilian population aged 15 to 59 years correctly identified five modes of HIV transmission[48]. Assuming a prevalence of 60% in the FEBEM-SP population, a sample size of 155 participants would estimate with 95% confidence that the true prevalence lies between 55% and 65%.

Table 8 Sample Size Calculation

	Sample prevalence (%)	***Confidence interval***	***Sample size***	***Power (%)***
HIV transmission knowledge	60	55-65	155	80
	70	65-75	136	80

The *circuito fechado* (closed training system) in FEBEM-SP is made up of 76 individual units, 50 of which are in São Paulo City. 4 units are reserved for young women all of which are in São Paulo City (2 internatos, 1 temporary training unit, 1 part-time training unit). The male units are broken down as follows: 30 full-time training units, 4 *internatos* (small scale training centres), 4 temporary training units, 1 reception unit, 3 part-time training units and 10 part-time group homes. Due to security concerns voiced by the Director of Medical Services, the research team was prohibited from including any of the three large training centre complexes Tatuapé, Raposo Tavares or Vila Maria in the sample. All part-time training units, temporary training units and full-time *internatos* were included in the sample.

The sampling plan was developed in collaboration with members of the Division of Health Services at FEBEM-SP headquarters in São Paulo. It was decided that the study would recruit from all staff members working the day shift in: *semi-liberdade* (part-time training), *internatos* (full-time training) or *internação provisoria* (temporary training). A list of all staff working in the relevant institutions

was produced by the Department of Human Resources and was used to decide how many employees would be eligible to participate in the study. The records included name, title, and working/leave status of all employees in the selected institutions. The records indicated that between 20% and 30% of staff in any of the three types of institution were on medical leave, therefore reducing the pool of potential recruits. The primary inclusion criteria was staff members working the day shift.

Additionally, the study sample was stratified according to the following target criteria:

1. Sample composition made up of 50% direct-contact staff (*agentes de apoio* = security staff, educational staff) and 50% technical staff (social workers or psychologist) or administrators and managers in order to have adequate numbers of each type to be able to do sub-group comparisons between *agentes* and other staff members. The main reason for this composition was for the survey to be able to compare the abilities of technical staff, who were thought to be best suited for dealing with sexual and reproductive health issues, with those of other staff members who have no specific training in health issues.
2. A selection of approximately 30% of the overall staff population in each of the four selected institutions as this was estimated to provide the target number of approximately 155 staff members in total.

Table 9 Target study sample

Institutions	*Study sample for KAP Questionnaire*				
	Agentes	Managers	Administrators	Technical staff	TOTAL
Semi-liberdade 9 units	**38**	**9**	**9**	**18**	**74(*)**
Internato 4 units	**24**	**4**	**4**	**16**	**48**
UIP 4 units	**20**	**4**	**4**	**16**	**44**
TOTAL	**82**	**17**	**17**	**50**	**166**

*One unit had 2 additional staff members
Data source: Payroll section, Department of Human Resources, FEBEM-SP 12/2005

The sampling frame was all active FEBEM-SP staff working the day shift in four types of institutions in the Greater São Paulo area. According to the FEBEM-SP website the institution employs a total of 8,000 staff state-wide. However, the research team were refused access to any institutional data about the distribution of staff in the four institutional types of interest. It is therefore unknown if the actual ratio of direct contact staff to other staff is 1:1 in FEBEM-SP as a whole. These restrictions meant that there may have been limitations on the generalisability of the KAP survey results.

Recruitment

The recruitment process was facilitated by the division directors at FEBEM-SP headquarters who then delegated responsibility to centre directors and unit directors. On the day of the study, teams were given a detailed list by the research leaders with a quota of staff to be interviewed per training centre unit. The study teams arrived at each training centre unit and requested to interview the allotted number of staff. For example, in one unit of the *UIP* they requested to interview five agentes, 1 manager, 1 administrator, and 4 technical staff. If too few members of any one occupational category were available, then they were simply substituted with staff from another occupational category in order to achieve the overall sample size target.

The ultimate responsibility for selecting participants lay with the interviewing team. Unit directors were purposefully not informed of the occupational quota that were required for the study sample. For example, a participating unit has pre-selected eleven staff members to participate in the interview. However, the pre-selected staff members did not fulfil the quota for the occupational groups. The interviewers were instructed to accept one or two of the pre-selected members and to look for other eligible staff members elsewhere. A ratio of 1:1 for the balance between direct-contact staff and technical/managerial staff was paramount. Staff members were approached based on job title and

availability on the day of the study. The final study sample is described in detail in Chapter 6.

Questionnaire

The study utilised a structured questionnaire that was administered to participants face-to-face in a private room or setting. Due to delays in getting institutional clearance in order to complete the survey before the Christmas break, all 166 interviews were completed on three consecutive days. The aim of the questionnaire was to collect quantitative data on knowledge, attitudes and practices, risk-taking behaviour, mental health status, and violence at work and to describe how these were associated with socio-demographic variables, institutional information, health status and the respondent's perception of gender equality. The questionnaire was developed over six months and drew on previous questionnaires developed by staff members at USP that had been used with staff or young men in FEBEM-SP. Draft versions of the questionnaire were sent to colleagues for comments and revisions. Two draft versions of the questionnaire were pilot tested with five volunteers at Educafro, one of our collaborating NGOs, and five volunteers at FEBEM-SP headquarters one week before the main survey. The final translated questionnaire was 12 pages long and contained seven main sections (see Appendix V). Each section is described in turn below.

Section A contained 24 items and focused on socio-demographic information such as age, race, religion, civil status, number of children, education, income, living situation, and social class at birth. It also contained questions on experiences of domestic violence during childhood and racial origin. During the analysis stage certain variables were collapsed in order to create meaningful groups that could be used for statistical analysis. The collapsed variables were: age, race, religion, civil status, and education.

Section B contained 28 items about institutional information and was divided into two sections. The first section was an exploratory scale designed by the lead researcher and colleagues at the NGO CEERT for measuring institutional racism. The KAP study was the first time the scale was put to use. The scale looked at perceptions about black staff versus white staff members in FEBEM-SP, black versus white young men in FEBEM-SP, and the respondent's perceptions of wider societal norms about racism in Brazil as a whole. The second section contained the individual's institutional information such as job title, length of time in FEBEM-SP, type of training and support received, their perception of their own chances for promotion and their job satisfaction, preferred learning methods, experiences of discrimination, experiences of violence at work, and opinions about FEBEM-SP. The following variables were collapsed into smaller groups: job title, length of time in FEBEM-SP, training, support, preferred learning methods, and opinions about FEBEM-SP.

Section C on behaviours contained 13 items. It was almost entirely based on the study by Carvalho and colleagues[74]. This section enquired about leisure activities, safe injections in the previous 12 months, experience of sexual activity, smoking, alcohol and drug use. All items in this section were collapsed into smaller groups. For sensitive questions, the interviewee was given a response sheet which was coded with the appropriate answers, e.g. 1 for yes and 2 for no, or 1 for completely agree, 2 for partially agree, 3 for partially disagree, and 4 for completely disagree.

For comparison purposes, Section D: opinions about sexuality and sexual norms and Section E: knowledge, attitudes, and practices about STIs were taken directly from the national survey of sexual lifestyles in the Brazilian population completed in 2004[49]. Each section contained 19 items. Following the lead of Szwarcwald and colleagues, knowledge items were converted into a knowledge scale. The sections contained four knowledge scales: knowledge of types of STIs, STI prevention methods, HIV transmission, and the natural history of AIDS. There was one additional opinion scale about sexuality during childhood.

For sensitive questions, the interviewee was given a response sheet which was coded with the appropriate answers, e.g. 1 for yes and 2 for no, or 1 for completely agree and 3 for completely disagree.

Section F contained three items plus a standard self-reported questionnaire (SRQ-20)[168]. The SRQ-20 is a screening instrument devised by the WHO to identify minor psychiatric morbidity in primary care settings and the community in developing countries. The SRQ-20 was validated in Brazil as part of the WHO collaborative study on strategies for extending mental health care[167]. The SRQ-20 has been widely used in Brazil[169,170,171]. Mari and colleagues reported that it had a sensitivity of 83% and specificity of 80% for detecting psycho-emotional disturbances such as depression or anxiety using a cut-off point of 5-6 for men and 7-8 for women[168]. Based on the fieldwork experience with the SRQ-20 in other developing countries, however, Harding and colleagues reported that there was "considerable variation in the optimal cut-off point" for psychiatric morbidity[167]. Positive cut off points varied between 5 and 6 for men and between 10 and 11 for women. Mari and colleagues suggested that this variation may be explained by the socio-cultural characteristics of the populations studied. They suggested that individuals with little or no education were more likely to be false positive on the SRQ-20 compared to those with 8 or more years of education. Validation by a psychiatric evaluation in the study by Mari and colleagues in São Paulo, thus determined that the cut-offs for psychiatric morbidity were between 5 and 6 for men and between 7 and 8 for women. Considering the high educational levels of FEBEM-SP staff, the lower cut offs of 5 or more positive answers for men and 7 or more positive answers for women were used.

Section G contained the 24 items comprising the Gender Equitable Men (GEM) scale developed by Julie Pulerwitz at Population Council/PATH and Gary Barker at Instituto Promundo in Brazil. The GEM scale is divided into two subscales investigating traditional gender norms and egalitarian gender norms. The GEM scale has been validated in Brazil with young men aged 15-24 years from three

low-income communities in Rio de Janeiro[172]. Almost 70% of the sample reported being in a current relationship at the time and approximately 50% had completed up to six years of education. Factor analyses revealed that there were two separate factors (or subscales) with substantial explanatory value which also held together conceptually. The results from internal consistency reliability analyses showed that the overall scale was reliable (Cronbach alpha >0.80)[171]. The Traditional Gender Norms and the Egalitarian Gender Norms subscales achieved Cronbach alphas of 0.85 and 0.77, respectively[171].

The construct validity of the GEM scale was further analysed by testing the association between the GEM Scale and a history of a) physical violence with an intimate partner, b) contraceptive use, and c) education. Results indicated that all three variables were significantly associated with attitudes towards gender norms. Young men who were least supportive of egalitarian gender norms were more likely to report a history of intimate partner violence (p= <0.001) and less likely to report contraceptive use (p = 0.05)[135]. Young men achieving higher levels of education were more supportive of equitable gender norms (p= <0.001)[171].

At the time of application, the GEM scale had not yet been validated for use in women. For this study the GEM scale was applied to both men and women. The cut-offs are based on disapproval of traditional gender norms (18 items) and approval of egalitarian gender norms (6 items) determined by the inventors. The answer to each question was scored between 1 (least egalitarian) and 3 (most egalitarian) points. These points were totalled to give the overall GEM score; the higher the score, the more egalitarian the respondent. For comparison purposes the GEM Scale is divided into "high," "moderate," and "low" support for equitable gender norms by splitting it into three equal parts. Low equity coincides with a score of 1-23, moderate equity with a score of 24-47, and high equity with a score of 48-72[171]. Interviewees were asked to respond to the GEM scale using a standard response sheet, e.g. 1 for completely agree, 2 for neither agree nor disagree, 3 for completely disagree.

Sub-study 3: Policy analysis

The original study design included a literature review of internal policy documents as well as 12 stakeholder interviews which were to be conducted mainly with senior managers in FEBEM-SP. This study design was discussed with the Director of Medical Services of FEBEM-SP in November 2005 who suggested important changes to the range of stakeholders. In her opinion the stakeholder sample needed to include representatives from the judiciary and national level policy makers such as CONANDA (*Conselho Nacional dos Direitos da Criança e do Adolescente* which translates into the National Council for the Rights of the Child and Adolescent). The Director of Medical Services did not authorise the review of internal policy documents. The suggestion of widening the scope of the stakeholder analysis was taken on board and the study sample was increased nearly three-fold to a final total of 34 (out of 40 who were approached) stakeholders representing various government departments including the judiciary, national policy making institutions, international agencies, the private sector, and civil society. Tellingly, none of the senior managers in FEBEM-SP agreed to being interviewed thus limiting the ability of directly verifying information about FEBEM policies and practices. The objective was to explore the role of stakeholders in shaping the policy context for the promotion and protection of sexual and reproductive health for young people in conflict with the law.

The policy analysis team comprised 5 interviewers, three of 16 KAP survey interviewers and two new recruits (both of whom had attended part of the KAP survey team training). The conversations with stakeholders used a face-to-face in-depth interview format with a semi-structured interview guide. One interview was conducted over the phone. The interview guide was discussed and refined by the research team before being pilot-tested with four volunteers at CEERT, one of our partner NGOs. The stakeholder interview schedule explored three main topics:

- Stakeholder's perceptions of current activities (internal or external) related to the sexuality and sexual and reproductive health of young men within FEBEM-SP.
- Their opinions, suggestions and comments about how potential changes could be made.
- Their opinions, suggestions and comments with respect to the involvement of families and communities in these potential interventions.

A list of potential stakeholders was compiled by collecting recommendations from FEBEM-SP and other partner organisations involved in the research. This list was completed by members on the research team. The final list contained 40 potential interviewees from the public and private sector (see Chapter 7 for more detail). Only two participants who were approached declined to be interviewed. Others were on leave or not available during the short interview period (January to March 2006, the Brazilian summer holiday period). A total of 34 stakeholders were successfully interviewed by the end of data collection in March 2006.

Interviewees were asked for informed consent before the interviews. Interviews lasted between 30 minutes and one hour. Conversations were tape recorded and transcribed. For quality and time saving, the interview transcripts were prepared by the same individual who had conducted the interview.

Data analysis

Qualitative data analysis

All focus group discussions and interviews were taped and transcribed in Portuguese. The lead researcher conducted spot checks for quality on approximately 10% of the transcriptions before analysis. Data were analysed manually (without the use of a software programme). Preliminary analyses of FGDs, case studies and in-depth interviews with young men and stakeholders were concluded by the Brazilian research team with supervision by the lead researcher in February 2006. Each team member responsible for a case study or an in-depth interview with young men prepared a one page summary. More in-depth qualitative analyses were conducted by the lead researcher upon her return to London with support from the qualitative analysis group convened by Judith Green at LSHTM and Dominique Behague, an anthropologist on her PhD advisory committee. Data were analysed in Portuguese and when appropriate quotes were translated into English. The one-page preliminary analyses were used as verification for the lead researcher's own analyses.

Thematic content analysis, grounded theory and framework analysis were the three analytic approaches that were considered. Thematic content analysis was ruled out because the research questions were not merely concerned with describing the key issues of concern for a particular population group. They also asked how the key issues of concern were linked within the social context. Grounded theory was also ruled on the basis that the aim of the research study was not to discover and build up theory from empirical data. Finally, the theoretical approach for data analysis was based on framework analysis developed by the National Centre for Social Research UK considering the overt policy orientation of the research questions[173]. Framework analysis is designed to produce results explicitly geared towards generating policy and practice-orientated findings. More specifically, the method uses content analysis to summarise and classify data within a thematic framework. One difference between framework analysis and grounded theory is the fact that the integrity

of individual respondents' accounts is preserved throughout rather than a conscious attempt to break-up the data to reveal new opportunities for analysis. The steps used in qualitative analysis were: familiarisation, coding, separation into themes, linking the findings with the conceptual framework guiding the study and mapping and interpretation. The lead researcher familiarised herself with the qualitative data by reading through the transcripts and by listening to the interview recordings. Transcripts were then coded under broad themes. For example, in the FGDs with staff these were job description, type of employment contract, experience of violence etc. These codes were then grouped into separate themes which became the subheadings in the chapter e.g. roles and responsibilities, working conditions and dealing with male sexuality. Macro-level interpretation of the themes was aided by linking specific findings to appropriate levels in the conceptual framework. One of the limitations of framework analysis is that findings which do not fall within the overt policy focus of the research study remain unexplored.

Quantitative data analysis

KAP survey data were double-entered into Microsoft Access XP[174], verified and cleaned by the same research consultant at the Population Council Brazil. Statistical analysis was conducted in STATA 9[175] and was primarily a descriptive analysis looking at characteristics of FEBEM-SP staff. The data analysis plan required two separate analyses. Firstly, an analysis of all main variables separated by topic. Secondly, cross tabulations using the Fisher's exact test (when the expected values in the table were more than five) and the chi-squared test (when the expected values in the table were less than five) were applied to explore the relationship to independent variables. The STATA commands *tab variable1 variable2, col ex* and *tab variable1 variable2, col chi* were utilised.

The analysis methods did not take account of stratification because it was assumed that the ratio of direct contact staff to other staff in the stratified

sample was roughly similar to the ratio in the overall population of FEBEM-SP staff in the three institutions of interest.

Ethical Issues

Ethical approval was obtained from the London School of Hygiene & Tropical Medicine and the Faculty of Medicine at the University of São Paulo. The primary aim of the research was to benefit young people directly and indirectly by exploring their vulnerabilities related to information about sexuality and the prevention of sexually transmitted diseases in FEBEM-SP. Informed, voluntary consent was obtained from all participants. Participants were supplied with an information sheet which contained the details of the study, the potential harms and benefits of participating in the study, and the phone numbers of the principal investigators involved in the study when possible. The information sheet was read out to participants. The consent forms and information sheets were approved by the two ethics committees (see Appendix).

Interviewees and focus group discussion respondents were assured that participation was completely voluntary. This was especially reinforced before interviews with young men by asking FEBEM-SP staff to leave the room for the duration of the interviews. Participants were assured that they could drop out of the study at any time without negative repercussions. Lastly, confidentiality, anonymity and fair and equal treatment of participants and non-participants were guaranteed at all research sites.

Potential recruits were given the opportunity to ask questions before being asked to provide written or oral consent. Due to the sensitivity of the information shared during focus group discussions with staff and the ease of identifying individual participants, the research team requested taped oral consent rather than written consent. All other participants gave written, signed consent. All consent forms are stored in a locked filing cabinet at the offices of the Population Council Brazil where they will remain until 2015. Also, recordings of

taped oral consent, databases and word documents containing participant responses are password protected.

The lead researcher within her research environment

Conducting this particular research study was a tremendous challenge. Though my role as a researcher is to remain detached and subjective, there were many occasions throughout the fieldwork period when who I was impacted on the work that was to be carried out. One could almost say that my Brazilian research experience was divided along colour lines.

Being a young, black woman positively influenced the interactions with my research team (with the exception of two male team members), colleagues in NGOs, the community, a select group of FEBEM staff and most young people in FEBEM and out in the community. I was highly praised and welcomed by Afro-Brazilian academics and politicians and other members of the *movimento negro*. I was also assisted by several white Brazilians who recognised the academic merit of my work and who enjoyed contact with a foreigner.

There were others, namely those Brazilians white and black, who recognised that I was a foreigner with access to financial resources and contacts. For them, my skin colour became less important than the European ideals I represented. Once the word got out that I represented a reputable English university most Brazilian researchers were keen to collaborate with me, even if the motivation was to advance their own research agendas. Most of these interactions were negotiated around an exchange of goods (money, access to information, local know-how). Due to the fact that I administered sizeable research budget (£30K), my position as a black woman, generally one of the lowest in Brazilian society, was elevated to that of a foreigner with money.

Being black and a woman negatively influenced my interactions with most levels of Brazilian authority, such as negotiating research clearances, permissions

and obtaining visas and other resident permits. Being a black woman probably had something to do with the fact that certain senior managers in FEBEM had no interest hearing the results of my data. I believe that, at the time, they felt that it was politically insensitive to refuse my entry into FEBEM, but on the other hand they assisted me as little as possible to 'get me off their backs'. It is important for me to say, however, that despite the selective discrimination that I faced, I almost always managed (with great support from mentors in London, Geneva and São Paulo) to access key people in important places such as the national director of the Brazilian STD/AIDS Programme, access that would have been denied to many white Brazilians.

Overall, the work in Brazil was a very challenging personal lesson because it exposed me to a good dose of reality. Brazil was the first country I lived where I truly felt that I was judged based on the shade of my blackness and where neither education nor social class added into the equation. During my first trip to Brazil in 2001 a Brazilian researcher told me: *"I am white and you are black... How old are you? You will be doing a PhD? You are just a little girl."* It was the first time in my life that people mistook me for a maid and said so to my face, thought I was a prostitute because of my access to a certain lifestyle or simply assumed that I had married a 'gringo' (a foreigner) who had lifted me out of poverty. But, as many of my friends mentioned, being black had its upsides. It probably protected me from being robbed and attacked in my own neighbourhood and when travelling to my research sites on public transport.

Looking back, I believe that person and time strongly impacted the research topic, data collection, analysis and interpretation of the research findings. The research results you are about to read would probably read differently if I or someone else where to go back to São Paulo to repeat this study in five years time (2010/11).

Chapter 5: Community Case Studies

The literature review in Chapter 2 summarised the individual vulnerabilities of young people in conflict with the law and alluded to the complexity of other vulnerabilities at the group- and societal-levels. This chapter is an important contribution to the understanding of the vulnerabilities (family life, education, employment, community life, and sexuality) experienced by young men living in one urban, low-income district of São Paulo. The main aim of the community case studies is to explore the multiple vulnerabilities of five non-institutionalised young men from the district of Jardim Ângela in São Paulo (see Figures 4-5 & 8). Taken as a whole, the case studies explain how sexual vulnerability is articulated within the multitude of vulnerabilities that young men are exposed to in their communities and families. The analysis will explore whether the exploration of vulnerabilities then allows for a ranking of vulnerabilities.

The research questions to be answered by the community case study were:

What are some of the key individual-, group- and societal-level vulnerabilities experienced by young men in conflict with the law?

- How do individual-level vulnerabilities intersect with group-level vulnerabilities in low-income neighbourhoods of São Paulo or in FEBEM-SP?
- How do individual-level vulnerabilities intersect with societal-level vulnerabilities such as gender and racism?

Jardim Ângela is a community in the Southern zone of São Paulo. The community was chosen because of its high indices of social exclusion and violence and because of links with the collaborating community-based organisation (CBO). It is inhabited by approximately 235,000 people. Jardim Ângela has some of the worst social indicators in the Municipality of São Paulo[130] (see Chapter 4). At the time of the interviews community informants reported that marked improvements had occurred due to a geographical shift of

violence from Jardim Ângela to the neighbouring community Cidade de Triadentes.

The basis for the exploration of these five community case studies were 15 in-depth interviews with young men in a medium/high security residential unit in FEBEM-SP Tatuapé that the lead researcher and two experienced social scientists conducted in October 2005. This chapter does not include an analysis of the 15 in-depth interviews with young men because their stories were very similar to the stories explored in the case studies.

The community case studies are interviews with five young men (referred to with fictitious names) aged 15 to 19 years (see Table 10) and members of their social network over a period of three months. All young men had an affiliation with a CBO named RAC where they were supervised by a case worker. Approximately ten young men were recommended by RAC case workers. Young men were screened by the research team, and chosen based on characteristics such as age, relationship status, family structure, availability and rapport with the research team (see Chapter 4). They represented a variety of racial and ethnic backgrounds and differing levels of poverty. All families had a history of migration to São Paulo. Young men were raised by biological families, adoptive parents or family friends. In most cases families were sustained by single mothers as fathers were either absent or deceased. Older siblings were an important influence. Educational attainment was low, with many reporting multiple interruptions and/or repetitions. In general, low paying casual jobs were supplemented with income from illicit activities. The majority of young men were not enrolled in school at the time of the interviews.

Table 10 Overview of socio-demographic characteristics by index case

	Beno	Anthony	Dante	Gustavo	Clesio
Age (years)	15	16	17	15	19
Race +	Black	Black	Black	Mestiço	White
Education	Year 2	Year 8	Year 7	Year 7	Year 7
Enrolled in school	No	No	No	Yes	No
Living with	Adoptive[2] grandmother	Adoptive mother	Brother & Sister-in-Law	Adoptive sister	Mother
Neighbourhood	Jd Aracati	Jd Herculano	Jd Varginha/ Real Parque	Jd Herculano/ Kagohara	São Joaquim
Parents from	Minas Gerais	Paraiba	Bahia	Pernambuco	Minas Gerais
Birth mother is	Widowed	Not Known	Separated	Separated	Divorced
Contact to father	Deceased	No	Yes	No	No
No of siblings	8"	8^	11*	5"	3"

The names in this table are fictitious names
+classification from researcher, "same biological mother, ^no blood relation, *same biological mother and father

[2] Adoptive in this context refers to an informal arrangement between two families (no blood relation) and not the formal and legalised adoption known in the European context.

Figure 4 Big transport route in Jardim Ângela

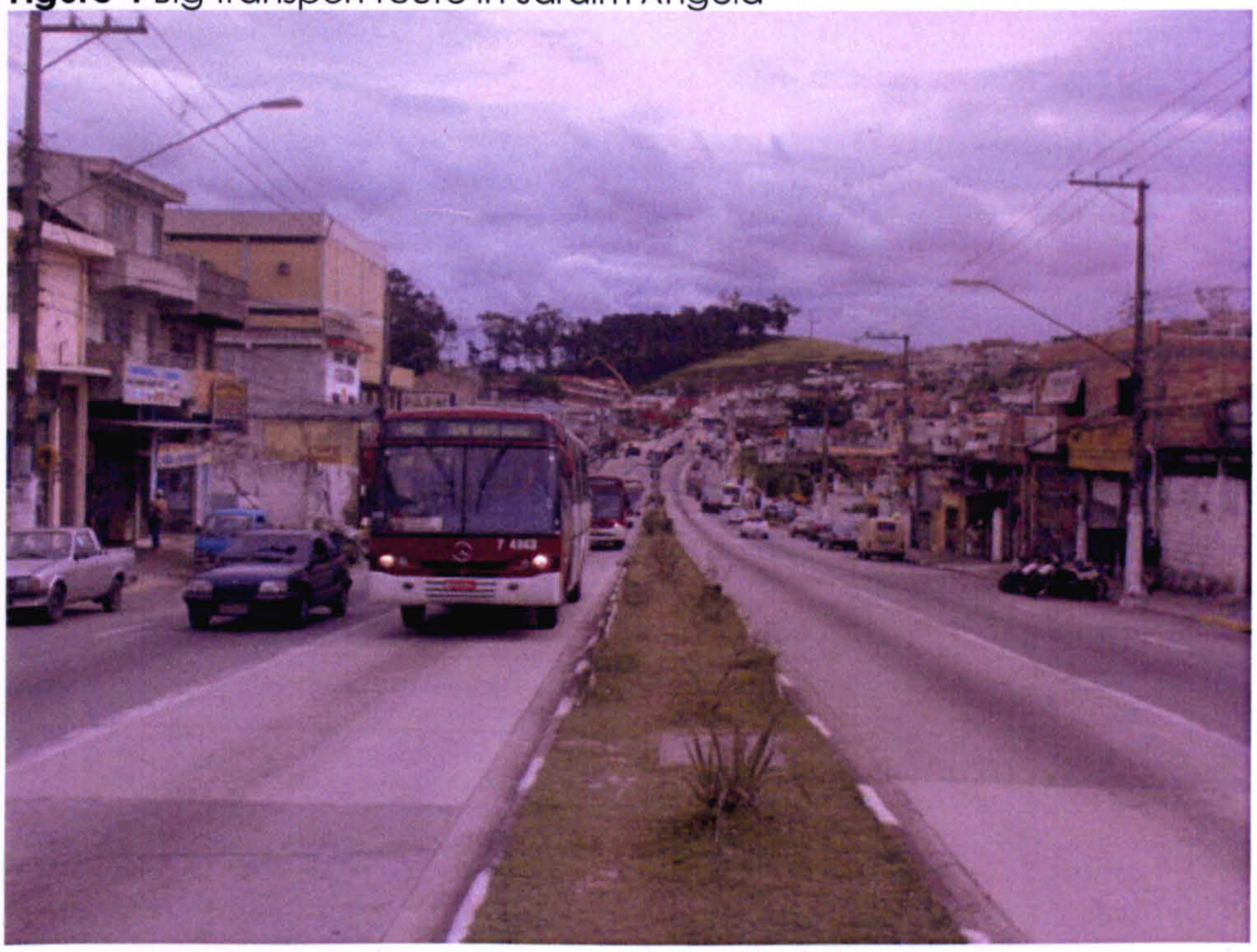


Figure 5 Small transport route in Jardim Ângela

Vulnerability and the Family

One of the important aspects of these young men's lives was the changing nature of family relationships heavily influenced by the role of the mother.

Mothers

The life histories provided by young men's mothers painted a picture of urban poverty. Most mothers had many children early on in life. The number of children ranged from three to eleven. (Adoptive) mothers were also the heads of households in financial and authoritative terms. The mothers who were interviewed had little or no education thus limiting their choice of employment. All (adoptive) mothers had migrated to São Paulo from elsewhere in Brazil. Upon arrival the majority got jobs as domestic workers. If they were lucky they moved on to low-paying service jobs or were taken on as cleaning staff in large companies. One mother had a clerical job with a government agency. All children were born in São Paulo. Long working hours required help with child minding, a job which was relegated to daughters, close friends or relatives. Another alternative was to send children to live with grandparents or adoptive parents for some time. For example, Anthony's biological mother already had more than four children and no husband when her baby boy was born. In an act of desperation she abandoned baby Anthony on the sofa of her Godmother's house (Anthony's adoptive mother). Because he was frail and thin, Baby Anthony was immediately taken to the hospital where he spent several months in order to recover from severe malnutrition. After his recovery he was raised as the eighth child in his adoptive family whom he considers his only family. He shuns contact with his biological mother even though she has expressed an interest in taking him back in recent years. Anthony is much shorter than his age mates which is a direct result of the malnutrition he suffered as a baby.

Three mothers had separated from the fathers of their children and one mother and one adoptive mother were widowed. More often than not, fathers did not make financial contributions towards the expenses of their children. As a result, one mother resorted to legal action whereas others relied on financial support from their adult children. The majority of mothers moved on to new relationships producing more children with new partners. The families generally lived in two or three-room houses sometimes shared between as many as eight family members. Some of the houses were located in *favelas*, the poorest of the poor neighbourhoods in the peripheral districts of São Paulo.

Hard work, stress and unhealthy habits contributed to health problems among case study (adoptive) mothers. Refuge in religion was a source of hope and a mechanism to cope with life's circumstances. Three out of five (adoptive) mothers were born-again Christians. On the whole, (adoptive) mothers were detached from the lives of their sons, especially those sons living away from home.

Most mothers linked their son's involvement with criminal activities to the neighbourhood they lived in. Some mothers expressed the wish to move out of the periphery one day. In the dialogue below 15 year old Gustavo describes the differences between living with his biological mother in the favela and living with his adoptive sister and her husband in a middle-class neighbourhood. In the favela he spends most of his day unsupervised and brought down by his mother's insults he is easily tempted to hang out with "bad company" whereas with his adoptive family he is well liked. In the case of Gustavo strict parental guidance makes a dramatic difference to what otherwise would become a negative series of high risk events.

Interviewer: *Mas me conta melhor, assim, como é que foi quando você estava com essa senhora?...* Tell me more about it, what was it like when you lived with this lady?...
Gustavo: *Era legal, né... Ah, era uma família grande, eu era o único... a única criança no, na família, assim.* It was great, right... Well, it was a big family and I was the only... like the only child in the family.

Interviewer: *Sei, eram todos adultos, então.* I understand. So all of them were adults?
Gustavo: *É, todos adultos, e eu era a única criança e todo mundo gostava de mim.* Yes, all adults and I was the only child and everyone liked me.

Interviewer: *E aqui nessa sua família?* And here with your (biological) family?
Gustavo: *Aqui na minha família é diferente. Sei lá, não sei explicar não, mas... (pausa).* Here with my family it's different. Who knows, I don't know how to explain, but... (pause).

Interviewer: *Você sente assim que, talvez na outra você fosse mais valorizado, assim.* Do you feel that perhaps in the other (family) you were more valued?
Gustavo: *É. Tinha uma estrutura melhor.* Yes, it was more structured.

Gustavo: *Aí depois eu fui pra (casa da) minha mãe ...lá perto, tem uns negócios lá de droga... quando eu fui pra lá, minha mãe começava a me xingar, falava que não gostava de mim, aí eu fui começando a usar um cigarro, depois quando eu fui ver, eu já estava usando uma droga já...* After that I went back to my mother's house ... close to her house they sell drugs... when I went back my mother started insulting me. She said that she didn't like me. So I started smoking and then before I knew it I was already using drugs.

Fathers

Fathers were generally absent in family life; the reasons being separation, re-marriage, geographical distance, or death. Their absence was deeply felt, especially with regard to the lack of financial contribution. Little information was gleaned about their education but it was thought to be equivalent to that of the mothers. Most fathers were either self-employed (e.g. as a carpenter) or worked in manual jobs in the private sector (e.g. metal industry). None of the fathers were living with their sons at the time of the interviews. However, most had lived with their son at some point.

Some men had children throughout their lifetime. One 63-year-old father had had children over a 30-year time period. Many men had children from several different partners. Infidelity was common and openly talked about. According to one young man his father had produced a total of 33 children.

Dante: *...Meu pai não dorme em casa. Meu pai tem várias mulher então ele dorme em casa de mês em mês bem dizê... Minha mãe é evangélica, mora na casa da minha irmã... meu pai fica na rua lá... fazendo hora...* My Dad does not sleep at home. My Dad has many women therefore he sleeps at home every other month... My Mother is a born-again Christian, she lives in my sister's house... my Dad hangs out in the street... doing his thing...

Many men smoked tobacco and drunk alcohol to excess. Both were particularly prevalent among adult men. One father had lost both of his legs due to smoking-related gangrene and later on died of cancer. Excessive alcohol use was accompanied by physical violence and fuelled by jealousy or rage as reported in the quote below.

Clesio's friend, 18 years, talking about his own father: *É que pra falar a verdade, né? Quando meu pai morava com nós havia briga, né? Que ele bebia muito, ele ficava querendo bater na minha mãe, a gente não deixava, né? A gente batia nele...* Well, to say the truth, right? When my father lived with us there was fighting, right? Because he used to drink a lot he would want to beat my mother, but we wouldn't let him, right? We used to beat up on him...

Interviewer: *Geralmente ele agredia como? Era sempre com as próprias mãos ou ele usava alguma arma, algum instrumento?* Generally, how would he attack? Was it always with his bare hands or did he use a weapon, some kind of instrument?

Clesio's friend, 18 years: *É na maioria de vezes ele usava um facão.* Yes, most of the times he used a big knife.

Fathers, whether present or absent, strongly influenced the roles of family life. All interviews confirmed that mothers were the heads of households in authoritative and financial terms. In most cases, fathers had become auxiliaries, only around for short-periods of time, switching from one family to another. When present, their own behaviour appeared to legitimise substance use, violence and infidelity. Domestic violence affected wives and children. Most striking was the fact that men in Jardim Angela died early on in life, either as a result of violence or alcohol. The research team managed to interview only one father.

Siblings

Siblings were present in all possible combinations, in addition to nieces and nephews in the case of older, unmarried sisters. Those who had the same mother were closer than those who shared the same father. One young man was the youngest of 12 children on his mother's side and one of 33 children on his father's side. In the case of re-marriage or separation, children would remain living with their mothers. It was uncommon for siblings and step-siblings to live in the same household.

The quality of relationships with siblings varied considerably. Some were bad and included physical fights with weapons or constant bickering. But some were good as was the case for an older brother who treated his younger adoptive brother like his own son. He gave him advice, support and backing in all matters of life (education, professional development, family arguments). Others were expected to carry out the role of a parent from a very young age. At age 11 Eva (fictitious name) was already taking care of her younger brothers and sisters and by the age of 14 she started having her own children. One informant described the cordial relationship he had with his brother this way.

Interviewer: *Vocês conversam... Quando vocês conversam, assim, vocês conversam do que?* Do you talk... When you talk, like, what do you talk about?
Gustavo: *Ah, só sobre roubo, esses negócios assim.* Oh, only about stealing, and jobs like that.

Interviewer: *Ah é?* Really?
Gustavo: *Eu e meu irmão só assim, só...* Me and my brother only (talk) about that, only...

Interviewer: *Sei. E me diz assim, o seu irmão, quando vocês conversam assim de roubo, essas coisas, como que é assim essas conversas?* I know. And tell me, like, when you and your brother talk about stealing and things like that. What are the conversations like?
Gustavo: *Ah, tipo perguntando o que ele roubou, o que eu vou roubar, como que você vai comprar a roupa de natal, esse negócios, assim.* Well, like asking about what he stole, what he intends to steal, how he is going to buy his Christmas clothes, things like that.

Interviewer: *E seu irmão continua, assim...* And your brother is still involved like that...
Gustavo: *Continua.* He's still involved.

Siblings were very influential in matters related to sexual vulnerability and exposure to violence. Older siblings served as role models and strongly influenced young men's choices and aspirations. In Beno's family early childbearing was the norm. His mother had children young, his sister got pregnant at the age of 13, and his 19 year old brother and his girlfriend recently had a baby girl. At the age of 15, Beno had had more than 30 sexual partners and parenthood was an important goal in his life. In contrast to that, Anthony had decided to remain a virgin until he was ready to become an adult. The norm in his family was that initiating sexual life came with the responsibility of earning a living and subsequently marriage. Everyone in his family was a born-again Christian and all of them had a strong involvement with the church. No one got pregnant at a young age, no one drank, no one took drugs and neither did he.

The same held true for older siblings and entry into criminal life. Beno, Dante, and Gustavo all had older brothers who had had an involvement with drugs or even FEBEM-SP. All of them lived in neighbourhoods where weapons and drugs were easily available. For Dante, involvement in crime even affected his choice of sexual partner. He had met his first serious girlfriend because she too was involved in selling drugs.

Violence

Violence on the street

The peripheral districts of São Paulo are subject to extreme social exclusion or structural violence. Structural violence is defined as the additive effects of poverty, violence, disenfranchisement and lack of access to basic entitlements such as housing, sanitation, education, health care, police protection and employment[99, 100]. Despite differences in wealth, all neighbourhoods shared one common trait: violent crime. Crime was everywhere. The violence that young men described was related to domestic violence as a result of alcohol or

violence committed by drug traffickers, the police, or staff members in FEBEM-SP. Violent events occurred mainly at night but not always as is illustrated by the following quotes.

Anthony: *...Eu já vi amigo meu tomando um tiro do meu lado.* I've seen a friend of mine getting shot next to me.
Interviewer: *Morreu?* Did he die?
Anthony: *Morreu.* Ta no São Luís hoje. He died. He is in São Luís (cemetery).

Interviewer: *E você chorou, como foi?* And did you cry? How was it?
Anthony: *Não. Fiquei pálido. Não. Olhei pro cara, o cara só fez assim pra mim ó (põe o dedo na boca, em sinal de silêncio).* No, I turned white. No, I looked at the guy and the guy signalled me like (index finger to the mouth as a signal of silence).

Interviewer: *E você nunca falou nada?* And you never said anything?
Anthony: *Eu sei quem é o cara, mas nunca falei nada. E também nunca ninguém perguntou pra mim.* I know who the guy is, but I never said anything. Also, no one ever asked me anything.

Anthony's older brother explained how living in this neighbourhood meant taking matters into his own hands. He said that people did not talk to the police because the police never resolved anything. Instead residents of the neighbourhood resolved disputes themselves - like in the days of the Wild West. In the description that follows it can be gleaned that the lack of social protection is made visible by the lack of availability of essential services like the police, fire department and emergency medical services.

Anthony's brother proceeded to recall an incident when someone stole the radio out of his father's car. Within days after the theft three separate acquaintances got in touch with him to say that they knew who the man was and that they could take care of him if he wanted. His friend's exact words were: *"Se você quiser, a gente pega ele à noite e deita o cara.* If you want, we'll get the guy tonight and kill him for you." Apparently the thief lived in the same neighbourhood and had broken a trusted rule: one does not steal from poor people. In the end, none of the leads identified the perpetrator and he dropped the search. He also never contacted the police.

Violence against women

In the home, women were the principal victims of domestic violence. Growing up as a young person in a *favela* or periphery district is different from growing up in a middle class neighbourhood. Anthony's observations in the quotes below suggest that violence against women is something routine and normalised.

Interviewer: *O que você já viu?* What have you seen before?
Anthony: *Ah, tipo marido batendo na mulher, namorados batendo nas namoradas.* Well, like husbands beating their wives, boyfriends beating their girlfriends.

Interviewer: *Muitos?* Many?
Anthony: *Vários. Lá na minha rua é direto...* Several. In my street it happens all the time...

Interviewer: *É sempre à noite?* Is it always at night?
Anthony: *É. Sempre a noite. De dia, nunca tem nada, quem que vai sair de dia? Vive tendo som de rua e pagode, então quando eles voltam, eles voltam "bebão".* Yes, it's always at night. During the day there's never anything. Who is going to go out during the day? There are always street parties and pagode (type of music), and then when they get home, they get home "trashed".

Interviewer: *Sempre o cara ta bêbado?* Is the guy always drunk?
Anthony: *É. sempre bêbado. E no outro dia, eles tão juntos de novo. Eu acho que a mulher, é uma puta de uma sem-vergonha, por causa disso.* Yes, always drunk. And the following day they are back together. I think that women, are bitches with no self-respect because of that.

In his last statement Anthony is very clear about what he thinks about women who make up with their partners after an incident of violence. Interestingly enough Anthony never mentioned the violence experienced by his own family when he was growing up. His older brother recounted an incident where the entire neighbourhood was watching as his father was drunk and threw an ashtray at his sister.

Violence against young men

60% dos jovens de periferia sem antecedências criminais já sofreram violência policiais
há cada 4 pessoas mortas pela polícia 3 são negras
Nas universidades brasileiras apenas 2% dos alunos são negros
há cada 4 horas um jovem negro morre violentamente em São Paulo
aqui quem fala é primo preto mais um sobrevivente (Racionais MC's)
60% of youth in the periphery without criminal histories have suffered from police violence
Of four people killed by the police three are black
In Brazilian universities only 2% of students are black
Every four hours a young black man dies violently in São Paulo
This is a black cousin talking, another survivor (by Racionais MC's)

The above excerpt is taken from the Brazilian rap group *Racionais MC's*. It was a rap Dante chose to cite for the beginning of his first interview. This section is an introduction to the various ways in which young men experience violence and the threat of violence, both forms of vulnerability, in their communities. The descriptions narrate an abuse of authority and an excessive use of force and unjust criteria for selecting the victims. Although colour is scarcely mentioned in previous sections this section clearly demonstrates the disadvantages of being young, black and living in a low-income neighbourhood of São Paulo. The rap song above refers to the statistic that for every four people killed by the police three of them are black. In the excerpt below Dante recalls an incident where the police having had the choice to stop and search him, a young black man, or a young white man he was with, or both, chose to stop only him. At the end of the excerpt Dante alludes to the fact that racial profiling by the police is a practice that occurs with certain people turning a blind eye to it.

Interviewer: *Você já sofreu alguma violência policial?* Have you ever suffered from police violence?
Dante: *Muito... Muita violência, muito preconceito, entendeu? ...Teve uma vez que eu saí pra rua, lá que nem quando eu caí no 157, foi eu e outro alemãozinho junto comigo. Um menor que tava junto comigo era um alemãozinho branco, do cabelo loiro assim, meio pra cima assim tipo cabelo quadrado dos olhos verde. E o menor andando com duas quadrada na cintura e eu com uma quadrada em um oitão. O menor na minha frente assim é... nóis andando na calçado e os policial... os policial passou pelo menor e enquadrou só eu... entendeu... tipo assim, na obra não tem nada a ver mas esse neguinho aí ta fudido, entendeu? Na hora, eu tipo assim, porque eu não sou cagueta, eu jamais que vou caguetá um parcero, jamais vô levá o cara pra cadeia ... mas ele passou batido, meu. Passou batido, foi embora com dois revolver na cintura. E eu também tava com dois os cara enquadrou só eu e deixou ele embora.* A lot... a lot of

violence, a lot of prejudice, you know what I mean? ...There was one time I was on the street, this was when I was arrested for armed robbery (Article 157). It was me and another guy. This guy who was with me was white, with blonde hair in a kind of buzz cut, and green eyes. He was walking around with two revolvers in his belt and I had one revolver and an 8-caliber. The guy was sort of in front of me and... we were walking on the pavement and the police... the police overlooked the guy and only stopped me... you know what I mean... like, from the outside it looked like it was not related but the black guy (in this scenario) is fucked, you know what I mean? At the time, I was like, because I'm not a flinch, I would never flinch on a colleague, I would never make a guy go to prison... but he went unscathed, man. He went unscathed, and walked away with two revolvers in his belt. I also had two but the guys just stopped me and let him walk away.

Interviewer: *Você acha que essa é uma realidade, que isso acontece muito?* Do you think that it is a reality, that this happens a lot?
Dante: *Realidade cruel mano, realidade cruel. Tem muitas pessoa até de frente aí, vê e finge que não vê. Entendeu? Ou muitas pessoa até apóia.* A cruel reality, man, cruel reality. There are many people, even those in high positions, who see it and pretend that they don't see it. You know what I mean? Many people even support it.

In most interviews young men immediately associated violence in the community with violence perpetrated by the police. The institutionalisation of violence in Brazil is inherent in the existence of specialised police forces like the ROTA[1] in São Paulo and BOPE in Rio de Janeiro. Following is the excerpt from an interview with a young black man, a friend of Clesio's, who was caught by the ROTA.

Clesio's friend, 18 years: *Era com as mão... Uma mão [uma vez] a ROTA[3] me catou lá na Piraporinha, eles quase me matou, a ROTA...* It was with his hands... One hand (one time) the ROTA[1] caught me on Piraporinha and almost killed me, the ROTA...
Interviewer: *Você estava sozinho? Pegaram só você?* Were you alone? Did they only get you?
Clesio's friend, 18 years: *Não, tava, tava eu e mais outro menino... Eles quase me matou por causa de tatuagem...* No, it was, it was me and another guy... They almost killed me because of my tattoo...

Interviewer: *E o que eles falaram da tatuagem?* What did they say about your tattoo?

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[3]ROTA is the **First Batallion of the Riot Police "Tobias Aguiar".** According to the 2003/04 Manual of the Military Police of São Paulo their mission is "the control of civil unrest and urban guerrilla activities. It is executed by an ostensible motorised patrol called ROTA, which supports other batallions in preventing and repressing criminal activity by saturating policing in the regions with the highest incidences of criminal activity." Among the population of the periphery the ROTA are commonly referred to as the "Death Squad" of the São Paulo Military Police.

Clesio's friend, 18 years: *Eles perguntou se o barato era de cadeia, eu falei que não era, que foi feito em casa... Aí eles começou a me chamar de bandido, queria dar o revólver pra mim segurar, só que se eu tivesse segurado, eles tinha me matado...* They asked me if the "roach" was from prison, I said that it wasn't, that it was home-made... Then they started insulting me by calling me a criminal, they wanted me to hold a revolver, but if I had held it, they would have killed me...

In FEBEM-SP, on the other hand, the use of force was more frequent and most of all more arbitrary than in the community. Clesio describes how while in FEBEM-SP he was routinely abused and humiliated.

Interviewer: *E na FEBEM-SP?* And in FEBEM-SP?
Clesio: *Ah, na FEBEM-SP você sofre só violência assim, porrada mesmo... é que você pisava, eles te arrastavam e te batiam...* Oh, in FEBEM-SP you only suffer from that kind of violence, real beatings... wherever you set foot, they find you and beat you...

Interviewer: *Humilhação?* Humiliation?
Dante: *Você é tratado como animal, entendeu? Até uma pergunta que eles faz se você responder errado você toma tapa na cara.* You are treated like an animal, you know what I mean? Even for responding to a question incorrectly you get slapped in the face.

All of these incidents of violence describe clashes with official authority represented by men in uniform: the police or the system for young offenders. Many of these young men (including young men in full-time FEBEM-SP training centres) would have grown up in households with very little contact to male authority. Their encounters with official authority therefore serve as a brutal reminder that they represent the underclass of Brazilian society: young, poor, black, and male.

Education and Employment

Schools

In Brazil, basic education is divided into primary school (year 1 through 4), middle school (year 5 through 8) and, high school also known as *collegio* (year 9 through 11). In general, pupils start year 1 between the ages of 6 to 8. In order to keep up with demand, school attendance is limited to four hours either in the morning, afternoon, or at night. The night session is popular with those students who work during the day. The school year runs from March until November with

a 3 month summer holiday over New Years and Carnival. In the case of unsatisfactory progress, pupils have to repeat the year. It is not uncommon for students to repeat the same year multiple times, as was the case for Beno who repeated year 2 twice before passing. At the time of the interviews, only 15 year old Gustavo was enrolled in school. He had just successfully completed year 7 after having repeated it three times. All others had interrupted their education. Dante and Clesio had both stopped in year 7 and were enrolled for year 8 in the coming year. Beno was trying to get enrolled for year 3, and Anthony had already completed year 8 but he said he was taking a break from school in order to take vocational courses and recover from surgery.

Beno and Gustavo had both been repeatedly excluded from school, and both had been expelled from school twice. In each case they had physically attacked or insulted school staff after being singled out. Outside of class room Beno and his friends fought for money. Gustavo's disruptive behaviour and lack of interest in school is illustrated in the quote below.

Interviewer: *E bom, agora, me diz umas coisas, quando você estava na escola, como é que era?* That's good; now tell me a few things. How was it when you were in school? What was it like?
Gustavo: *Era legal, eu bagunçava bastante...* It was great! I had a lot of fun.

Interviewer: *Como que era essa bagunça que vocês faziam?* What kind of fun would you be involved in?
Gustavo: *Ah, quebrava cadeira, lâmpada. Aí, quebrava as portas, do banheiro, da sala mesmo.* Oh, we would break chairs, lights. Then we would break doors, in the bathroom and in the class rooms.

Interviewer: *Vocês quebravam tudo, assim. E ninguém falava nada, como é que era?* You would break everything and no one said anything? Tell me more.
Gustavo, 15 years: *Ah, acho que não. Acho que os professores tinha medo também, aí não falava nada...* Oh, I don't think they did. I think the teachers were too scared so no one said anything.

In Gustavo's case the teachers may have been too scared to say anything but his behaviour most likely reflected negatively on his ability to pass his grade. Earlier in the interview he revealed that he repeated year 7 three times before passing this year. Incidentally, his trouble in school directly coincided with his

moves from his biological family to his adoptive family. His successful completion of grade 7 may be in part attributed to the fact that he was living with his adoptive sister and her husband since the beginning of the school year.

Dante on the other hand had always been a good student in school where he said he was quiet and attentive. His family was very encouraging of him returning to school which he planned to do in the new school year. Dante's father showed great interest in his son's education and professional development. At the end of the interview he even asked the interviewer if it would be possible for RAC to give Dante a job.

Dante's father: *Eu só gostaria ... saber não sei de você jovem, ou o RAC, RAC né? Depois esses garotos passam por todo esse processo de educação, lá dentro lá com eles, você sabe me informar se não havia a possibilidade dessa sociedade, desse trabalho que chama RAC... não dá um tipo de emprego...* I would only like to know, I'm not sure, from you or from RAC, probably RAC, after the boys go through all that education there with you. I would like to know if there is the possibility for this organisation called RAC.. to offer them a job...

Gustavo is very much influenced by his immediate environment. He enjoys the attention he receives as an only child living with his adoptive family. They take an interest in his life, including his friends, and got him interested in the church. In contrast, at his mother's house in the *favela* he lacks structure and attention and thus easily succumbs to the negative influences surrounding him. It is hard to tell whether parenting or neighbourhood factors were more important in Gustavo staying out of trouble while he was with his adoptive sister. Gustavo did mention that he would steal so his mother wouldn't have to provide for him. The social mobility in his adoptive family suggested that he was supplied with his basic necessities.

Interviewer: *E como que era, assim, sua vida no crime?* What was it like, your life in crime?
Gustavo: *Ah, assim, é normal assim. Você... você usa uma droga, rouba, faz um monte de negócio aí. Sempre tem um amigo pra você fazer uma saída pra roubar...* Eh, it was normal. You... you use drugs, steal, get involved with a bunch of other things. There's always a friend who will go out and steal with you...

Interviewer: *Mas então você saia de lá e vinha pra cá?* So you would leave there (adoptive family) and return here (*favela*)?
Gustavo: *Não, quando eu estava lá eu parei.* No, when I was there I stopped.

Interviewer: *Sei.* I understand.
Gustavo: *Só quando eu estava aqui que eu fazia esses negócios assim.* Only when I was here (*favela*) I would do these things.

Interviewer: *Então é bem assim, você acha que é bem do lugar onde você está, assim.* So it's related. Do you think it had to do with the place you are in?
Gustavo: *É, bem do lugar.* Yes, it had to do with the place.

Employment

Financial necessity at home exerted a pressure on young men to engage in education and employment at the same time. For most employment became the substitute for education. However, lack of educational qualifications and experience meant that fierce competition for scarce jobs left them few choices. Those who worked were exploited. Many jobs required long working hours for low pay. For example, Beno was working part-time in a mechanic shop in order to pay off the remaining instalments on his scooter. He was earning R$50 (£10) a month. Being an office boy, a job Anthony had had for two years, was a profession that many young men dreamt off. Assisted by his adoptive parents, Gustavo started working as a paid animator in the church's youth group.

However minimal earnings eased the pressure on mothers to provide for clothing and other necessities. For some of the young men, like Beno and Gustavo, illegal activities supplemented income from legal jobs. Others worked in illegal jobs full-time. For Dante working in the drug trade was dangerous but highly lucrative. He had worked as the manager of a local drug operation. Unemployment was a hallmark among older young men like Clesio. Lack of job opportunities meant that he spent most of his days watching TV, listening to music, and receiving visitors at home. Twice a week he would venture to RAC to participate in the Hip Hop group.

Figure 6 The RAC Building from the front

Figure 7 View from the RAC building in the back

Criminal Activities

Four young men (all except Anthony) had had some criminal involvement. Dante had had a successful career as a drug dealer and thief as is evidenced by two arrests and one full-time training order in FEBEM-SP in 2003. Dante grew up as the youngest of 11 children in the *favela* of Real Parque, a shanty town neighbouring Morumbi, one of the most exclusive neighbourhoods in São Paulo. In the following quote he describes what it was like for rich and poor to live so close to each other.

Interviewer: *Essas mansões... elas estão ali do lado da favela... como é que vocês vêem isso... esse lugar que é tão próximo mas ao mesmo tempo... [interropendo]* Those mansions... they are right next to the favela... how do you feel about that... this place that is so near to you but at the same time... [interrupts]
Dante: *...Os rico ali não abre a janela pra olhá a favela... agora a gente lá da favela sem querer olha os prédio porque é tudo do lado... mansão, só os carrão blindado... E o pobre lá pagando o maior veneno.* ...The rich people over there don't open the windows facing the favela... but for us living in the favela, without wanting to, we have to look at their buildings because they are next to us... mansions, only big cars with tinted windows... and next to that poor people struggling.

This quote describes how he first got involved in criminal activities:

Dante, 17 years: *Então eu comecei me envolver com o tráfico, com 11 anos de idade comecei a usar droga, fumava um baseado, cheirava uma cola... aí com 13 pra 14 comecei trampar na biqueira, com 14 pra 15 comecei a roubar, com 15 anos fui preso aí saí... Com 15 anos voltei a trampar na biqueira, com 16 anos saí pra roubar, caí de novo e hoje em dia eu to sossegado.* Well I started to get involved with trafficking. At 11 years I started using drugs, I would smoke pot, sniff glue... then from 13 to 14 I started selling drugs, from 14 to 15 I started stealing, and at 15 I went to prison (FEBEM-SP) and got out again... At 15 I returned to selling drugs, and at 16 I went out stealing, I went to prision again - now-a-days I stay out of trouble.

Dante worked himself up the hierarchy and became a manager of the local drug operation. At 14 he moved out of his mother's house and bought himself a small shack for R$ 5,000 (£1,250). He said he was making good money by selling drugs. During his second stint as a drug trafficker he met his first serious girlfriend. She also worked as a drug trafficker. They had an intense relationship, they lived together, and Dante helped her to get off drugs. However, a few months later

his girlfriend was murdered by members of the drug cartel. Dante said it was for personal reasons. She was only 14 years old at the time. Because Dante avenged her death he decided to leave Real Parque and move in with relatives in the Zona Sul. This was when he first made contact with RAC. He spent one year on *liberdade assistida* and six months working off community service. After one year and 9 months away Dante was preparing to move back to his neighbourhood in Real Parque.

In December 2005, in the midst of the case study interviews, Beno was arrested for stealing a scooter in his neighbourhood. As this was his second arrest he spent one month in temporary training (*Unidade de Internação Provisoria*) and was finally ordered to residential unit No. 10 in FEBEM-SP Tatuapé for six months to three years. The research team maintained contact with Beno and visited him twice before the end of the study in February 2006. Beno contacted the research team after his release in June 2006. His training order had been for six months.

Figure 8 A street scene in Jardim Ângela

Sexuality

Young men had different ways of expressing their sexuality. Sexual experience was not related with age. At the age of 15 years Beno had been seriously dating an 18 year old woman for almost a year. Similarly, Dante had been in a series of serious relationships. At the other extreme there were Anthony and Gustavo who were both sexually inexperienced. Anthony's inexperience was a conscious choice as is illustrated in the following quote:

Anthony: *Depois que eu começar a ter minhas responsabilidades. Arrumar um emprego. Começar a querer namorar. Enquanto isso, eu quero brincar.* Later once I've taken on responsibilities like looking for work I will want to start dating. In the meanwhile, I want to play.
Interviewer: *E você vai começar a fazer tudo isso quando você tiver quantos anos?* And at what age exactly will you start to do all of this?
Anthony: *Lá pra uns 18, 19 anos, ta bom. Mas enquanto isso eu quero bagunçar.* At around 18 or 19 years it'll be good. But in the meanwhile I want to have fun.

Lack of current relationships however, had nothing to do with a lack of interest in girls. Much of their lives revolved around girls. Gustavo said that he and his friends would wait outside school in order to meet girls. Being popular with girls had to do with status symbols and money. Dante who appeared to be popular with girls had somewhat of a "gangster" image. He dressed in baggy clothes and wore many gold chains. He called his dress sense, attitude, and outlook on life "*sujeto homen*" or "manly subject". Several of the young men confirmed that they too were very popular with girls and that their popularity led them to have many concurrent sexual relationships. Anthony had another explanation of what girls wanted.

Anthony: *Hoje em dia, aqui na região, quem tem moto, tem tudo. Quem tem moto tem menina, quem tem moto tem amizade, quem tem moto tem tudo... Moto é sinal que a menina não vai andar a pé..* Now-a-days in this area, if you've got a scooter you've got everything. If you've got a scooter you've got girls, if you've got a scooter you've got friends, if you've got a scooter you've got everything... A scooter is a sign that your girl won't have to walk on foot.

In the focus group discussion with young women, informants associated a man with a scooter with the desire to "be taken away from it all". In Brazilian culture

proper girls "*meninas de famila*" do not hang around in the street. Mothers and brothers are vigilant about protecting their sister's and daughter's reputation and honour. In this study Beno was the only young man who owned a scooter.

Anthony furthermore suggests that young men in the neighbourhood have a preference for older women. This fact was confirmed by Beno who was dating an older woman and Dante who was proud to announce that the oldest woman he had ever "pulled" was 28 years old.

Anthony: *...Mas é rotina dos meninos aqui: nunca catar mulher mais nova.* It's routine around here to never pull a younger woman.

Interviewer: *Por que?* Why?
Anthony: *Porque eles falam que ta alimentando a menina, ta criando a menina.* Because they say that you are feeding a girl, you are raising a girl.

Interviewer: *Então as meninas mais novas nunca têm vez?* So young girls never have their turn?
Anthony: *Tem vez só para os que têm a idade delas, que são mais novos que elas.* They have their turn with those who are the same age or who are younger than them.

Interviewer: *E por que gostam de meninas mais velhas?* And why is it that they like older girls?
Anthony: *Pros meninos, eles falam que as mais velhas são mais experientes, elas não ficam falando baboseira. Então, é sempre as mais velhas.* For the boys, they say that older women are more experienced, they don't talk nonsense. Therefore it's always the older ones.

Despite the varying degrees of sexual activity, young men exhibited very little knowledge about sexuality, reproductive health and STI/HIV prevention. For example, Beno never learnt much about sexuality at home. His mother said that she talks to her girls about sex. For the boys there was merely a strict warning.

Beno's mother: *Ói, cê pode namorar, trazer sua namorada dentro de casa, só que a única coisa que eu não quero ...que trepe dentro da minha casa. Falei: Não faça a minha casa um motel.* Hey, you can have dates, and bring your girl home with you, but the only thing I don't want... is for you to screw her in my house. I told them: Don't turn my house into a motel.

Sexual debut

Most of the young men had their first sexual experience between the ages of 10 and 12 (Table 11). Some reported that they had sexual partners that were older, others were the same age. After sexual debut sexual activity was sporadic in most cases but not all. Beno and Dante reported that they had been with approximately 30 life time sexual partners. Clesio did not specify a number but he also reported that he had been with many women.

Besides sexual intercourse, the most common form of sexual experimentation was "making out" (*ficar*) with girls at social occasions. *Ficar* generally involves French kissing and may involve more intimate body contact where both parties remain with their clothes on. Everyone including Anthony and Gustavo reported "making out" with girls on a regular basis. The places to meet girls were at neighbourhood street parties, house parties, youth club parties organised by the church, concerts, night clubs, and after school.

Table 11 Overview of sexual risk profile

	Beno	**Anthony**	**Dante**	**Gustavo**	**Clesio**
Age (years)	15	16	17	15	19
Reported age at sexual debut	11	n/a	10	n/a	12
Reported age of partner at sexual debut	12	n/a	NK	n/a	12
Reported condom use at sexual debut	Yes	n/a	Yes	n/a	No
Reported number of lifetime sex partners	30	0	30	0	"many"
Reported current girlfriend	Yes	No	No	No	No

The focus group with young women suggested similar patterns. Those who had a strong affiliation with the church wanted to wait for sexual activity until marriage. One 16 year old was waiting for the right moment and two others had had their sexual debut at approximately 12 years of age. Similar to the young men, sexual intercourse was sporadic but "making out" was very common, even for the religious girls. Two of the young women recounted several incidences where older men had propositioned to buy them things or

take them places in exchange for sexual favours. These men were usually people they knew, like in one case the ex-boyfriend of an older sister.

For Dante and Beno risk assessment of a girl was likened to their "reputation" in the community. In Dante's opinion the worst kind of girl, one not to be trusted, is a *menina roda banca* (literal meaning a girl who gets around). With these girls he will always use a condom. The following excerpt explains the jargon *roda banca* (passed around the bench).

Dante: *... tem uma banca ali... cinco ou seis cara... passou uma mulher aí o maluco fala: aí, já catei essa mina aí... aí o outro fla, ah, já catei também... aí o outro já catei, já catei... todo mundo já catou, então ela rodou a banca ali... que todo mundo já ficou com ela já...* There's a bench over there... (with) five or six guys... a woman passes and the first guy says: Yup, I've pulled this girl... then the other guy says: I've pulled her, too... and the others: me too, me too. Everyone has pulled this girl, therefore she's been passed around (the bench)... because everyone has been with her already...

According to Dante the opposite of a *roda banca* is a girl who can abstain from sex for two to three weeks at a time.

Based on the FGD with young women, the criteria for assessing a man were based on honesty and sincerity. Most mothers advised on staying away from men with a history in FEBEM-SP or prison. There was even a term for it "*carceiro*" (someone who has been incarcerated). The characteristics that mattered to girls were whether the man had a job and whether he was honest about his interest in them. Also a scooter or car didn't hurt their case.

Because of his contact with *roda bancas* Dante estimated his condom use at 50% of the time.

Interviewer: *Dessas trinta vezes de você falou, dessas trinta pessoas, você tem idéia de quantas vezes você usou camisinha?* Of the thirty you spoke about, of the thirty people (you have had sex with), do you know with how many of them you used a condom?
Dante: *Mas quinze, metade... metade eu usei camisinha, metade não.* About fifteen, half (of them)... (with) half I used a condom, the other half not.

Interviewer: *E por quê você não usa?* And why don't you use them?
Dante: *Porque tipo assim eu não tenho costume, entendeu? Não tenho costume, entendeu e também porque pra mim é um barato que... eu sei que pra mim ta evitando ta me garantindo muita coisa ali, pra evitá doença... eu sei ta me ajudando em muitas coisa mas também ... não tenho prazer (voz mais baixa).* Because I'm not used to it, understand? I'm not used to it, understand? And also because it's a pain for me... I know that it's preventing, guaranteeing many things, to prevent disease... I know it's helping me with a lot of things... it doesn't give me pleasure [lowered voice].

Dante does not agree with the use of contraception. Neither he nor Beno liked the idea of preventing pregnancy. The following quote illustrates why.

Interviewer: *Você já usou algum tipo de método para evitar que sua parceira ficasse grávida?* Have you ever used a method to prevent your partner from getting pregnant?

Dante: *Não. Nunca usei e nunca gostei disso também. Eu acho que assim... eu tenho um relacionamento com a mina e é o seguinte eu gosto de deixar bem claro... fia, se ta comigo, então é o seguinte... Fia, no dia que eu engravidá e você tirá o meu filho você vai arrumar trata comigo... Ah, por que? Porque é o seguinte, independente deu ta com veneno ou não passando necessidade ou não um filho pra mim é um presente de deus... então não importa a hora que ele vem... a hora que vem está sendo como um presente, então é o seguinte o dia que você tirar o meu filho eu te pego rapaiz. Te pego porque você não ta tirando só uma vida você ta tirando o fruto de uma árvore. Você ta tirando uma vida de uma anjo aí..* No never and I never liked them either. For me it's like this... (if) I'm in a reationship with a girl, it's like this. I like to make it very clear... Girl, you are with me, therefore it's like this... Girl, the day you become pregnant and get rid of my child you are in big trouble... Why? Because it's like this, regardless of whether I'm poor or not or in need of help or not, a child to me is like a present from God... therefore it doesn't matter when he/she comes... the hour it comes is like a present. Therefore it's like this, the day you get rid of my child I'll track you down. I'll track you down because not only are you getting rid of a life, you are (also) taking fruit from a tree. You are taking the life of an angel...

What Dante suggests with this quote, is that on his part, every unprotected sexual relationship is a conscious choice for impregnation. The desire for fatherhood was confirmed in almost all interviews. However, none of the young men in the study sample reported that they had fathered any children yet.

The young women from the FGD also had the desire to become mothers but for them it was something they wanted to happen when they were older such as in their early to mid twenties.

Example of a steady relationship

Beno had been involved in a steady relationship with his girlfriend, Ana, for about a year. He said that after his adoptive grandmother, Ana was the closest person in his life. Ana had been responsible for a number of positive changes in his life. Ana was currently using contraception but Beno would not mind if she got pregnant. Interestingly, Beno was unaware of the fact that Ana had been on oral contraceptives for several months. In the excerpt below Ana explains why she does not want to get pregnant.

Interviewer: *Cê bebe remédio? O que que é beber remédio?* You drink* medicine? What does it mean to drink medicine?
Ana, 18 years: *Ah, pra não ficar grávida, porque não quero filho agora. Se depender de filho, pra mim (faz som indicando negação). Eu não quero não. Ele falou que queria que eu desse filho pra ele. Falei: Tá louco, fio! Dezessete anos e grávida?! Sai fora! Estragar a minha vida agora?! Dependendo de mim, quero ter meus filhos lá pros vinte e dois anos, vinte e três. Eu morando numa casa que é minha mesmo, entendeu? (...) pagar aluguel porque aluguel só é dinheiro jogado fora. Eu quero uma casa que seja minha (...) morando porque, quando eu tiver meu filho, preferível ter uma casa minha que eu, pagando aluguel, vai acontecer alguma coisa que vou parar no meio da rua.*
Oh, its to prevent pregnancy, because I don't want a child right now. To be dependent on a child, for me [makes negating sound]. I don't want one. He said that he wanted me to give him a child. I said: You're crazy, boy! 17 years and pregnant?! Get out! Spoil my life now?! Depending on me I want to have my children when I'm 22, 23 years old, living in my own house, understand? (...) pay rent because paying rent is just money thrown out of the window. I want a house that is mine (...) to live because, if I had a child, I would prefer to have my own house rather than paying rent. If anything were to happen I wouldn't be out on the street.

Both of them were very shy during the part of the interview about sexuality so much so that the interview with Beno had to be stopped. When the interviewer asked him why he was uncomfortable he responded that this type of information was private. It seemed as if he had never spoken to anyone about the details of his sexual life. Nevertheless he reported that he has had about 30 lifetime sexual partners. Possibly due to his religious upbringing as a born-again Christian and his lack of schooling, Beno had a fatalistic attitude towards

*The interviewee uses the expression to drink medicine versus to take medicine which is an unusual use of this verb in Portuguese. The choice of this verb may be vernacular or suggest a kind of indifference to the act of taking medicine.

diseases. He did not believe that diseases could be averted by preventive behaviour.

Sexual violence in FEBEM-SP

No one admitted to experiencing sexual violence. However, Clesio and his friend Kleber provided some personal insights about why and how sexual violence happens in FEBEM-SP. Each of them had spent less than one month in full-time training.

Clesio: *Porque os cara, vamos supor, lá os cara não tem acesso à mulher, assim, entendeu? Os cara... [vo]cê chega lá, você tá é no meio de... você senta assim no pátio, assim, no meio de... 500 cara, assim, tudo no pátio, assim, ninguém sabe quem é quem ali... Aí tem maluco que perde a cabeça e cata o outro lá de quebrada lá, aí só lá dentro, entendeu? [faz gestos com as mãos, simulando um estupro] Aí, igual, faz mulher, faz o cara de mulher lá, o cara... vichi! Muitas coisas assim...* Because the guys, let's suppose, the guys there don't have access to women, understand? The guys... you arrive there, you are in the midst of... you sort of sense in the patio, like, in the middle of... 500 guys, like, the whole patio, like, no one knows who the other one over there is... Then there's a crazy one who loses his head and pulls the other who is from his neighbourhood. This only happens inside, understand? [gestures with his hands simulating rape]. So, same as, he makes a woman, inside he turns the guy into a woman... damn! Things like that...

Interviewer: *Ah, faz o cara de mulher?* Oh, the guy is made into a woman?
Clesio: *Faz o cara de mina, lá dentro!* Yes, the guy is made into a girl inside.

Interviewer: *E esse que é feito de mulher, ele é visto como mulher, depois também assim? Ele é considerado... [interrompendo]* And this thing of being turned into a woman. Is he seen as a woman afterwards? Is he considered... [interrupts]
Clesio: *Ah, ele é visto como mulher, sim! O cara sexual*[4]*, assim, entendeu? O cara, acho que lá dentro lá, se o cara não tem atitude, o cara muda de sexo assim, entendeu? Num vira, eu acho... mais homem, se torna só ser humano, isso é que é viver [dentro da FEBEM-SP].* Yes, he is seen as a woman! A sort of (homo)sexual guy, understand? A guy, I think that if a guy has no attitude inside it's like he changes his sex, understand? One (of them) becomes, I think... more masculine. He turns into a human being. This is what it means to survive [in FEBEM-SP].

The code of silence that surrounds sexual violence is illustrated in the excerpt below.

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[4] The interviewer uses the term sexual to refer to homosexual.

Interviewer: *... Você acha que os garotos que sofreu algum abuso sexual, eles não comentam, não falam com ninguém?* ... Do you think that the guys who suffered from sexual violence don't comment on it, don't talk about it to anyone.
Kleber: *Eles não comentam. É difícil eles falar.* They don't mention it. It's difficult for them to talk.

Interviewer: *Por quê? ...* Why? ...
Kleber: *É que o negócio é tipo uma cicatriz, entendeu? Tipo, se ele... criaria assim na cabeça acima, esse negócio nunca passa entendeu? Sempre vai ficar se lembrando...* Because the thing is like a scar, you know what I mean? Like, if he... were to create it in his head, the thing would never go away, know what I mean?

According to both young men, there are FEBEM-SP staff that are aware of these violent sexual acts as described in the quote below.

Interviewer: *Os funcionários sabem dessas coisas?* Do staff members know about these things?

Clesio: *Ah, tem funcionário que sabe, sim! Igual tem muleque que chega lá, já chega e pede seguro pros funcionário, né? Porque ele sabe que o negocio, tipo vai ficar feio pro lado dele, aí ele fica logo do lado do funcionário, mas tem uns que não dá mole e tal, aí ele se perde lá dentro, chega na madrugada os cara cata ele, os funcionário não quer saber de nada não, mano... Os cara falam: "Não, vão tudo se fuder, vocês fizeram o crime, taí pra pagar!"...* Yes, there are staff who do know! The same when there's a guy who arrives inside, he has just arrived and asks staff to be put into a secured unit, right? Because he knows about the business, it will turn ugly for him, and from the beginning he stays close to staff. But there are others who don't protect themselves, and he loses himself inside. Comes dawn the guys pull him. Staff members don't want to hear nothing about it, man... They say: "No, you all fuck yourselves, you commited a crime, you are here to pay!"...

These excerpts provide examples of the circumstances surrounding sexual violence and concepts of masculinity and femininity in FEBEM-SP. Clesio describes the process of transformation of a young person who "lacks attitude" into a "woman" or *cara sexual (homosexual guy)*. He also notes that the transformer remains unchanged in his sexual orientation, a common phenomenon ascribed to Brazilian sexuality by Parker and colleagues. He goes on to suggest that in a single-sex environment one party becomes manly or "human" and that is what it means to survive in FEBEM-SP.

The existence of a code of silence suggests that these acts are associated with shame and taboo for both parties involved and also for third parties (FEBEM-SP staff) who become aware of it.

Summary of findings

The five index cases were chosen based on age, family composition, relationship status, and rapport with the interviewer. The young men who were interviewed exhibited multiple and interrelated vulnerabilties. Lack of material resources, multiple children, and lack of support forced some mothers to send their children to live with adoptive families. One young man was undergoing growth therapy as a result of the malnutrition he suffered as a baby. For young men participating in this study, adoptive parents were a positive influence. In one specific case, strict parental guidance made a dramatic difference to school attendance and risk behaviour. When kin guidance was lacking, neighbourhood influences and peer pressure from friends led to smoking, drug use, other illegal activities, and sexual risk taking.

Because of financial constraints and life circumstances, employment was substituted for education in most cases. Employment ranged from casual jobs to illegal activities often involving drugs and weapons.

The interviews suggested that mothers lacked the initiative to engage in their son's lives. Lack of parental affection and guidance was related to truancy in school, involvement in illegal activities, and low self-esteem. Shortcomings from parents could be overcome by attentive adoptive parents, and older siblings or girlfriends who had a substantial impact on young men's attitude to life.

There was a distinct absence of positive male role models in the lives of the young men. Negative perceptions of male role models were reinforced by the actions of police and staff members in FEBEM-SP. Violence was ubiquitous in the lives of young people.

The community organisation RAC provided an opportunity for young men to be empowered and guided in a supportive environment. Case workers addressed a whole range of needs: family support, education, employment, violence, and sexual relationships. For many of the young men it was the first time that they had really been listened to by an adult. Parents were also encouraged to participate but many of them were absent.

Sexual vulnerability was characterised by early sexual activity, severe lack of information on sexuality, and a desire for children. In FEBEM-SP, sexual activity was associated with sexual violence with some young men having (usually unwanted) sex with other young men, involving the transformation of the weaker party into "the woman". Sexual violence in FEBEM-SP was protected by a code of silence.

In conclusion, the analysis of case studies does not allow for a ranking of vulnerabilities. However, it seems that family cohesion and involvement with the church may influence the delay of sexual initiation and the lack of involvement in illegal activities. The analysis also suggests that being Afro-Brazilian is an important aspect of vulnerability.

Chapter 6: Findings from the Institutional Analysis

This chapter summarises the findings from the institutional analysis which was composed of three separate activities: site visits to a range of training units in the City of São Paulo, focus groups with FEBEM-SP staff, and the Knowledge, Attitudes, and Practices (KAP) survey of Sexuality and HIV and AIDS Prevention among FEBEM-SP staff in three separate FEBEM-SP institutions (see Chapter 4). The research questions to be answered by the institutional analysis were:

What is the ability and preparedness of FEBEM-SP staff members to address the vulnerabilities faced by young men in conflict with the law?

d. What are FEBEM-SP staff members' knowledge, attitudes and practices related to sexuality and sexual and reproductive health and HIV prevention?
e. What are staff members' attitudes towards racial and ethnic inequality?
f. What are staff members' levels of gender equity?

The aim of the institutional analysis was to get a sense of what a potential sexual and reproductive health programme within FEBEM-SP should consist of. The first step in the analysis was to examine how FEBEM-SP staff functioned within institutional structures, what their roles and responsibilities were, and which factors significantly impacted on their daily routines. The second step in the analysis was to quantify levels of knowledge, assess opinions, and document institutional practices specifically related to sexuality and STI/HIV prevention. Other important issues such as violence and racial discrimination were also explored.

Findings from Focus Group Discussions in FEBEM-SP Tatuapé

Four separate FGDs were held with FEBEM-SP employees in one maximum security residential unit in FEBEM-SP Tatuapé. One guided discussion per

occupational group was held with security agents, educational staff, caseworkers, and senior technical managers. The results are presented under six central themes: roles and responsibilities, working conditions, security concerns, repercussions of stress, violence among young men, and dealing with male sexuality.

The first FGD was composed of six white, male security agents aged 21 to 39 years. The majority had less than a high school education (4 completed year 8). Half of the group was married with children, while the other half was either single, divorced or widowed. All but one lived in the Eastern Zone of São Paulo. The educational staff members in that FGD were made up of four men and two women. Two were aged between 50 and 69 years, the others were in their late 20s to early 30s. One male and one female participant appeared to be Afro-Brazilian. In contrast to security agents, all educational staff members had some level of university education (4 completed, 2 studying). Half of the group was single, the others were either married or divorced. One woman and two men had children. All security agents and educational staff members who participated in the FGDs were employed on 6-month temporary contracts.

The FGD with case workers included six women and two men. The men were single and white. Half of all women were single. Only married women had children. They were aged between 35 and 59 years. All women were white except one who was Asian. All case workers were full-time, permanent government employees with two or more years of experience in FEBEM-SPs. Two women had more than 10 years of work experience in FEBEM-SP.

The FGD with technical supervisors included three women: two psychologists and the educational co-ordinator. All of them had university degrees. They were full-time, government employees with more than four years of experience in FEBEM-SP. Two white women were married with children. The Afro-Brazilian woman was single.

FGD participants represented a range of socio-demographic backgrounds and ages. The majority were white and educated to a degree-level. Afro-Brazilian staff members were only represented among educational staff and technical supervisors.

Roles and responsibilities

Four main job categories emerged.

1. Security agents worked in daily and direct contact with young men on the "*patio*". The *patio* is the courtyard located in the centre of the training unit. It is the centre stage for most interactions between staff and young men. The security agent's main responsibility is surveying and maintaining order within the unit.

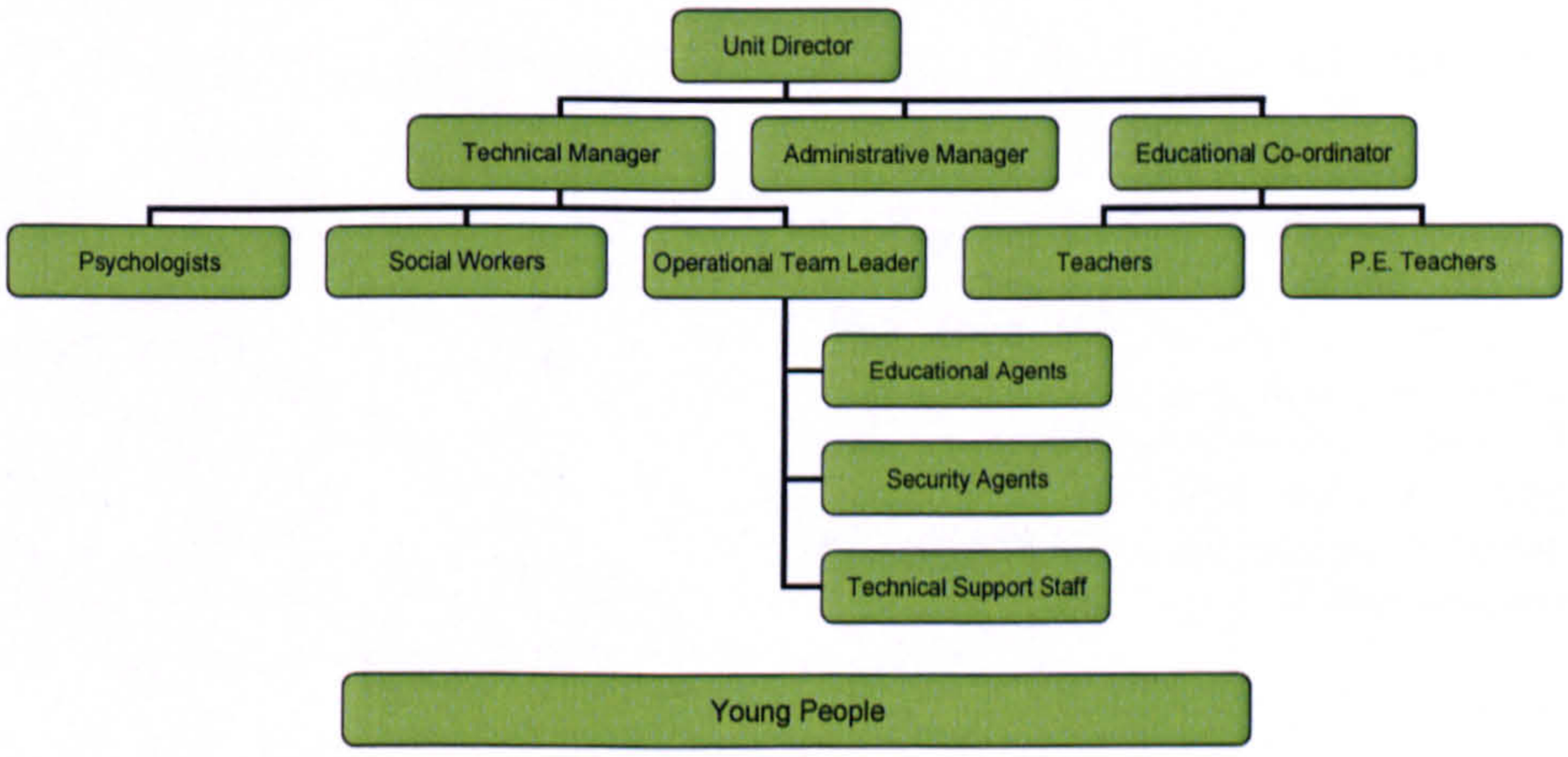
2. Caseworkers are trained psychologists or social workers. They are also referred to as technical staff. Their main responsibility is to attend to the psycho-social well-being and document the progress of young people under the care of FEBEM-SP. In this particular unit where the FGDs took place, caseworkers were located in an office adjoining the *patio*. They only entered onto the *patio* in order to conduct their weekly counselling sessions with young men. The role of caseworkers is complemented by educational support staff.

3. Educational staff worked alongside security staff on the *patio* and in class rooms. Educational staff in this particular unit were divided into two categories; teachers and educational assistants. The new job category of educational assistant was introduced in spring 2005. Teachers were responsible for delivering academic lessons in their chosen subjects, whereas educational assistants were responsible for chaperoning young men to and from class rooms, leisure activities, and counselling sessions with caseworkers.

4. Senior technical managers supervised the work of caseworkers and educational staff.

The reporting structures in a fully-staffed training unit are depicted in the organogram in Figure 9. Educational staff, teachers and educational assistants, report to an educational co-ordinator. Caseworkers report to a technical manager. Administrative staff report to an administrative manager. Security agents report to an operational team leader who reports to the technical manager. All managers and the educational co-ordinator report to the unit director.

Figure 9 Staffing Structure of a Residential Unit



It is important to note that the organogram does not capture the importance of the operational team leader. Although reporting to the technical manager, the operational team leader controlled the safety of the entire training unit. This is because operational team leaders controlled the *patio* and the dormitories;

they were the liaison between young people, the unit administration and the outside world. In addition, and not depicted in the organogram, there is a separate technical division (divisão tècnica), composed of senior technical managers, who oversee and co-ordinate the technical work of individual training units.

The discussions revealed that staff members assumed many roles and responsibilities outside of their main jobs. There was an unclear division of labour among the different occupational groups. Many staff members said that they had not been given a clear job description when they started working in FEBEM-SP.

In addition to these generic roles, all occupational groups performed a range of additional activities. The majority of security agents and educational staff said that their job required a lot of talking to young men. This was especially true for male security staff. For many of the young men, who grew up in female-headed households, these were rare opportunities to interact with adult males.

***Male security agent, 26 years**: Muito do nosso trabalho é conversar com o menor. Eles, por serem crianças ainda de certo modo, eles tem umas idéias que não respondem ao que a sociedade espera. Tem que conversar, dar um incentivo para eles melhorarem, para não ficar pensando só no crime. Não que isso resolva mas a gente tenta. A gente conversa muito.* Much of our work is to talk to the minor. They have, because in a certain way they still are children, ideas which do not correspond with society in general. We have to talk to them, give them incentives to improve their lives so they don't continue to just think about a life of crime. Not that this resolves anything but we try. We talk to them a lot.

In this quote one security agent describes what could be called the psychological component of his job. Throughout the FGDs many security agents confirmed their roles as informal mentors to the young men. They listened to them, talked to them, and encouraged them to think about their future. This was also true for educational staff.

The majority of caseworkers on the other hand, who were trained to mentor and counsel young men, felt that the immense administrative burden of filing progress reports prevented them from having enough regular contact with young men. Caseworkers were very vocal about their dissatisfaction with the institution. Low technology bureaucratic procedures, overcrowded training units, and high turn-over of young men meant that they were unable to keep up with the administrative demands of filling out forms and preparing reports. The administrative burden was so intense that many of them felt that filling out forms was all they did.

There was constant pressure from managers to produce judicial reports and hold mandatory counselling sessions with young men. However, caseworkers reported that management was not concerned with the quality of the counselling sessions. Some of them saw individual young men for as little as 15 minutes per week. Caseloads could reach as high as 15 young men per worker.

At the same time, young men complained about the lack of attention they were receiving from their assigned caseworkers. However young men generally had high respect for their caseworkers because they were the ones that produced the reports that determined their release. Caseworkers felt pressure from all sides, management, young men, and from themselves for not being able to attain a standard of work they could be happy with. The frustration experienced by one caseworker is illustrated in the quote below.

Female caseworker, 35 years: *Muitas vezes o adolescente exige muito um atendimento técnico que deveria ter sido suprido por outros setores. Porque se ele tivesse aulas, cursos, se ele tivesse o dia dele ocupado, ele não se preocuparia tanto com o psicólogo ou com o assistente social. Aqui parece que o psicólogo e assistente social é referência de tudo... É a voz dele, são os olhos deles, são as pessoas que podem fazer alguma coisa por ele. E eles têm isso claro e acabam cobrando isso da gente.* Often adolescents require a great deal of technical support, which should in theory be the responsibility of other departments. If the adolescent was given lessons, courses, if his day was filled he would not be so focused on his psychologist or social worker. Here it seems as if psychologists and social workers are the reference for everything. We are his voice, his eyes; we are the people who can do something for him. They know that and they end up demanding it from us.

Technical supervisors reported that they were well aware of the pressure that was being put on caseworkers. However, they reported that they felt the same pressure from their line manager to maintain the high turnover of young people in the training centre.

Working conditions

One of the sources of greatest frustration experienced by security and educational staff was the insecurity of their jobs. Front line staff such as security and educational agents were routinely understaffed. In the crisis following a mass dismissal of approximately 1,751 staff members due to allegations of misconduct in February 2005, thousands of interim staff were hired on 6-month temporary contracts. All of the security and educational staff who participated in the FGDs were hired on temporary contracts. All of them had taken these jobs hoping that they would be offered a permanent position at the end of their contract in January 2006. The majority of security agents had originally been hired as support for the military police to prevent young men from escaping the training centre complex during rebellions. When they first started they were given uniforms, helmets, and shields and were stationed outside the units. Due to the string of rebellions at the time they entered into frequent physical confrontations with escaping young men. However, when the executive director of FEBEM-SP decided that the addition of security forces was not diminishing the wave of rebellions and many young men were getting injured as a result of the confrontations with security staff, all temporary security agents were either dismissed or given the opportunity to work on the *patio*. All the security agents who participated in the FGD had decided to stay on as front line staff on the *patio*. They stayed on because they needed the money. One security agent reported that many of his colleagues opted for dismissal over a job on the *patio* because they feared the violent confrontations with young men inside. Understaffing on the *patio* was an important factor contributing to violence between security staff and young men.

***Male security agent, 21 years**: Eu também acho, são as condições de trabalho. Precisava de mais incentivo. Por exemplo, tinha plano de saúde, cortaram. Aí você vai desanimando. Chega lá dentro do pátio, vai diminuindo o número de funcionários. Eram uns 15 e agora são 6.* I agree, it's the working conditions. We needed more incentives. For example, we had health insurance, they got rid of it. As a result you lose motivation. You arrive on the *patio* and see the number of staff shrinking. We used to be about 15 guys, now we are six.

When all temporary educational staff arrived to the Tatuapé complex in February 2005 there were almost no security agents on the *patio* and they were asked to help out with tasks such as surveillance and the locking and unlocking of doors. On the *patio* they too experienced many rebellions and were even taken as hostages. To some, the disappointment of not teaching coupled with other confusions during the first months on the job left serious emotional scars.

Some long-term employees such as those who had returned to work for FEBEM-SP for the second time or had spent more than 10 years in the system voiced more serious concerns about the philosophy of the institution and the structures supporting it. One caseworker reported that her unit had seen five different unit directors in the period from January to October 2005. In addition to that, she reported that many of her previous managers and directors had been seriously unqualified for their jobs, some of them not knowing what the Statute ECA was. The quote below summarises how some of the caseworkers and teachers felt about the uncertainty of FEBEM-SP's role.

***Female caseworker, 46 years**: ...na verdade, você não sabe o que a FEBEM-SP quer, qual que é o objetivo da FEBEM-SP quando ela trás estes adolescentes para cá? Só mantê-los lá embaixo não basta. E você que deveria ser como uma empresa onde você sabe quais são os objetivos. Aqui você nunca sabe. Uma hora é um, outra hora é outro que assume e a coisa vai correr como dá.* ...to tell the truth, no one knows what FEBEM-SP wants. What is the objective of FEBEM-SP when they bring these adolescents here? To keep them down there (locked-up) is not enough. It should run like a business where one knows what the objectives are. Here you never know. One day it's one thing, the next day someone else takes over and things are done any which way.

Security concerns

2005 was an *annus horribilis* for FEBEM-SP. By June 2005 close to 20 rebellions had been recorded in FEBEM-SP institutions within the city of São Paulo alone. Each rebellion included scores of young men escaping from buildings that they had partially destroyed, and each episode was eagerly covered by the national media in order to emphasise the public security concerns that were taking centre stage in the campaigns for the presidential election that were to be held in October 2006 (see Figures 10-11). For young men, the ultimate aim of a rebellion was escape. Rebellions often occurred in waves; starting in one training unit with other units and complexes following. A large number of rebellions started in the training centre complex Tatuapé. Each sweep of rebellions was followed by swift leadership changes at the middle management level (unit director, technical manager, operational team leader).

One staff member said that she feared for her life from the moment she entered into the building until the moment she left the building and that she would never know if she would be able to go home unscathed at the end of the day. Even for the most seasoned FEBEM-SP employees, uprisings and rebellions were not something to get used to. On top of that, security agents feared for their lives at home, as some young men threatened to harm them and their families upon release.

Technical supervisors experienced almost no violence. However, during a rebellion they were concerned about the lives of staff and young men alike. They said that the stress they experienced at work was in part related to overcrowding and the physical structure of the buildings. One major factor affecting overcrowding in São Paulo City is the accumulation of young men from all over the State.

Female technical supervisor, 33 years: *Colocar numa unidade 150 meninos, 90 ou 100. Se eu fosse propor alguma coisa, proporia a regionalização porque já passou da hora. Além de você ter 100 meninos dentro de uma Unidade e uma do lado da outra, com um corredor, onde a janela de um pátio dá para o corredor da outra. É insalubre.* Shove 150, 90 or 100 boys in one unit. If I was to propose anything, I would propose regionalisation because it is long overdue. Besides, having 100 boys per unit, each unit only separated by a corridor, where the window of one *patio* leads to the corridor of another; it's unhealthy.

Considerable stress was reported by all types of staff. This mainly related to violence and threats of violence. Staff working on the *patio* were the most likely to be taken hostage during rebellions. Security conditions affected all aspects of the working day.

Female caseworker, 47 years: *Você não sabe o que daqui há 5 minutos pode vir a acontecer na unidade. A gente trabalha em um stress total e ... não é só nesse stress aí... no risco iminente que a gente passa o tempo todo e, assim, trabalhar com a impotência da gente em relação a grandes chefias que não vivem essa realidade que nós vivemos.* No one knows what might happen in the unit in 5 minutes time. We all work under conditions of total stress... and it's not just the stress at this moment ... we are faced with looming risks all the time, and as a result, we work in a vacuum of power in relation to the big bosses who do not live the same reality that we live.

The stress, uncertainty and long hours at work had strong psychological repercussions on the well-being of all the staff, though security staff were the only ones to report incidents of physical violence. The FGD with security staff is replete with incidents of young men intimidating staff. For those who did not have direct contact with young men it was close proximity to violence, having to negotiate the release of colleagues, and the uncertainty of the outcome that took its toll. The following quote is by a teacher who was told to stand in as a security guard during his first five months in FEBEM-SP.

Male teacher, 55 years: *...Eu durmo melhor agora, mas nos primeiros 5 meses eu não dormia. Era um eterno pesadelo. Eu sonhava que eu encontrava os meninos na rua e que eles me abordavam, que eles me ameaçavam e tanto é que alguns colegas diziam e eu não percebia. Eles falavam que eu tinha o medo estampado no rosto... Várias vezes fomos reféns aí dentro. E mesmo que a gente não tenha sofrido nenhum ato físico tem o fator psicológico que você absorve e leva isso consigo. Leva para a sua família.* ...I sleep better now, but the first five months I did not sleep at all. It was an eternal nightmare. I dreamt that I would run into the boys on the street and that they would approach me, that they would threaten me; so much so that some of my colleagues mentioned it, but I wasn't aware of it. They said that I had fear written all

over my face... We were taken hostage many times. And even if we never suffered an act of physical violence, there is the psychological factor which stays with you. You take it home to your family.

Figure 10 Final scenes of a Rebellion in FEBEM-SP Tatuapé I

8/3/2005 Ayrton, Vignola / Folha de São Paulo Image

Figure 11 Final scenes of a Rebellion in FEBEM-SP Tatuapé II

8/3/2005 Ayrton, Vignola / Folha de São Paulo Image

Based on the reports from the FGDs violence in FEBEM-SP is ever present and affects all who enter into the system. In their reports security agents talked about the forms of violence perpetrated by young men and briefly touched upon their own uses of violence against young men during rebellions. Respondents talked about another important aspect of violence, violence perpetrated by young men against each other. According to the FGD respondents, the residential complex Tatuapé was "in the hands of young men". Media reports and conversations with young men revealed that this power shift occurred after the leadership change in June 2005. These reports maintained that before June 2005 there had been a strong political emphasis on cracking down on abusive staff members. According to these reports the aftermath of this political engagement significantly weakened the power of staff members in FEBEM-SP. As a result, it was reported that young men strengthened their own internal organisation modelled on the leadership structures found in adult prisons. The highest ranking members were knows as the "voices" (*vozes*) supported by the "cleaners" (*faxinas*), who had the ability to circulate between all areas of the training centre. The majority of the young men were known as the "population" (*população*).

***Female technical supervisor, 30 years**: Eu acho que da violência do funcionário contra o menino não dá para pensar que esse é o foco hoje. Os funcionários estão fragilizados, não estão conseguindo estabelecer alguns limites e isso está dando margem para que ocorram violências entre os próprios jovens. Um abuso entre eles. Eles estão em uma cultura de lideranças onde estabelecem coisas que são preocupantes...* I don't think that violence of staff committed against young people is the focus today. Staff members are helpless, they are not able to establish limits and this gives way to acts of violence amongst youth - abuse. They have adopted a culture of leadership where things are established that are worrisome...

This quote highlights the need for the FEBEM-SP leadership to acknowledge and tackle leadership structures among young men in Tatuapé which present a new source of violence.

Dealing with male sexuality

FEBEM-SP does not have a fully independent health service. Although at the time of the study, FEBEM-SP employed some health staff, the organization made considerable use of external government health services. At the time of the study there were less than five doctors available for a population of 7,000 young men in the entire State. The administration of medication and treatment of minor health problems, e.g. cuts and bruises, in FEBEM-SP Tatuapé was the responsibility of nurse assistants who were directly employed by FEBEM-SP SP and based in the facility full-time. The majority of medical requests or emergency services were processed by the central health station in Tatuapé (NASCA) for referral to the Public Health System. Young men requiring the diagnosis or treatment of STIs, including HIV, were referred to the Municipal Centre for STI Counselling and Testing (CRT).

There were varying degrees of knowledge and interest in sexuality and STI prevention among staff members. Security staff felt that they were the least qualified to talk to young men about this topic even though they were the only staff members to potentially witness clandestine sexual acts in dormitories and bathrooms. The other staff members (educational staff, caseworkers and senior technical managers) reported being slightly more comfortable about discussing issues of sexuality. At the time, caseworkers were responsible for referring young men to health services.

***Male security agent, 39 years**: Por parte da Fundação, nunca se tocou no assunto sobre o que fazer quando se pega um adolescente fazendo sexo aqui dentro.* FEBEM-SP, on its part, never discussed the issue about what to do if you catch an adolescent having sex inside.

Respondents reported that sexual activity of any kind was strictly prohibited in FEBEM-SP. Respondents reported that when sexual activity did occur, it was usually ignored. All FGD participants knew of incidents where young men engaged in sexual activity with girlfriends or staff members. Most participants also knew of homosexual acts occurring between young men. The official

prohibition of all sexual activity within FEBEM-SP, acted as a total barrier to young people having access to condoms and other STI prevention tools through official channels. According to several respondents the availability of condoms is equated to acceptance and encouragement of sexual activity among young men.

***Female educational staff, 31 years**: Uma vez um menino da unidade, homossexual assumido, me pediu camisinha. Eu disse que não podia ter relacionamento sexual aqui dentro e como é que eu posso dar uma camisinha para você? Seria eu aceitar que existe sexo dentro da Unidade. Que não pode ter.* One time an openly gay boy in my unit asked me for a condom. I told him that he could not have sexual relations in here so how is it that I could give him a condom? I would have to accept that sex is occurring in the unit, which one cannot have.

Nevertheless, some very limited educational activities did occur and were organised by individual staff members. One STI workshop put on by members of the educational team for young men aroused interest from young men and staff members alike. Some *agentes* reported standing outside of the class room door trying to listen in. According to their reports, both groups lacked information on sexuality and sexual health. Some security agents said that they stood by the door of the class room because they were curious to find out about STIs for themselves. In the quote below the educational staff member differentiates between sexuality in the outside world which involves girls, and sexuality in FEBEM-SP which mainly has to do with affective relationships between boys.

***Male educational agent, 27 years**: Nós falamos sobre DST: sífilis, herpes e as outras. Eles gostaram bastante. Parecia que eles não tinham muita informação. Não só nas relações sexuais com as meninas mas, como se trata de um ambiente fechado, tem também as relações entre eles, né? De meninos com meninos.* We talked about STDs: syphilis, herpes and others. They liked it a lot. It appeared as if they did not have much information. Not just about sexual relationships with girls, but also about how to deal with a closed setting. There are also the relationships amongst them, right? Boys with boys.

Issues of sexuality and sexual and reproductive health were seen as the domain of the caseworkers because they were responsible for matters of health and well-being. Generally speaking, reproductive health appeared to be a safe entry point because it related to heterosexual behaviour. However, multiple

factors including shyness on the part of the young men, time constraints, inadequate counselling space, and an atmosphere of violence and intimidation made it difficult for caseworkers to adequately address sensitive topics such as sexual abuse. In the experience of the technical team, caseworkers agreed that young men felt more comfortable to approach male caseworkers about these topics.

***Male caseworker, 38 years**: Como sou homem, às vezes eles tocam nestes assuntos mas são mais experiências passadas. O que acontece com eles atualmente, é bem mais restrito. Contam os relacionamentos que tiveram, se engravidaram alguma menina. Perguntas sobre ejaculação precoce. O que acontece hoje, dentro da FEBEM-SP não. Eles desviam o assunto. Também o tipo de atendimento que damos, é um atendimento psicológico que é diferente de um atendimento técnico propriamente .... Às vezes você está na sala com eles e é interrompido. Não tem privacidade.* Because I am male, sometimes they talk to me about these issues but it's generally about past experiences. (To talk about) what is happening to them at this moment is a lot more restricted. They talk about the relationships they've had, if they made some girl pregnant, questions about premature ejaculation. What is happening today, in FEBEM-SP: nothing. They avoid the subject. Also, the kind of casework that we do is psychological casework which is different from proper technical counselling... Sometimes you are in a room with them and you are interrupted. There is no privacy.

All groups confirmed that a sizable number of young men were fathers and that this role was an integral part of their lives. Technical staff and supervisors reported that STIs appeared to be an important health issue faced by the young men. Outing oneself as a homosexual young man was a dangerous thing to do and the young men who did sometimes paid for it with their lives as illustrated in the quote below.

***Female technical supervisor, 30 years**: Muitos deles já são pais de familia, já tem filhos. Muitos têm DST. Tem muito a questão a homossexualidade, pode acontecer entre eles algumas relações, algumas aproximações e que ele, é óbvio não vai assumir isso. Tem uns que assumem mas eles pagam um preço muito grande por isso, inclusive de risco de vida, tendo que ser separado do convívio com outros meninos e jogados para um lugar bem longe de onde eles se manifestaram. Eu acho que isso precisa ser pensado com muito cuidado porque isso faz parte da saúde, da vida deles. Para mim é gritante e precisa realmente de um tratamento.* Many of them are fathers. They already have children. Many have STIs. Homosexuality is an important issue as there might be relationships amongst them, incidents of affection which they, obviously, will not own up to. There are some who own up to it but they pay a heavy price for it. It may cost them their lives, so they have to be separated from the other young men and locked away in a place far away from where the incidents occurred. I think that this

needs to be thought about with much care because it's an aspect of their health; it is part of their lives. For me this issue is glaring and really needs to be addressed.

One senior member of the technical team explained that FEBEM-SP's reluctance to address young people's sexuality was a common phenomenon experienced in Brazilian schools. She said that reluctance on the part of teachers might have something to do with never having been trained to talk about sexuality with young people. She claimed that perhaps some teachers had not come to terms with their own sexuality and even less so with that of the young people they worked with. This quote highlights the fact that capacity building around sexuality should include staff members and young people alike.

***Female technical supervisor, 42 years**: Eu acho que a Fundação reflete a sociedade. Nas escolas, este assunto não é abordado e os professores que tentam são marginalizados e aqui é uma situação ainda mais complicada... Os funcionários têm vergonha, também nunca falaram sobre o assunto e muitas vezes não resolveram a sua própria sexualidade e nem sabe como falar com o filho sobre isso. Infelizmente, nós não fomos preparados para isso. A gente enquanto mãe, mulher, não fomos preparadas.* I think that the foundation (FEBEM-SP) reflects society. In schools, this topic is not approached and those teachers who try are marginalised and in FEBEM-SP the situation is even more complicated. Staff members are embarrassed, they've never talked about this issue, and many times they haven't resolved their own sexuality, let alone learnt how to talk about it with their own children. Unfortunately, we weren't prepared for this. As mothers, as women, we weren't prepared.

Technical staff were aware of at least one institutional programme that aimed to increase staff capacity on sexuality and STI prevention. It was called *Conheçer e Ser* and was rolled out as a pilot project from April 2002 to October 2005. A total of 32 training sessions were conducted. Both technical supervisors were aware of this programme and one caseworker had participated in the training. This quote highlights the fact that during the training staff need to be taught that it is normal for adolescents to be sexual whether they are in the outside world or in a confined same sex environment. Ignoring sexuality does not make it disappear.

***Female technical supervisor, 30 years**: Durante muito tempo não foi tratado dessa questão. Não se via que o menino tinha como cada um de nós, sexualidade. Então eu acho que não se olhava para essa questão e se fingia que não estava vendo. Mas, eu penso que o próprio grupo da Ruth com as ações junto aos meninos e estar capacitando as pessoas para este trabalho vem contribuir com um novo momento, com um novo olhar, com uma nova aproximação para esta questão que estava escondida...* The issue was not addressed for a long time. One didn't admit that the adolescent, just like any one of us, had sexuality. Well I think that one didn't look at the issue and one pretended like one wasn't seeing what was going on. But I think that Ruth's programme which jointly developed prevention activities with the boys and training staff on how to approach the subject is contributing to a new era in FEBEM-SP, using a new approach, a new way of introducing the institution to the very issues that were hidden.

Finally, all of the discussions suggest that FEBEM-SP is an institution facing big challenges. One of the possibilities to ease the discussion about sexuality and sexual and reproductive health services is the obligation to implement national guidelines. One technical supervisor was well informed about the national debate on the legalisation of intimate visits for young men as a fundamental human right. She said that when the topic was brought up during a recent meeting, senior FEBEM-SP staff showed a lot of resistance to the idea. She said that based on some of the reactions during that meeting, introducing the right to intimate visits in FEBEM-SP would have to be a gradual process. As part of that, sensitisation of senior staff members would be instrumental.

***Female technical supervisor, 33 years**: Na Portaria da Saúde tem num dos itens a normatização da visita íntima pela Secretaria Especial do Direitos Humanos. Quando a gente disse isso em uma reunião, nossa, o pessoal quase surtou. ... A gente sabe que se for regularizada vai ser um tabu, um assunto bastante polêmico.* In the Ministry of Health document one of the items talks about the authorisation of intimate visits as proposed by the Special Secretariat for Human Rights. When we repeated this in one of our meetings people nearly had a fit... We know that if it were to be authorised it will be a taboo, a much contested topic.

Summary of findings from FGDs

At the time of the discussions, all non-technical staff were employed on 6-month temporary contracts. Further analysis revealed that FEBEM-SP staff were faced with heavy workloads. Every day they were challenged with unpredictable security conditions which for some resulted in physical and psychological violence. Many had to deal with insufficient resources (including materials and staff) on top of heavy case loads, and little institutional guidance on how to do their jobs. Job satisfaction appeared to be lowest among caseworkers.

There were several reports of sexual activity (consensual and non-consensual), STIs, and pregnancy (among the girlfriends of young men) in FEBEM-SP. However, considering the uncertainty of the security situation, in addition to the daily challenges, many felt unprepared to respond to young men's sexual and reproductive health needs. Current institutional policies ignored the sexuality of young men and staff members. It was reported that there were no existing health promotion policies, including lack of access to barrier methods for STI prevention and contraception.

Findings from the KAP Survey of FEBEM-SP Staff

The second part of this chapter will present the results from the Knowledge, Attitudes and Practices (KAP) survey of FEBEM-SP staff. The results are divided into five sections: description of the study sample; staff members' knowledge of STIs including HIV and AIDS; their opinions about sexuality and gender; racial inequality; and work conditions.

Description of the study sample

The study sample consisted of 166 participants recruited from three different FEBEM-SP institutions: *semi-liberdade*, *internato*, and *Unidade de Internação Provisoria*. Tables 12 and 13 summarise the socio-demographic characteristics of the respondents by type of FEBEM-SP institution and by occupational group, respectively. Participants from the three types of institutions did not differ significantly from each other except that there was a pattern for the proportion of staff who were women to decrease as the level of security of the FEBEM-SP institution increased from *semi-liberdade* to *internatos* to *UIP* (p=0.026) (Table 12).

The socio-demographic characteristics of staff differed significantly by occupational group (manager, technical, *agente*, administrative); but not religion (the great majority were Catholics in all categories of staff) and marital status (37-70% were married with 15-58% single).

Overall, the participants had a mean age of 39.5 years (range 19 - 64 years), and the majority were either currently married (51%) or had been married previously (15%), were from working class or poor backgrounds (60%) and had at least a high school education (90%). 59% of staff had some level of university or post-graduate education, though this varied substantially by occupational group from 33% among *agentes* to 93% among the technical staff.

Twenty (12%) of the participants were managers, 54 (33%) technical staff, 73 (44%) *agentes*, and 19 (11%) administrative staff. In terms of seniority, the managers were the highest and *agentes* the lowest ranking staff members in the sample. Managerial staff included unit managers and team coordinators. Administrators were lower-ranking than technical staff. Technical staff had considerable power in the eyes of the young people, because they were responsible for drafting young men's progress reports. About half of the sample had been employed with FEBEM-SP for between 3 and 6 years. Approximately 60% of respondents earned less than R$1,500 (£375) per month. The national minimum wage was £75 at the time of the survey (October 2006).

Table 12 Socio-demographic characteristics by type of FEBEM-SP institution

	Type of FEBEM-SP institution								
	Semi-liberdade		**Internato**		**UIP**		**Total**		p-value†
Sex	N=72	%	N=48	%	N=46	%	N=166	%	0.026
Female	48	67	26	54	19	41	93	56.0	
Age	N=71	%	N=48	%	N=46	%	N=165	%	0.359
≤ 34 years	19	27	16	33	18	39	53	32.1	
35-44 years	28	39	22	46	19	41	69	41.8	
>45 years	24	34	10	21	9	20	43	26.1	
Race	N=71	%	N=48	%	N=46	%	N=165	%	0.499
Black/mixed-black	32	45	27	56	23	50	82	49.7	
White	39	55	21	44	23	50	83	50.3	
Social class at birth	N=72	%	N=48	%	N=46	%	N=166	%	0.190
Working class/poor	43	60	33	69	23	50	99	59.6	
Middle class	29	40	15	31	23	50	67	40.4	
Religion	N=72	%	N=48	%	N=46	%	N=166	%	0.934
Catholic	57	79	38	79	39	85	134	80.7	
Protestant	6	8	5	10	3	7	14	8.4	
Other/none	9	13	5	10	4	9	18	10.8	
Marital status	N=72	%	N=48	%	N=46	%	N=166	%	0.649
Single	26	36	15	31	17	37	58	34.9	
Married	33	46	26	54	25	54	84	50.6	
Separated/divorced	13	18	7	15	4	9	24	14.5	
Education	N=72	%	N=48	%	N=46	%	N=166	%	0.140
< High School / studying	12	17	3	6	2	4	17	10.2	
High School diploma	17	23	17	35	17	37	51	30.7	
University / post grad	43	60	28	58	27	59	98	59.0	
Job title	N=72	%	N=48	%	N=46	%	N=166	%	0.752
Technical staff	19	26	19	40	16	35	54	32.5	
Agentes	34	47	18	38	21	46	73	44.0	
Managers	11	15	5	10	4	9	20	12.1	
Admin staff	8	11	6	13	5	11	19	11.5	
Time in FEBEM-SP	N=72	%	N=48	%	N=46	%	N=166	%	0.425
Less than 2yrs	10	14	8	17	5	11	23	13.9	
2-6 yrs	30	42	27	57	27	59	84	50.6	
7-10 yrs	14	19	6	13	8	17	28	16.9	
10 yrs or more	18	25	7	15	6	13	31	18.7	
Monthly salary	N=72	%	N=48	%	N=46	%	N=166	%	0.372
< R$ 1199	22	31	19	40	17	37	58	34.9	
R$ 1200-1499	22	31	10	21	7	15	39	23.5	
> R$ 1500	28	39	19	40	22	48	69	41.6	

†Fisher's exact test

Table 13 Socio-demographic characteristics by occupational group

	Occupational group										
	Manager		**Technical**		***Agente***		**Admin**		**Total**		p-valuet
Sex	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	<0.001
Female	7	35	46	85	27	37	13	68	93	56.0	
Age	N=20	%	N=54	%	N=73	%	N=19	%	N=165	%	<0.001
≤ 34 years	2	10	8	15	38	52	5	26	53	32.1	
35-44 years	10	50	31	59	19	26	9	47	69	41.8	
>45 years	8	40	14	26	16	22	5	26	43	26.1	
Race	N=20	%	N=54	%	N=73	%	N=19	%	N=165	%	0.005
Black/mixed-black	14	70	17	31	42	58	9	47	82	49.7	
White	6	30	37	69	30	42	10	53	83	50.3	
Social class at birth	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.027
Working class/poor	12	60	25	46	46	63	16	84	99	59.6	
Middle class	8	40	29	54	27	37	3	16	67	40.4	
Religion	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.227
Catholic	18	90	46	85	53	73	17	89	134	80.7	
Protestant	2	10	4	7	8	11	0	0	14	8.4	
Other/none	0	0	4	7	12	16	2	11	18	10.8	
Marital status	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.185
Single	3	15	20	37	24	33	11	58	58	34.9	
Married	14	70	25	46	38	52	7	37	84	50.6	
Separated/divorced	3	15	9	17	11	15	1	5	24	14.5	
Education	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	<0.001
< High School / studying	2	10	3	6	11	15	1	5	17	10.2	
High School diploma	5	25	1	2	38	52	7	37	51	30.7	
University/post grad	13	65	50	93	24	33	11	58	98	59.0	
Type of Institution	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.752
Semi-liberdade	11	55	19	35	34	47	8	42	72	43.4	
Internato	5	25	19	35	18	25	6	32	48	28.9	
UIP	4	20	16	30	21	29	5	26	46	27.7	
Time in FEBEM-SP	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.042#
Less than 2yrs	1	5	6	11	16	22	0	0	23	13.9	
2-6 yrs	7	35	31	57	35	48	11	58	84	50.6	
7-10 yrs	4	20	11	20	9	12	4	21	28	16.9	
10 yrs or more	8	40	6	11	13	18	4	21	31	18.7	
Monthly salary	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	<0.001
< R$ 1199	1	5	4	7	40	55	13	68	58	34.9	
R$ 1200-1499	2	10	14	26	22	30	1	5	39	23.5	
> R$ 1500	17	85	36	67	11	15	5	26	69	41.6	

†Fisher's exact test, #chi-squared test

Work history in FEBEM-SP

Table 14 and 15 are an analysis of the work history of FEBEM-SP staff. It reveals important information about FEBEM-SP's institutional structure, such as the fact that in this sample *agentes* have had a high turn over rate (see Table 14). As would be expected, the longer the work history the more likely an employee is to have switched jobs within the institution. To get a better understanding of this finding, current job was cross-tabulated with previous job. Due to low cell values, this cross tabulation was not suitable for statistical analysis (see Table 15). However, comparing individual columns indicated that all managers used to be non-managers, *agentes* to be more precise, in their previous jobs. This was not the case for any of the other job categories. These data indicate that for the sample observed, managers generally rose from the ranks of non-managerial jobs on the patio.

Table 14 Length of employment by occupational category in FEBEM-SP

	Current job in FEBEM-SP									
Length of employment	**Manager**		**Technical**		***Agente***		**Admin**		**Total**	
	N=20	%	N=54	%	N=73	%	N=19	%	N=166	
<2 years	1	*5.0*	6	*11.1*	16	*21.9*	0	*0*	23	*13.9*
3-6 years	7	*35.0*	31	*57.4*	35	*48.0*	11	*57.9*	84	*50.6*
7-10 yrs	4	*20.0*	11	*20.4*	9	*12.3*	4	*21.1*	28	*16.9*
< 10 yrs	8	*40.0*	6	*11.1*	13	*17.8*	4	*21.1*	31	*18.7*
p=0.042										

Table 15 Current job in FEBEM-SP by previous job in FEBEM-SP

	Previous job in FEBEM-SP								
Current job	**Managerial**		**Non-managerial**		**No job/other**		**Total**		p-value
	N=23	%	N=55	%	N=72	%	N=166	%	
Technical	6	*16.7*	19	*35.2*	26	*48.2*	54	*100*	
Manager	0	*0*	20	*100*	0	*0*	20	*100*	
Agente	10	*13.7*	26	*35.6*	37	*50.7*	73	*100*	
Admin	4	*21.1*	6	*31.6*	9	*47.4*	19	*100*	
no p value possible									

Knowledge of Sexually transmitted infection (STIs)

By and large, FEBEM-SP staff were very knowledgeable about STIs. Based on a multiple choice question, 96% of participants knew that a STI is an infection that is transmitted by sexual activity. When asked what type of person gets infected with STIs, more than 90% correctly responded with "anyone who has sex without condoms", "not only those who have sex with prostitutes", and "anyone who's sexual partner has sex without condoms".

Participants were asked if they had heard of 10 common STIs such as Gonorrhoea, Chlamydia, Syphilis, HIV and others (see Table 16). 28% of staff members had heard of 10 out of 10 STIs; 23% had heard of 9 out of 10 and 26% had heard of 8 out of 10 common STIs. Overall, 77% of staff members had heard of 8 or more common STIs. Technical staff achieved higher scores compared to their colleagues ($p<0.001$). 51% of technical staff scored a 10 out of 10 compared to 30% of managers, 15% of *agentes* and 11% of admin staff.

On the whole, staff were well informed about the main routes of HIV transmission: unprotected anal sex, blood transfusions, used injection equipment, tattoo application and unprotected vaginal intercourse. The responses were based on true and false questions. Participants were least knowledgeable about HIV transmission through breast milk (71%) and the fact that it is not transmitted by mosquito bites (87%). Once more, technical staff were more knowledgeable than their colleagues ($p=0.017$). 87% knew that HIV is transmitted through breast milk and 91% knew that HIV is not transmitted by mosquito bites.

Knowing the difference between HIV and AIDS

89% of staff knew that someone can have HIV without having AIDS. Furthermore, 99% knew that a strong, healthy, happy person can have HIV. And 95% correctly indicated that HIV can be transmitted by someone who has no symptoms. Responses did not differ significantly by occupational group.

Table 16 General STI Knowledge by occupational group

	Manager		Technical		*Agente*		Admin		Total		p-value†
What is an STI?	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.707
An infection transmitted by sex	20	*100*	52	96	70	96	18	95	160	96.4	
What type of person gets infected with STIs	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	
Anyone who has sex w/o condoms	19	95	51	94	70	96	19	*100*	159	95.8	0.975
Not only those who have sex with prostitutes	18	90	51	94	65	89	14	*74*	148	89.2	0.143
Anyone who's sexual partner has sex w/o condoms	19	95	51	94	70	96	17	*89*	157	94.6	0.737
Identified types of STIs	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	#<0.001
10 out of 10	6	*30*	27	*51*	11	*15*	2	*11*	46	*27.9*	
9 out of 10	5	*25*	15	*28*	15	*21*	3	*16*	38	*23.0*	
8 out of 10	3	*15*	8	*15*	26	36	6	*32*	43	*26.1*	
≤7 out of 10	6	*30*	3	*6*	21	*29*	8	*42*	38	*23.0*	
How do you get HIV?	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	
Anal sex	19	*95*	50	*93*	71	*97*	18	*95*	158	*95.2*	0.595
Blood transfusion	20	*100*	53	*98*	70	96	19	*100*	162	*97.6*	0.877
Used syringes and needles	20	*100*	53	*98*	73	*100*	19	*100*	165	*99.4*	0.560
Breast milk	14	*70*	46*	*87*	46	63	11	*58*	117	*70.9*	0.011
Not by mosquito bites	18	*90*	49	*91*	62	*85*	15	*79*	144	*86.8*	0.524
Tattoo	20	*100*	52	*96*	69	*95*	19	*100*	160	*96.4*	0.869
Unprotected sexual activity	20	*100*	53	*98*	72	*99*	19	*100*	164	*98.8*	1.0
Concurrent sexual partnerships	19	*95*	53	*98*	70	*96*	17	*89*	159	*95.8*	0.312
AIDS Knowledge	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	
People can have HIV but not AIDS	18	*90*	52	*96*	63	*86*	15	*79*	148	*89.2*	0.095
A strong, happy, healthy person could have HIV	20	*100*	53	*98*	73	*100*	18	*95*	164	*98.9*	0.129
HIV is transmitted by people w/o symptoms	20	*100*	52	*96*	68	*93*	18	*95*	158	*95.2*	0.779

†Fisher's exact test, #chi-squared test, *N=53

A high proportion of staff correctly answered questions about STI prevention (see Table 17). More than 98% correctly indicated that condoms prevent pregnancy and STIs including HIV. Furthermore, staff members knew that in order to prevent STIs "one should always use condoms" (99%), "avoid having sex with people who have wounds or discharge coming from their genitals" (95%), and "reduce one's number of sexual partners" (90%). Nevertheless, there were some misconceptions about STI prevention. 93% of staff thought that one could avert STIs by "keeping one's genitals clean", 52% by "only having sex with people one knows", and 30% "by having sex with only one sexual partner". Responses did not differ significantly across staff categories.

Table 17 STI Prevention Knowledge

	Manager		**Technical**		***Agente***		**Admin**		**Total**		p-value†
Condoms prevent	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	
Pregnancy	20	*100*	54	*100*	70	96	19	*100*	162	98.2	0.468
STIs	20	*100*	53	*98*	73	*100*	19	*100*	165	99.4	0.560
HIV/AIDS	20	*100*	53	*98*	72	99	19	*100*	164	98.8	0.808
To prevent STIs one should	N=20	%	N=74	%	N=73	%	N=19	%	N=166	%	
Always use condoms	20	*100*	53	*98*	73	*100*	18	95	164	98.8	0.129
Avoid people who have symptoms of STIs	20	*100*	49	*91*	70	96	18	95	157	94.6	0.664
Keep one's genitals clean	19	*95*	52	*96*	66	*90*	17	*89*	154	*92.8*	0.309
Reduce one's number of sexual partners	19	95	48	*89*	65	*89*	18	95	150	*90.4*	0.875
Only have sex with people one knows	11	*55*	28	*52*	43	*59*	5	*26*	87	*52.4*	0.110
Only have sex with one sexual partner	6	*30*	17	*31*	23	*32*	3	*16*	*49*	*29.5*	0.630

†Fisher's exact test

Risk profile of FEBEM-SP staff

Participants were evaluated on their own risk behaviours (see Table 18). They reported a wide range of different leisure activities as their primary leisure activity. Only 5% of staff reported that their primary leisure activity was going to bars and/or clubs. Blood transfusions, tattoos and unsafe injecting behaviours were reported by a minority of respondents. 13% reported having used illicit drugs and 16% reported previous anti-depressant or tranquiliser use.

More than half of staff members reported smoking cigarettes and/or drinking alcohol regularly. The results differed significantly by type of staff ($p=0.039$). Technical staff were less likely to smoke and/or drink (42%) compared to managers, *agentes* or administrators (75%, 62%, 58% respectively). During our site visits in FEBEM-SP we observed a large number of individuals smoking, both staff members and young men.

Self-perception of risk

Participants were asked about their own perceived risk of getting an STI (see Table 19). The majority of staff (74%) thought that they were at low risk and 17% said that it was impossible for them to get an STI. However, 8% of the sample thought that their STI risk was either high or relatively high. Participants were also asked about their chances of having HIV at the time of the survey. 75% and 17%, respectively, thought that their chances ranked between low and impossible. However, again 8% of participants thought that their chances of having HIV were either high or relatively high. 70% the sample had previously been tested for HIV but for ethical reasons interviewers did not ask for their results. Asked if they would like to be tested or re-tested for HIV at the workplace, two-thirds of respondents (65%) responded with yes. Responses did not differ significantly across staff categories.

Table 18 Risk profile by occupational group

	Manager		**Technical**		***Agente***		**Admin**		**Total**		p-value†
Primary leisure activity	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.396#
Bars/clubs	2	10	0	0	4	5	2	11	8	4.8	
Religion/church	1	5	6	11	9	12	3	16	19	11.5	
Sports	4	20	4	7	13	18	4	21	25	15.1	
Being w/family	6	30	17	31	24	33	7	37	54	32.5	
Being w/friends	5	25	22	41	18	25	3	16	48	28.9	
Outdoors/trips	2	10	5	9	5	7	0	0	12	7.2	
Blood transfusion	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.918
Yes	2	10	3	6	4	5	1	5	10	6.0	
No	18	90	51	94	69	55	18	95	156	94.0	
Tattoo	N=20	%	54		N=72		N=19	%	N=165	%	0.335
Yes	0	0	5	9	3	4	0	0	8	4.9	
No	20	100	49	91	69	96	19	100	157	95.2	
Safe* injections	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.777
All	11	55	36	67	50	68	12	63	109	65.7	
Close to all	3	15	10	19	9	12	3	16	25	15.1	
Did not receive injections	6	30	8	15	14	19	4	21	32	19.3	
Smoking & drinking	N=20	%	N=53	%	N=73	%	N=19	%	N=165	%	0.039
Yes	15	75	22	42	45	62	11	58	93	56.4	
No	5	25	31	58	28	38	8	42	72	43.6	
Lifetime drug' use	N=19	%	N=54	%	N=69	%	N=17	%	N=159	%	0.645
Illicit drugs	1	5	9	17	9	13	1	6	20	12.6	
Anti-depressant	2	11	6	11	13	18	4	24	25	15.7	
None of the above	16	84	39	72	47	68	12	71	114	71.7	

†Fisher's exact test, #chi-squared test w/=with

*safe injections = injections with disposable needles and syringes, prompted responses

Table 19 Self-perceived STI risk by occupational group

	Manager		Technical		*Agente*		Admin		Total		p-value†
What is your risk of getting an STI?	N=20	%	N=52	%	N=73	%	N=19	%	N=164	%	#0.978
High	1	*5*	1	*2*	2	*3*	0	*0*	4	*2.4*	
Relatively high	2	*10*	3	*6*	4	*5*	1	*5*	10	*6.7*	
Low	15	*75*	38	*73*	55	*75*	14	*74*	122	*74.4*	
Impossible	2	*10*	10	*19*	12	*16*	4	*21*	28	*17.1*	
What are your chances of having HIV?	N=20	%	N=53	%	N=73	%	N=19	%	N=165	%	#0.642
High	0	*0*	1	*2*	2	*3*	0	*0*	3	*1.8*	
Relatively high	3	*15*	3	*4*	4	*5*	1	*5*	10	*6.1*	
Low	13	*65*	41	*77*	53	*73*	17	*89*	124	*75.2*	
Impossible	4	*20*	9	*17*	14	*19*	1	*5*	28	*17.0*	
Have you ever been tested for HIV?	N=20	%	N=53	%	N=73	%	N=19	%	N=165	%	0.314
Yes	16	*80*	40	*75*	48	*66*	11	*58*	115	*69.7*	
No	4	*20*	13	*25*	25	*34*	8	*42*	50	*30.3*	
Would you like to take a HIV test?	N=20	%	N=53	%	N=72	%	N=19	%	N=164	%	0.633
Yes	14	*70*	31	*58*	47	*65*	14	*74*	106	*65.1*	
No	6	*30*	22	*42*	25	*35*	5	*26*	58	*34.9*	

†Fisher's exact test, # chi-squared test

Opinions about sexuality and gender

Table 20 describes the results from staff's opinions about sexuality and gender. Choosing between true and false, 69% of participants believed that it was true that sexuality exists from birth onwards. More technical staff agreed with this statement compared to other staff categories (89% versus 45%, 63%, 67%). Respondents were also asked if it was normal for children aged 3 or 4 to experience pleasure when playing with their genitals. 77% of staff said that this was true for boys and 72% of staff said that this was true for girls.

Subsequent questions asked specifically about young people's sexuality. 95% of staff agreed that masturbation is a healthy form of getting to know one's body during adolescence. The survey probed further about gender differences associated with masturbation. The majority of respondents agreed with men and women masturbating (88% and 87%, respectively). Administrators were least likely to agree with men masturbating (68%). Participants were asked if they thought that boys experienced more sexual pleasure than girls. Just over half (58%) of respondents said that this statement was false. Interestingly, managers, *agentes* and administrators had split opinions about this subject, 55%, 49%, and 53% responded with true.

The final sequence of questions was about attitudes towards homosexual sex. Participants were asked how they felt about men having sex with men. Equal proportions of staff disapproved of male and female homosexual sex (55%). Technical staff showed more liberal attitudes towards homosexual sex compared to their colleagues, between 67-69% of them agreed with homosexual sex between men and women. Managers had moderate views on homosexual activity. 55% of them agreed with homosexual activity for men compared to 40% for women. In contrast, there was general disapproval (90%) of homosexual activities between young men across all staff categories.

Table 20 Opinions about sexuality and sexual norms

†Fisher's exact test	**Manager**		**Technical**		***Agente***		**Admin**		**Total**		p-value†
A person possesses sexuality from birth onwards	N=20	%	N=54	%	N=72	%	N=18	%	N=164	%	0.001
True	9	*45*	47	*87*	45	63	12	*67*	113	69	
False	11	*55*	7	*13*	27	38	6	33	51	*31*	
It is normal for a boy to feel pleasure when playing w/his genitals	N=20	%	N=54	%	N=71	%	N=19	%	N=164	%	0.001
True	14	*70*	51	*94*	48	*68*	13	*68*	126	*77*	
False	6	*30*	3	*6*	23	*32*	6	*32*	38	*23*	
It is normal for a girl to feel pleasure when playing w/her genitals	N=20	%	N=54	%	N=71	%	N=19	%	N=164	%	<0.001
True	13	*65*	50	*93*	43	*61*	12	*63*	118	*72*	
False	7	*35*	4	*7*	28	*39*	7	*37*	46	*28*	
During adolescence, masturbation is a healthy form of getting to know your body and its pleasure zones?	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.104
True	19	*95*	54	*100*	70	*96*	17	*89*	160	*94.6*	
False	1	*5*	0	*0*	3	*4*	2	*11*	6	*3.6*	
How do you feel about men masturbating?	N=20	%	N=53	%	N=73	%	N=19	%	N=165	%	0.030
Agree	17	*85*	48	*91*	68	*93*	13	*68*	146	*88*	
Disagree	3	*15*	5	*9*	5	*7*	6	*32*	19	*12*	
How do you feel about women masturbating?	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.303
Agree	17	*85*	49	*91*	64	*88*	14	*74*	144	*87*	
Disagree	3	*15*	5	*9*	9	*12*	5	*26*	22	*13*	
Boys experience more sexual desire than girls	N=20	%	N=54	%	N=72	%	N=19	%	N=165	%	0.023
True	11	*55*	14	*26*	35	*49*	10	*53*	70	*42*	
False	9	*45*	40	*74*	37	*51*	9	*47*	95	*58*	
How do you feel about men having sex w/men?	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	<0.001
Agree	11	*55*	36	*67*	22	*30*	5	*26*	74	*45*	
Disagree	9	*45*	18	*33*	51	*70*	14	*74*	92	*55*	
How do you feel about women having sex w/women?	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	<0.001
Agree	8	*40*	37	*69*	25	*34*	5	*26*	75	*45*	
Disagree	12	*60*	17	*31*	48	*66*	14	*74*	91	*55*	
How do you feel about young men having sex w/young men?	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.109
Agree	3	*15*	8	*15*	3	*4*	2	*11*	16	*10*	
Disagree	17	*85*	46	*85*	70	*96*	17	*89*	150	*90*	

Gender Equity

The 24 item gender equitable men (GEM) scale was employed to get an independent sense of staff's attitudes about gender equity. The GEM scale cut-offs are based on disapproval of traditional gender norms (18 items) and approval of egalitarian gender norms (6 items). The higher the GEM score the more egalitarian the respondent. For comparison purposes the GEM Scale is divided into "high," "moderate," and "low" support for equitable gender norms by splitting it into three equal parts. Low equity coincides with a score of 1-23, moderate equity with a score of 24-47, and high equity with a score of 48-72[135]. Only one respondent had a low GEM score, six respondents scored moderately, and an overwhelming majority (96%) had high GEM scores, see Table 21. Interestingly, the GEM score was higher among women compared to men (p=0.058). However, higher scores were not associated with educational level or staff category of the respondent (Tables 22 and 23).

Table 21 Views on Gender Equity by sex of FEBEM-SP staff

GEM score	Women		Men		Total		p-value†
	N=92	%	N=73	%	N=165	%	0.058
Low	0	0	1	1	1	0.6	
Moderate	1	1	5	7	6	3.6	
High	91	99	67	92	158	95.8	
†Fisher's exact test							

Table 22 Views on Gender Equity by educational level of FEBEM-SP staff

	< High School		High School		University		Total		p-value†
GEM score	N=17	%	N=51	%	N=97	%	N=165	%	0.751
Low	0	0	0	0	1	1	1	0.6	
Moderate	0	0	3	6	3	3	6	3.6	
High	17	100	48	94	93	96	158	95.8	
†Fisher's exact test									

Table 23 Views on Gender Equity by occupational group

	Manager		Technical		Agente		Admin		Total		p-value†
GEM score	N=20	%	N=53	%	N=73	%	N=19	%	N=165	%	0.319
Low	1	5	0	0	0	0	0	0	1	0.6	
Moderate	1	5	1	2	3	4	1	5	6	3.6	
High	18	95	52	98	70	96	18	95	158	95.8	
†Fisher's exact test											

STI counselling or referral

Participants were asked where they would refer a young person with a STI (see Table 24). 83% identified NASCA, the centralised health post. A further 16% said that they would refer the young person to a colleague. Responses did not differ significantly by occupational group.

Although there are no official guidelines for STI referrals in FEBEM-SP, 79% of staff reported that they had talked to young men about STIs. Responses differed significantly by occupational group ($p<0.001$). All technical staff (100%) said they had talked to young men compared to 80% of managers, 71% of *agentes* and 53% of administrators. Additionally, more than half of staff members said that they had encouraged young men to test for HIV. These responses also differed significantly by occupational group ($p<0.001$). 87% of technical staff encouraged HIV testing compared to 55% of managers, 48% of *agentes* and 37% of administrators.

Table 24 STI counselling or referral by occupational group

	Manager		**Technical**		***Agente***		**Admin**		**Total**		p-value†
Where would you refer a young person with a STI?	N=20	%	N=53	%	N=73	%	N=19	%	N=165	%	0.369
NASCA, health service	16	*80*	46	*85*	58	*79*	17	*89*	137	*82.5*	
A colleague	3	*15*	7	*13*	15	*21*	2	*11*	27	*16.3*	
Other	1	*5*	1	*2*	0	*0*	0	*0*	1	*0.61*	
Has talked to young men about STIs	N=20	%	N=53	%	N=73	%	N=19	%	N=165	%	<0.001
Yes	16	*80*	53	*100*	52	*71*	10	*53*	131	*79.4*	
Has encouraged young men' HIV test	N=20	%	N=53	%	N=73	%	N=19	%	N=165	%	<0.001
Yes	11	*55*	46	*87*	35	*48*	7	*37*	99	*60.0*	
†Fisher's exact test											

Condom availability by type of FEBEM-SP institution

FGD results and informal conversations with FEBEM-SP staff indicated that condom distribution for young people was prohibited. Conversations with *semi-liberdade* staff suggested that condoms were available to young men going on home-leave. In order to get a better sense of condom availability, staff were asked about FEBEM-SP's official condom policy (respondents had the choice of only one response). Results are presented in Table 25.

The majority of *Internato* and *UIP* staff thought that condoms were not permitted, 56% and 70%, respectively. 22% of *semi-liberdade* staff thought condoms were available to everyone compared to only 6% of *Internato* and 4% of *UIP* staff. 19% of *Internato* staff thought condoms were available only to staff and 56% of *semi-liberdade* staff thought condoms were only available to young men. Another 13% of staff were unsure about FEBEM-SP's condom policy. These results differed significantly by type of institution and indicate that there was considerable confusion about FEBEM-SP's condom policies and practices.

Table 25 Condom availability by type of institution

	Semi-liberdade		Internato		UIP		Total		p-value#
Condom availability	N=72	%	N=48	%	N=46	%	N=166	%	<0.001
Yes, for everyone	16	22	3	6	2	4	21	12.7	
Yes, only staff	0	0	9	19	0	0	9	5.4	
Yes, only young men	40	56	2	4	4	9	46	27.7	
Not permitted	10	14	27	56	32	70	69	41.6	
Don't know	6	8	7	15	8	17	21	12.7	
#chi-squared test									

Preferred learning methods

Based on the FGDs and informal conversations it appeared that staff were receptive to the idea of a potential STI training. Survey participants were asked to rate their preferred learning methods. Table 26 presents each respondent's first choice. Overall staff preferred lectures (37%) and interactive workshops (30%) over videos (21%) and reading materials (12%). The results differed significantly by type of staff ($p<0.001$). Technical staff preferred interactive workshops *whereas agentes* and administrators preferred lectures. Managers had a slight preference for videos. Results suggest that teaching methods could be adapted by occupational group and that a range of methods should be employed.

Table 26 Preferred STI learning method by type of staff

	Manager		**Technical**		***Agente***		**Admin**		**Total**		p-value#
	N=20	%	N=53	%	N=72	%	N=19	%	N=164	%	<0.001
Interactive workshops	5	25	29	55	11	15	4	21	49	29.9	
Reading materials	5	25	3	6	10	14	1	5	19	11.6	
Videos	7	35	6	11	20	28	2	11	35	21.3	
Lectures	3	15	15	28	31	43	12	63	61	37.2	
#chi-squared test											

Racial inequality in FEBEM-SP

The health advisor to NGO CEERT, suggested that FEBEM-SP is one of the least desirable employers in the State of São Paulo and has therefore had a disproportionate number of staff from socio-economically disadvantaged backgrounds including Afro-Brazilians[176]. In this study, we classified respondents as Afro-Brazilians if they described themselves as either being black or mixed-race. The same key informant suggested that Afro-Brazilians are over-represented among young men in FEBEM-SP. However, at the time of the study FEBEM-SP did not record race data for either staff or young men[100]. Table 27 presents the institutional and demographic characteristics of the respondents stratified by race. Overall, 34 (21%) described themselves as being black, 48 (29%) as of mixed race, and 83 (50%) as white.

Participants were asked if they had ever been discriminated against within FEBEM-SP based on their race. 44% of black respondents said that they had been racially discriminated against at least once. The responses for mixed-black and for white respondents were much lower at 19% and 18%, respectively ($p < 0.001$).

Participants were then asked about their perception of young men being racially discriminated against in FEBEM-SP. Overall, 30% of staff reported having seen a young person being racially discriminated against at least once, but this number was higher for black staff (44%) compared to mixed-black or white staff, 23% and 29% respectively. Respondents were asked about job characteristics such as job title, length of employment, salary, chances for promotion, and job satisfaction. Race was significantly associated with job category ($p=0.014$). Specifically, Afro-Brazilian employees were more likely to work as managers and agentes and less likely to work as technical staff ($p=0.002$). On average, Afro-Brazilian staff had spent longer working for FEBEM-SP compared to white employees ($p=0.013$). Perhaps partly because of this, a higher proportion of blacks and mixed-race blacks than whites were in management positions (24%

of blacks, 13% of mixed-blacks, 7% of whites) (p=0.049). All three racial groups had similar proportions earning above R$1,500 per month (p=0.356). Nevertheless, Afro-Brazilians were generally satisfied with their jobs and about half considered themselves to have favourable chances for promotion, a similar proportion to whites.

Afro-Brazilian respondents were more likely to have come from poor (9% and 8% respectively) or working class families (65% and 71%), compared to whites, none of whom were from poor families (58% middle, 42% working class) (overall p<0.001).

Using true and false answers, participants were asked their perceptions about characteristics associated with white staff members versus black staff members, and white young men versus black young men. The following trends were observed (see Tables 28 and 29).

More participants believed that black staff members had jobs that required little or no education. Participants also felt that managers were more often black than white. In contrast respondents believed that white employees were more likely to be heard by the administration, to receive preferential treatment, and to be taken hostage during rebellions.

With respect to young men, more participants believed that black young men serve longer training orders, were repeat offenders, had committed homicide, were convicted for drug offences, and were drug users. No differences were observed for which group respondents believed to be more likely lead during a rebellion. Respondents also perceived that white young men received preferential treatment.

Table 27 Characteristics associated with racial inequality in FEBEM-SP staff

	Race of staff member								
	Black		**Mixed****		**White**		**Total**		p-value†
Have you been discriminated against because of your race?	N=34	%	N=48	%	N=83	%	N=165	%	0.002
More than once	15	44	6	13	11	13	32	19.4	
Once	0	0	3	6	4	5	7	4.2	
Never	19	56	39	81	68	82	126	76.4	
Have you seen a young man being discriminated against because of his race?	N=34	%	N=48	%	N=83	%	N=165	%	0.226
More than once	14	41	9	19	21	25	44	26.7	
Once	1	3	2	4	3	4	6	3.6	
Never	19	56	37	77	59	71	115	69.7	
Current job	N=34	%	N=48	%	N=83	%	N=165	%	#0.014
Technical	7	21	10	21	37	45	54	32.7	
Managers	8	24	6	13	6	7	20	12.1	
Agentes	17	50	25	52	30	36	72	43.6	
Admin	2	6	7	15	10	12	19	11.5	
Length of time in FEBEM-SP	N=34	%	N=48	%	N=83	%	N=165	%	#0.013
< 2 yrs	3	9	6	13	14	17	23	13.9	
3-6 yrs	13	38	29	60	42	51	84	50.9	
7-10 yrs	5	15	4	8	18	22	27	16.4	
> 10 yrs	13	38	9	19	9	11	31	18.8	
Chances for promotion	N=33	%	N=48	%	N=79	%	N=160	%	0.583
Favourable	17	52	27	56	37	47	81	50.6	
Unfavourable	16	48	21	44	42	53	79	49.4	
Job satisfaction	N=34	%	N=48	%	N=82	%	N=164	%	0.056
Satisfied	28	82	28	58	60	73	116	70.7	
Unsatisfied	6	18	20	42	22	27	48	29.3	
Salary	N=34	%	N=48	%	N=83	%	N=165	%	0.316
R$ 1199 or less	9	26	21	44	28	34	58	35.2	
R$ 1200-1499	12	35	8	17	19	23	39	23.6	
R$1500 or more	13	38	19	40	36	43	68	41.2	
Social class at birth	N=34	%	N=48	%	N=83	%	N=165	%	<0.001
Middle	9	26	10	21	48	58	67	40.6	
Working	22	65	34	71	35	42	91	55.2	
Poor	3	9	4	8	0	0	7	4.2	

†Fisher's exact test, #chi-squared test

** Mixed = mixed-black a combination of black and white or black and indigenous

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Table 28 Opinions about white versus black employees in FEBEM-SP

		Opinions about black employees (Fisher's exact test)				
		To be manager 9.7%	**To have a job requiring little education** 10.3%	**To get preferential treatment** 4.9%	**To be heard** 3.6%	**To be taken hostage** 4.3%
Opinions about white employees	**To be a manager** 6.7%	p=0.04				
	To have a job requiring little education 8.5%		p<0.001			
	To get preferential treatment 12.2%			p<0.001		
	To be heard 14.6%				p=0.012	
	To be taken hostage 10.4%					p<0.001

Table 29 Opinions about white versus black young men in FEBEM-SP

		Opinions about black young men (Fisher's exact test)						
		Preferential treatment 1.2%	**Longer orders** 11.6%	**Rebellion leader** 7.3%	**Repeat offender** 30.3%	**Homicide offence** 14.6%	**Drug offence** 17.6%	**Drug user** 17.0%
Opinions about white young men	**Preferential treatment** 9.7%	p=0.641						
	Longer training order 0.61%		p=0.005					
	Rebellion leader 7.3%			p=0.15				
	Repeat offender 3.0%				p=0.014			
	Homicide offence 3.7%					p<0.001		
	Drug offence 9.1%						p=0.016	
	Drug user 3.7%							p=0.001

Work conditions

Clues about adverse working conditions in FEBEM-SP touched upon in the FGDs were explored in more detail in the KAP survey. Participants were asked to rate FEBEM-SP's three biggest problems and/or challenges (Table 30). Overall, respondents rated inconsistent leadership in first place, followed by the physical environment and then security conditions. Lack of staff support was rated in fourth position. There was no statistically significant difference among staff categories in responding to this question ($p = 0.083$). Participants were also asked about some of these problems separately.

Most respondents were unhappy with their overall working conditions (salary, training, support, and security). Only 14% rated them as good, 46% as more or less ok, 30% as bad, and 10% as terrible. About half of the sample reported that they had never received feedback or support from a line manager or colleague, or medical support such as psychological support after being taken hostage. Those who did receive support said that it came mainly from their colleagues (39%). About 30% of respondents reported that they had never received specific job training when starting their employment with FEBEM-SP. This figure differed significantly by job category ($p <0.001$). The completion of technical training varied from 46% among technical staff to 35% among managers. As far as training on sexuality and HIV prevention is concerned technical staff were more likely to have participated in the *"Conheçer e Ser"* training on sexuality and HIV prevention (13%) compared to managers (5%). Neither *agentes* nor administrators in this sample underwent sexuality training.

Finally, participants were asked what circumstances would improve their chances for promotion. The responses differed significantly by job category ($p=0.01$). The 44% of respondents believed that neither age, sex, friendships, performance would improve their chances promotion. Managers were more likely to link chances for promotion with performance (42%) whereas a high

proportion of technical staff believed it had to do with being friends with the boss (45%).

Table 30 Opinions about work conditions by occupational group

	Manager		**Technical**		***Agente***		**Admin**		**Total**		p-value#
FEBEM-SP's biggest problem/challenge?	N=20	%	N=54	%	N=72	%	N=19	%	N=165	%	0.083
Inconsistent leadership	12	60	17	31	18	25	9	47	56	33.9	
Security/violence	4	20	10	19	22	31	5	26	41	24.9	
Physical environment	4	20	20	37	20	28	3	16	47	28.5	
Lack of staff support	0	0	7	13	12	17	2	11	21	12.7	
Physical space	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.034
Good	6	30	12	22	20	27	4	21	42	25.3	
Adequate	2	10	6	11	20	27	4	21	32	19.3	
Inadequate	12	60	26	48	21	29	5	26	64	39.6	
Precarious	0	0	10	19	12	16	6	32	28	16.9	
Training*	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	<0.001
Technical	7	35	25	46	26	36	8	42	66	39.8	
Administrative	2	10	1	2	2	3	5	26	10	6	
Security	4	20	2	4	20	27	2	11	28	16.9	
Legal	1	5	1	2	3	4	0	0	5	3.0	
Sexuality, HIV prevention	1	5	7	13	0	0	0	0	8	4.8	
None	5	25	18	33	22	30	4	21	49	29.5	
Institutional support*	N=19	%	N=52	%	N=72	%	N=18	%	N=161	%	0.855
Medical	2	11	5	10	8	11	1	6	16	9.9	
Colleagues	10	53	20	38	28	39	5	28	63	39.1	
Other	-	-	3	6	2	2	1	6	6	3.7	
None	7	37	24	46	34	34	11	61	76	47.2	
Overall conditions	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.432
Good	5	25	7	13	9	12	2	11	23	13.9	
More or less ok	11	55	20	37	35	48	11	58	77	46.4	
Bad	4	20	19	35	22	30	5	26	50	30.1	
Terrible	0	0	8	15	7	10	1	5	16	9.6	
Better chances for promotion if:	N=19	%	N=53	%	N=72	%	N=19	%	N=163	%	0.010
Younger	2	11	1	2	5	7	3	16	11	7	
Opposite sex	0	0	2	4	4	6	0	0	6	4	
Friends with boss	3	16	24	45	19	26	5	26	51	31	
Better performance	8	42	6	11	7	10	2	11	23	14	
None of the above	6	32	20	38	37	51	9	47	72	44	

#chi-squared test, * first choice of answers

57% of respondents have had at least one violent experience at the work place. Violent experiences were broadly classified as physical, psychological or sexual. Different types of staff experienced different types of violence (see Table 31). Technical staff reported mainly verbal and emotional violence, managers and *agentes* reported mainly physical and verbal violence, and administrators reported mainly verbal violence.

Two thirds of the sample reported that they had been present during a rebellion or uprising. Results indicated that managers and *agentes* were more likely to have been present during rebellions (80% and 73% respectively) compared to administrators and technical staff (61% and 50% respectively). However, it is worth noting that the majority of managers have previously worked as *agentes* and tended to have worked in FEBEM-SP for longer periods of time. 22% of staff had been taken hostage at least once during a rebellion or uprising. *Agentes* were more likely to have been taken hostage, although this difference did not reach statistical significance (p=0.260).

The survey also asked about participants' own use of violence. When asked if they had ever been violent at work, 28% responded affirmatively. Managers and *agentes* were more likely to have responded "at least once" (35% and 40% respectively) compared to technical and administrative staff (15% and 16% respectively). Following that, participants were asked if they had ever witnessed or heard about the death (not specified as violent or non-violent) of a colleague or young person in FEBEM-SP. 89% responded with "at least once" for both.

Considering the amount of violence experienced at the work place, The KAP survey screened participants for mental illnesses. According to the SRQ-20, 30% of respondents were classified as having psycho-emotional disturbances such as depression or anxiety. Broken down by sex, this translated into 32% of female staff and 27% of male staff. Using the same instrument in 1999, the prevalence of psycho-emotional disturbances among adult prison staff in Salvador, Bahia was 30.7%[125].

Table 31 Experience of violence at work by occupational group

	Manager		Technical		*Agente*		Admin		Total		p-value†
Violence at work place	N=20	%	N=54	%	N=72	%	N=19	%	N=166	%	0.493
At least once	11	*55*	30	*56*	45	*62*	8	*42*	94	*57*	
Never	9	*45*	24	*44*	28	*38*	11	*58*	72	*43*	
Type of violence	N=11	%	N=29	%	N=46	%	N=7	%	N=93	%	0.004
Physical	4	*36*	4	*14*	17	*37*	2	*29*	27	*29*	
Verbal	6	*55*	12	*41*	26	*57*	3	*43*	47	*51*	
Emotional	1	*9*	13	*45*	3	*7*	2	*29*	19	*20*	
Rebellion/uprising	N=20	%	N=54	%	N=73	%	N=18	%	N=165	%	0.027
At least once	16	*80*	27	*50*	53	*73*	11	*61*	107	*65*	
Never	4	*20*	27	*50*	20	*27*	7	*39*	58	*35*	
Been taken hostage	N=20	%	N=54	%	N=71	%	N=17	%	N=162	%	0.260
At least once	4	*20*	8	*15*	21	*30*	3	*18*	36	*22*	
Never	16	*80*	46	*85*	50	*70*	14	*82*	126	*78*	
Heard/witnessed death of colleague	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.838
At least once	18	*90*	48	*89*	66	*90*	16	*84*	148	*89*	
Never	2	*10*	6	*11*	7	*10*	3	*16*	18	*11*	
Heard/witnessed death of young person	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.852
At least once	18	*90*	49	*91*	65	*89*	16	*84*	148	*89*	
Never	2	*10*	5	*9*	8	*11*	3	*16*	18	*11*	
Has used violence against young person	N=20	%	N=54	%	N=73	%	N=19	%	N=166	%	0.009
At least once	7	*35*	8	*15*	29	*40*	3	*16*	47	*28*	
Never	13	*65*	46	*85*	44	*60*	16	*84*	119	*72*	
psycho-emotional disturbance	N=7	%	N=46	%	N=27	%	N=13	%	N=93	%	
Women (score ≥7)	2	*29*	13	*28*	10	*37*	5	*38*	30	*32*	#0.123
psycho-emotional disturbance	N=13	%	N=8	%	N=46	%	N=6	%	N=73	%	
Men (score ≥5)	2	*15*	3	*38*	14	*30*	1	*17*	20	*27*	#0.563

†Fisher's exact test, #chi-squared test

Summary findings

The study sample recruited for the KAP survey was highly educated and had a mean age of 39.5 years. Staff members from each of the three FEBEM-SP institutions had similar socio-demographic characteristics (see Tables 12 and 13). Job categories were distributed as follows: 12% managers, 33% technical staff, 44% agents, 12% administrators.

An analysis of length of employment revealed that the proportion of *agentes* steadily decreased over time up until 10 years of employment, whereas it increased for most of the other job categories (see Table 14). For those employees with a previous work history in FEBEM-SP it was revealed that all managers in the sample had previously worked within FEBEM-SP in non-managerial jobs.

Staff members were very knowledgeable about STIs. Most participants had heard of 8 or more common STIs, and they knew about the most important HIV transmission pathways. Not only were they able to correctly identify ways of preventing STIs but many staff members reported that they had talked to young men about STIs and encouraged them to get tested for HIV. A small percentage of participants perceived themselves to be at high risk for STIs including HIV. Staff seemed receptive to a potential sexuality and STI prevention training and preferred a format of lectures and workshops.

The majority of participants had accepting views about children's sexuality and masturbation. However, participants were less accepting of homosexuality in general and did not agree with homosexual activity between young men.

Condoms were a hotly contested issue in FEBEM-SP. Based on staff's responses it was difficult to determine what FEBEM-SP's condom distribution policy was and how it varied by type of institution.

An analysis of racial inequality revealed that compared to whites, Afro-Brazilians were more likely to report incidents of racial discrimination at work (see Table 27). However, the interpretation of these data are limited by the dearth of similar data from other state institutions in São Paulo. Also, 30% of staff reported having seen a young person being discriminated against because of his race. With regards to staff's perceptions about racial and ethnic differences in FEBEM-SP, staff believed that Afro-Brazilian staff members were more likely than white to have jobs requiring little or no education, and that black young men are more likely to be repeat offenders, serve longer training orders, be convicted for drug-related offences, and to have committed homicide.

59% of participants had experienced some type of violence at work. All of them reported incidents of verbal violence. *Agentes* and managers also reported incidents of physical violence. 32% of female employees and 27% of male employees showed symptoms of minor psycho-emotional disturbances including depression and anxiety. None of them were classified with major psycho-emotional disturbances. It is important to note that the prevalence of adverse outcomes are likely to be an underestimate of the real burden as approximately 20% of FEBEM staff were on long-term medical leave.

Chapter 7: Understanding FEBEM-SP's policy context

The objective of this chapter is to describe the findings from in-depth interviews with stakeholders working directly and indirectly with young people in conflict with the law. The research questions to be answered by the policy analysis were: What is the ability of FEBEM-SP to respond to the vulnerabilities faced by young men and staff members?

c. What are the legal safeguards that protect young people's human rights including sexual and reproductive rights?
d. Should FEBEM-SP have a formal sexuality policy? If so, what steps need to be taken to develop consensus for such a policy within FEBEM-SP and more generally within the political environment?

Interviewees represented a wide range of governmental and non-governmental organizations working at municipal, state, national, and international levels. They were chosen because their respective organisations were identified by FEBEM-SP and the research team as key players in the political landscape related to young people in conflict with the law, sexuality, and human rights. For a detailed description of the methods see Chapter 4.

The research team successfully interviewed 34 out of the 40 stakeholders on the interviewer list. For the interviews which were not completed, two interviewees declined to be interviewed and the remaining four interviewees had irreconcilable scheduling conflicts. When the primary contact in an organisation was not able to complete the interview interviewers asked for an alternative contact within the same organisation. Table 32 is an overview of stakeholders by type of organization. The final group of interviewees was made up as follows: 13 representatives from government, 13 from civil society, five from academia, two from International organisations, and one from a foundation. Government and civil society organisations were further subdivided by the primary level of their mandate: municipal, state, and national. 23 out of 34 respondents were female.

Many of the respondents were national experts in their respective fields. Some had more than 30 years of experience working with young people in conflict with the law. They represented diverse professional backgrounds including psychology, medicine, law, education, and social work, among others. Representatives from the senior management team in FEBEM-SP were the only stakeholders who declined to be interviewed. Tables 33-35 at the end of the chapter contain more detailed information about the respondents and the organisations they represented.

Table 32 Overview of stakeholders by type of organisation

	Government	Civil Society	Academia	UN/bilateral	Foundation
Municipal	5	7			
State	7	2	5		
National	1				1
International		4		2	
Total	13	13	5	2	1

Interviews were conducted in the six week period between late December 2005 and mid February 2006. A team of five experienced social scientists conducted the interviews using a semi-structured interview guide (see Appendix) which had been refined through pilot testing with programme staff at the NGO CEERT. The changes to the interview guide were agreed in a meeting with the research team and subsequently incorporated by a team member. Interviews were completed in person or over the phone and the conversations were tape-recorded and transcribed. One interviewee sent her responses by e-mail. Interviews lasted between 30 minutes and one hour and 30 minutes. Interviewees underwent standard procedures of informed consent and were assured confidentiality and anonymity. Responses were analysed by question and by type of respondent. Where appropriate, participant's responses were complemented with anonymous quotes.

The interview guide was composed of eight questions which elicited answers around four dominant themes: institutional positions on a young person's right to sexuality; knowledge of policies and practices of sexuality and sexual and reproductive health, recommendations for potential interventions to promote sexual and reproductive health in FEBEM-SP and partnerships and components needed for potential sexual and reproductive health interventions in FEBEM-SP. The chapter will follow the elaboration of the four dominant themes. The chapter will close with a summary of the main findings.

Description of the study sample

The research team interviewed thirteen stakeholders from government. They were divided as follows: one respondent from the national level, seven respondents from the state level, and five respondents from the municipal level. They represented a range of job titles including programme managers, legal experts, judges, social workers and councillors. They represented government organisations in the judiciary, human rights, children and young people, health, workers unions and young people in conflict with the law. Nine out of 13 organisations had direct links with FEBEM-SP and four had indirect links.

All interviewees reported that their institutional mandates were based on the principles set out by ECA. Government respondents were linked to each other in the following way. The respondent at the national level provided technical assistance to state government organisations also known as CONDECAs (*Conselho Estadual dos Direitos da Criança e Adolescente*), municipal government organisations also known as CMDCAs (*Conselho Municipal dos Direitos da Criança e Adolescente*) and NGOs on the implementation of ECA with a special focus on young people in conflict with the law. The study sample included one respondent from CONDECA and another from CMDCA. Both respondents worked in an advisory capacity to the government (state and municipal government, respectively) on the appropriation of state funds for programmes supporting children, young people and their families, including young people in conflict with the law. CMDCA was also responsible for auditing municipal organisations that cared for children and young people, e.g. orphanages, group homes, hospitals but not FEBEM-SP. Three respondents worked for local guardianship councils responsible for the social protection of children, young people and their families in specific neighbourhoods of São Paulo. The local guardianship councils had a direct working relationship with the regulatory body CMDCA.

Three respondents worked for the São Paulo State Judiciary in the capacities of judge, public prosecutor and public defender. The judge presided over and decided the outcomes of legal hearings of the State against young people in conflict with the law. The public defender was the legal counsel provided by the State for young people in conflict with the law and their families who could not afford private counsel. The public prosecutor was responsible for inspecting all FEBEM-SP institutions in the *regime fechado* (closed institutional system). His job entailed representing the State in legal proceedings brought against FEBEM-SP by young people and their families. One respondent represented FEBEM-SP and another worked for, Sitraenfa, the union representing FEBEM-SP employees. The final two government respondents worked for the State and municipal STD/AIDS programmes. Both respondents had specific mandates to work with young people, including young people in conflict with the law.

The research team interviewed 13 respondents from NGOs, nine of which had direct links with FEBEM-SP and four of which had indirect links. The majority of respondents were programme managers or programme directors with backgrounds in law, psychology or social work. Two NGOs worked directly with young people in conflict with the law and their families. Five NGOs had direct links with the municipal regulatory body, CMDCA. The remaining six NGOs worked on a range of subjects including the sexual and reproductive rights of young people, masculinity, fatherhood, drug abuse, violence and general human rights on a national and international scale.

Five respondents worked for CEDECAs, *Centros de Estudos e Defesa da Crianca e Adolescente*, the non-governmental equivalent of local guardianship councils. They support children, young people and their families in the neighbourhoods of Brasilandia, Sé, Interlagos, Belem and Sapopemba. The five selected CEDECAs were a convenience sample taken from a total of 35 CEDECAs in the City of São Paulo. CEDECAs work in close collaboration with public defenders when young people in conflict with the law are summoned for hearings before the judge.

There were two NGOs that specifically focused on working with young people in conflict with the law and their families. One respondent represented a local organisation of mothers' whose children were interned in FEBEM-SP. Another respondent represented an organisation dedicated to HIV prevention with young people in conflict with the law in FEBEM-SP. The remaining six respondents worked for NGOs that led programmes in the areas of vocational training, sexual and reproductive health and rights, masculinity and violence prevention, fatherhood, drug abuse and general human rights.

The research team interviewed five academics from two Universities in São Paulo. Two additional interviewees represented a bi-lateral organisation and a United Nations agency and a third interviewee was the executive director of a charitable foundation.

All respondents representing academia were involved in teaching, research and project management in the disciplines of social psychology, health education and public health. All academic respondents had direct experience of working with young people in conflict with the law. Three out of five had specific experience of working with young people in conflict with the law and sexual and reproductive health. The respondent from the United Nations agency provided technical assistance to the municipal government on the decentralisation of FEBEM-SP's *regime aberto* (community training system). The respondent from the bi-lateral organisation oversaw the implementation of national programmes to address institutional racism in health. Young people in conflict with the law were part of this mandate. The respondent from the charitable foundation managed the appropriation of financial support to NGOs working with vulnerable young people in São Paulo. Young people in conflict with the law were part of this mandate. This charity had a close working relationship with the municipal regulatory body CMDCA.

Policies and practices related to sexuality and sexual and reproductive health

The aim of the policy analysis was to get an overview of policies and practices with regards to sexuality and sexual and reproductive health in FEBEM-SP. Background research and informal conversations with FEBEM-SP staff indicated that FEBEM-SP did not possess official documentation outlining its position on sexuality and sexual and reproductive health. The analysis presented in this chapter is therefore a summary of institutional practices as described by the stakeholders in government, NGOs and academia.

In question four of the interview guide respondents were asked about their institution's position about a young person's right to sexuality within FEBEM-SP. Government representatives responded as follows. The first group of respondents said that their institutions acknowledged a young person's right to sexuality within FEBEM-SP. The second group said that their institutions acknowledged a young person's right to sexuality in theory but that their organisations also acknowledged that this right does not exist in practice. The third group of respondents was not able to respond to this question on behalf of their institution. However, several respondents voiced their personal opinions on the issue some acknowledging the right to sexuality, others disapproving of it. Overall, most government respondents agreed that young people in conflict with the law had a right to sexuality education (see comment below).

Mas, sem dúvida, como grupo a gente tem uma posição muito clara no sentido de que essa questão tem que ser pautada, numa linha de que a questão das visitas intima é um direto inquestionável. But, without a doubt, as a group we have a very clear position on the fact that this issue needs to be talked about using the line of argument that intimate visits are an unquestionable right.

NGO representatives responded as follows. The first group supported a young person's right to sexuality in FEBEM-SP. The second group of NGO respondents did not express a formal opinion on behalf of their institution. However, several respondents expressed their personal opinions which varied from acknowledging a young person's right to sexuality in FEBEM-SP to promoting healthy sexuality to

a criticism of the circumstances under which sexuality was experienced by young people in FEBEM-SP. The majority of respondents stressed the importance of commencing a dialogue about sexuality in FEBEM-SP because "sexuality should be viewed as an important part of each person". The need to talk about sexuality is also a demand made by young people in FEBEM-SP, according to one respondent. The following quote describes how a respondent's experience of working with young people has made her question whether sexuality could ever be freely expressed in an institution such as FEBEM-SP.

"Nossa visão mudou muito depois de anos do projeto dentro das unidades. Lembro de uma oficina de sexo seguro de prevenção de DST/aids que estava desenvolvendo em uma unidade, em que um jovem, me fez a seguinte pergunta: Sexo seguro 'e sexo por vontade, sem ser contra vontade, não é senhora?"... Não acho que no momento da FEBEM-SP, os jovens teriam liberdade para ser donos de sua vontade quanto a sua sexualidade e o que seria "sexo liberado" na FEBEM-SP, poderia reforcar o que ja acontece, onde sexo na FEBEM-SP entre jovens ou entre funcionarios e jovens, e moeda de troca... Um meio termo que temos trabalho nesta direção diz respeito ão direito dos jovens se masturbarem. Pode parecer piegas, mas os jovens em muitas unidades são muito controlados até acerca de se podem ou não se masturbarem! Our vision has changed a lot after many years of running the project in FEBEM-SP. I remember one workshop about safe sex and prevention of STIs/AIDS that I was giving in one unit during which a young person asked me: Safe sex is voluntary sex, without doing it against your will, isn't it, Miss? ...I don't think that while in FEBEM-SP young people have the freedom to decide about their sexuality what we would call "sex by choice". I would like to stress what is already happening, where sex in FEBEM-SP among young people or staff members and young people becomes a currency...The mid way that we have fought for is the right for young people to masturbate. It may appear sentimental, but young people in many units are heavily controlled to the point of whether or not they are allowed to masturbate!

All academic respondents expressed their own opinions and not those of their organisations. It was generally acknowledged that a young person in FEBEM-SP has the right to sexuality. One respondent believed that the right to sexuality implied a right to citizenship and thus a certain kind of responsibility. Respondents described the dichotomy between the right to sexuality in theory and the limits imposed on the expression of sexuality in FEBEM-SP. One respondent noted that the right to sexuality is not visible in public discourse and as such did not guarantee tangible outcomes for young people in FEBEM-SP. Several respondents agreed that the discourse about sexuality in FEBEM-SP was a sensitive topic, a topic that officials were reluctant to address. In the quote

below one respondent describes how even ECA fails to explicitly guarantee a young person's right to sexuality.

"O direito à sexualidade é um direito possível, mas é muito controverso... O único direito que é trabalhado no ECA sobre a questão da sexualidade, é o direito de não fazer sexo contra a vontade ... de não ser abusado. Mas o direito de se fazer sexo protegido é algo que não está discutido no ECA ...Eu acho muito mal coberto isso no ECA. E os direitos do internado, ainda por cima, exercer a sua sexualidade." The right to sexuality is a possible right, but it is very controversial... The only right which is addressed in ECA with respect to sexuality is the right to not have forced sex ... to not be abused. But the right to have protected sexual intercourse is something that is not discussed in ECA... I think that it is badly covered in ECA. And, in addition to that, the rights of a detainee to exercise his sexuality (are badly covered in ECA).

Question five asked whether interviewees knew of policies related to sexuality and sexual and reproductive in FEBEM-SP and what these policies were. There was some uncertainty with regards to the presence or absence of a policy among government respondents. A minority of respondents said that they did not have adequate knowledge of FEBEM-SP to answer this question.

A government respondent at the national level described two important policy documents, Declaration No. 340 and the Interministerial Declaration No. 1726 ratified by the Ministry of Health on 2 July 2004[91]. Both of these documents were the result of an interministerial working group convened by the Sub-secretary for Human Rights and the Ministry of Health. The documents provide the national framework for the provision of State health services, including sexual and mental health services, for young people in conflict with the law in the closed institutional system. Components of the framework focus on health education, including information about pregnancy, contraception and access to condoms. At the time of the interviews, implementation of State health services were being piloted on a state-by-state basis, Paraná having been the first state. By the end of the study in February 2006, the project had not been piloted in São Paulo.

About half of the government respondents were well acquainted with FEBEM-SP. The general consensus was that there were no explicit policies relating to

sexuality and sexual and reproductive health in FEBEM-SP. Several respondents mentioned the work of the NGO *Fique Vivo* and other isolated efforts of capacity building with staff. All government respondents agreed that there was an urgent need for sex and relationships education but that this need was currently not met.

Several stakeholders described practices related to sexuality and sexual and reproductive health in FEBEM-SP. There was more certainty on this topic. In the account below, one government respondent gives his personal account of homosexual practices and the risk of sexually transmitted infections in FEBEM-SP.

"Com relação as DSTs tem uma questão importante com relação a práticas homossexuais dentro das unidades. Essa é uma questão também colocada debaixo do tapete. Isso aparece muito pouco, embora apareça. É a pontinha do iceberg. Isso deve acontecer com uma freqüência muito maior do que eles acabam relatando em razão até da própria vítima não querer denunciar. ...Eu acho que a intenção da FEBEM-SP em negar que isso acontece de forma sistemática, consentida e de forma não consentida também...isso fica sob uma cortina de fumaça que faz com que a FEBEM-SP sequer cogite de fazer uma política de distribuição de camisinha. Que eu saiba de política específica, não tem nenhuma." In relation to STIs there is an important issue with homosexual practices in the units. This is an issue that is also swept underneath the carpet. It's barely mentioned, although it does appear. It's the tip of the iceberg. It must happen much more frequently then they end up reporting because even the victims don't want to report it... I think that FEBEM-SP's intention to systematically deny that it happens, consensual and non-consensual acts... this (sex among young men) stays behind a curtain of smoke which avoids that FEBEM-SP introduces a policy of condom distribution.

Occurrences of sexual abuse were confirmed by four other respondents. One less explicit way to control the sexual arousal of young men in FEBEM-SP and to protect female staff was the practice of instructing female staff members to cover up shoulders and knees by wearing an *avental* or lab coat. The respondent described it in the following way.

Aí a trabalhadora não pode colocar, mostrar o ombro, não pode mostrar o joelho, não pode porque o menino se masturba na frente ou pega o mais fraco e faz dele o seu despojo. Therefore the female worker cannot wear, reveal her shoulder, or show her knees, cannot because a boy might masturbate in front of her or grab the weakest one around him and make him his victim.

One stakeholder described how lack of training had led to incidents of staff members engaging in sexual relationships with young people. In the quote below an NGO representative describes how these cases were discovered.

Nós sabemos que hoje existem até casos frequentemente relatados de envolvimento sexual de funcionários com adolescentes. Até em apurações do Ministério Público tem casos de abusos sexuais praticados por funcionários do sexo masculino contra adolescentes também do sexo masculino dentro da FEBEM-SP, casos principalmente de sexo oral. E sabemos de envolvimento de funcionárias mulheres com adolescentes do sexo masculino dentro da FEBEM-SP. Isso tem sido muito comum, inclusive no complexo do Tatuapé e no complexo da Vila Maria. Então é uma questão que também precisa ser encarada pela instituição. Talvez, se houvesse a visita íntima, esses casos seriam mais isolados, poderia haver casos excepcionais, mas, infelizmente, tem sido bastante comum essa relação. Então, isso precisaria também ser discutido por funcionários. Essa discussão de sexualidade é um tabu da instituição com relação aos internos, mas é um tabu também da instituição com relação ao seu próprio corpo de funcionários. Isso precisa ser superado. We are aware of many documented cases of the sexual involvement of staff members with adolescents. Even the records of the Public Ministry document cases of sexual abuse committed by male staff members against male adolescents in FEBEM-SP. These cases principally relate to oral sex. We are also aware of involvements between female staff members and male adolescents in FEBEM-SP. This appears to have been very common in the complexes of Tatuapé and Vila Maria. Therefore it is an issue that needs to be addressed by the institution. Perhaps, if there were intimate visits, these cases (of sexual abuse) would become more isolated, there would always be exceptional cases, but unfortunately they have been very common. So, this needs to be addressed with staff members. Discussions about the sexuality of young men are an institutional taboo. It's a taboo in relation to their own members of staff. This needs to be overcome.

Two government respondents believed that it was necessary to restrict young people's right to sexuality in FEBEM-SP's full-time training system. They used the following argument to elaborate their position:

- Young people in FEBEM-SP are in transition to adulthood and thus lack the maturity to have a sexual life.
- The sexual partners of young people in FEBEM-SP are young people themselves. Thus both parties lack the maturity to make responsible decisions concerning contraception, STI prevention and general sexual and reproductive health and well-being.
- Intimate visits are an intervention imported from the adult prison system and do not match the objectives of a training order for young people.
- Young people in FEBEM-SP should not feel like they have everything at

their disposal, e.g. housing, food, education, drugs, sex.

- The state assumes the role of guardian and as such must impose limits on young people who might have had limited supervision from their own families
- FEBEM-SP does not provide sexuality education and access to sexual health services.

On the topic of intimate visits there was a theoretical ideal and a practical reality. One of the two government respondents qualified his position by saying that, theoretically, there was nothing wrong with instituting intimate visits in FEBEM-SP. However, under the current institutional conditions, FEBEM-SP was unable to provide young people with adequate conditions for these visits to occur. His own words were:

Não existe nada que é tolhida diretamente a visita íntima aos internos da FEBEM-SP, ela não era autorizada por uma circunstância da crise vivenciada. A partir do ano passado houve uma grande tolerância de freqüência de visitas íntimas, em grande parte das unidades aqui na capital. O fato que, do jeito que está, eu sou absolutamente contra, por que? Inviabilizar a sexualidade do adolescente? Não. É uma questão de prudência e de falta de uma política pública adequada pra atendimento esse jovem. There is nothing that directly opposes intimate visits for young men in FEBEM-SP. It is not authorised because of critical circumstances experienced. Since the beginning last year there was a great tolerance of the frequency of intimate visits, mostly in units in São Paulo City. The fact is, that way things are, I am absolutely against it. Why? Prohibit the sexuality of the adolescent? No. It is a question of prudence and lack of adequate public policies to support the young person...

In this quote the respondent concludes that it is not a violation of human rights that harms these young people, it is actually the lack of clear and appropriate guidelines that are the biggest barrier to young people's sexual health in this context.

NGO respondents were more familiar with the workings of FEBEM-SP. Only one respondent was unable to respond. All other NGO respondents confirmed that FEBEM-SP did not have a policy relating to sexuality and sexual and reproductive health. These statements were based on respondent's long-term experiences

(10 years+) of working with FEBEM-SP. One respondent also referred to the two national Declarations ratified in July 2004[91]. In the following quote the respondent clarified that the national policy was far from being implemented and that implementation required collaboration from a wide range of actors.

"Porque uma política não se faz com a assinatura do ministro dizendo que deve ser feito dessa, daquela ou daquela outra forma, mas como é que você sensibiliza este gestor, como é que você capacita sua equipe. Que insumos e instrumentos esta equipe vai ter para lidar com este assunto, para lidar com a vivência da sexualidade desses meninos e meninas." A policy is not made with the signature of a minister saying it ought to be done this way, that way or the other way. It's about sensitising stakeholders and about capacity building of members of staff, the types of inputs and instruments staff members will have in order to deal with the topic, namely to address the lived sexuality of these young women and men.

Several NGO respondents reported that FEBEM-SP had an informal policy which prohibited and denied sexual activity of any kind. One respondent used these words to describe the situation:

"...em geral, sexualidade e algo que não existe. Não se fala, se reprime, os assuntos importante como DST/aids sao tratados para quando sairem da FEBEM-SP. Preservativos podem ser fornecidos quando os jovens saem da internação, dentro não, "não ha sexo na FEBEM-SP", pra que? In general, sexuality is something that does not exist. It's not talked about, it's repressed, important topics such as STIs and AIDS are only addressed for those that leave FEBEM-SP. Condoms are offered when young people leave full-time institutions, not inside, "there is no sex in FEBEM-SP", what for?

Many NGO respondents reported that the "no sex, no condoms" policy was not adhered to and that the FEBEM-SP administration was aware of it. Several respondents were aware of incidents of sexual abuse and violence suffered by young people in FEBEM-SP. One respondent went as far to say that sexuality and sexual activity were used as forms of punishment. Many NGO respondents were very critical of the institution's lack of response to sexual violence, abuse and the prevention of STIs. A small group of NGO respondents acknowledged sporadic interventions conducted by NGOs and the institutions attempt to provide specialised services for pregnant young women. The respondent noted that these specialised services excluded the partners of young women. One respondent said that the current practices in FEBEM-SP were in direct opposition

to what should happen to protect young people and their emotional and physical well-being.

Respondents representing the judiciary, NGOs and guardianship councils made reference to several different official court cases involving the sexual abuse of young people in conflict with the law.

"O que não pode é os meninos ficarem se estuprando entre eles, sendo estuprados por funcionários, ou fazendo sexo de qualquer forma lá dentro sujeitos a serem contaminados. Isso é o que não pode acontecer." What cannot (happen) is that boys continue to rape each other, are raped by staff members, or that they have sex in any which way and thus subject themselves to infection inside. This is what cannot happen.

Academics and the representatives from international organisations were well informed about what happened in FEBEM-SP. Only one respondent lacked information to respond to the question. The majority of academics reported that FEBEM-SP did not have a clear and defined policy relating to sexuality and sexual and reproductive health, neither in the *regime fechado* nor in the *regime aberto*.

"Existe uma política mentirosa, dizendo assim: aqui não tem sexo, aqui não se faz sexo. Eu acho que a política lá dentro é aplicada assim." It's a false policy which says: there is no sex here, no one here has sex. I think that is the policy that is applied inside.

All academic respondents were very critical of the fact that FEBEM-SP did not assume responsibility for the sexual and reproductive health of young people under its guardianship. There was a sense among academic stakeholders, that in terms of sexuality, young people in FEBEM-SP were no different to young people outside of FEBEM-SP. The only difference was that they temporarily lived in an institution that sought control of their sexuality.

"... a gente .. lida com esse adolescente como adolescente, não como um infrator e ele vive a questão da sexualidade como os adolescentes em geral vivem, só que eles vivem isso numa instituição total que tem o controle, ou que busca ter um controle dele. ...Eu era absolutamente contra por exemplo na decada de 70 que o professor de Educação Física dava exercícios à noite duas, três horas de exercício pra cansa os moleques para eles não se masturbarem muito à noite né ? Até aí era o controle, a tentativa, dou esse

exemplo, o exemplo pra mostrar o controle, a tentativa de controle sobre a sexualidade." We work with the adolescent as an adolescent, not as someone who has broken the law. He (the detainee) experiences his sexuality the same way adolescents in general experience it except that he lives within a closed institution that has control or seeks to have control over him... I was absolutely against it, for example, when teachers of physical education in the 1970s gave two to three hour lessons at night in order to tire the guys out so that they would not masturbate at night, right? Now that was control, the attempt to, I use this example to demonstrate control, or the attempt to control sexuality.

Several respondents acknowledged that FEBEM-SP's "no sex, no condoms" policy supported the cover-up of clandestine sexual activity. Several respondents were aware of localised interventions conducted by NGOs or training materials that had been specifically developed for FEBEM-SP. Almost all respondents acknowledged the work of the NGO *Fique Vivo*. One respondent felt that despite localised efforts and good materials overall responses to sexual health were simply not implemented to scale. Another respondent concluded that interventions needed to be supported by political action.

Obstacles faced by FEBEM-SP

Question six asked interviewees about the major obstacles that FEBEM-SP confronts in the attempt to protect the sexual and reproductive health of young people in conflict with the law. Respondents spoke of three types of obstacles that FEBEM-SP faced in the attempt to protect the sexual and reproductive health of young people: societal, structural and management-related obstacles.

A mix of government, NGO and academic respondents said that the problems faced in FEBEM-SP were problems faced by Brazilian society as a whole. According to some, Brazilian society feared talking about sexuality. This fear applied to all institutions, including schools, the church and to communities and families. Another issue was crime. Reducing crime and punishing criminals are important political issues. According to one government respondent São Paulo harbours approximately 7,000 young people in residential institutions, more than 50% of all young people in full-time or part-time residential institutions in Brazil, in addition to 120,000 male and female adult prisoners.

All respondents said that young people by the virtue of being associated with FEBEM-SP were stigmatised by society. Several government respondents said that young people were seen as "criminals". NGO respondents reported that there was little political will to make real changes. One academic respondent said that the stigma had moral origins. She elaborates her argument in the quote below.

"Acho que um é o obstaculo moral, ne? Acho que se moraliza tremendamente esse jovem, entao nao se consegue trabalhar como um adolescente com questoes. Se estende a condenacao moral ao ato infracional. Se estende a outros ambitos da vida. Coisa tipica das institucoes totais. Eu acho que a FEBEM-SP nao deixou de ser uma institucao total." I think it's a moral obstacle, right? I think that the young person is extremely moralised. Therefore you are not able to work with him as an adolescent with questions. One extends the moral condemnation to the committed crime. One extends it to other spheres of life. It's typical for total institutions. I think that FEBEM-SP never stopped being a total institution.

Stigma towards young offenders presented a serious challenge to making referrals to health services outside. The following quote gives an example of the stigma experienced by young men in the National Health System (SUS).

"É um problema gravíssimo ou não atende, recusa, não tem exame, realmente é um transtorno a falta de integração de saúde, como todo sistema de saúde, já é problemático para a população que não esta custodiada quanto mais com todo preconceito e com toda problemática que envolve os jovens da FEBEM-SP, chegam algemados, falam que vem da FEBEM-SP, já causa um alvoroço..." It's a very serious problem; either they (health post) refuse to see the patient or they (health post) do not have the (laboratory) exams. It's really a lack of integration of health within the entire system. It's already problematic for the general population let alone adding the prejudice and difficulties concerning young people from FEBEM-SP. They arrive handcuffed, say they are from FEBEM-SP, that alone causes uproar...

Secondly, and related to the issue of stigma, is the issue of racism. Four respondents said that Brazilian society is afraid to acknowledge that young people and staff members in FEBEM-SP are disproportionately black.

"Então outro grande problema que a FEBEM-SP enfrenta é a invisibilidade da discussão racial. Todos sabem que a FEBEM-SP tem mais negros, mas ninguém ver isso... Porque nós temos medo de discutir, a FEBEM-SP é majoritariamente negra, ela tem trabalhadores de pátio negros e garotos negros... É majoritariamente negra, mas a direção não é majoritariamente negra." The other big problem that FEBEM-SP faces is the invisibility of the race issue. Everyone knows that FEBEM-SP has more black people, but no one wants to see it... Because everyone is afraid of talking about it. FEBEM-SP is mainly black, its staff members who work on the patio are black and the boys are black... It's majority black, but among senior managers they are not majority black."

"E no final do ano dizer que vamos fazer mais tantos presídios, vamos construir mais tantas Febens. Pra colocar o filho de quem? Eu me faço essa pergunta. O filho de quem vai para a FEBEM-SP? É isso? Cria quatro FEBEMs, dois penitenciárias e nenhuma escola." And at the end of the year they say we are going to build more prisons, we are going to build another x amount of FEBEMs. To lock up who's children. I ask myself this question. Who's sons are sent to FEBEM-SP? Is that it? Create four FEBEMs, two prisions and not one school.

Various respondents described the structure of FEBEM-SP as an obstacle in its own right. Respondents elaborated further saying that structural problems related to the architecture of buildings and complexes. Other structural issues were related to human resources, more specifically chronic understaffing, lack of training and lack of supervision among staff. Lack of capacity among FEBEM-SP staff was repeatedly mentioned by all types of respondents.

Government, NGO and academic respondents also listed issues of material resources, for example, building maintenance, issues related to general hygiene and sanitation and lack of equipment (food, soap, laundry services, furniture). Many of these problems were the result of overcrowding. Several respondents remarked that the accommodation of young people in FEBEM-SP was inadequate as it did not respect separation by age, physical build or severity of crime. The situation is described by one respondent in the following quote.

Primeiro lugar você tem a questão estrutural da FEBEM-SP, você não tem unidades compatíveis, pequenas unidades compatíveis, como manda a lei, você não tem uma comparação rigorosa por critério de idade, corporação física, gravidade da infração, você não tem uma política de atendimento e orientação desses jovens com relação a questão sexual, desde a questão da gravidez até a questão de doenças etc, você não tem um continente de fiscalização, de funcionários suficientes pra estarem orientando e implementando, uma eventual regulamentação. In first place you've got the structural issues of FEBEM-SP. There are no adequate units, small units as required by law. There is no rigorous separation by age, physical build, and seriousness of crime. There is no policy that supports educating these young people in sexual subjects, starting from issues of pregnancy to issues related to diseases etc. There is no monitoring of activities, of whether there are sufficient staff to educate and implement a potential programme.

All three types of respondents described a series of management problems. First and foremost was the absence of formal policies on issues such as violence and abuse, health care and re-integration into the community after release. One government respondent said that FEBEM-SP operated as a repressive system that kept repeating the mistakes of the past. Government and NGO respondents were critical about the pedagogical model applied in FEBEM-SP and even more so about the inefficiencies in delivering essential services such as education and health care. Respondents reported that education was not universal. In terms of health care, they said that FEBEM-SP did not support the principles of preventive practice, one of which is health education.

Aqui em São Paulo tem algumas unidades menores que funcionam melhor mesmo, mas o problema ainda está no plano dos direitos civis e dos direitos sociais porque a superlotação das unidades você tem problemas de sarna, problemas de pele, se tem vírus que circula, tipo gripe. De repente você vai à FEBEM-SP e metade dos meninos estão gripados, superlotados. Educação, qual que é problema? Você tem as salas dentro da FEBEM-SP, salas de aulas, sistema público, quem quer dar aula pro menino infrator? O professor não quer dar aula pro menino infrator porque, primeiro ele não acredita na ressocialização, depois porque é mais perigoso, é mais perigoso? É mais perigoso. Isto é um fato! Você esta num ambiente mais hostil, então o direito a educação não é um direito efetivado. E aí a coisa da tortura e da violência é muito forte dentro da FEBEM-SP de São Paulo. Here in São Paulo there are some smaller units that function better. But the problem remains with plans to ensure the civil and social rights because within overcrowded units you have problems of sanitation, skin problems. If there is a circulating virus, such as the flu virus, all of a sudden you have half of the young people who are sick in situations of overcrowding. Education, what is the problem? There are classrooms in FEBEM-SP, class rooms which belong to the public system. But who wants to teach young criminals? Teachers do not want to give lessons to young criminals why? Firstly, because they do not believe in re-socialisation. Secondly, because (teaching there) is much more dangerous. How much more dangerous? A lot more dangerous. It's a fact! You are in an environment that is more hostile. As a result the right to education is a right that is not implemented. Issues of torture and violence are very serious in FEBEM-SP.

NGO respondents unanimously agreed on the enormous challenges imposed by ensuring the human rights of young people in FEBEM-SP. Respondents particularly focused on the right to dignity, privacy, safety, education and health. According to NGO respondents these were the most serious challenges.

"Eu acho que quem enfrenta os maiores obstáculos é o cidadão comum ou é o cidadão jovem, adolescente que é totalmente tirado seus direitos como ser humano, quando ele vai para um regime como a FEBEM-SP que é uma piada, para dizer o mínimo, acho um absurdo... é uma piada porque ele quer proteger coisa nenhuma, nem o jovem, nem a saúde dele ... para mim não existe nenhum tipo de idéia de proteção, quando você fala de não ter visita íntima, de não ter preservativo, muito pelo contrário." I think that he who faces the biggest challenges is the common citizen or it's the young citizen, the adolescent who is completely deprived of his rights as a human being when he is ordered to go to an institution like FEBEM-SP. It's a joke, to say the least. I think it is absurd. It's a joke because it (FEBEM-SP) does not want to protect anything - neither the young person nor his health... For me there isn't any kind of protection if you don't talk about intimate visits, if you don't have condoms available, more on the contrary.

All three types of respondents referred to legal challenges contained in ECA. Several respondents said that ECA itself is flawed by a legal loop hole that does not explicitly safeguard young people's right to sexuality and sexual and

reproductive health. It was suggested that this could be changed by creating a legislative amendment to ECA.

The way forward

Question seven asked interviewees about FEBEM-SP's allies in the attempt to protect the sexual and reproductive health of young people in FEBEM-SP. The majority of government respondents believed that FEBEM-SP should ally itself with other government departments, most notably SUS (Unified Health System), and civil society. Civil society was mentioned by all government respondents except two. In their opinion civil society included a mix of national human rights organisations and local community organisations including churches, samba schools and neighbourhood associations. One respondent believed that families and academia also had an important role to play.

"Olha a única possibilidade nesses mais de oito anos de experiência é realmente uma união de várias entidades, de organizações da sociedade civil, que cada um traga a sua experiência porque infelizmente o Estado, latu sensu, considerado despersonalizado, ele tem se mostrado ineficiente na execução do papel que é inerente a ele... Então é mais gerenciamento nas parcerias no programa de educação, de atendimento psicológico, até isso é muito possível com o terceiro setor." Listen, the only possibility in my eight years of experience is a real union of various actors, including organisations from civil society, and that each one adds his/her unique experience. Unfortunately, the State, speaking subjectively, has proven itself unable to fulfill its inherent role... Therefore it's more about coordinating partnerships for education programmers, psychological counseling, outsourcing these services to the third sector is very possible.

All NGO respondents believed that their organisations were best suited to collaborate with FEBEM-SP. Respondents also listed SUS, UN agencies and families. Similarly, all academic respondents believe that civil society had an important role to play in brining about change in FEBEM-SP. One respondent mentioned the importance of local guardianship councils. Some academics also acknowledged the role of universities and SUS.

A group of eight government, NGO respondents and academics believed that FEBEM-SP should have no allies at all. They strongly believed that FEBEM-SP should not exist. Their views are best represented in the following quotes.

"Como é que vamos discutir a sexualidade, a sua implementação, se a FEBEM-SP não tem um projeto maior para isso? Me dá o projeto da FEBEM-SP ou conte a história dela. Tem que ser desmontada e as pessoas tem que ter coragem de dizer. Isso é governo!" How is it that we will talk about sexuality, its implementation, if FEBEM-SP does not have a broader vision for (the young people in) it? Tell me about FEBEM-SP's vision or tell me about its history. It has to be dismantled and people have to have to courage to say it. That's what government is!

"Eu sou bastante pessimista quanto a FEBEM-SP, eu acho que pra FEBEM-SP implementar o ECA ela teria que começar do zero. Eu acho muito difícil, você hoje passar por um processo de reestruturação da FEBEM-SP par adequação ao Estatuto, sem começar do zero" I am very pessimistic about FEBEM-SP, I think that in order for FEBEM-SP to implement ECA it will have to start from scratch. I believe that it would be very difficult without starting from scratch.

"O meu pressuposto é que a FEBEM-SP não tem que ter aliado nenhum, não no sentido de ter que ficar sozinha, ela não tem que existir. Se você for pensar num panorama ideal, você não pode incluir a FEBEM-SP. A FEBEM-SP tem que acabar, se o panorama normativo é o ECA, é a Convenção. Então a FEBEM-SP não pode continuar." My belief is that FEBEM-SP does not need any alliances. Not in the sense that it needs to be on its own. It musn't exist. If you were to think of an ideal vision it could not include FEBEM-SP. FEBEM-SP has to end if the normative vision is ECA and the Convention.

..."eu defendo com muita convicção a extinção da FEBEM-SP. Eu não acredito mais em nenhuma possibilidade de reforma mais dessa instituição, essa instituição, ela é filhote do golpe militar de 1964, ela tem haver com a Funabem que foi fundada no dia 1 de dezembro de 1964, em São Paulo ela surgiu em 1965, com a mesma pessoa que instalou a Funabem... Ela guarda resquícios dessa época, da nossa história, de uma época que o pessoal, cuidava circulava dentro do sistema penitenciário, sistema de menores, as instituições destinadas aos presos políticos, dos presídios dos presos políticos dos presos comuns... então ela guarda essa mentalidade, da época da ditadura, da tortura. E essa mentalidade ela esta impregnada nos fundamentos dessa instituição..." I support the extinction of FEBEM-SP with great conviction. I don't believe anymore in any possibility of reform for this institution, this institution, is a brainchild of the military coupe of 1964, it's linked to FUNABEM which was founded on 1 December 1964, in São Paulo it emerged in 1965, founded by the same person who founded FUNABEM... It reminds us of this period in our history, this period when we took care of, circulated between the prison system, the system for minors and the institutions for political prisoners, (to take care of) political prisoners and common prisoners... therefore it has kept this mentality, of the period of the dictatorship, of torture. This mentality is impregnated into the foundation of this institution...

When asked about the essential components of interventions to promote the sexual and reproductive health of young people in conflict with the law respondents suggested interventions at three different levels: the policy level, the institutional level and the community level. Several respondents also made specific suggestions for interventions targeting young people.

Government and NGO respondents spoke of the importance of breaking the taboos that exist about sexuality and young people. Overall, respondents made the following suggestions for interventions at the policy level.

- Academic respondents suggested that changes at the policy level required political activism on the part of stakeholders from all existing civil society movements such as human rights, children and young people, health, etc. Several respondents noted that current activism was fragmented.
- All respondents recommended that the various stakeholders concerned with the situation of young people in conflict with the law meet and initiate public dialogue concerning the sexuality and sexual and reproductive health of young people in FEBEM-SP. NGO respondents suggested that greater dialogue was needed amongst the health and education sectors. Academic respondents suggested that the aim of this dialogue should be the creation of intersectoral polices involving FEBEM-SP, the health sector and specialised health services such as the São Paulo State Programme for STD/AIDS. Government respondents noted that another goal was the creation of real multi-sectoral collaborations with FEBEM-SP. Academic respondents suggested that the dialogue also involve young people and their families. One respondent suggested that the guardianship councils are an existing structure that could bring all stakeholders to the table.
- Government and academic respondents stressed that part of the political activism was to advocate for the necessary financial resources to support research and programming in FEBEM-SP. Support from international stakeholders such as United Nations agencies could also be delivered in the form of financial resources and technical support. Respondents noted that

financial support needed to go hand in hand with political support for the continuity of programmes.

- NGO respondents suggested the need for explicit legislation to ensure the sexual and reproductive rights of young people in FEBEM-SP.
- All respondents suggested a general shift of focus from the *regime fechado* to the *regime aberto* and the importance of focusing on the re-integration of young people in the community after release from FEBEM-SP.

Respondents made the following suggestions for recommendations at the institutional level.

- Government respondents suggested improving security conditions in the *regime fechado* and ending the denial about sexual activity and sexuality in FEBEM-SP.
- All respondents recommended building appropriate accommodation, respecting the principles in ECA, for young people in the *regime fechado*.
- Academic and NGO respondents said that the institutional level required new educational models based on the rights-based approach. The implementation of these models could be supported by technical assistance provided by partnerships with NGOs.
- All respondents recommended building capacity for staff members in order to build the competence and confidence of staff to work with young people in FEBEM-SP. NGO respondents suggested that capacity building also include sex education and discussions about sexuality.
- Government and academic respondents recommended interventions to protect the physical and emotional well-being of staff members.
- Academic respondents indicated that there was enough evidence to warrant the implementation and scale-up of programmes for young people.
- No one recommended the commissioning of more research.

Recommendations for programmes targeting young people in FEBEM-SP:

- All respondents suggested that programmes incorporate the principles of a rights-based approach and the development of citizenship teaching the principles of respect for life, equality, responsibility and education.
- All respondents recommended the introduction of comprehensive sex education including discussions about human biology, gender, sexual relationships, STIs, HIV and AIDS, pregnancy, violence, contraception, condoms and activities to build skills (self-confidence, assertiveness, condom use).
- All respondents recommended the introduction of citizenship education which included critical discussions about patriarchy, machismo, racism, poverty, drug use, harm reduction and the future.
- All respondents urged that FEBEM-SP grant access to condoms and contraception.

"Por que não tem questões mínimas de higiene, de garantia de salubridade, tem uma coisa da indignidade nesse nível. Então nos primeiros precisamos ter, quando eu digo 'nós' é 'nós' mesmo, a sociedade civil, não mais como que vai fazer, mas a gente precisava arranjar, inventar um jeito de resgatar minimante a dignidade do movimento da medida de privação de liberdade... Ou um programa do meu ponto de vista DST/aids ou de sexualidade não é um programa pontual, é um programa que tem que estar junto, dentro de uma proposta que pega o cotidiano e as rotinas de vida do menino e enquanto ele cumpre a medida, mas esse momento percebe que nos temos que pensar, antes de pensar se o menino, sinto muito dizer isso, mas é verdade nas condições que nós estamos, antes de pensar que o menino tem direito a vida íntima ou não tem, nós temos que pensar que ele precisa de água lá dentro da unidade, precisa tomar banho, precisa ter uma cueca pra trocar, ele precisa ter uma toalha de banho só dele, ele não pode dividir a toalha de banho com o colega, que é o que está acontecendo lá, se você for voltar essa coisa do básico. Então acho que tem essa coisa do básico, da condição de sobrevivência, que precisa ser resolvida." Because there are no minimal conditions of hygiene, the guarantee of health, there is something undignified at this level. Therefore first we must have, when I say 'we' I really mean members of civil society, not anymore how we will do it, but we have to arrange ourselves, we have to invent ways to rescue the dignity of the movement of full-time training orders... In my opinion a programme dedicated to STIs/HIV prevention or sexuality is not a stand-alone programme, it has to be integrated within a proposal that is mindful of the day-to-day activities of the young person while he is detained. I am very sorry, but I must say that the truth is that considering the conditions that we are facing, before thinking about whether these guys have the right to intimate visits or not, we have to think about whether he needs water in the unit, whether he has the possibility to wash, access to clean underwear, a towel that is his own - we cannot allow them to share a towel with a

colleague. We have to think about what is happening inside, we have to return to the basics. I think that it is basic things, conditions for survival that we have to resolve first.

Respondents made the following recommendations for interventions at the community level.

- All respondents agreed that programmes with young people in FEBEM-SP have the ultimate aim of strengthening the links with young people and their families. NGO respondents recommended that in order to achieve maximal success programmes in FEBEM-SP needed to be mirrored by programmes in schools, families and communities and vice versa.
- Government respondents recommended the creation of youth-friendly health services as these could be accessed by young people in the *regime fechado* and *regime aberto*.

Summary of findings

Respondents represented a wide range of stakeholders at all levels of government, civil society, academia, international organisations and foundations. Representatives from the senior management team in FEBEM-SP were the only stakeholders who declined to be interviewed. A good proportion of the organisations that the respondents represented worked directly with young people in conflict with the law.

All institutions were united in their mandate to implement the principles set out in ECA. The study sample included one respondent from CONDECA (*Conselho Estadual dos Direitos da Criança e Adolescente*) and another from CMDCA (*Conselho Municipal dos Direitos da Crinaça e Adolescente*), three respondents who worked for local guardianship councils and five respondents representing NGOs called CEDECAs (*Centros de Estudos e Defesa da Criança e Adolescente*).

Few of the institutions that stakeholders represented officially acknowledged a young person's right to sexuality in FEBEM-SP. The majority of institutions had

never discussed the topic. Many respondents recognised a young person's right to sexuality when they expressed their personal opinions. Two respondents opposed a young person's right to sexuality in FEBEM-SP on the grounds of maturity and institutional circumstances. Many respondents noted that there was a taboo that prohibited discussions about sexuality in FEBEM-SP.

When asked about FEBEM-SP's official policies regarding sexuality and sexual and reproductive health about half of the respondents reported that FEBEM-SP had no official policy. Respondents also reported that the unofficial policy was one of "no sex, no condoms". Two respondents made reference to national policy documents that called for the creation of specialised health services, including sexual and reproductive health services, for young people in conflict with the law. Almost all respondents were aware of practices that involved sex and sexuality in FEBEM-SP. According to stakeholders' reports consensual and non-consensual sexual activity was common in FEBEM-SP and involved young people and staff members alike. Respondents representing the judiciary, NGOs and guardianship councils made reference to several different official court cases involving the sexual abuse of young people in conflict with the law. Stakeholders provided examples of how FEBEM-SP exerted control over the sexuality of young people and staff members in closed institutions. In light of sexual activity occurring in the institution the majority of respondents criticised FEBEM-SP's policy of prohibiting young people's access to condoms.

Several respondents noted that FEBEM-SP staff do not have the capacity to address young people's sex education needs. Barriers to ensuring sexual and reproductive well being were noted on many levels: societal, structural and management-related. Respondents noted that the fear to talk about sexuality existed in all official institutions, the church, schools, families, etc. Secondly, young people in FEBEM-SP are doubly stigmatised on the grounds of race and on the grounds of breaking the law. Social stigma excludes young people in FEBEM-SP from basic public services such as education and health care. Respondents mentioned that the structure of FEBEM-SP is an obstacle in its own right. Structural

problems extended to architecture and lack of human and material resources. Several respondents reported that FEBEM-SP units lacked basic conditions of hygiene and sanitation. According to stakeholder reports management-related issues were compounded by the absence of formal policies and outdated educational models. NGO respondents reported that FEBEM-SP routinely failed to safeguard the human rights of young people under its jurisdiction.

All interviewees made several suggestions on the way forward. Respondents agreed that successful interventions needed to develop out of true multi-sectoral collaborations involving FEBEM-SP, government agencies, civil society and academia. Respondents described that these interventions needed to happen at the level of policy, the institution and the community. All respondents agreed that policy-level interventions needed to commence with a dialogue involving all relevant stakeholders. NGO respondents recommended the creation of explicit legislation to guarantee the sexual and reproductive rights of young people in FEBEM-SP. Other respondents noted the need for real political support and financial resources to support programming. All respondents advocated for a shift of focus from the *regime fechado* to the *regime aberto* and the creation of stronger links with families and communities. At the institutional level respondents recommended ending the denial about sexual activity, improved security conditions, improved accommodation for young people and capacity building of staff. As for programmes targeting young people, stakeholders recommended comprehensive sex education, citizenship education and granting access to condoms and contraception. Respondents agreed that interventions in FEBEM-SP needed to be complemented by interventions in schools, families and communities and supported by policies to encourage the creation of sport, leisure and educational opportunities for young people.

Table 33 Stakeholders from government

Job title	Sex	Organisation	Direct links with FEBEM-SP	Organisational mission
1. Programme manager	F	National government	Yes	National co-ordination of policies relating to children and young people with special focus on young people in conflict with the law. Works in partnership with state and municipal governments and selected NGOs towards the implementation of residential and probation orders – technical assistance for policy implementation
2. Judge	M	State government	Yes	Presides over and decides the outcome of hearings brought by the State against young people in conflict with the law.
3. Public prosecutor	M	State government	Yes	Oversees the State's responsibilities for implementing ECA in all full-time FEBEM-SP institutions including investigations about wrong doing brought against the State.
4. Public defender	M	State government	Yes	Represents the majority of young people and their families who cannot afford private legal counsel in hearings brought by the State of SP against them. Works in close collaboration with CEDECAs.
5. Programme manager	F	State government	Yes	Manages the STD/AIDS prevention strategy for young people in SP. Provides technical assistance to all state government bodies working directly with young people, e.g. education, social work, FEBEM-SP.
6. Programme manager – Health	M	State government	Yes	Manages the medical leave process for the workers' union representing FEBEM-SP employees.

7. Social worker	F	State government	Yes	Case work with young men in FEBEM-SP.
8. Committee member	M	State government	No	Represents the Department of Health in the Governor's advisory committee on policies and actions for the implementation of ECA. The committee oversees the appropriation of the state fund for children and young people.
9. Councillor	F	Municipal government	Yes	Independent regional guardianship council responsible for the legal and social protection of children and young people in neighbourhood of Mooca. Collaboration with other government agencies and NGOs.
10. Councillor	M	Municipal government	Yes	Independent regional guardianship council responsible for the legal and social protection of children and young people in the neighbourhood of Itaim Paulista. Collaboration with other government agencies and NGOs.
11. Programme manager	F	Municipal government	No, FEBEM-SP falls under state responsibility.	Manages a short-term initiative to provide technical assistance to municipal government bodies to enhance their capacity to develop strategies for children and young people.
12. Programme manager	F	Municipal government	No, FEBEM-SP falls under state responsibility.	Manages treatment, care and prevention services for STD/AIDS in the city of São Paulo. Specific activities involve technical assistance to health posts, research, epidemiological surveillance, communication, and advocacy.
13. President/ Committee member	F	Municipal/ State government	No, FEBEM-SP is not on the list of auditable organisations.	Advises the municipal and state governments on policies and actions to facilitate the implementation of ECA. Responsible for inspection of children's shelters and organisations. Manages an investment fund for social development projects.

Table 34 Stakeholders from civil society

Job title	Sex	Organisation	Direct links with FEBEM-SP	Organisational mission
1. Programme Director & Founder	F	NGO	Yes	Grassroots organisation founded by mothers of FEBEM-SP young men. Leads the fight for human rights and dignity for young people and families in the FEBEM-SP system. Works in close collaboration with human rights NGOs, UNICEF, and the government.
2. Programme manager	F	NGO	Yes	The NGO's mission is to protect children and young people from all forms of violence, especially actions that are life threatening. A multi-disciplinary technical team from this NGO works directly with young people and their families in the neighbourhood of Brasilandia.
3. Programme manager	F	NGO	Yes	Mission is to protect children and young people from all forms of violence, especially actions that are life threatening. A multi-disciplinary technical team works directly with young people and their families in Sé.
4. Lawyer	F	NGO	Yes	Mission is to protect children and young people from all forms of violence, especially actions that are life threatening. A multi-disciplinary technical team works directly with young people and their families in the neighbourhood of Interlagos.
5. Programme manager	F	NGO	Yes	Mission is to protect children and young people from all forms of violence, especially actions that are life threatening. A multi-disciplinary technical team works directly with young people and their families, including young people serving probation orders in the neighbourhood of Belém.

Job title	Sex	Organisation	Direct links with FEBEM-SP	Organisational mission
6. Lawyer	F	NGO	Yes	Mission is to protect children and young people from all forms of violence, especially actions that are life threatening. A multi-disciplinary technical team works directly with young people and their families in the neighbourhood of Sapopemba.
7. Programme manager	F	NGO	No	Day care centre for orphans and vulnerable children and educational and vocational centre for young people in Jardim Ângela. Member the *Agente Joven* (Young Peers) network of community based organisations.
8. Programme manager for Gender & Health	M	NGO	No	Oversees the development of adaptable social technologies. Specific activities include research, development of educational tools, advocacy, capacity building, and impact evaluations.
9. Programme manager - Training	F	NGO	No	Works on the protection of sexual and reproductive rights for women and young people. Develops education, communication, and training technologies. Specialises in advocacy and youth participation.
10. Programme manager	M	NGO	No	Works on issues of young men and reproductive health, fatherhood, and gender. Focused on development of social actions and intervention. Has collaborated with FUNDAC, the FEBEM-SP equivalent in Recife, Pernambuco.
11. Programme manager / lawyer	M	NGO	Yes	Provides social and legal assistance to vulnerable children in the centre of São Paulo. Large focus is addressing drug use and drug-related training orders in FEBEM-SP. Subcontracted by FEBEM-SP to administer probation orders in Ademar City.

Job title	Sex	Organisation	Direct links with FEBEM-SP	Organisational mission
12. Project Assistant	F	NGO	Yes	Works to strengthen human rights in the Southern Hemisphere. Programme of work includes: research, legal assistance, capacity building for law professionals, and the mobilisation of civil society. Collaborates with other NGOs.
13. former Programme Director & Founder	F	NGO	Yes	Founder and former co-ordinator of an NGO providing targeted HIV/AIDS prevention services to young men in FEBEM-SP. Developed educational and vocational activities for young people and enlisted the support of management and staff in carrying out activities.

Table 35 Stakeholders from academia and other organisations

Job title	Sex	Organisation	Direct links with FEBEM-SP	Job profile
1. Professor	F	University	Yes	Leads in research, training and capacity building of professionals, and social mobilisation in the field of mental health of young people in conflict with the law. Collaborations with civil society and government.
2. Professor	F	University	Yes	Leads in research, non-formal education, and capacity building of professionals. Expertise in the development of sex education curricula. Collaborations with civil society and government.
3. Professor	F	University	Yes	Leads in research, training, and capacity building of professionals in the field of the social psychology. Specific focus on young people in conflict with the law and the role of probation orders. Collaborations with civil society and government.
4. Professor	F	University	Yes	Founding member of the Nucleus for AIDS Prevention Studies which has a long history of collaboration with a range of multi-disciplinary actors in the field HIV/AIDS prevention. Collaborations with civil society and government.
5. Assistant Professor	F	University	Yes	Leads in research and training in the area of psychology and HIV/AIDS epidemiology. Specific focus on incarcerated women. Collaborations with civil society and government.
6. Consultant / Researcher	M	International / University	Yes	Provides technical assistance and facilitates partnerships between civil society and government. Specific focus on the decentralisation of non-residential training orders in FEBEM-SP.

7. Manager / Researcher	F	International / University	Yes	Leads in research and advocacy in the area of health disparities vulnerable populations in Brazil. Develops strategies to combat institutional racism in health. Collaborations with government, civil society, and academia.
8. Executive Director	M	Foundation	Yes	Manages the social investments of a multi-national corporation. Specific focus on vulnerable young people and information and communication technologies. Collaborations with civil society and government.

Chapter 8: Discussion

This chapter discusses the study results against the backdrop of the conceptual framework and research questions. It also highlights the strengths and limitations of the research study. Chapter 9, in turn, will summarise the policy implications and recommendations for future work in this area.

Table 36 Summary of research studies and methods

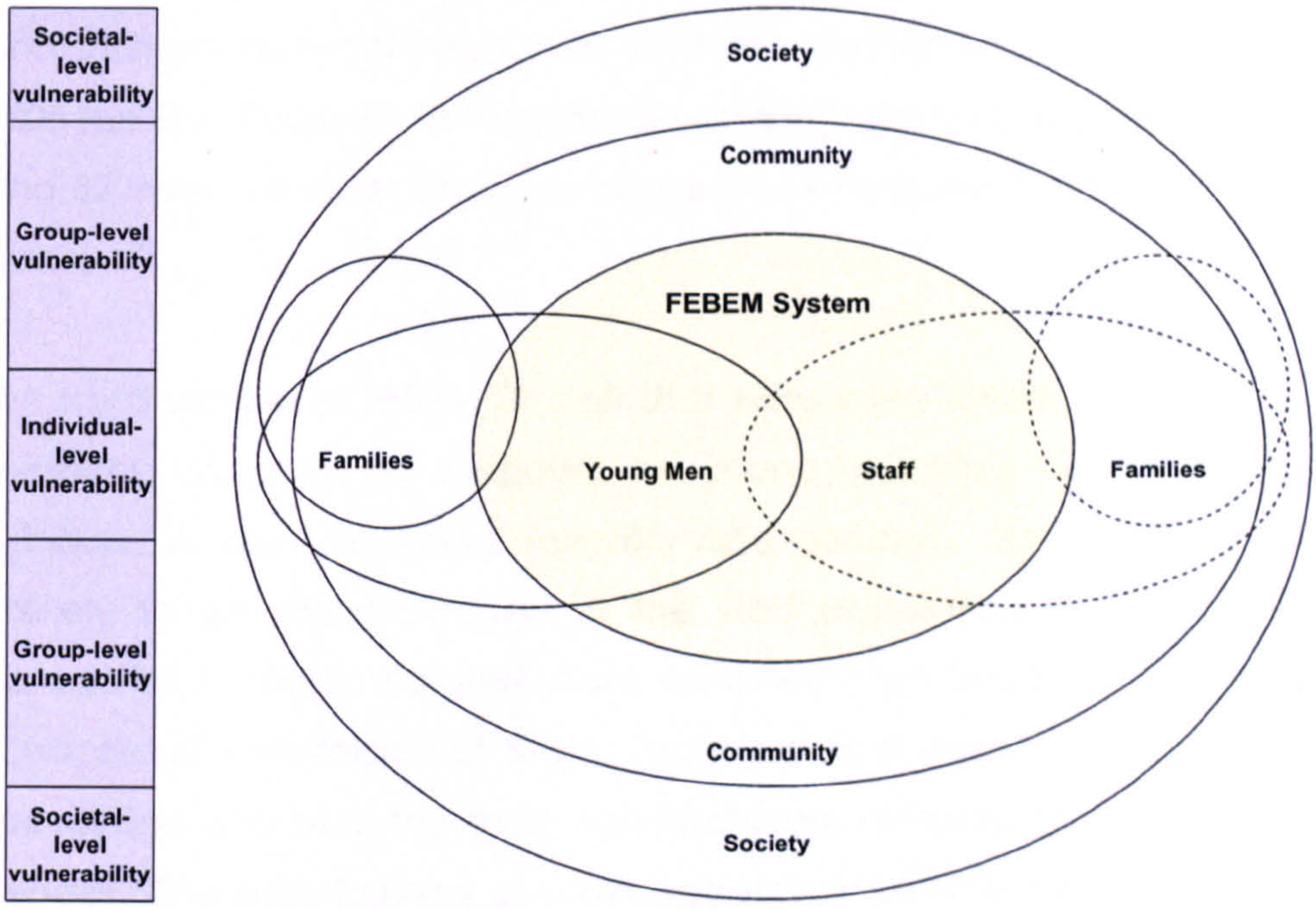
	Community Study	**Institutional Analysis**	**Policy Analysis**
Methods	5 cases studies 15 in-depth interviews 1 FGD	4 FGDs & site visits Structured Survey, n=166	34 In-depth interviews
Study population	Young Men	FEBEM-SP Staff	Stakeholders

This thesis presents the results of a situational analysis of policies and practices related to sexuality in the state system for young offenders in São Paulo, Brazil, FEBEM-SP. Three separate but interlinking research studies (see Table 36) explored aspects of sexuality and vulnerability in young people and their immediate environment, the capacity of staff members to respond to aspects of sexuality and vulnerability in residential institutions and lastly the ideology and functioning of FEBEM-SP itself. The main focus was on vulnerability as experienced by the young men interviewed in this study; however, the experiences of adults around them were similarly important. A comprehensive review of the literature uncovered limited research on young offenders in residential institutions and none on young offenders in the non-residential system or on the capacity of institutional staff to respond to young people's sexual and reproductive health needs. These glaring research gaps highlight the importance of the research and its findings.

The community case study explored individual-level vulnerabilities of young men in residential institutions as well as those in the non-residential system. Individual-level vulnerabilities were complemented and affirmed by group-level vulnerabilities reported by girlfriends, family members and case workers in young men's close social networks. The KAP survey of sexuality and HIV and AIDS prevention as well as the FGDs explored individual- and group-level vulnerabilities among FEBEM-SP staff. Additional societal-level concepts, namely gender equity and institutional discrimination, were assessed via the GEM scale and an experimental scale for institutional racism. Finally, the institutional analysis explored the institutional environment related to sexuality in FEBEM-SP. Key informants were asked about their knowledge of FEBEM-SP policies and practices. Key informants were also questioned about local-, state- and national-level public policies relating to young people in conflict with the law.

A conceptual framework was used to guide the design of the three interlinking research studies (see Figure 12). The framework was adapted from a socio-ecological model highlighting the interconnection between individuals, groups and their environment[120, 161]. Each sub-study examined various levels of vulnerability (individual, group and societal) among different target groups (young men, FEBEM-SP staff, key stakeholders).

Figure 12 Conceptual Framework



Review of the literature demonstrated that in Brazil, key populations such as adult prisoners[60, 63-70] and young offenders[71-74] in full-time residential institutions are disproportionately affected by HIV and other bacterial and viral STIs. Available data also suggested that Afro-Brazilians might be disproportionately represented among incarcerated populations[69]. It was unclear what the current sexual risk of young people in FEBEM-SP (*regime aberto* and *regime fechado*) was because the last surveys that were conducted in the *regime fechado* happened approximately ten years ago [71-74]. In the study results, however, young people in FBEM-SP and staff members made reports of sexual activity with girlfriends, sex workers, FEBEM-SP staff and consensual and non-consensual sex with young men their own age. Despite scarce data STIs are likely to be an important problem among young men in FEBEM-SP and there is no particular reason to think that this will have changed dramatically. In this study the majority of the young men interviewed reported high numbers of life time sexual partners, low levels of consistent condom use and high levels of illicit substance use. These claims are confirmed for a select group of young women in full-time residential

institutions in FEBEM-SP. Research conducted in 2005 among a sample of 177 female young offenders in São Paulo City found high levels of *Gardnerella* and *Trichomonas* and two cases of HIV[154]. Furthermore, between 2002 and 2006 the São Paulo State Programme on STD/AIDS reported 22 cases of AIDS and 32 cases of other STIs in young people who gave a FEBEM-SP unit as an address[52].

The small sample of FEBEM-SP staff that were interviewed showed adequate personal capacity to respond to young people's sexual vulnerability (Chapter 6, opinions about sexuality and gender). However, this group is unlikely to be representative of the staff population at large. All staff categories in residential institutions exhibited high levels of HIV knowledge (Chapter 6, knowledge of STIs). Technical staff scored highest on STI/HIV knowledge and had the most non-traditional attitudes about sexuality and gender. The select group of male *agentes* in full-time residential institutions interviewed for this study appeared to have good rapport with young men (Chapter 6, roles and responsibilities). A minority of staff had accepting views of homosexuality in general and most staff members interviewed strongly disagreed with homosexuality among young men in FEBEM-SP (Chapter 6, opinions about sexuality and gender). These findings suggest accordance with the general sense by Caceres and colleagues that open homosexuality is still a source of stigma and discrimination[43] and that "sex between men is an important, but neglected, feature of Latin America's HIV epidemic"[35]. An early UNAIDS document suggests that sexual contact between men is common in prisons around the world and that there remains "a strong current of denial about male-to-male sex and a corresponding refusal to do anything which might be seen as condoning it"[177]. These types of attitudes may be more easily influenced when dealing with the treatment of adult prisoners. In the domain of juvenile justice, however, frank discussions about homosexuality remains a challenge.

The majority of staff members indicated that sexuality was a taboo topic in full-time FEBEM-SP institutions. The persons interviewed reported that the organization neither addressed sexuality among young people nor among

staff. They reported that there were no official policies and an unofficial policy of "no sex no condoms". Several staff and young men themselves referred to anecdotes of consensual and non-consensual sex in FEBEM-SP centres. The KAP survey revealed that free condoms provided by the State STD/AIDS Programme and/or NGOs were available to some staff and to young people going on home leave. Coverage of condom availability was low and the criteria for access varied considerably.

Most staff members criticised FEBEM-SP's lack of provision of sex education and the complicated referral mechanisms for sexual health services for male offenders thus confirming young people's vulnerability within the institutional environment. The majority of staff felt unprepared to cope with issues of their own sexuality and unsupported to deal with the sexuality of young men. However, staff, especially *agentes*, indicated a great interest in learning about issues of sexuality and sexual and reproductive health. The discussion about access to condoms was polarised with some staff believing that young men's access to condoms in residential institutions would legitimise sexual activity; others strongly supported universal access to condoms. Condom and lubricant availability was recommended as best practice by UNODC and UNAIDS for prison settings [176, 178]. National policies regarding condom availability in residential institutions for young offenders appear to vary widely by country with many industrialised countries (e.g. Germany, Finland, US) making access available.

Young men

In the community-case studies it became evident that the vulnerabilities experienced at the individual-level (low levels of education, early sexual debut, violence) were very much related to vulnerabilities at the group (structural violence, female headed-households, unsafe work environment) and societal levels (racism and discrimination, gender bias, social taboos, political and social change). Vulnerability related to violence overshadowed all other study results including sexual health. Violence occurred in all spheres of young men's lives: in intimate relationships, within the family, in FEBEM-SP, in and around school and on the street. Young men made

detailed reports of violence and humiliation in FEBEM-SP. Some of the young men's reports suggested that police violence in low-income, urban neighbourhoods was closely linked to racial/ethnic origin with Afro-Brazilian young men being more affected. The literature review confirmed that historically, the social meanings, beliefs and attitudes about racial groups, especially Afro-Brazilians, have been translated into politics and social arrangements which limit opportunities and well-being[105].

Overall, the multiple vulnerabilities described by the young men in this study were linked to age, gender, race and social class. These multiple vulnerabilities were magnified among young men in full-time residential institutions despite the ratification of landmark policies affecting the organisation of FEBEM-SP[142, 152]. Evidence presented in this thesis suggests that these landmark policies have proven difficult to implement.

In Brazilian favelas, structural violence is the norm as it reflects forms of domination by class, group and the state[114]. Structural violence features strongly in the everyday experiences of young people. The young men interviewed suffered from the symptoms of structural violence and social exclusion. Their stories highlighted the effects of poverty and neighbourhoods characterised by overcrowded and inadequate housing, low-quality education, lack of access to leisure activities and crime. The presence of organised crime perpetuates social exclusion, high incidence of homicide, low teaching quality and low investment in city infrastructure because any social or financial investment in the community has an unlikely chance of success if it runs counter to the goals of organised crime[109].

Cardia found that areas prone to high levels of violence generally have few available jobs and high levels of unemployment[109]. Data indicated that 38% of all homicides in Brazil occur within the metropolitan regions of Rio de Janeiro and São Paulo, both of which comprise only 17% of the country's population[109]. This is because Rio de Janeiro and São Paulo differ from other places in the scale of deprivation and the extent of inequalities[109], meaning that both cities have much larger proportions of very rich and very poor

people. Homicide is the primary cause of death for males aged 16-24 years[13].

The very fact that all but one of the young men in the community case study were or had been under the care of the state because of breaking the law proves that these young men had dabbled with criminality. In the educational environment young men reported being truant, destroying school property, engaging in fights and bullying and being violent against adults (including teachers) who excluded them. The outcomes of such behaviour were grade repetition, suspension and expulsion from school. Case workers assigned to the young men in the regime aberto reported that a young man's history of FEBEM-SP was used as a common excuse to prevent reintegration into the school system. In the home, it appeared that there was little supervision by mothers, and for most young men fathers were absent. When fathers were present they were the main perpetrators of violence against mothers and children. Data from Cardia et al confirms that populations living in areas with high incidence of homicide, such as Jardim Angela, have roughly twice as many poorly educated heads of households (30%) compared to São Paulo's average 17.8%[109]. Furthermore access to education is limited by the willingness of teachers to work in areas with high concentrations of crime[109].

Two separate incidents of apparent police profiling were reported by the young men in the study, and demonstrated how young Afro-Brazilian men might be particularly vulnerable to police harassment. A UNDP report describes Brazilian racism as applied in gradations, most severely affecting those with the strongest African phenotypes, i.e. dark skin and coarse hair and idolising those with white European phenotypes such as pale skin, light eyes, straight hair, slender noses and thin lips[101].

The poor quality of education is compounded by lack of incentive and supervision on the part of parents, poor amenities and high teacher absenteeism[109]. One important finding in this study was that family lifestyle appeared to protect against several vulnerabilities. Findings from the case

studies suggested that close supervision by (adoptive) parents or older siblings could have positive effects on educational attainment, self-esteem and declining risk-behaviour. Engagement in leisure activities either through the church or a CBO was also protective and kept young people off the streets and out of trouble. Neighbourhood and access to material goods also appeared to be important. For most others experimenting with illicit substances and criminal activities became an easy alternative.

Unlike the other interviewee groups (staff members and stakeholders), the young men interviewed in this study were not able to compare their experiences with those of other young people in Brazilian society. The relative exclusion of their neighbourhoods meant that their only means of comparison was popular culture: the internet, music, soap operas and cinema.

FEBEM-SP staff

Staff members on the other hand were not limited by their individual-level vulnerability. The majority of staff members were highly qualified and from middle-class backgrounds. Many of the technical staff had a social interest in working in FEBEM-SP. For lower-ranking staff on temporary contracts, employment with FEBEM-SP was a stepping stone towards permanent government employment. The uncertainty of future employment was cited as a grave concern for *agentes* and educational assistants. All staff complained about difficult working conditions including security concerns, work load and frequently changing management. Despite their technical expertise, technical staff rarely progressed to management level. In the KAP survey, all the managers included in the study had previously worked as *agentes*.

Afro-Brazilian members of staff were under-represented among technical jobs and in senior management, but overrepresented in middle-

management. Racial and ethnic discrimination was reported mainly by self-identified Afro-Brazilian employees.

Staff openly talked about being victims and perpetrators of violence. The most surprising finding was the extent of intimidation and physical violence perpetrated by young people against staff members and the resulting health consequences. Staff reported that stress and the threat of violence at work had detrimental effects on their health and well-being. This was confirmed by several stakeholder reports and the fact that approximately 20% of FEBEM-SP staff were off work because of health reasons at the time of the study. 30% of respondents were classified as having psycho-emotional disturbances such as depression or anxiety using the SRQ-20. Broken down by sex, this translated into 32% of female staff and 27% of male staff. The figures are likely to be an underestimate of the true burden of psycho-emotional disturbances because of the proportion of staff on long-term medical leave. Staff members described a sense of powerlessness when describing experiences of psychological violence. Stress was found to be an important health problem among security agents working in adult correctional facilities in other parts of Brazil[160].

Stakeholders

The stakeholder interviews helped to put the findings about vulnerabilities into perspective. Stakeholders were well informed of the policy process and they described the vulnerability of young men and staff in social terms. Their interviews confirmed the multiple vulnerabilities of young men and FEBEM-SP staff.

Stakeholders confirmed that FEBEM-SP's full-time residential institution were plagued by major security concerns including frequent rebellions and uprisings, intimidation and physical acts of violence against staff. The escape of young men after rebellions had state-wide effects especially in communities where staff members lived. Some staff members reported that young men in FEBEM-SP had threatened to take revenge on them and their

families after release. Amnesty International have claimed that "there is a culture of torture, ill-treatment and arbitrary punishments" committed by agents and young people alike. "Chronically understaffed *agentes* receive little or no training when put in charge of vastly disproportionate numbers of young people[144]. Punishments carried out by *agentes* are arbitrary, and often deliberately designed to humiliate. Young people are frequently beaten, often at night. Verbal humiliation by *agentes* is common"[144]. These problems were exacerbated by frequent leadership change as each new leadership took a different approach to maintaining order in residential institutions.

Most importantly, the stakeholder reports confirmed that, at the time of the research study, FEBEM-SP was not able to provide young people in full-time residential institutions with minimum conditions for a dignified stay. Respondents suggested that there were inadequate provisions of sanitation, food, and clothing with reports of many young men lacking of food and water, lack of provision of clean clothing, towels, soap, and beds. Stakeholders suggested that education was not a universal entitlement in full-time institutions. Regarding health care, they reported that there were no official policies guaranteeing access to health care services and no guidelines on sexuality or sexual and reproductive health. Stakeholders indicated that FEBEM-SP operated by repressing the topic of sexuality among staff members and young people alike. The most recent Amnesty International report[144] about FEBEM-SP concludes that the human rights of young people and staff members have not been sufficiently addressed by the responsible parties.

Strengths and Limitations

The results need to be understood in light of the strengths and limitations of the study design.

The study was restricted to FEBEM-SP and its institutions in São Paulo City. Also considering the heavy focus on qualitative interviews with young men living

in São Paulo many of the issues they identified are of local significance. Similarly, the research findings among staff may not be generalisable. With respect to the stakeholder opinions, they were very particular to Brazil. There may, however, be parallels with the situation in other mega cities in Brazil and Latin America. Looking objectively, the study findings about vulnerability and violence can be translated to similar populations in similar settings.

There appeared to be a clear dichotomy between the reports of behaviour by staff interviewed in the study and the assumptions made about FEBEM-SP in the national media and international human rights reports. This may be explained by the fact that the staff members who participated in the study were different from those who did not participate in the study. The assumption is that staff members who participated in the study were more aligned with the implementation of ECA. In the case of security agents and educational staff who participated in the FGDs this was definitely the case: none of them remained with FEBEM-SP after December 2005. The managers who authorised the temporary staff members to participate in the study most likely knew that these staff members were about to be made redundant and thus gave them preferential treatment to participate in the research study. The lead researcher suspects that permanent staff members were less likely to be permitted to participate in the FGDs and that they were more likely to represent the hard-line views on many of the issues discussed.

The Gender Equity Measure (GEM scale) used in the KAP survey had never been tested with women, let alone highly educated women in São Paulo. There was therefore no measure of comparison. Furthermore, the KAP survey did not ask about smoking behaviour separately although smoking is frequently identified as a symptom for stress. If time had allowed topics such as methods to cope with stress, racism and discrimination could have been explored further.

Working in partnership with FEBEM-SP imposed certain restrictions on the study design. For example, the FEBEM-SP administration only authorised FDGs with staff in one full-time residential centre. There were 94 centres in FEBEM-SP at

the time of the study. Furthermore, safety concerns restricted sample sizes for the KAP survey, FGDs and interviews with young men. Safety concerns completely ruled out repeat interviews with young men in full-time residential centres. Overall, research activities in FEBEM-SP were greatly delayed by the processing of the necessary paper work. As a result of delays the KAP survey had to be completed in three days and the stakeholder interviews had to be completed in a period of one month. Furthermore, the stakeholder sample would have been greatly enriched by the participation of a senior manager in FEBEM-SP.

The importance of the research study is underscored by the following strengths. The first strength is the exploratory nature of the research design. Although the initial focus was sexuality, the exploratory nature of the qualitative research components allowed another important aspect of vulnerability to emerge, namely violence. Furthermore, key findings that emerged in qualitative research components early on in the research study were strengthened and confirmed by triangulation throughout the study. For example, the reports of young men were confirmed by their friends, families and case workers. Furthermore, the life experiences of FEBEM-SP staff were confirmed by stakeholder reports. Inclusion of stakeholder opinions allowed for a well-balanced analysis of the Brazilian context.

The subjects of FEBEM-SP and sexuality are of great local importance. This research study was conducted at a time when FEBEM-SP was undergoing important changes. In 2005 rebellions and uprisings in FEBEM-SP were dominating the news, including the rape of a female staff member in a full-time residential centre in São Paulo[179]. For the first time in its recent history (since mid 2005) the institution was undergoing a period of relatively stable leadership. In order to break away from its image of the past the institution was renamed Fundação CASA in 2007. Another important change was the introduction of racial/ethnic categories in the institutional data system in late 2006. Furthermore, there were discussions of pilot projects to introduce the expansion of SUS (the National Public Health System) to full-time residential

institutions which incidentally reinvigorated discussions of young people's sexual and reproductive health.

Considering the local dominance of FEBEM-SP and the sexual and reproductive health of approximately 20,000 young people, this study's findings may have a potentially large impact on the State of São Paulo. São Paulo is responsible for approximately 50% of the young people in full-time residential institutions nationally. Policy changes in São Paulo will therefore potentially impact 50% of all young people in residential institutions in Brazil. São Paulo State has 40 Million inhabitants, as a matter of scale, lessons learned from implementing institutional policies in FEBEM-SP might also be applicable internationally.

Chapter 9: Recommendations

People differ greatly in their ability to identify the risks they face, to assess them, and to act to avoid or minimise the harms associated with those risks. They differ also in the extent of their concern about the risks faced and the harms endured by others. And whereas we each to some extent live amidst ever present risks of diverse kinds, some among us – especially those least well-off – live not only with great risk but in a context of constant harm.

Samuel Gorovitz[20]

This final chapter outlines the recommendations derived from the study results of the three-interlinking sub-studies. The community case studies suggested that the solutions for young people in the community are very closely linked to reducing the structural barriers of their multiple vulnerabilities. Insertion into educational, vocational training programmes (such as those offered by the NGO RAC) or legal employment would go a long way to protect young men from entering into illegal activities and crime. At the level of the family, practical support to female-headed households such as subsidised child care and social housing might alleviate some of the strain. Generally speaking young men tended to fare better in the non-residential system.

This thesis is replete of examples of the vulnerabilities experienced by young people and staff members in FEBEM's residential system. Comprehensive strategies to change the ethos of the institution are clearly needed. With regards to reform in FEBEM-SP the essential steps could include:

- Creating awareness among a range of policy makers on the state of sexuality and violence in FEBEM-SP
- Addressing the right to access health care and education in residential institutions
- Addressing legal issues such as the development of alternatives to residential institutions
- Addressing structural issues in residential institutions such as separation by age and physical build, overcrowding and corruption
- Capacity building, training and supervision for FEBEM-SP staff
- Providing young people in the residential and non-residential system with information, prevention, counselling, treatment and rehabilitation opportunities.

Specific recommendations are subdivided into three distinct levels: policy, community and institution.

Recommendations for policy makers

In order to address vulnerability and violence in the state system for young offenders in São Paulo it is recommended that the UN, national government agencies, civil society and academia:

1. Advocate for an amendment to ECA which will explicitly protect young people's sexual and reproductive rights in full- and part-time residential institutions.
2. Continue to commission or conduct research and publish the evidence that is needed (including evaluation studies) to implement equitable, comprehensive, rights-based services for young people in conflict with the law.

Recommendations at the community level

In order to address vulnerability and violence in low income communities of São Paulo it is recommended that the UN, government, civil society and academia:

1. advocate for the implementation of ECA in low-income communities e.g. through access to social protection by the police, the provision of quality education in schools, access to vocational training programmes (i.e. RAC) and income generating activities for young people who have dropped out of school, the creation of social housing and violence-free spaces for young people.
2. Create visibility for the epidemic of homicide among young men and to advocate for programmes to dramatically reduce violence among young men in low-income communities in urban mega-cities of Brazil.
3. Advocate for the creation of and access to youth-friendly health services.

Recommendations to FEBEM-SP and the Governor of São Paulo

In order to address vulnerability and violence in the state system for young offenders in São Paulo it is recommended that the State government of São Paulo via FEBEM-SP exercise its constitutional obligations to:

1. Provide basic conditions respecting the dignity of human life as specified in ECA, including sufficient food and drink, sanitation, health, social protection, education/training and a safe living/work environment for all individuals associated with FEBEM-SP, including young people, staff members (regardless of the type of contract or engagement with FEBEM-SP) and respect for young people's families and partners, civil society and international organisations when entering FEBEM-SP.
2. Ensure the protection of all staff and young people's sexual and reproductive rights and freedom from sexual violence and abuse.
3. Ensure access to general health care services (including sexual health services) for staff and young people.
4. Ensure access to psychological and psychiatric services for staff and young people who have been the victims and perpetrators of violence and intimidation.
5. Establish sustainable and mutually-beneficial collaborations with government agencies and outside organisations.

The author recommends the reinstitution of institutional capacity building programmes on sexual and reproductive health for FEBEM staff such as *Conhecer e Ser*. The author recommends against the creation of new institutional programmes targeting young offenders given the current security concerns and the lack of support and sustainability of previous programmes such as *Fique Vivo* (see Chapter 2). As suggested by the United Nations Office on Drugs and Crime[6], the author strongly recommends the swift transition of young people from full- and part-time residential institutions to the non-residential system implemented by NGOs such as RAC where they

[6] UNODC. 2006. Compendium of the United Nations standards and norms in crime prevention and criminal justice. Vienna: UNODC

will have easier access to social services and the municipal health services provided by the City of São Paulo.

Concluding remarks

Sexuality is a taboo topic, even in an open-minded society like Brazil. Acknowledging the sexuality of young people is even more so, and this is the case not only in Brazil. Add to that the sexuality of young men who have broken the law and are being held together in close proximity in all male institutions and the taboos become unspeakable. Before the advent of HIV and AIDS, cultural and religious values legitimised the silence surrounding young people's sexuality. Just like the new-found democracy became an entry point for the internationally heralded response to HIV and AIDS in Brazil, HIV has now become an entry point for open discussions about young people's sexual and reproductive rights. However, as this thesis shows, investigation into this topic throws up more questions than there are answers. Do unmarried young people have the right to express their sexuality if they are under the care of the state? How do we prevent sex from being used as currency or forms of punishment in closed institutions? Is outlawing sexual activity an effective form of preventing rape and abuse and reducing pregnancy and STI rates? Or are these restrictive policies turning a blind eye to what is happening behind closed doors? Key stakeholders interviewed during the study talked about the safeguarding of human rights, the exercise of sexuality and the right to information that can protect from illness.

This thesis sought to link the interconnectedness of sexuality, race and class. The reports of young men described circles of domination, oppression, violence and rebellion. These were experienced as hierarchies of power and fear embodied by fathers, police officers, security agentes, judges and young people themselves.

The young men described in this study represent a Brazilian underclass[180]; a generation that the media describes as unscrupulous, violent and dangerous to the public good. Their personal stories touched upon the background

behind these perceptions. What the researchers heard over and over again were testimonies of poverty, domination and social apartheid - hidden far away from the sight of public eyes. Young men described the "cruel reality" depicted in films such as "*Cidade de Deus*" and "*Tropa de Elite*". For these young men race, class, age and sex are the obstacles to an uphill battle for their human rights.

Appendices

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Appendix II – In-depth interview guide (young men)

BLOCK 1 – Personal data:

- Age
- Place of birth
- Educational level completed
- Were you studying when you entered FEBEM? If not, why did you discontinue your education?
- Have you ever worked? What type of work have you done?
- Were you working when you entered FEBEM? What did you do, and how much money did you earn? If not why not?
- For how long have you been in FEBEM? When will you leave? Is this your first time?

BLOCK 2 – Family information:

- Where do you live? Neighbourhood, area
- What is the house like: how many rooms, is it in a favela, are the streets paved?
- Who do you live with?
- Who is the head of your household?
- How many siblings do you have?
- Do you know your biological parents? Are you in contact with them? How and how often?
- Describe your family life: did you have fights, did you experience physical violence, verbal violence, emotional violence, etc.?
- Who is working and who is in charge of the family?
- Are you aware of any family illnesses?

BLOCK 3 – Community information:

- What was school like for you, did you go regularly?
- Did you have friends, a group of friends? What was your relationship with them?
- Did you participate in fighting groups, did you have rival groups or fights?
- What did your school friends do in their leisure time?
- Describe life in the community/neighbourhood you lived in?
- Did you have gangs, rival groups and frequent fights?
- Did you have access to weapons? How did you get access to them?
- What did these street groups do in their leisure time?

Please consider the periods BEFORE, DURING and AFTER confinement

BLOCK 4 – Sexual and affective relationships:

- Have you ever had sexual intercourse?
- Do you have a girl/boyfriend? Do you have other sexual partners?
- Are you sexually active with someone at the moment? Are you using condoms?
- How old were you when you had your first sexual experience? How old was your partner? Did you use condoms?
- How many life time sexual partners have you had? How many were men and how many women?
- How many sexual partners have you had in the last 6 months? How many were men and how many women?
- Do you usually have sex under the influence of alcohol or drugs? How much and in which situations? Do you use condoms?
- Did you ever pay someone or give them something material to have sex? How often?
- Have you ever had sex for money or in exchange for something else? How often?
- Which type of sexual practices (vaginal, oral, anal) do you engage in with: boy/girlfriend; other partners; in exchange for money/favours
- Who do you use condoms with? boy/girlfriend; other partners; in exchange for money/favours
- Have you ever impregnated someone?
- Do you have any children? If so, how many? Are you in contact with them? Who takes care of them? How do you related to them? If not, would you like to have children?
- Do you know of any girl who has had an abortion as a result of a pregnancy of yours?
- Which type of contraception does/did your partner use?

BLOCK 5 – Self-perception of risk:

- What is the possibility of you impregnating a girl without wanting to, without it being the right time?
- What is the possiblity of you dying from a gun shot?
- What is the possibility of you getting an infection through sex?
- What is the possibility of you getting HIV?
- Have you ever had a STI or symptoms of a STI? Did you go to the doctor? How was it treated?
- Have you ever been tested for HIV? Would you like to get tested in FEBEM?
- Are you on any type of medication? Which one and how long has it been?

BLOCK 6 – Drug use:

- Do the members of your family smoke or consume alcoholic beverages?
- Is there someone in your family that uses other types of drugs?
- Do you somke, have you somked and do you consume alcoholic beverages? How often? At what age and in which type of situation did you start?
- Have you ever used other types of drugs? Which ones? At what age did you experiment which each one? What were the situations in which you used drugs?
- Who got the drugs for you?
- Where and with whom did you use these drugs?
- Have you ever sold drugs? Where? Close to home, in school, on the street?
- Have you ever used injecting drugs?
- Have you ever used any of these drugs in FEBEM (this includes alcohol and cigarettes)? When? In what types of situations?

BLOCK 7 – Violence:

- Have you ever suffered from physical or sexual violence in your family? When and in what types of situations?
- Have you ever been violent against someone in your family (physical or sexual)? When and in what types of situations?
- Have you ever suffered from physical or sexual violence at school? When and in what types of situations?
- Have you ever suffered from physical or sexual violence in FEBEM? When and in what types of situations?
- Have you ever suffered from other types of violence in FEBEM? Have you been humiliated or shouted at? When and in what types of situations?
- Have you ever suffered from racial discrimination? Where and when? In what types of situations?
- Have you ever suffered from physical or sexual violence in your community? When and in what types of situations?
- Have you ever been violent against someone in your community or in the street? When and in what types of situations?

Appendix III Focus group discussion guide for FEBEM staff

BLOCK Institutional information

1. How is this residential unit structured?
2. What is the major problem of working in FEBEM?
3. What does it mean to be a staff member in FEBEM?
4. Describe a typical work day?
5. What, based on your experience or contract, should you do?
6. Are you satisfied with the work you are doing? Why?
7. What would you like to change to improve your satisfaction at work?

BLOCK B – Risk behaviours

1. In your opinion, is working in FEBEM risky? Explain
2. Thinking about individuals, do FEBEM staff members undergo situations of risk? Explain
3. In your opinion, do FEBEM staff members perform duties that put them at risk? Explain
4. Do you think that a typical work day includes stressful situations?
5. Is it the same level of stress for everyone or are there some that are more exposed to stress than others?
6. Have you ever undergone a situation of violence at work? Explain
7. Do you perceive, as a result of the stress you suffer at work, that some staff members acquire a certain type of behaviour or start using a type of medication or drugs to cope with work in FEBEM?
8. What suggestions do you have for reducing the risk and stress of FEBEM staff?

BLOCK C – Opinions about sexuality and sexual norms

1. In your own words, what is sexuality?
2. In your opinion, is your team prepared to work on issues related to sexuality, sexual and reproductive health including the prevention of STIs/HIV?
3. Have you or other staff in direct contact with young people ever been specifically trained on any of these topics?
4. What were these trainings lie? What were the topics that were covered? What type of training methodology was used?
5. Are there any norms or formal rules about sexual relationships in residential institutions? Are they respected?
6. What does a staff member do if he catches two young people engaged in a sexual act, for example?

BLOCK D – Knowledge, attitudes and practices (KAP)

1. What are sexually transmitted infections?
2. Do staff members have information about these types of infections?
3. What is HIV? Do staff members have information about HIV, its forms of transmission and prevention?
4. In your opinion, do staff members know about preventing themselves from STIs? Explain
5. Do staff members talk to young people about these topics?
6. Do young people in FEBEM ask for workshops or information about these topics?
7. Are condoms available or distributed to young people in residential institutions? Explain

BLOCK E – Mental health

1. Do staff members in FEBEM receive any type of psychological assistance?
2. Do staff members tend to make any of the following complaints on a regular basis?
   - Headaches
   - Insomnia
   - Loss of appetite
   - Stomach pain
   - Easily frightened
   - Crying easily
   - Loss of control
   - Loss of interest in life
   - Chronic fatigue
3. What assistance is offered to staff members who present with these symptoms?
4. Is there a policy to assist staff members with problems that arise as a result of the tensions and difficulties associated with work in FEBEM?

BLOCK F – Gender norms

1. Are the tasks carried out by male and female staff members different? Explain
2. Some jobs are typically carried out by men? Explain
3. Some jobs are typically carried out by women? Explain
4. In your opinion, do men and women have the same type of opportunities for career growth in FEBEM? Explain
5. Have you ever witnessed a discussion or conflict related to questions of being male or female? How was it solved?
6. Who tends to initiate conflicts? Men or women? Explain
7. Has there ever been an internal conflict related to racial discrimination? Please give more details. How was it solved?

Closing

1. Would you like to add anything to our understanding of the conditions of work in FEBEM?
2. Do you have any suggestions for improving the work conditions in FEBEM?
3. What was it like for you to participate in this focus group discussion?

Appendix VI Information sheet

Addressing the vulnerability of Young People in FEBEM-SP:
Knowledge, attitudes and practices about sexuality and prevention of STIs/HIV

Researchers: Ekua Yankah and José Ricardo Ayres

TERMS OF INFORMED AND VOLUNTARY CONSENT

The number of cases of HIV infection, the virus that causes AIDS, and other sexually transmitted infections is relatively high among young men in conditions of confinement. The objective of this research study is to better understand why this is the case and to determine what can be done in terms of prevention to improve this situation.

In order to carry out this research, I would like to ask you to respond to a structured questionnaire about aspects of the life of young men in FEBEM, especially those related to sexuality, sexual relationships, family relationships, their social reality within FEBEM, among others. The questionnaire will discuss issues related to this research, and does not pose any risks. Some of you might feel uncomfortable to talk about these issues. Others might feel constrained to talk about delicate aspects of young people's lives.

However, you can contribute a lot with your participation, because the researchers believe that the information that you will provide could assist with the development of prevention activities and public policies in the area of health that could prove useful to FEBEM, the young people confined in FEBEM and even to young people's communities.

CLARIFICATION OF THE RIGHTS OF THE RESEARCH PARTICIPANT

You may contact those responsible for the research at any time, to get more information, to clarify doubts, to know more about your participation and to find out what the researchers consider important for the prevention of STIs and HIV.

Another important point is that you may refuse to participate in the study at any time, for any reason without being subject to prejudice or discrimination. In fact, your refusal to participate or drop-out at any moment would not be known to anyone except the responsible researchers.

None of your responses will be heard or read by another person. Only the researchers will know about your answers. Your identity will not be revealed, meaning your questionnaire will be referred to by a numbered code and only the researchers will know which name is attributed to which questionnaire number. All of the materials gathered for the research study will be kept in a secure and locked location at the Faculty of Medicine at the University of São Paulo and the London School of Hygiene and Tropical Medicine. We are not able to offer you any type of medical or psychological assistance for participating in this research. We are not able to offer you compensation for harm incurred because this study does not pose any risks that would demand this type of reparation.

For any questions that you might have (clarifications, withdrawal, additional information, doubts, etc.), please do not hesitate to contact:

Ekua Yankah mobile number 9473 6881 or José Ricardo de Carvalho Mesquita Ayres, Departamento de Medicina Preventiva da Faculdade de Medicina da Universidade de São Paulo, Avenida Dr. Arnaldo 455, 2° andar, sala 2222.

Appendix V KAP survey questionnaire

Addressing the Vulnerability of Young Men In FEBEM-SP

Investigators: Ekua Yankah and José Ricardo Ayres

Interviewer Code |__| |__| |__||__|

Location Code: SEMI LIBERDADE |__| |__||__|

INTERNATO|__| |__||__|

UIP|__| |__||__|

***Attention**: 8= NA (Not applicable) 9= DN (Don't know)*

Section A: Socio-demographic Characteristics

A.1	**Record sex of the respondent (Do not ask the respondent!)** 1=Female, 2=Male	|__|
A.2	**What is your marital status?** 1=Single, 2=Married, 3=Widowed, 4=Co-habitating, not married, 5=Separated, 6=Divorced	|__|
A.3	**Do you have children?** **1=Yes, 2=No**	|__|
A.4	**If yes, how many children do you currently take care of?**	|__||__|
A.5	**How old are you (completed years)?**	|__||__|
A.6	**What neighbourhood/district do you live in?** 1=Zona norte, 2=Zona leste, 3=Centro, 4=Zona oeste, 5=Zona sul, 6=São Paulo State, 7=Other specify	|__|
A.7	**How long have you lived in this city uninteruptedly?** 00=Less than one year	|__||__|
	How would you define your colour/race/ethnicity? 1=Black, 2=Brown-skinned (mixed), 3=Indigenous, 4=Oriental (yellow), 5=White, 6=Other	|__|

How would you define your ethnic origin?

A.8.1	**African**	|__|
A.8.2	**Portuguese**	|__|
A.8.3	**Italian**	|__|
A.8.4	**Japanese**	|__|
A.8.5	**Jewish**	|__|
A.8.6	**Arabic**	|__|
A.8.7	**Indigenous**	|__|
A.8.8	**Latin-American**	|__|
A.8.9	**German**	|__|
A.8.10	**Spanish**	|__|
A.9	**What religion were you raised in?** 1=Roman-Catholic, 2=Protestant, 3=Pentecostal, 4=Kardecist – spiritual, 5=Afro-brazilian, 6=No religion, 7=Other (specify), 9=NK	|__|
A.11	**How important is religion in your life?** 1=very IMPORTANT, 2=SOMEWHAT IMPORTANT, 3=slightly IMORTANT, 4=unimportant, 9=NK	|__|

Who do you live with in the same house/flat?

1=Yes, 2=No

A.12.1	Partner	|_|
A.12.2	Chlildren	|_|
A.12.3	Parent(s)	|_|
A.12.4	Sibling(s)	|_|
A.12.5	Other relatives	|_|
A.12.6	Friends	|_|
A.12.7	Others, specify _____	|_|
A.12.8	Alone	|_|
A.13	**How many people live in your house/flat currently?** 0=I live alone, 9=NK	|_||_|
A.14	**What type of housing have you lived in for the most part of this year?** 1=Owned flat or house, 2=Rented flat or house, 3=Tin house/favela, 4=Hotel/shelter, 5=Street	|_|
A.15	**Who is financially responsible for your family?** 1=I am, 2=Partner, 3=Parent, 4=Sibling, 5=Other relative, 6=Friend, 7=Other, specify _____, 8=NA	|_|
A.16	**What is your FEBEM salary?** 1=R$1 - R$599, 2=R$600 - R$900, 3=R$901 - R$1,199, 4=R$1,200 - R$1,499, 5=R$1,500 – r$2,500, 6=more than r$2,500	|_|
A.17	**What other sources of income have you had in the past 12 months?** 1=Odd jobs, 2=Help from family, 3=Temporary work, 4=Sex work, 5=Informal/illegal sources, 6=Other, specify _____	|_|
A.18	**What is your level of education?** 1=I can't read or write, 2=I can read or write, but never went to school, 3=I started/finished grades 1-4, 4=I started/finished grades 5-8, 5=I started/finished high school, 6=I started university, 7=I finished university, 10=Post-graduate education, 11=I am still studying	|_|

Until you were 18 years old who did you live with?

1=Yes, 2=No

A.20.1	Alone	|_|
A.20.2	Partner	
A.20.3	Friends	
A.20.4	Relatives	
A.20.5	Mother	
A.20.6	Father	
A.21	**During your childhood, would you say your home was...** 1=Happy, 2=Somewhat happy, 3=Unhappy	|_|
A.22	**During your childhood, would you say your home was...** 1=Upper class, 2=Middle class, 3=Working class, 4=below the poverty line	|_|
A.23	**During your childhood, would you say the people in your home...** 1=Faught a lot, 2=Faught every now and then, 3=Never faught, 4=Screamed and insulted each other, 5=sometimes screamed and insulted each other, 6=Did not scream and insult each other, 7=Other	|_|

A.24	**During your childhood, would you say the people in your home were...** 1=Loving, 2=Somewhat loving, 3=Cold, 4=other	

Section B: Institutional Information

In your own opinion, would you consider the following statements TRUE or FALSE? *Ask the interviewee to respond with 1=TRUE and 2=FALSE*

When thinking about staff in FEBEM, to be white means...

B.1.1	To be coordinator or director.	
B.1.2	To occupy positions which require lesser education.	
B.1.3	To receive preferential treatment (training, promotions, salary, place of work).	
B.1.4	To have a greater chance of being heard.	
B.1.5	To have a great chance of being held hostage during a rebellion.	

When thinking about staff in FEBEM, to be black means...

B.2.1	Be a coordinator or director.	
B.2.2	To occupy positions which require lesser education.	
B.2.3	To receive preferential treatment (training, promotions, salary, place of work).	
B.2.4	To have a greater chance of being heard.	
B.2.5	To have a great chance of being held hostage during a rebellion.	

When thinking about detainees, to be white means...

B.3.1	To receive preferential treatment (courses, food, chances to be heard in front of a judge).	
B.3.2	To spend more time in FEBEM.	
B.3.3	To have a greater chance of being elected leader/spokesperson (leader of a rebellion).	
B.3.4	To be a repeat offender.	
B.3.5	To have a greater chance of having committed a homicide.	
B.3.6	To have a greater chance of being a drug trafficker.	
B.3.7	To have a greater chance of being a drug user.	

When thinking about detainees, to be black means...

B.4.1	To receive preferential treatment (courses, food, chances to be heard in front of a judge).	
B.4.2	To spend more time in FEBEM.	
B.4.3	To have a greater chance of being elected leader/spokesperson (leader of a rebellion).	
B.4.4	To be a repeat offender.	
B.4.5	To have a greater chance of having committed a homicide.	
B.4.6	To have a greater chance of being a drug trafficker.	
B.4.7	To have a greater chance of being a drug user.	

B.5	**Does racism exist in Brazil?** 1=YES, 2=NO	

I would like you to tell me what the opinion of Brazilian society is with respect to the following statements. *Show the answer card and ask the interviewee to respond to what Brazilian society thinks would be 1=TURE or 2=FALSE.*

B.5.1	One should chose a white person for a sales position in a shopping centre because he/she is considered to have good looks.	
B.5.2	One should increase the chances of a black person to enter into university based on race.	
B.5.3	"If blacks don't create a mess when entering, they will do so when leaving".	
B.5.4	Young black men are the major victims of urban violence.	
B.5.5	Black women have greater chances of mothering children from different fathers.	
B.5.6	On the job market the only option for a black man is to become a security guard.	
B.5.7	White persons have greater chances for social mobility (financial, professional, personal).	
B.5.8	The profile of a successful person is to be male, white and heterosexual.	
B.5.9	Black women and men are more sensual and have more sex drive and sexual needs.	
B.5.10	Marriages among white men and women are more stable.	
B.5.11	It is often said that one is not racist but one wouldn't want one's children to marry someone from another race.	

The following questions refer to your current job in FEBEM.

B.1	**What is your job title?** 1=social worker/psychologist, 2=administrator, 3=health staff, 4=teachinG staff, 5=security staff, 6=maintenance staff, 7=OTHER, specify	
B.2	**Are you statisfied with your job?** 1=Yes, 2=No	
B.3	**Have you ever received any type of training? What type of training?** 1=on the job training, 2=child protection, 3=contençâo, 4=health, 5=OTHER, 6= nenhum treinamento 7= preencher formulários, specify	
B.4	**What other types of support have you received?** 1=legal, 2=medical, 3=financial, 4=psychological, 5=support from my boss, 6=support from colleagues 7= nothing	
B.5	**Do you think you will have a chance of being promoted or receiving a salary increase in your current job in the next 12 months?** 1=favourable, 2=unfavourable, 3=NK	
B.6	**Your chance of being promoted would increase IF you were:** 1= white, 2=black, 3=younger, 4=of the opposite sex, 5=friends with your boss, 6=had performed exceptionally well in the past year 7= em nenhum caso	
B.7	**Have you ever seen a detainee being discriminated because of his race/colour/ethnicity?** 1=more than once, 2=once, 3=never	
B.8	**Have you ever seen a fellow staff member being discriminated because of his/her race/colour/ethnicity?** 1=more than once, 2=once, 3=never	
B.9	**How long have been employed with FEBEM?** 1=LESS THAN A year, 2=1 – 5 years, 3=6 - 10 years, 4=11 - 15 years, 5=16 years or more, 9=NK	
B.10	**What other types of jobs have you had within the institution?** 1=legal, 2=administration, 3=social work/psychology, 4=education, 5=maintenance, 6=security, 7=health	
B.11	**How would you describe your physical working conditions?** 1=good, 2=adequate, 3=inadequate, 4=precarious	

B.12	**Have you ever experienced violence at work (physical, mental or sexual)?** 1=more than once, 2=once, 3=never	|_|
B.13	**If YES, what type of violence?** 1=I was hit, 2=I was injured with a weapon, 3=I hit someone, 4=I injured someone	|_|
B.14	**Have you ever been threatened to the point where your life was in danger?** 1=more than once, 2=once, 3=never	|_|
B.15	**Have you been an eye-witness to an uprising or a rebellion in FEBEM?** 1=more than once, 2=once, 3=never	|_|
B.16	**Were you ever held hostage during a rebellion?** 1=more than once, 2=once, 3=never	|_|
B.17	**Have you ever heard of or witnessed the violent death of a staff member at work?** 1=more than once, 2=once, 3=never	|_|
B.18	**Have you ever heard of or witnessed the violent death of a detainee at work?** 1=more than once, 2=once, 3=never	|_|
B.19	**Have you yourself ever been violent (physical, emotional) at work?** 1=more than once, 2=once, 3=never	|_|
B.20	**If YES, what type of violence?** 1=I hit someone, 2=I threatened someone with a weapon, 3=Verbal violence (shouting and insults), 4=other	|_|
B.21	**Have you ever made a death threat to someone at work?** 1=more than once, 2=once, 3=never	|_|
B.22	**How would you describe your overall working conditions (salary, training, support, security)?** 1=good, 2=adequate, 3=inadequate, 4=precarious	|_|
B.23	**What would you say are FEBEM's three biggest challenges in order of importance?** 1=FEBEM leadership change, 2=violence caused by detainees, 3=violence , 4=drugs, 5=physical working space, 6=lack of resources, 7=Change in political leadership, 10= no clear mandate, 11=structure of the institution, 12=other, specify	|_|

Section C: Behaviours

Mark all responses as numbers within the boxes provided.

C.1	**What do you do in your leisure? List the three most important activities.** 1=NIGHTCLUBS, 2=BARS, 3=RELIGIOUS ACTIVITIES, 4=SPORT, 5=VISITING FRIENDS OR RELATIVES, 6=STAYING AT HOME/DOING NOTHING, 7=WATCHING TV, 10=READING, 11=GOING TO THE BEACH, 12= FISHING, 13= CINEMA, 14 =TRAVELLING, 15= OTHER _____ (specify)	|_
_
_	
C.2	**Have you ever received a blood transfusion?** 1=YES, 2=NO	|_|
C.3	**Do you have tatooes?** 1=YES, 2=NO	|_|
C.4	**How many injections have you received in the last year** (at the dentist, doctor's office, hospital, giving blood)? **If NO skip to C.6!** 8=I DID NOT RECEIVE ANY INJECTIONS	|_||_|
C.5	**How many of these injections were with disposble needles?** *(Mark the number of injections)*	|_||_|
C.6	**Have you ever had sex in your life?** 1=YES, 2=NO	|_|
C.7	**What do you consider your first sexual experience?** (Read all choices) 1=SEX GAMES, 2=MASTURBATION ALONE, 3= MASTRUBATION WITH ANOTHER PERSON, 4=PETTING, 5=HAVING SEX WITH ANOTHER PERSON, 6=WATCHING SOMEONE HAVEING SEX, 7=SEEING SEX ON THE SCREEN, 9=NS, 10=SEX IN BOOKS OR MAGAZINES, 11=OTHER _____ (specify)	|_|

(Attention: before this question, reinforce the anonymity and confidentiality of this questionnaire)

C.8	**Have you ever met a sexual partner in FEBEM?** 1=COLLEAGUE, 2=BOSS, 3=TRAINEE, 4=FORMER TRAINEE, 5=OTHER, 6=NEVER , 8=NA	|_|

C.9	**Do you either smoke or consume alcoholic beverages?** 1=YES, 2=NO, 3=SOMETIMES	
C.10	**Have you ever used one of these drugs?** *(If NO, skip to C.14 and mark the boxes as 88 for questions C.11 to C.13)* 1=MARIJUANA, 2=COCAINE, 3=CRACK, 4=MESCLADO, 5=TRANQUILIZERS, 6=HALLUCINOGENS, 7=ANTI-DEPRESSANTS, 10=INJECTING DRUGS, 11=I DON'T USE DRUGS, 9=NS	
C.11	**At what age did you start using these drugs?** (*Mark the age in box*) 9=NS	
C.12	**Which of these drugs have you used in the past 12 months?** 1=MARIJUANA, 2=COCAINE, 3=CRACK, 4=MESCLADO, 5=TRANQUILIZERS, 6=HALLUCINOGENS, 7=ANTI-DEPRESSANTS, 8=NA, 9=NS	
C.13	**Have you ever sought treatment for an addiction?** 1=YES, 2=NO	

Section D: Opinions about sexuality and sexual norms

D.1	**What does sexuality mean to you? Rank answers in order of importance.** 1=to have children, 2= to have sexual intercourse, 3= to have a romantic relationship, 4= to have sexual pleasure, 9=NK, 8=NA			

In your opinion, are the following sentences true or false? Ask the interviewee to respond with the numbers: 1=true 2=false

D.2.1	A person possesses sexuality from birth onwards.	
D.2.2	It is normal for a 3 or 4-year old boy to feel pleasure when playing with his genitals.	
D.2.3	It is normal for a 3 or 4-year old girl to feel pleasure when playing wit her genitals.	
D.2.4	The game " troca a troca" among boys is unhealthy (bad).	
D.2.5	During adolescence, masturbation is a healthy form of getting to know your body and its pleasure zones.	
D.2.6	Boys experience more sexual desire than girls.	

How do you personally feel about... Do you aprove or disapprove?

D.2	**Watching erotic videos to get one's self sexually excited** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE	
D.3	**Men masturbating** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	
D.4	**Women having sexual relationships with other women** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	
D.5	**Women masturbating** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	
D.6	**Women having oral sex with their male partners** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	
D.7	**Men having anal sex with their female partners** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	
D.8	**Men having oral sex with their female partners** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	
D.9	**Men having sexual relationships with other men** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	
D.10	**Dentainees having sexual relationships with other detainees** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	

How do you think your colleagues at work feel about...

D.11	**Having extra-marital romantic and sexual affairs** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	
D.12	**Having romantic and sexual affairs with people of the same sex** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	
D.13	**When a couple is okay with it, all forms of sex are acceptable** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	
D.14	**Do you believe that risky situations are sexually exciting?** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	

Thinking about young people...

D.18	**They should wait until marriage to have sexual relationships?** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	
D.19	**In your opinion, should one talk to young people under the age of 15 about sex?** 1=YES, 2=NO, 9=NS	

BLOCK E: HIV/STI Knowledge, Attitudes and Practices (KAP)

E.1	**What does the term sexually transmitted infection (STI) mean to you?** 1=a disease you get by having sex, 2= a (venereal) disease from the street only transmitted by prostitutes & the like, 9=Don't know	

What type of person gets infected with STIs?
1=Yes, 2=No

E.2.1	whoever has sex without a condom	
E.2.2	those who seek sex in brothels and bath houses	
E.2.3	whoever has a partner who has sex without a condom	

Have you ever heard of any one of these diseases?
1=Yes, 2=No

E.3.1	Gonorrhoea	
E.3.2	Syphilis	
E.3.3	Genital Herpes	
E.3.4	HIV/AIDS	
E.3.5	Trichomonaisis	
E.3.6	Genital warts	
E.3.7	Chancroid	
E.3.8	Chlamydia	
E.3.9	Human Papilloma Virus	
E.3.10	Hepatitis B	

E.4	**If a detainee presented with one of these STIs, where should he seek treatment?** 1=nurses' station, 2=any staff member, 3=Other detainee, 4=family, 5=religion	
E.5	**Have you ever talked to detainees about STIs or AIDS?** 1=many times, 2=few times, 3=never	
E.6	**Have you ever encouraged a detainee to get tested for HIV?** 1=many times, 2=few times, 3=never	

What do you think one should do in order to prevent STIs?
1=TRUE, 2=FALSE

E.7.1	Use a condom with all sexual encounters	
E.7.2	Avoid sexual relationships with people who have injuries or discharge coming from their genitals	
E.7.3	Keep the genitals clean	
E.7.4	Reduce the number of sexual partners	
E.7.5	Have sexual relations with people you know	
E.7.6	Only have one sexual partner	

In your opinion, what is a condom good for?
1=YES, 2=NO

E.8.1	pregnancy prevention	|__|
E.8.2	to prevent STIs	|__|
E.8.3	to prevent HIV	|__|
E.8.4	OTHER, specify _____	|__|

E.9	**What are your chances of being infected with an STI right now?** 1=HIGH, 2=MORE OR LESS HIGH, 3=LOW, 4=IMPOSSILE, 8=NA	|__|
E.10	**To your knowledge, is the use of condoms permitted within FEBEM?** 1=Yes, for everyone, 2=for staff only, 3=for detainees only, 4=it is not permitted	|__|

How is HIV/AIDS transmitted? Choose all that apply:
1=YES, 2=NO

E.11.1	By having anal sex.	|__|
E.11.2	By receiving blood transfusions.	|__|
E.11.3	By using the same needle or syringe as other people.	|__|
E.11.4	Through breast milk.	|__|
E11.5	Through insect bites.	|__|
E.11.6	By receiving tattoos.	|__|
E.11.7	Through unprotected sexual intercourse.	|__|
E.11.8	By having concurrent sexual relationships with different partners.	|__|

I will read out the following statements about AIDS and I would like you to respond indicating whether you think these are TRUE or FALSE. *Please ask the interviewee to respond with: 1=TRUE, 2= FALSE.*

E.12	**People who are HIV positive, HIV is the virus that causes AIDS, can have the virus without having AIDS.**	|__|
E.13	**A strong, healthy, happy person can have HIV.**	|__|
E.14	**People who are HIV positive can transmit the virus to other people even if they don't have symptoms of AIDS.**	|__|
E.15	**AIDS is an illness created by God to punish people who lead a bad life.**	|__|

E.15	**What is your chance of being infected with HIV at this very moment?** 1=HIGH, 2=MORE OR LESS HIGH, 3=LOW, 4=IMPOSSILE, 8=NA	|__|
E.16	**Have you ever been tested for HIV?** 1=YES, 2=NO, 9=NS	|__|
E.17	**Would you be interested in getting an HIV test?** 1=YES, 2=NO, 9=NS	|__|
E.18	**How would you like to learn about HIV/AIDS prevention in FEBEM?** *Please list three of your preferred forms.* 1=SMALL GROUP WORKSHOPS, 2= READING MARTERIAL, 3= EDUCATIONAL BROCHURES, 4= VIDEOS, 5=LECTURES, 6=OTHERS	|__| |__| |__|

Section F – Mental Health

Have you experienced these problems or symptoms in the last 6 months? *Please respond with 1=Yes or 2=No*

F.1	Do you often have headaches?	|__|
F.2	Is your appetite poor?	|__|
F.3	Do you sleep badly?	|__|
F.4	Are you easily frightened?	|__|
F.5	Do your hands shake?	|__|
F.6	Do you feel nervous, tense or worried?	|__|
F.7	Is your digestion poor?	|__|
F.8	Do you have trouble thinking clearly?	|__|
F.9	Do you feel unhappy?	|__|
F.10	Do you cry more than usual?	|__|
F.11	Do you find it difficult to enjoy your daily activities?	|__|
F.12	Do you find it difficult to make decisions?	|__|
F.13	Is your daily work suffering?	|__|

F.14	Are you unable to play a useful part in life?	|__|
F.15	Have you lost interest in things?	|__|
F.16	Do you feel that you are a worthless person?	|__|
F.17	Has the thought of ending your life been on your mind?	|__|
F.18	Do you feel tired all the time?	|__|
F.19	Do you have uncomfortable feelings in your stomach?	|__|
F.20	Are you easily tired?	|__|

F.21	**When did you have your last psychological evaluation?** 1=LESS THAN 6 MONTHS ago, 2=6 MONTHS TO A YEAR ago, 3=1 - 2 years ago, 4=3 - 5 years ago, 5=6 years or more	|__|
F.22	**When did you have your last psychological evaluation?** 1=LESS THAN 6 MONTHS ago, 2=6 MONTHS TO A YEAR ago, 3=1 - 2 years ago, 4=3 - 5 years ago, 5=6 years or more	|__|
F.23	**Have you been diagnosed by a doctor with the following medical problem(s) in the past 12 months?** 1=HIGH BLOOD PRESSURE (HYPERTENSION), 2=DIABETIS (SUGAR IN THE BLOOD), 3=STROKE, 4= HEART DISEASES (CHEST PAIN), 5=CÁNCER, 6=RHEUMATISM, 7= CHRONIC BRONCITIS	|__|

Section G – Gender norms (Pulerwitz & Barker, 2008)

G.1	**Men are always ready to have sex.** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	|__|
G.2	**It is the man who decides what type of sex to have.** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	|__|
G.3	**A man needs other women, even if things with his wife are fine.** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	|__|
G.4	**I would be outraged if my partner asked me to use a condom.** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	|__|
G.5	**A man should have the final word about decisions in his home.** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	|__|
G.6	**A woman should tolerate violence in order to keep her family together.** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	|__|
G.7	**A woman's most important role is to take care of her home and cook for her family.** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	|__|
G.8	**A couple should decide together if they want to have children.** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	|__|
G.9	**It is important that a father is present in the lives of his children, even if he is no longer with the mother.** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	|__|
G.10	**It is important to have a male friend that you can talk to about your problems with.** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	|__|
G.11	**If someone insults me, I will defend my reputation, with force if I have to.** 1=COMPLETELY AGREE, 2=SOMEWHAT AGREE, 3=DON'T AGREE, 9=NK	|__|

Appendix VI

Stakeholder Interview Guide (English translation)

Hi, my name is _____, I'm part of a research group from the University of London/USP and we have authorisation from the Ethical Committees of those institutions to conduct this study. I am contacting you today because your name was recommended by other professionals because of your involvement with issues related to young people and FEBEM. You were selected because of the work that you are currently undertaking.

This interview makes up part of an institutional analysis about sexual and reproductive health of young people in FEBEM, conducted in partnership with the Technical Health Directorate of FEBEM. The objective of this research is to influence public policies and the implementation of institutional practices to protect sexual and reproductive rights and advocate for instruments and services needed to protect sexual health, for example, the prevention of STIs/HIV.

The findings from this study will be used to give feedback and to develop recommendation for FEBEM and NGOs who support FEBEM in addressing the sexual and reproductive health of young people during and after detainment.

We would like to ask you questions about three fundamental topics:

- Your perception of the situation and actual activities related to the sexual and reproductive health of young people in FEBEM
- Your opinion, suggestions and comments about changes in this area, what you think should be done and how to implement these changes.
- Your opinion, suggestions and comments with respect to the involvement of families and communities in these interventions.

The information we will receive will be treated confidentially and will only be reported anonymously and in an aggregated fashion, for example "three out of six stakeholders that we interviewed said..."

The interview will last for approximately 45 minutes in person or 30 minutes over the phone.

Do you consent to be interviewed? Is now a good time for the interview? Do you agree that I tape-record the interview?

The tape recording will help us with the transcription of the interview.

Verify that the interviewee agrees to the tape recording.

Interview

1. Please describe the institution which you represent (talk about your involvement with young people in conflict with the law and activities directly related to the prevention of STIs).

2. What are the legal references that your institution bases its activities on?

3. What does the institution you represent do to guarantee the implementation of ECA (what are specific actions targeted to families, schools, communities and FEBEM).

4. What is the position that the institution you represent has relating to the exercise of sexuality of young people in conflict with the law?

5. In your opinion, what are the policies related to sexual and sexual and reproductive health currently operating in FEBEM (all socio-educational orders, considering the institutional structure, capacity building of staff, strategies for risk reduction (such as access of condoms), specific activities inside and outside of FEBEM)?

6. What are the major obstacles that FEBEM faces in the attempt to protect the sexual and reproductive health of young people in conflict with the law?

   a. Changes in government
   b. Recruitment, training and retention of staff
   c. Accommodation of young people (including semi-liberdade)
   d. Reintegration after release
   e. Others

7. Who are FEBEM's major allies in the attempt to protect the sexual and reproductive health of young people?

   a. Partnerships with NGOs and voluntary organisations
   b. Contracts with the National Health System
   c. Others

8. In your opinion, what should be the essential components for an adequate intervention designed to promote sexuality and sexual and reproductive health and reduce the vulnerability of young people in conflict with the law?

9. In this interview we discussed a series of topics related to the sexual and reproductive health of young detainees. Before ending the interview, is there anything else you would like to say?

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