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Intersections of race, gender and the drug economy: Placing drugs in HIV discussions in Brazil

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ABSTRACT

While much research now demonstrates how social inequalities can drive HIV transmission, relatively little attention is given to the spatialized 'intersections' of race, class, and gender. Using this approach, this article considers an understudied phenomenon in Brazilian HIV discussions, the importance of the drug economy in shaping intimacy in favelas. Drawing on interviews with young women in Rio de Janeiro, it documents the intimate relations between young women and male drug workers to situate HIV vulnerability at the juncture of three social-spatial changes: (1) the rise of a drug economy that provides some racialized men, marginalized from mainstream society, with opportunities for work; (2) the precarious economic position of racialized women; and (3) the gendered dynamics including violence that can shape intimate relations. The paper shows how these relationships are contested by women who can cast their partners as living a 'wrong life.'

RESUMO

Embora muitas pesquisas agora demonstrem como as desigualdades sociais podem impulsionar a transmissão do HIV, relativamente pouca atenção é dada às "intersecções" espacializadas de raça, classe e gênero. Usando essa abordagem, este artigo considera um fenômeno pouco estudado nas discussões brasileiras sobre o HIV, a importância da economia das drogas na formação da intimidade nas favelas. Baseando-se em entrevistas com mulheres jovens no Rio de Janeiro, o artigo documenta as relações íntimas entre mulheres jovens e homens trabalhadores das drogas para situar a vulnerabilidade ao HIV na conjuntura de três mudanças socioespaciais: (1) o surgimento de uma economia de drogas que fornece oportunidades de trabalho para alguns homens racializados, marginalizados da sociedade dominante; (2) a situação econômica precária das mulheres racializadas; e (3) as dinâmicas de gênero, incluindo a violência que pode moldar as

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relações íntimas. O artigo mostra como essas relações são contestadas por mulheres que podem considerar seus parceiros vivendo uma "vida errada".

1. Introduction

Over the last 30 years a growing amount of research has shown how structural factors, including gender, race, and class, shape transmission patterns of HIV, the virus that causes AIDS (see Ayres and Ricardo, 1994; Aggleton, 1996; Singer, 1998; Parker and de Camargo, 2000; Parker, 2001; Farmer, 2004; Hunter, 2010; UNAIDS, 2018). One common theme, including in Latin America, is that dominant masculinities that value men's sexual conquests can increase a person's vulnerability to HIV infection both inside and outside marriage (Barbosa, 1999; Santos et al., 2009; Villela and Regina Barbosa, 2017; Monteiro et al., 2016; Agostini et al., 2018; Silva et al., 2014; Hirsch, 2015; Nelvo, 2018). In Brazil, the country of study, the importance of race is demonstrated by National Epidemiological data that reveals particularly high infection rates among Black women (see Villela and Regina Barbosa, 2017; Monteiro et al., 2016; Brazilian Epidemiological Bulletin, 2020).

To understand how race and gender (and other social relations) are mutually constituted, the 'intersectional' framework is now widely employed in the academy, including in the discipline of geography (Collins and Bilge, 2016; Mollett and Faria 2018). The approach has been extended into epidemiological studies that use sophisticated statistical methods to analyse HIV infection patterns, a method that enjoys considerable authority within public health (for example Konkor et al., 2020). However, as some of the pioneers of the framework have argued, without explicit attention to questions of power and context, 'intersectionality' runs the risk of becoming a depoliticized concept (Bilge 2013; Collins and Bilge, 2016). Indeed, exploring statistical associations between HIV and variables related to race, class, and gender, says very little about the socio-spatial historical changes and everyday experiences that shape HIV transmission.

In focusing on how racial and gender inequalities come together in the marginalized spaces of Rio's favelas, we give particular attention to a dynamic which has attracted little attention in HIV debates in Brazil, the connection between the drug economy and HIV transmission. We begin with the story of Luísa, a 22-year-old woman from Rio de Janeiro. Author 1 met Luísa through her partner, Everton, whom Author 1 first saw when he was lying ill on the floor of a hospital hallway. Luísa, who identifies as Black ('Preta') and supports herself through a share of her father's death pension, had been in a relationship with Everton for two years. He fell ill and she took him to several public health institutions, but he continued to lose weight. Everton, who Luísa describes as 'Pardo' ('Brown'), had never told Luísa that he was HIV positive, but was persuaded by hospital staff to reveal his status (some staff had treated his mother who had transmitted the virus to him around the time of his birth i.e. 'vertical transmission'). Unsurprisingly, Luísa did not react well to the news. He could have transmitted the virus to her, Luísa thought, and she could have infected their one-year-old daughter. After a few days, Luísa tested positive for HIV. Three months later when Author 1 interviewed Luísa, she reflected on her relationship with Everton with whom she had by then broken up. She said he dealt drugs and committed thefts, for which he had been jailed, and that he was from the 'wrong life'—a term used to illustrate the importance of drugs to his life but also to critique his actions: 'He just did wrong things, if you saw his [criminal] record ... Oh my God. It is a crazy thing.'

A major motivation for this article is two findings by Author 1. The first is that 24 of 27 HIV positive women she interviewed in hospital were racialized ('Black' or 'Brown,' see below). The research site therefore provides a critical window into society at large: between 2007 and 2020 national figures suggest that 54,3% of the women who became HIV positive were racialized (12,9% Blacks and 41,4% Browns) (Brazilian Epidemiological Bulletin, 2020). Indeed, the Department of Infectious Diseases at the hospital, in which the research was conducted, is located in a public hospital, accessed mainly by poorer Brazilians who are disproportionately racialized (the middle-class, who are disproportionately white, generally access private institutions, see Reigada and Romano, 2018).

Second, 6 out of the 13 women who contracted HIV through sexual relations did so they believed from men working in the drug economy. Luísa described how women in favelas have relationships with drug dealers that make them vulnerable to HIV infection; her boyfriend before Everton was also involved with the drug trade and was killed during a confrontation with the police. In the sections that follow we elucidate these points further. First, we lay out our method for studying connections between drugs, race, and gender; second, we give attention to men's social marginalization and some men's participation in the drug economy; third, we outline the social position of women; fourth, we highlight the type of intimate connections that place men and women vulnerable to contracting HIV; and, fifth, we show how the term 'wrong life' can be used by women to challenge men's practices.

2. Method and context

The research for this article was conducted in 2019 within a Rio hospital's Infectious Diseases Department. Author 1 conducted participant observation for six months and interviewed 27 HIV-positive young women aged 16–24 years old. The interviews were guided by a semistructured script, which explored disease experience, sexuality, relationships, and reproduction. Author 1 is a white Brazilian social worker who has worked in hospitals and favelas in southeastern Brazil, a background which facilitated her rapport with patients. Participants in the study signed a consent form (the legal guardian also signed an additional form if women were under the age of 18). Participants' real names have been replaced by fictitious names to preserve their identities. Research was approved by research ethics committees based at both author 1's main PhD-granting institution and the hospital.

Of the 27 interviewees, 13 contracted HIV from sexual transmission and 14 from their mothers at or near birth (vertical transmission). Three self-identified as 'Branca' (White), twelve as 'Negra' or 'Preta' (Black) and twelve as 'Parda' (Brown). Eight completed high school, fifteen didn't complete high school and four didn't complete elementary school. All of the young women declared that either they were unemployed or they undertook informal jobs with a monthly wage equivalent to USD 150 or less. They all interrupted their studies for a period of time for reasons that included pregnancy, leaving home, family breakups, sexual abuse, and getting sick due to AIDS.

In this paper we focus on the lives of 7 women (three Black and four

¹ We prefer the concept of 'vulnerability' to HIV to 'risk' because vulnerability better encompasses the social and environmental factors that drive the HIV epidemic (see Aggleton, 2004 and Ayres et al., 2003).

² Nouns are part of the variable word class of the Portuguese language and, can be inflected in gender (male and female), number (singular and plural) and in degree (augmentative and diminutive). For example: pardo (singular and male)/parda (singular and female) or, in plural, pardos (plural male and/or plural male + female)/pardas (plural and female).

Pardas), all of whom had relationships with drug dealers: Teresa, 16 years old; Adelina, 19 years old; Carolina, 20 years old; Antonieta, 20 years old; Ruth, 21 years old; Ivone, 22 years old; and Luísa, 22 years old. Six of the women were unmarried and one was married. Six of them contracted HIV from sexual transmissions and one from vertical transmission. Two didn't complete elementary school, four didn't complete high school and one did complete high school. All of them live in favelas in Rio de Janeiro. Favelas, structures on mountains that expanded in the twentieth century as successive governments failed to provide adequate formal housing, are characterized by precarious housing and poor infrastructure: as Zaluar and Alvito (1998, 1) say 'to speak of a favela is to speak of the history of Brazil.

The categorization of people by race/colour in Brazil is a controversial topic, and English translations are also thwart with difficulties (see Fernandes, 1965a,b; Loveman et al 2013; Mitchell-Walthour and Darity Jr, 2014; Souza, 2019). Self-identification is fluid and can differ by context (see Mitchell-Walthour and Darity Jr, 2014). The census now asks Brazilian citizens to identify as one of five categories: Branco, 'white' (45% of population), Pardo, 'Brown' (45%), Negro/Preto, 'Black' (9%), Amarelo, 'Asian' (0.47%) and Indígena, 'Indigenous' (0.38%) (IBGE, 2015). According to social indicators, 'Black' and 'Pardos' (Afro-descendants) people are the most likely groups to live in extreme poverty and suffer from a lack of access to basic sanitation services, such as piped water, regulated electricity and paved streets and sewage (IBGE, 2019). They are also more likely to be marginalized from the labor market (see Fernandes, 1965a,b; Almeida, 2019; Gonzalez, 2020). Data from the Brazilian Institute of Geography and Statistics shows that Black people receive the lowest-pay, work in the lowest-status positions, acquire the least formal education, and are most affected by violence (Oliveira, 1998; Almeida, 2019; Vargas, 2005, 2006; Alves, 2014). Race and class are closely aligned but researchers have shown that structural racism is a force that systematically, and with some independence from class, privileges white people in Brazil (Figueiredo 2004; Almeida 2019; Gonzalez 2020).

In the 2000s, the idealistic notion that Brazil was a 'racial democracy' encountered intense pressure from activists who pointed to systemic processes of racism. Partly in response, the government took the landmark step of introducing affirmative action for Brazilians of African descent (Htun 2004). Some argue that the experiences of being racialized as Black and Pardos are very similar and therefore refuse to separate the two categories (Bailey, Loveman, and Muniz 2012). We separate the categories in this paper at times not to oppose this position but because each interviewee identified herself to author 1 using these separate terms. We do so acknowledging the power dynamics in play, and that the hospital, where interviews were conducted, is coded as an apolitical space that could work against non-white informants identifying collectively as 'Black.' The article proceeds by discussing the drug economy, and then explores the intersections between race, gender, favelas, and intimate relationships.

3. Results

3.1. Brazil's 'drug working class'

The expansion of the illicit drug trade in Brazil in recent decades is driven by factors that include trade liberalization, which reduced barriers to imports, and the reluctance of politicians, some of whom have links to the drug trade, to address smuggling (Woodiwiss, 2007; Misse, 1997). In 2017 the Oswaldo Cruz Foundation's 3rd National Survey of Drug Use in Brazil reported that the most widely used illegal drug is

marijuana, followed by powder cocaine and then crack cocaine (Bastos et al., 2017; see also for the region World Drug Report, 2019). This illicit economy, and its policing particularly in poorer racialized parts of cities, has enlarged what Singer et al. (2013) call the 'drug working class': low-paid drug work that includes street selling, security, transportation, and other support work. In 2018, a study by the Favelas Observatory (Willadino et al., 2018)—an institution formed by researchers and members of social movements—found that drug workers were disproportionately young, male and Black or Pardos and had relatively low education levels. It also found that the drug trade typically provides incomes of between R\$ 1000 (USD 200) and R\$ 3000 (USD 600) a month for those at its lower levels.

As Ruth Wilson Gilmore (2002, 22) notes, the 'territoriality of power is a key to understanding racism,' and Brazil's drug trade and policing reflects what Alves (2018) calls an Anti-Black City. When a white youth from an upper-middle-class neighborhood is caught with drugs, they are typically seen by the police as expressing youthful rebellion and treated leniently. In contrast, a large number of young men living in favelas are jailed for drug-related offences, and some are killed in drug war violence (Souza, 2015; Vargas and Alves, 2010; Alves and Vargas, 2017). According to the Atlas of Violence (2019), in 2017, 75.5% of the people murdered in the country were Black and Pardos. Nearly 75% of people killed by the police are Black and Pardos (Atlas da Violência, 2019). Brazilian prisons are composed mainly of poor Black and Pardos men many of whom were convicted of drug trafficking (Moura, 2017). According to Sansone (2002), Rio's military police is expressively male, and mostly at the lower levels made up of Black and Pardos Brazilians who see the profession as a way to escape poverty. Freixo (2015, 8) argues the clashes in the favelas are a 'Brazilian tragedy ... men wearing black, almost all Black, killing Black men'. In other words, policemen dressed in black uniforms, the vast majority of whom are Black, kill other Black men.

Turning to employment, before starting to work in the drug trade, many favela-based men travelled long distances to undertake low waged and informal jobs for instance in the cleaning or construction sectors. These jobs offer wages of around R\$ 1045 or less a month. A significant amount of earned income is spent on public transport expenses (Willadino et al., 2018). Young men compare negative experiences with formal work to the drug economy's ability to provide a relatively secure income (Monteiro, 2002; Willadino et al., 2018). Similar to Bourgois' (2003) findings about crack cocaine dealers in New York, working in the drug economy also provides respect not afforded by low-paid work (Zaluar and Alvito, 1998; Bak, 2008). Drugs are also tied up with various positive cultural and social expressions, such as popular music (Huguet, 2005; Willadino et al., 2018). Nogueira et al. (2020) affirms the point that young Brazilian men's involvement in the violent drug trade is a way some express their masculinity and gain social recognition (on masculinity and violence see Connell, 2005; Souza, 2005; Nascimento et al., 2009).

There are significant city-wide differences in the organization of the drug trade in Brazil that affect the 'drug working class.' Rio de Janeiro is marked by rival gangs and a militia whereas in São Paulo there is a single gang controlling the entire drug trade. In Rio gangs can sometimes compete violently over turf, for instance favelas that share the same hill (Manso, 2018 and 2020). Within each favela there are typically several 'bocas de fumo,' which are strategic points where drugs are sold. They are usually in corners, alleys, bars or some other points, and they stock a limited amount of drugs in case they are raided by the police. Some Rio 'bocas' sell one specific types of drug, whereas others sell a variety of drugs (Misse, 2007; Lessing, 2008; Manso, 2020).

The partners of the young women interviewees are not involved in large scale drug trafficking but are known locally as 'vapor' responsible for selling drugs outside favelas or at the 'boca de fumo,' or they are 'olheiros', whose function is to look out for police or rival traffickers. Violence is very much part of their everyday lives. Describing the context of the drug trade in Rio de Janeiro, Carvalho (2007, 111) argues

³ While some interviewees referred to the place they live as 'comunidade' (community), 'favela' is the most commonly used term including to express resistance and denounce oppression (see Oliveira, 1998; Cabral, 1996; Zaluar and Alvito, 1998; Vargas, 2005; Vargas, 2006; Alves, 2014).

that it can be similar to a war. While drug work can be less demanding in some ways to low-paid legal work, indiscretions can be violently punished, as Adelina describes below in the case of her partner:

Adelina: ... He doesn't even watch the boca. He stays there, he puts on music, he listens to music, others sleep.

Author 1: Just stay there?

Adelina: Yeah, they keep an eye, keep watch.

Author 1: Some of them sleep and others stay awake?

Adelina: No. They are not allowed to sleep, though some do sleep. But there is a guy there who is terrible ... if he sees [someone sleeping] he hits them ...

Adelina shared with the interviewer the wider context of violence within the favela where she lives:

Author 1: Is there a lot of conflict there?

Adelina: When the [violent] guys come in, yes!

Author 1: So, who's in?

Adelina: Sometimes other guys, sometimes the police.

Author 1: Another gang?

Adelina: Yes. I wanted to get out of there. I don't like it very much. There's a lot of war between the guys there. ... The guys from CV [Comando Vermelho] are there in our house yard.

Author 1: In your backyard?

Adelina: Yes. They stay in the square and there is a ladder like that [makes hand gestures] then we are afraid of when the other guys enter. We are afraid of them going up the stairs and entering inside the houses.

One consequence of this violence is that young men can grow up to witness, and sometimes look up to, older men undertaking acts of violence (Huguet 2005). Adelina, whose partner lives in a particularly violent part of their favela, says:

Adelina: \dots he lives down there. A little more down there. (\dots) The war really gets there.

Author 1: Where? What? I did not understand.

Adelina: The shootings really happen.

3.2. Women, race and favelas

Similar to men, women living in favelas are structurally disadvantaged in comparison with Brazilians who live in suburban areas. The literature on structural racism in Brazil, articulated clearly recently by Silvio de Almeida (2019), reveals the historical roots of oppression, for instance the resonances between violence suffered by Black women during the period of slavery and situations of harassment and violence today (Davis, 2016; Gonzalez, 2020). Notably, the three white women in this research project, while quite poor, had higher salaries and better job opportunities compared to 24 racialized women. For example, one of the young white women, with strong physical characteristics of whiteness (light skin, blond hair and green eyes), found work as a caregiver for the elderly without having completed elementary school. Even though she reported violations of labor rights and low income, her income was higher than all the other interviewees. In addition, she would not have faced the same discrimination as racialized groups when attending social spaces identified with the white middle class (Almeida, 2019; Gonzalez, 2020).

The seven interviewed women who had relationships with drug dealers came from generally poorer backgrounds than the other twenty women in the interview sample (see also Monteiro 2002 on women, the drug trade, and family histories marked by abandonment and violence). Adelina did not work and was financially dependent on her maternal grandmother. Ruth, Carolina and Antonieta worked, although with relatively low levels of education their earnings were typically below R\$ 700 a month (approximately USD 150 a month). Common jobs women undertake include cleaning and manicuring; some women reported labor violations at work, such as discrimination because of pregnancy and being paid late. Travel times were long: one interviewee reported that she takes two buses to get to work, which amount to approximately 4 h each way. Most women live with other family members, although Teresa lives with other women at an orphanage, Ruth lives with her son, and Ivone lives with her husband. Ivone was the only woman wholly dependent on her current partner. Ivone's husband was not working in the drug trade, although her previous partner had done so.

Compared to white women, Black and Pardas women are not only more likely to work in insecure and badly-paid occupations (IBGE, 2015) but face negative stereotypes that can prevent them from occupying certain middle-class social spaces (Gonzalez, 2020). Adelina said 'I never went to a mall but I would really like to be able to go someday.' Carolina, 20 years-old, said that she was often associated with drugs because she is Black and lives in a favela:

Carolina: In terms of using drugs, for example, I know many people who use them but I never have. And people doubt me, saying I already do. Just because I live in a favela and I am Black.

The social marginalization of these women echoes those faced by their parents' generation. The young women interviewed were all born in the favelas to parents who themselves had low education levels and incomes. They often took breaks from schooling because of pregnancy or other reasons, even the girls who finished high or elementary school were older than others in their cohort. Luísa described her interruptions:

Author 1: What is your level of education?

Luísa: I stopped in the first year [of High School] \dots

Author 1: Why did you stop?

Luísa: Because I got pregnant. Then I had another daughter, and then I stopped altogether.

All of the seven young women we focus on discussed family deaths and family HIV cases, as well as violence. Carolina's mother was diagnosed with HIV, Luísa's maternal grandmother died of AIDS, and Ruth, Adelina and Teresa lost their mothers due to AIDS. All of them said that their own father was not present in their lives. Carolina, Ivone and Antonieta were raised by their mothers who broke up with their fathers. Teresa never met her father. Ruth's father stopped talking to her when he discovered her HIV status. Luísa's father died of a heart attack when she was child and Adelina lost her father due to armed violence also when she was a child. Two of the interviewees had been sexually abused by family members.

3.3. Intimate relationships between women and drug dealers

Gender-based violence is complex and varied, but Author 1's extensive interviews, and experience working in favelas, allowed her to recognize connections between intimate violence and the drug economy. These however must be situated in a wider context that recognizes that violence and love are not mutually exclusive and that relationships unfold in varied ways. Indeed, the young women with intimate partners in the drug industry had relationships lasting between 8 months and 2 years, with all having children from these relationships, except Adelina. Below, we explore in more detail the nature of these relationships and

how they shape possible HIV transmission. We look at potential for violence, but then expectations of support, notions of love, and attitudes toward multiple partners.

Brazil is among the countries with the highest rates of femicide in the world, and most of these deaths are caused by victims' intimate partners (Atlas da Violência, 2019). The specific if complex connections between the drug economy and gender violence rests in part on the authority of drug workers within the local community. During the 1980s powerful drug cartels (currently known as 'facções criminosas' in Brazil, which means criminal factions) eclipsed the police as enforcers of laws in Rio's favelas. The actions of these factions can reinforce men's power in the community. Based on research in a favela in Rio, Penglase (2010: 323) argues that 'In contrast to the police ... the trafico "respect" local men and do not invade their homes. They also do not insult the status of local men by treating them as criminals.' Women who have relationships with drug dealers are aware that they will find little protection in the law. In her previous work as a social work, Author 1, for instance, assisted a number of women who faced many types of violence from drug dealer partners, for instance when they were accused of flirting with other men or wanted to end the relationship, but felt unable to report this violence to authorities out of fear.

While not all female informants said that they were fearful of their partners, some told of relationships heavily marked by jealousy and threats. Unequal dynamics in heterosexual relationships evidence what Jewkes and Morrell (2012, p. 1734) called 'violent or non-violent control methods' performed by men. What is specific about the situation of these female informants however is the connection between the drug economy and violent masculinity (Nogueira et al., 2020). Author 1 spoke regularly with Luísa for approximately four months inside the hospital. Between separations and returns, Luísa described how the relationship ended:

Luisa: We argued a lot. He was very jealous. I could do nothing.

Author 1: Have you ever had a hard time separating from any of your boyfriends?

Luísa: What do you mean?

Author 1: They did not accept the break up.

Luísa: Everton ... [pause] He does not accept the end of the relationship until now. He would like us to still have a relationship. He told me that I wouldn't be with him, I wouldn't be with anyone else. I don't depend on him for anything. I broke up with him. I didn't accept that anymore. I left. I said bye.

Author 1: Did this generate a fight or not?

Luísa: Yes. He took my things. He hides my backpack with my clothes so I wouldn't leave. He locked me inside the bedroom. But I left. Do you know?

Such violence can be even more extreme in some cases, as described by Carolina and Ivone:

Carolina: I broke up with him because I was no longer getting along with him. He assaulted me, understand? He almost killed me ... He chocked me. I almost fainted. I don't know if I passed out what he was going to do to me. So, I don't trust him. Do you understand me? He really attacked me because I was leaving him, because I didn't want anything with him. He didn't accept it.

Ivone: I didn't want him anymore and he didn't accept it that much and I had to move and he ended up dying and I was able to move back in with my mom.

Author 1: What was he doing?

Ivone: He said he was going to kill me and that I wasn't going to date anyone else and just be with him. He kept going after me. Following me. He would knock on the gate, say that if I didn't go to the gate he would shoot the gate.

Author 1: Did he ever attack you?

Ivone: No, just threats.

Several women stated that even when they found out that they were HIV positive, presumably infected by their partner, they were too scared to share the diagnosis. In another case, that of Teresa who was born with HIV, her partner used her HIV status to keep her in the relationship, saying that 'no one will want you with this [HIV].' They had sex without a condom and he didn't himself have an HIV test. Antonieta said that some drug traders forced women living with HIV out of favelas. HIV can become the subject of gossip within the favelas (Fonseca 2000; Elias and Scotson 2000; Sciarotta et al., 2021) where privacy is hard to maintain (Edmundo et al., 2007). Antonieta also reported that she had to leave the favela for a while because she was threatened with death when her partner did not accept the end of the relationship.

However, it would be problematic to consider intimate relations only in terms of violence. Given that the drug trade is a form of work, an obvious question is how men's access to money affects relationships. This is especially relevant because a considerable amount of HIV research, especially in sub-Saharan Africa, shows how gifts from men to women create power dynamics that can increase HIV risk (e.g. Hunter, 2010; Stoebenau et al., 2016; see also in Brazil, Piscitelli et al., 2011; Piscitelli, 2013). The interviewed women in our Brazilian study reported that they sometimes received gifts from their partners, such as cell phones, clothes, services at hairdressers and manicures, and drinks at parties inside the favelas. However, in contrast to the sub-Saharan African literature, most young women were not financially dependent on their partners-Luísa, for instance, points out that during the few months they cohabited she relied on income from her father's death benefit. This made it possible for her to buy basic items such as food and hygiene products. Luísa said that she in fact helped her partner's family, saying: 'I wanted to help them. That was my wish. And what I got? The virus ... [pause] and my daughter, of course.' Underlying this point is that many women have some kind of income through work as well of some security from living in family houses with others who may work.

Everton, according to Luísa, spent much of his earnings from the drug trade on expensive branded clothes and on maintaining his motorbike (which Luísa says she also helped to pay for). Luísa told the author 1 that her father's death pension is shared between her and her mother and sister. She has a regular monthly income of R\$ 300, which is equivalent to approximately \$ 60 a month. Expensive consumer items have a high value because they earn a person respect and social recognition. This is called 'ostentação' [display of expensive material things], and shows the link between consumption and social power (Monteiro, 2002, 80). Drug workers (and their partners') status can also be enhanced when they donate goods, including food, to poorer families, and finance events such as commemorative parties.

Even if most men earn quite low incomes through the drug trade, the fact that some dealers at the top of the ladder have enormous wealth creates a sense of hope that the drug trade can transform a person's life. Such advancement is almost impossible through low-paid formal work. Though moving up the drugs ladder is rare, when it happens it can ensure men's riches and provide their partners with access to expensive consumer items such as cars and middle-class activities such as attending gyms.

Interwoven with relationships that can be violent and can involve some kind of support, or hope of support, are notions and feelings of love. Women can justify the uncontrollable attitudes of his partners as a kind of madness which is inherent to a man's 'love'. So too can men's controlling and violent attitudes be seen as a form of manly protection or concern. These conventions contribute to the naturalization of male

domination (Jewkes and Morrell, 2012; Moore, 2015; Bhana, 2008; Bak, 2008; Connell, 2005). At the same time, the narrative of 'romantic love' provides women with reasons to dismiss families' concerns about their relationship with a drug dealer. Adelina reflects on how feelings of love allowed her to counter her grandmother's disapproval of her relationship with a drug worker. Wider research on gender in Brazil has shown that women can be socialized to adopt submissive attitudes, and therefore pressured to act as loyal girlfriends who are in love with their partners (Heilborn, 2006). Ivone, Ruth, and Luísa explain the way the young women understand and experience 'amor', which in English means love:

Ivone: I was younger. I think it's a teenager thing I didn't care that he was from the wrong life. It was love.

Ruth: I dated him because I liked him. I loved him.

Luísa: He was the great love of my life.

Love is also tied up with acts of intimacy. Men can portray sex as a way of declaring love (Heilborn, 2006), which makes it difficult to implement HIV prevention strategies such as condom use. Referring to the dominant power dynamics, Edmundo et al. (2007 p. 130) have shown how residents of Brazilian's favelas have a limited ability to negotiate sexual relations that might protect them from HIV/AIDS. Luísa noted how women like her are unable to persuade a partner to use a condom:

Author 1: Didn't you usually use condoms?

Luísa: No, I had not.

Author 1: But did you and your partners talk about it or not?

Luísa: No [Luísa answered in a low voice].

Author 1: Didn't you talk about it?

Luísa: No. I didn't talk. But I always asked ... [Luísa paused the speech, thought and continued]: Sometimes. Sometimes I asked. It was very rare. I never talked about it. I never thought that I would [Luísa shook her head] ...

Author 1: When you asked, did he accept that it should be used or not? Or did he say 'oh no \dots '?

Luísa: Sometimes he acted naturally and said 'let's use it' and sometimes not. Sometimes he even made a joke of not wanting to use a condom because he was my boyfriend. This means that we don't need to use a condom. Do you know?

The non-use of condoms and other methods of contraception must also be seen in the context of the high value placed on childbirth. The women interviewed had their first children between 15 and 19 years of age. For some Brazilian women, getting pregnant at a young age can signify a 'transition' into adulthood, and boost a women's respect among their peers (Heilborn, 2006; Brandão, 2006).

Another common gendered narrative, often justified when men refer to Christianity, is that women must show forgiveness, including to men's sexual indiscretions. There is a double standard in this assertion because it is seen as acceptable only for a man (and not a woman) to have multiple and concurrent sexual partners (Carson, 2006). When Author 1 asked Ivone if she knew how she contracted HIV, she replied:

Ivone: Ah, I can imagine. I had a relationship ... [pause] I dated a boy who was from the wrong life. He stayed with several girls at the same time. I imagine I may have got HIV from him.

Similarly, Antonieta reports about the end of her relationship:

Antonieta: He had relationships with several women from the favela while he was dating me, and I was his property.

3.4. Gendered ambiguities and resistance

In the often-violent setting of favelas influenced by the drug trade, we have thus far reported dominant gender ideals that tend to give men social power in relationships. Men's sexual-affective relationships with women legitimize drug dealers' masculinity and power (Nogueira et al., 2020), and the drug trade provides a man and his partner with some status and money.

The social norms that establish different rules of conduct for men and women can be justified by the social discourse that 'it is part of the men's nature.' This means that when a man cheats on a woman, he reaffirms his social role as a man and, yet, when he is betrayed, this challenges his masculinity to the point that he can commit violence against the woman who cheated on him (Connell, 2005). However, all of the women reported that at some time they had ended a relationship with a drug dealer. Even the one woman who had married a drug dealer split with him and then married another man who was not a dealer.

This ambiguity can be seen in the use of the term 'vida errada' – 'wrong life' – that is a prominent expression used by young women to qualify their partner's involvement in drug trafficking and more widely improper behavior, as noted by Teresa, Adelina, and Ivone:

Teresa: ... he is from the wrong life and I want to change my life and I will never introduce my son to him.

Adelina: He was from the wrong life.

Ivone: I had a relationship \dots I dated a boy who was from the wrong life.

Informants' use of the term 'wrong life' could of course be taken as an attempt by some to explain their situation to an interviewer located outside the cultural context in which they live. Interviews were undertaken in a hospital, by someone who does not live (and never lived) in a favela. Informants appeared to be keener to discuss violent relationship when they were no longer involved with their partner, because it is possible that women describing a 'wrong life' were hiding the continuation of an affective relationship with a drug dealer.

These qualifications notwithstanding, the interviewees used the category 'wrong life' to explain, for instance, the reason why they broke up with the men, and took custody of their child. Among the six young women who have children with drug dealers, only Luísa said she encourages her daughter to meet with her father. Other young women said that the ex-partners do not maintain contact with their children and also do not financially support the care of their children. The term is also used to criticize men who have multiple sexual partners and transmit HIV to women.

This concept of a 'wrong life' illustrates that masculinity norms are contested and that the idea that a 'real man' is one who has money, no matter how this is earned, is not universally endorsed. When women operationalize the concept of 'wrong life' they are challenging this norm. Since masculine norms are not defined exclusively by men (see for example Korobov, 2011; Peukert, 2019; Talbot and Quayle, 2010) and women contribute significantly to the establishment of masculine norms, the concept of the 'wrong life' is an important narrative that can reconfigure gendered relations. However, as we have shown, criticism of men who undertake the 'wrong life' does not prevent many women from engaging in relations with men involved in the drug trade.

Moreover, women's criticisms of the 'wrong life' also poses a challenge to men. According to Nogueira et al. (2020, p. 349) men gain status when a woman is seen to prefer a man who works in illicit activities, that is to say she chooses a man from the 'wrong life'.

Thus, competing notions of a 'desirable man' must be contextualized to understand the transmission of HIV (Bhana, 2008). Women can see benefits when drug dealers provide protection, recognition, and gifts, but they can then use the term 'wrong life' to justify their discontents with the relationship. This tension is important to stress because it shows

women's agency, which itself is essential to understand in designing HIV prevention interventions. It helps to locate the Brazilian women interlocutors in the context of a large number of studies showing how women challenge dominant masculinities and resist attempts to control their bodies when HIV prevalence rates are high (Bhana, 2008; Moore, 2015; Jewkes and Morrell, 2012).

4. Conclusion

It is now widely accepted in the social sciences literature that social relations that include race, class, and gender 'intersect' in ways that make them mutually constitutive. The public health literature has picked up on this framework, and it has been incorporated into epidemiological approaches that utilize sophisticated statistical techniques. At the same time, where and how this intersection takes place is not always brought to light.

There is considerable evidence to demonstrate that racialized people are looking to the drug economy as an alternative to overcome the cycle of exclusion and poverty (Atlas da Violência, 2019; Diniz, 2015; Santos et al., 2020) and we point out to how this dynamic is being reflected in relationships. In this article we have shown how young Black and Pardas women in Brazil are particularly vulnerable to HIV infection because of the convergence of race, class, and gender inequalities in favelas. Men, marginalized in the formal economy, can view the drug trade as a means to achieve social advancement. For women, having a partner associated with drugs can offer some protection, status, and also the hope that her life might transform if her partner is successful in the drugs world.

Work on public health has long shown how racial structures of inequality lead to worse health outcomes, a reality underlined in the COVID pandemic (Oliveira et al., 2020; Sthel and Silva, 2021). There is also ample evidence, especially in the US, that racism affects all aspects of the drug economy, including who the police target, and how sentencing operates (Bourgois, 2003; see also in Brazil, Alves, 2014; Alves and Vargas, 2017; Alves, 2018). Our contribution to the literature on HIV transmission is to show in Brazil that the drug economy is a spatialized force that helps to rework race and gender in ways that interact with everyday intimacies. Though women are rarely fully dependent on men's incomes from drugs, the social recognition and gifts offered by drug workers play a role in power relations, and therefore vulnerability to HIV. Moreover, violence intrinsic to the drug economy shapes intimate relations in profound ways. Our case shows that in Brazil's so-called 'racial democracy' the drug economy and HIV vulnerability are intimately linked. Yet these patterns are also simultaneously gendered. Relationships are influenced by the culture of violence and a situation where men and women can see drugs as providing some hope for a better future. As we have shown, these relationships can lead to a high vulnerability of HIV infection.

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