

Managing risk and sexuality in the Covid-19 context

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Abstract

This text presents initial questions from the SEXVID national survey on sexual practices and risk management in the Covid-19 context. The category of risk management, taken from studies about management and health in relation to HIV/AIDS and practices of assemblage, with reference to studies of materialities, articulates heterogeneous elements involved in managing offline sexual encounters in the context of the pandemic. We focus on two questions: how does this management take place, especially in a political environment lacking public policies on prevention and risk, and what are the practical materialities that constitute this articulated assemblage of elements that justify or not the risk of contamination. We use scenes constructed from semi-structured interviews in the initial phase of the study to contextualize the central question and learn about the impact of the pandemic on the sexual experiences of part of the population.

Keywords: Covid-19; sexuality; management; risk; pandemic.

Risco, sexualidade e gestão no contexto da Covid-19

Resumo

Neste texto, apresentamos questões iniciais da pesquisa nacional SEXVID sobre práticas sexuais e gestão de risco no contexto da Covid-19. A categoria da gestão de risco, retomada a partir dos estudos sobre gestão e saúde no âmbito dos estudos do HIV/AIDS e das práticas de montagem, com referência aos estudos das materialidades, articula elementos heterogêneos no gerenciamento de encontros sexuais *offline* no contexto da pandemia. Nos interessam duas questões: como se dá essa gestão, sobretudo em um ambiente político de falta de políticas públicas sobre prevenção e risco, e quais as materialidades e práticas que constituem essa montagem articulada de elementos que justificam ou não o risco de contaminação. Para tal, partimos de cenas construídas a partir das entrevistas semiestruturadas na fase inicial da pesquisa, com o intuito de contextualizar a questão central de conhecer o impacto da pandemia nas experiências sexuais de parte da população.

Palavras-chave: COVID-19; sexualidade; gestão; risco; pandemia.

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Pursuing sexual practices in pandemic times

Lia is a cisgender, black, heterosexual woman in her 50s. She is a professor at a higher education institution in the state of Rio de Janeiro. In menopause, “The pandemic came precisely when I’m not having my periods, and I have no uterus or fallopian tubes. I’m living alone, free. The pandemic screwed me in this regard”. During the quarantine, Lia had two dates with a guy she had known since school: he is now a doctor, working on the front line. At first they exchanged many messages and nude photos until they decided to have sex. “The risk was worth it. But now I wouldn’t have sex with anyone,” she concludes. She says it took her a while to have an orgasm: “Worries, right? Even your orgasm is influenced by the pandemic”.

Luciana, is a white, bisexual, cisgender woman, a journalist, almost 30, who lives in Minas Gerais. She spent two months during which she met almost no one. She was getting horny. So she had sex with a friend who lives with another friend. She heard they were taking the quarantine “more or less seriously”. She also had a date with a guy on Tinder: in a public place. At the end, they kissed, risk taken. The second date was at her house; dinner, sex. The guy had a car, which is an important criterion for her. “If he came by *Uber*, I wouldn’t have agreed”. Things didn’t work out with another “really handsome” guy she had a crush on. I’d been out with him several times. He insisted, she was horny, but he was an app driver. Red flags.

As a busy *Uber* driver João does not have problems in the pandemic. “Ah, sex is great”. João is a heterosexual, cisgender, white, man in his thirties. Newly separated, with a young son, and living in Minas Gerais, he had various sexual partners. In the pandemic, not much changed, sometimes a date does not work out – so he tries another. He laughs and earns knowing laughter at the mechanic’s shop where he was giving the interview. His car needed work.

Lê is a white, non-binary, university student who is almost 30. At the beginning of the pandemic, she was constantly sexting, only with women. With one of them, things began to get more intense. It was the best online sex she ever had. The other woman does not live in the same city, and Lê does not live alone. They¹ spoke with their housemates: “Is she being careful?” A couple of two women who had decided to move in together during the pandemic help friends who need a place to meet by offering the apartment of one of them in a city in Rio Grande do Sul state. The situation is controlled. Lê’s girlfriend arrives from the airport first and picks up the already disinfected key at the entrance. The apartment is also disinfected, and containers with hand sanitizer are scattered everywhere. She settles in and showers. Lê arrives wearing a mask that she soon removes. They go to bed. Pandemic? “I don’t even remember it”. Then comes guilt, criticism, strained friendships. The other woman goes to Lê’s home. They always have hand sanitizer beside the bed. They know it is not much use now, but there’s no harm in washing their hands and arms while with her from time to time.

¹ In this article the pronouns they and there are used to refer to Lê.

Maurício is a cisgender man, gay, *pardo*², university professor who was working remotely. He lives alone in the Amazon region. He partook in *ayahuasca* rounds to consider his sex life. For three years he had only been having sex with those with whom he had emotional affective involvement. During the pandemic he saw sperm in his urine – masturbation. He finds *Tinder* doesn't work so he activated former contacts on Facebook and Instagram. He was neurotic, getting sick. He was working hard, had submitted almost forty academic articles, but had no sex. So, after April he met with four guys without much planning. Where he lives, life is going on normally. He turns off the TV, zaps through the *Facebook* news, tries to forget the images of the mass graves. “We're already going crazy, let's go”. He only leaves the house to buy food, always wearing a mask. But at his mother's, whom he visits, there is no distancing – but there is chloroquine, which she and the rest of the family, except Maurício, are taking. He had always been active in sex, but during the pandemic he has allowed himself to be passive. New experiences. “Since we're not normal, let's get laid”. But not with strangers. If there are condoms, it's OK. He would wait seven days to make sure he had no symptoms until a next partner. He used multivitamins and ethnomedicine. The shaman brings teachings about life, sex, and the disease, but it's important to keep informed of the WHO bulletins he points out.

On Brazil's popular TV news magazine show *Fantástico* in May 2020, Dr. Drauzio Varella explained why mortality rates due to Covid-19 among obese people are higher. In August there was a report on the site *Catraca Livre* with the headline “Obesity can harm the effectiveness of the Covid-19 vaccine.” Maria paid attention. She is a bisexual, cisgender *parda* journalist about 35, living in southern Brazil. She weighs 125 kg and is only 1.70 m tall. She takes time every morning to read the headlines on her *Facebook* and watches TV. The pandemic is raging. She turns on her phone and opens *Tinder*. She decides to deactivate it. Scientists say sex for her could be fatal.

The scenes that open this article took place in very different geographical and political contexts. They involve people crossed by varying social markers, such as gender, race, social class, regionality, generation and religion. They don't even share an online environment, the same networks, proximity, or use the same technologies for relationships or affective-sexual encounters. But they were all living in Brazil when the Covid-19 pandemic struck (Corona Virus Disease 19).

Covid-19 is caused by the Sars-CoV-2 virus and is characterized by rapid transmission among people through droplets and aerosols spread through coughing, sneezing, or speech. It can also be transmitted through contact with surfaces contaminated by the virus if individuals place their hands on their mouth or nose (Singhal, 2020). It was thus named in February 2020 by the World Health Organization, which declared it a pandemic in March of the same year (Rothan & Byrareddy, 2020). Currently, 223 million cases of Covid-19 have been confirmed worldwide, 4.6 million of which resulted in deaths.³ Data from the general panel of the new coronavirus in Brazil⁴ show that as of September 12, 2021, there had been 20,989,164 confirmed cases and 586,558 registered deaths.

The scenes described come from informal reports and semi-structured interviews carried out between September and October 2020, which are part of the pre-field of the research that was called SEXVID.⁵ The study has been carried out at the national level by five public Brazilian universities,⁶ and its general objective is to investigate sexual practices and risk management in times of Covid-19 in Brazil.⁷ Thus, we are interested

2 Brazilian category for biracial/person of colour.

3 Available at: <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>>. Accessed on September 12, 2021.

4 Available at: <<https://covid.saude.gov.br>>. Accessed on September 12, 2021.

5 For details visit the website <https://www.pesquisasexvid.com/>. All the authors of this article are part of the research team.

6 Federal University of Rio Grande do Sul (UFRGS), Federal University of Minas Gerais (UFMG), State University of Rio de Janeiro (UERJ), National University of Brasília (UNB) and Federal University of Pernambuco (UFPE).

7 The research “SEXVID - Sexualidades e Gestão de Risco no Contexto da Pandemia de COVID-19 [SEXVID - Sexualities and Risk Management in the Context of the COVID-19 Pandemic]” was approved on July 28, 2020, by the Research Ethics Committee (CEP) of the Institute of Psychology of the Federal University of Rio Grande do Sul (CAAE: 35055720.6.0000.5334).

in understanding how the pandemic changes the experiences of sexual practices of different groups and populations living in Brazil, identifying what they consider risk and what elements make up the management of this risk based on its framing caused by the pandemic effects. Thus, in SEXVID, we intend to analyze the heterogeneous assemblages the subjects produced, to establish risk hierarchies and risk management practices in the exercise of their sexuality since March 11, 2020, the date of the first declaration that public activities would be suspended in Brazil, in the Federal District,⁸ and when physical distancing measures began to be promoted as the main strategies to prevent Sars-CoV-2 infection.

At the time that these narratives were produced, the curve of cases and deaths due to Covid-19 was stabilizing in the country, and physical distancing measures were being relaxed in different states. It is also worth mentioning that the municipal elections, held in November 2020 in Brazil, guided institutional policies towards the pandemic – albeit by making data about its effects invisible. Moreover, the pandemic in Brazil fell within a very peculiar political scenario that encompassed disputes over scientific and counter-scientific narratives, a lack of national coordination of sanitary measures, and a central government that has not invested in preventive political actions. The National Congress established a Parliamentary Committee of Inquiry (CPI) to investigate whether the government had committed crimes of responsibility during the pandemic.⁹ This context is fundamental to understanding the assemblages that refer to sexual practices in times of Covid-19, which link various materialities and practices, including the management of information and the establishment of hierarchies of risks and preventive conduct.

The methodology of the SEXVID project foresees three phases: 1) pre-field, which included semi-structured interviews, informal reports, and collection of informative materials on sex and Covid-19 produced by governments and non-governmental organizations or by the media; 2) digital application of closed questionnaires, and 3) in-depth interviews. All stages exclusively involve participants over 18 years of age. This text addresses the results of the first phase, especially what emerged from the various informal reports collected, as well as semi-structured interviews with seven single people who engaged in face-to-face (offline) sexual encounters during the pandemic, in a context of sanitary recommendations for physical distancing, the use of masks, and constant hand hygiene. In the group interviewed, we sought to contemplate diversity in relation to sexual orientation, gender, race, generation, and regionality.

The interviews began with a broad initial question: “How have your sexual encounters been since the beginning of the Covid-19 pandemic?” Next, we addressed what the person considered a risk at that time, how they had been managing the risk with the virus (considering partners, locations, preventive practices and substances, harm reduction practices, for example), and how they obtained information (where did they turn to for information and the media they considered more reliable). Each interview was preceded by a brief survey of self-referenced sociodemographic data (age, education, profession, race/color, income, sexual orientation, gender identity, religion).

The objective of the first phase of the investigation was to provide elements to be pursued in the following steps. We are now completing the application of the digital questionnaire through a form available on the research website. Based on the questionnaire results, in the third phase we will conduct another 30 semi-structured in-depth interviews with participants of the second phase to deepen the analysis of sexual experiences in the pandemic.

We emphasize that to minimize the risk that researchers or participants become infected with Sars-CoV-2, the entire study has been carried out exclusively online. The use of research resources in and through new information and communication technologies (ICTs) is not new and has been widely used in the field of study

⁸ <https://g1.globo.com/bemestar/coronavirus/noticia/2020/04/06/coronavirus-veja-a-cronologia-da-doenca-no-brasil.ghtml>

⁹ For more information about the CPI, see <https://www1.folha.uol.com.br/poder/2021/05/grupo-majoritario-da-cpi-da-covid-ja-ve-provas-de-crimes-de-bolsonaro-na-gestao-da-pandemia.shtml>

of sexualities (Flach & Deslandes, 2017; Silva, 2010; Miskolci, 2013; Queiroz, 2018). These experiences in previous research certainly provide greater comfort in the use of the technical resources mentioned in the pandemic context. Nevertheless, it is necessary to recognize the limits that this form of research presents. In the first stage, when the material was collected through interviews on digital platforms and video calling apps, the first limitation is the interviewees' access to the ICTs, either to equipment and apps or to how to operate them.

This article will pay special attention to risk management as a form of assembly among heterogeneous elements. The notion of assembly refers to the concept of "coordination" proposed by Annemarie Mol (2002), which makes explicit the practical efforts to group heterogeneous and at times contradictory elements that perform reality. Such coordinations are always contextual arrangements that mobilize a series of practices to produce a certain situated stability.

Thus, from the scenes constructed in the interviews and conversations, and with the notion of assembly as a reference, we present two relevant questions for the SEXVID research in which our analyses are inscribed: the idea of risk management, which comes from HIV/AIDS studies, and the proliferation of articulatory practices between heterogeneous elements such as semiotic-material practices that seek to relate contextual and perceptual, political-social, and subjective aspects involved in conducting the coordination of desires, practices, and sexual encounters.

Sexual policies and (de)governmentality

The issue of sexual practices and risk management in the context of the Covid-19 pandemic is an element of the concern to think about sexualities considering, as mentioned, Brazil's ultraconservative political situation and the setbacks in public policies and government positions on these topics. Federal government leaders have promoted an anti-science message and expressed deep mistrust of consensual positions taken by medical specialists towards the pandemic (Rutjens, Sutton, & Van der Lee, 2018). The president widely mocked social distancing and then vaccinations. Nevertheless, on April 2, 2020 the Ministry of Women, the Family and Human Rights (MMFDH) released a booklet with recommendations for lesbians, gays, bisexuals, transvestites, transsexuals, and transgender people in times of Covid-19, which advocated online work, including for sex workers. The first version of the booklet was replaced on the same day, after extensive media exposure.^{10,11} The revised version eliminated¹² explicit mention of sex workers - and therefore did not mention the offer of virtual sex services - or bath and sauna as common meeting places, and bath and sauna have not appeared in any other type of government information. However, after the booklet was revised, the message remained the same: do not break the quarantine to socialize, perform transsexualizing surgery, or have sex, whether for work or not. "Take the opportunity to read, study, and discover new talents!" is one of the recommendations on the list.

Although the Ministry of Women, the Family and Human Rights published this booklet that reduced the entire preventive policy with a reference to sexuality to that specific statement and population, reports from people from various groups about non-compliance with physical distancing for sexual meetings increasingly appeared in our personal networks and the media. We were impressed by the richness of details in narratives that described what was happening, revealing that the "non-compliance" involved much more complex elements than could be imagined, including the establishment of parameters prior, simultaneous, or subsequent to this type of decision. Forms of acting in relation to risk also took specific contours in the face of a little-known

¹⁰ As indicated by the errata published by the Ministry, in which the "final version of the material" is presented: <https://www.gov.br/mdh/pt-br/assuntos/noticias/2020-2/abril/errata-2013-versao-preliminar-de-cartilha-lgbt-divulgada>

¹¹ The unofficial version can be accessed at: https://static.poder360.com.br/2020/04/Cartilha_LGBT_coronavirus-pdf

¹² https://www.gov.br/mdh/pt-br/assuntos/noticias/2020-2/abril/Corona_banner_LGBT.pdf

virus that behaved peculiarly, especially about its transmission efficiency and how it travels between humans and non-humans, living with them and making Covid-19 extremely contagious.

Describing and interpreting the articulation of elements of different dimensions and origins in the assembly of social and sexual practices has not been an easy task in the current context of Covid-19, although we already had important clues inherited from studies on risk management in the context of HIV/AIDS (De Luiz, 2011). Among other elements, the history of AIDS and of other pandemics shows that even a global epidemic or pandemic presupposes local arrangements, i.e., it requires approaching specific contexts in which the impacts are not homogeneous (Segata, 2020). Among the approximations that can be established between the current pandemic and that of HIV/AIDS, some seem particularly relevant and go back to the path observed in the latter, such as the return of prejudices about risk and contagion (which are made explicit in references to elements such as “healthy” appearance, familiarity/proximity, risk groups) and the importance of keeping track of the changes in the profile of the Covid-19 pandemic, its increasing pauperization, interiorization, and marginalization of contagion and deaths.

In an article published on the website of the National Campaign for the Right to Education, Junqueira and Prado (2020) also draw some parallels between what they called “ethical-political management” of the Covid-19 pandemic and of HIV/AIDS. They understand ethical-political management as something that is done in a kind of game of scales, which involves articulations among very different elements, such as biomedical knowledge and practices and people’s daily lives, economic, political, and legal aspects, and others. In the article, Junqueira and Prado also address the notion of “risk group,” its connotation in the HIV/AIDS pandemic, and how it shifted, until landing on how Covid-19 is understood in Brazil. They show how, in the case of Covid-19, the idea of a risk group is also controversial and was not accompanied by the perspective that the virus, when in transmission, modifies its parameters of action in societies with different social, political-economic, and technological configurations (Junqueira & Prado, 2020).

We can also consider the different temporalities between the HIV/AIDS and Covid-19 pandemic. They are temporally distinct because they inhabit different political-social contexts and because there is a specific time of the virus or the history of the disease for each of them. These different contexts imply technologies, things, material articulations, engagements, and co-productions between science and the social world (Jasanoff, 2004) that enact realities (Mol, 2002). In this sense, there would be no separate and static reality of the virus and the pandemic, which is only represented by the subjects. There are multiple realities being acted upon, whose emergence depends on the practices and material arrangements that constitute them (Mol, 1999, 2002).

The characteristics of HIV transmission, a virus that spreads through bodily fluids, especially blood and sperm, and the need to create preventive strategies, have called on the sciences to better understand people’s experiences, leading to a broad set of studies on sexual practices and protection against Sexually Transmitted Infections (Vance, 1995; Paiva, 2008). At this point, it is essential to recognize that, in the case of the HIV/AIDS pandemic, although in a political context that was also deeply disputed, we had important repercussions in the field of sexuality, sexual practices, and public debate on sexual policies (Parker, 2020).

Indeed, current scientific evidence does not allow classifying Covid-19 as a sexually transmitted infection. Still, the possibility of transmission in sexual situations triggers ways of dealing with the misfortune of being infected that was identified in the context of HIV prevention practices, which were different from those prescribed by public health officials (De Luiz, 2013; Silva, 2010; Grace et al., 2014; Barreto, 2018, Rios et al., 2019). Affective attachment, knowledge about a sexual partner and their habits, at times linked to the absence of apparent symptoms, were recurrent elements in the *modus operandi* for the realization of sexual encounters, in the context of HIV prevention and in the context of Covid-19, as shown by the scenes narrated at the beginning of the text.

The people interviewed in the first phase of the research were single and/or separated and did not live with anyone they would have sex with. We purposely sought reports from people who would supposedly need to expose themselves more to Sars-CoV-2 to establish an offline sexual encounter, to perceive how they were dealing with risk and sexual desire. In other words, we wanted to investigate the arrangements made to balance those elements, considering the changes, adaptations, and the activation of new practices, objects, technologies, or the configuration of other uses for elements already known or previously inserted in sexual practices.

When we carried out the fieldwork for this first phase, vaccines were still a distant reality.¹³ Although some respondents, such as João, seemed not to be too concerned about the pandemic and did not mention strategies to circumvent coexistence with the virus, most of the interviewees made use of some device aimed at prevention. Not only the “most concrete technologies” available were mentioned, such as hand sanitizers and masks, but also other strategies, which appeared at times to be combined (concomitantly or not), and at times not necessarily related.

Online sex appeared in most reports as an important way to experience sexual pleasures. This dimension was important in sexual behavior before the pandemic and has been the subject of several studies (Silva, 2010; Miskolci, 2013; Zago, 2013; Queiroz, 2018). However, preliminary evidence points out that online participation in porn sites and partner search apps, sexting (sex by texting) and online sex chats increased in the Covid-19 context (Silva, Silva Jr., & Couto, 2020),¹⁴ and, according to other analyses, changed over the months, in parallel with the early relaxation of physical distancing measures (Carvalho et al., 2020; Natividade et al., 2020).

Even in the pandemic periods in which we conducted the interviews, few people remained only in the offline dimension of the experience all of the time. Nevertheless, going from the “virtual to the real”, although in a non-pandemic context, does not appear to be a simple process, and may involve several fears, such as being “put out of the closet” by men with homosexual practices; being raped; or even a fear that the sexual interest would not appear in the offline meeting and create embarrassment, as already described in the literature (Zago, 2013; Miskolci, 2013; Flach & Deslandes, 2017). In the pandemic context, other doubts, fears and cares emerge and are articulated with it, such as the risk that an asymptomatic Sars-CoV-2 carrier may pose (Rios, 2021).

To minimize the danger of Sars-CoV-2 infection, Lia, Luciana, and Maurício, for example, sought sexual affairs in their networks of friends and/or former sexual partners and investigated the evidence of adherence to the main protection measures more widely disseminated for the prevention of Covid-19 with those who would be part of their networks of access and trust. These indications, however, are not free of ambiguities and require the management of uncertainties. Lia, for example, was having sex with a doctor, which is supposedly a professional category well-prepared to prevent the virus; but paradoxically is also one of the most vulnerable groups, especially those doctors who were confronting the pandemic on the front lines before there was a vaccine.

For Luciana and other respondents, online networks and apps also served as places to flirt and search for sexual partners. At times they thought they would stay in the online dimension. However, the desire soon gave way to the investigations mentioned about compliance with preventive measures. In this way, informal checks on behavior on a suitor’s social networks made it possible to “go from the virtual to the real”. In Luciana’s case, in addition to compliance with the quarantine, her sexual partner’s means of transportation to her home was also considered important. Maria, in turn, frightened by being considered more vulnerable to Covid-19, was a little more strict, and deactivated the app for sexual encounters so she would not be tempted to go offline.

¹³ For the starting date of vaccinations in Brazil, see <https://www.istoedinheiro.com.br/brasil-aplica-a-primeira-vacina-contr-a-covid-19-apos-aprovacao-da-anvisa/>

¹⁴ <https://veja.abril.com.br/cultura/apos-coronavirus-busca-por-sites-pornos-e-camgirls-crece-no-brasil/>

It is noteworthy that the issue of sexuality in the context of Covid-19 was never an explicit subject of massive and constant government campaigns, apart from the revised booklet mentioned. In a context in which the federal government (CEPEDISA, 2021) questioned the use of masks and physical distancing for protection, religiosity, religious orthodoxy, and other elements of a moral and political dispute over scientific knowledge (Rutjens, Sutton, & Van der Lee, 2018), which had already influenced confrontation of the AIDS epidemic in the current government (Paiva, Antunes, and Sanchez, 2020), were unlikely to allow the issue of sexuality to prosper. During the pandemic the Ministry of Women, the Family and Human Rights even presented the program “I chose to wait”, proposing sexual abstinence policies for young people as an additional weapon in its moral crusade on sexuality.¹⁵

The response of the Brazilian government and society to AIDS in the 1980s, 1990s, 2000s and 2010s (Parker, 2020), when biomedical knowledge guided information on modes of prevention, in a certain way also influenced the deregulation of medical standards in what is currently known by researchers as seroadaptive practices (Rios et al., 2019). Some modalities with some degree of preventive efficacy (Meng et al., 2015), such as seropositioning¹⁶ and sero-choice (where unprotected sex occurs among people of the same HIV serology), were allowed to be prescribed by health professionals in a manual edited by the Ministry of Health for the implementation of Pre-Exposure Prophylaxis within the perspective of Combined Prevention (Brasil, 2017).

In the current context, people are participating in a more significant public dispute about trust and skepticism regarding scientific knowledge, where there is less consensus about what is valid in the choice of prevention strategies between medical, political and common knowledge of practices. Although political ideologies have not been identified as the only and most important factors in counter-scientific skepticism, because religious and subjective dimensions combine with them (Rutjens, Sutton & Van der Lee, 2018), in the current context, political guidelines have been an important element in the adherence to preventive health practices, as indicated in a study by Ramos and collaborators (2020).

In this context of public disputes and silencing by government in relation to sexuality, it is even more relevant to resume the discussion of risk management practices, especially in their articulation with state policies, and to analyze how they operate with scientific and counter-scientific information on health care, prevention, and treatment of diseases in the pandemic context.

Materialities, sexual practices and insistent microorganisms

The fact that there is no way to eliminate the risks of Covid-19 in daily life and that an important characteristic of the virus is its high transmissibility and potential lethality, provokes a new way of delineating coexistence with the virus, which was not foreseen in the HIV/AIDS pandemic.

In an article that addresses the pandemic and meat consumption by examining the connections between humans, animals, and pathogens, Segata, Muccillo and Beck (2020) use the notion of entanglement suggested by anthropologist Alex Nading (2013) to refer to the coexistence between these entities that build relationships with each other, given that health and disease shape some of these possible associations. Based on this we can consider that pleasure and risk also constitute possible articulations between humans and the coronavirus. For this reason it is fundamental to understand the different interlinkings of practices, as composing the subjects, viruses, and the world where they cohabit. However, in critical situations such as a pandemic, it is difficult to situate risks and vulnerabilities without incurring a reverse positioning: focusing the narrative on the virus

15 See <https://www.nexojournal.com.br/expresso/2021/06/15/O-apoio-da-prefeitura-de-SP-%C3%A0-abstin%C3%Aancia-sexual-de-adolescentes>. Acessado em 13 de setembro de 2021.

16 Seropositioning is based on the chances of HIV infection in unprotected insertive anal sex and in unprotected receptive anal sex, and the choices of sexual positions in unprotected sex are measured by the serological condition of the partners (Meng et al., 2015).

so that the biological discourse of the medical sciences that highlights an abstract risk gains too much space in the discussion and we overlook an analysis about the concrete situations. Thus, we could ask ourselves, for example, to what risk does the notion of “risk groups” specifically refer to as an encompassing category. Between the risk of infection, the risk of developing the disease in an asymptomatic way, or the risk of developing it acutely and fatally, some differences are not always contemplated in overly broad and not localized definitions as is this one. We argue that by only considering the pandemic as something that occurs on a global scale, without paying attention to the fact that it is performed from situated materialities, contributes precisely to forging a naturalization and homogenization of the action of the virus, disarticulating its political action.

In the stories narrated at the beginning of this text, we realize that no one conducts management based on oneself. There is a management of materialities, an act that organizes bodies, considers knowledge in hierarchies, and involves power relations. The fieldwork carried out in the SEXVID research phase on which this article focuses indicates that people share an understanding that there is always risk involved when they decide to find partners for offline sexual practices and that there is no way to eliminate it, even if they can rationalize it, fear it, and/or simply not consider it in specific and contingent situations and actions. In this sense, the way risk management is performed will focus on sexual practices and the relationship established with the virus: it can come along with sex – in the delayed orgasm, in the alcohol next to the bed – but it can also be left out – “as if it did not exist” or as something that stays in the app driver’s car, but that can be avoided or eliminated when dealing with the car itself.

The arrangements highlight the ways in which people organize more or less reliable partners, where not being in remote work and being someone known seem decisive, as well as being someone with whom they have had sex before the pandemic or who lives in a neighborhood where the graphs show that the infection and death rates are lower. The practices that elect hygienic care also stand out, even if they are not consensually recognized as preventive practices for Covid-19, such as bathing before touching the body of the other, washing specific parts of the body, or other types of care, such as drinking teas indicated by spiritualist groups or using alcohol prepared with specific herbs in the environment. We also see multiple arrangements of continuities and changes in sexual modalities and in what acts in the modulations between risk and pleasure. For example, people who had collective and group sex or related to multiple partners, and now began to have fixed contacts, even if not exclusive ones; people who returned to previous partnerships because they consider it safer; changes in patterns of activeness or passivity in sex; assessments of their own risk, such as having asthma, being considered or considering themselves obese, strong, or fragile; living with other people; having had previous experiences with other invisible elements, such as bacteria, viruses, etc.; or, even, their personal trajectory with other risks, which are often related ambiguously to the coronavirus.

It is noteworthy that when speaking about their sexual experience in times of pandemic, some people to whom we talked did not focus their narratives on the virus. They spoke, for example, about how physical distancing was making them very “horny”, but when they described the meetings, they often did not mention the virus or the pandemic. They began to talk about sex, and also about fears, ranging from those that may have pre-existed the pandemic – such as the fear of relating to someone who could not be trusted or did not offer security – to those that the health scenario sometimes helped to articulate or resize – such as the vulnerabilities attributed to a fat body or the persistent stigma about homosexual relationships.

It is worth mentioning that the established arrangements also take on several dimensions. Care, in this sense, can articulate multiple components: the body itself; the body of other(s) as a potential body that poses a risk of transmission; the environment to be used; masks, alcohol, baths; Sars-Cov-2; and an infinite network of possible diseases, vulnerabilities and invisible organisms, such as HIV itself; and practices that organize these and other elements in different ways, which may be more or less recurrent, more or less planned. Such arrangements also involve very heterogeneous sources of knowledge about health, care, and Covid-19

(information from the WHO website, knowledge of municipal and or state announcements about the pandemic, and even information and knowledge produced by religious or ethnic groups about medical practices alternative to biomedical knowledge).

The risk management about which we have insisted in our analyses travels in this discontinuous network of practices and materialities and is not previous to but performed by them. Some elements appeared to be fundamental in the research: we are talking about a pandemic, i.e., a disease caused by a virus that travels the world and connects people, animals, and pathogens; we are talking about a virus that, in addition to traveling around the world, does so in particular ways – it has a materially distinct structure, articulates a series of instabilities and uncertainties, and disseminates rapidly through simple behaviors, such as coughing, sneezing, talking, touching contaminated surfaces, and bringing the hand to the mouth or nose; and we are finally talking about practices. The involve sexual practices, but they do not occur separated from a world of things and other practices, which a pandemic and a virus now inhabit, and traveling in discontinuous and diffuse ways reached Brazil, which along with the United States of America became one of the countries with the most catastrophic responses to the Covid-19 pandemic.¹⁷

In this context, we are interested in the assemblages practiced in sexual experiences in different populations and groups, understanding with whom or with what the experience takes place. Thus, we understand that neither the pandemic, the coronavirus, nor sexual experiences take place alone and, in this sense, one of the challenges is not only to examine people's representations or meanings they express about the virus or representations about their practices in relation to it, but to invest in how this experience takes place, is revised and reversed with this new entity in an articulation among elements that may be more or less known.

The challenge we propose would be to think less “about” the virus and more “with” the virus: sex “with the virus” and not necessarily “against the virus” or “despite the virus” – following, in this sense, what it does or causes to do and what particularities sexual activities assume in these dynamics of a world shared with other agents, in which the coronavirus lives, along with other entities. When Lia says that the pandemic screwed up the sexual freedom she achieved with menopause because her concerns affected her orgasm; when, between one movement of the body and another, in sex, Lê reaches out for hand sanitizer; when Maurício articulates in his practices teas from shamanic practices, the rationalization of the risk, systematic spacing of encounters, and WHO reports; when João continues to “hook-up”; or when another interviewee resumes a relationship and a fixed partnership with an ex-boyfriend, the question raised is: what worlds are people building “together with” and not “in spite of the virus”? Or even, what do these coexistences tell us about sexualities and morals and, more particularly, about practices, subjects, and species that must “die or live together,” to use the expression used by Segata, Muccillo, and Beck (2020, p. 367).

As we have already discussed, the practices that interest us are also not separated from the history of another pandemic, with equally important repercussions in the field of sexuality: HIV/AIDS.¹⁸ Thus, pandemics and sexual practices are not a new object. Inspired by Amade M'Charek (2014), we can begin with the idea that this object has a history, in which a series of elements are articulated. These include norms about sexuality and the use of the sexed body; hierarchies of risk and security; differentially distributed oppressions and inequalities, crossed by social markers of difference, such as gender, sexuality, race, and social class; relations with knowledge, with political powers and medical technologies; and other elements that are at times made invisible may return fiercely but never the same, but as another development, multiplying this object and its interfaces.

17 For this comparison, see Eduardo Siqueira's interview at the link <<http://www.escs.edu.br/revistaccs/index.php/comunicacaoemcienciasdaude/announcement/view/27>>.

18 Regarding the issue of AIDS being considered a pandemic by the WHO, see https://www.who.int/global_health_histories/seminars/presentation08.pdf?ua=1&fbclid=IwARoZln5nc2Z5QDDiGr4eKYpevey2CQHnWEKDooGVNFoGaNwrrBPOigD6Ts

Risk management in times of Covid-19 in Brazil

The notion of risk management was born as an articulation of a specific calculation of probabilities and the function of government with a populational arithmetic. It was based on strategies ranging from forms of government intervention to forms of self-regulation and accountability of subjects (De Luiz, 2011). Through techniques for government intervention on the population, the notion of risk management articulated a relationship with the idea of risk in collective and public health, i.e., no longer management of life but management of risk (Castel, 1987; Spink, 2020). Risk management has become a mode of regulation and production that modern states, through scientific knowledge, especially that from the biomedical sciences, use as an argument to regulate and produce policies of care for the population (Castel, 1987). However, the principle of individual freedom, dear to the modern state, prevents this mode of control from being made explicit. Intricate devices are used for individuals to establish so-called “safe” practices. The question is how to operate the security device in which subjects act according to the call produced by the forms of government (Foucault, 1995).

“Risk”, “calculation”, and “safety” are key categories for the operation of this device, which deals with the education of subjects in relation to disputes over medical standards and government actions, urging them to avoid what is perceived as life-threatening (Rios et al., 2008). In the current Brazilian context, scientific information on “risks” and forms of “protection” is interpreted and offered to people so that they themselves “calculate” their exposure and transmission of the virus, so that government actions are one of the elements to be articulated in this risk management to be produced in the materialities of the experiences of the encounter with the other.

Although in the context of AIDS this perspective tended to consider the perception of risk and the expected response to it as a universal experience, ignoring social and subjective differences, in the current Brazilian context of Covid-19, it seems that this expectation suggests an inversion has taken place: it is expected that social and subjective differences act to allocate all perception and practice to the individualizing and moralizing universe of a neoliberal rationality (Brown, 2015; Cooper, 2017). Through this rationality, the notion of freedom is completely detached from any collective or responsible inflection, activating subjects to decide for themselves and for others, based on the production of governmental acts that suggest exposure to the virus as a measure to stabilize the pandemic without public coordination of a common interest for the care and preservation of lives.

The logic of risk management in the current scenario is given by the production of heterogeneous elements in a very peculiar way in relation to the Brazilian political context. Both the discourse and the practice of the federal government have insisted on increasing exposure (and not care) to expand transmissibility to attain a possible stability of the pandemic in the country, which influences the numerous assemblages that subjects make in their own administration, as we have seen in the narratives. Taken by the neoconservative context articulated with a neoliberal rationality (Cooper, 2017), which produces an important twist in the role of the state and public policies, we are interested in knowing how the elements are shaped in this possible non-exact accounting of the response to the pandemic, particularly regarding the sexual dimension. It is important to emphasize that this dimension has been strongly silenced in national public life when approached from the perspective of diversity and public policy.

We highlight that what is currently happening in Brazil, and not exclusively in the fight against Covid-19, but which spreads more broadly through different health policies (Paiva, Antunes and Sanchez, 2020), is an abandonment even of governmentality in the classic form of managing the population of modern states, in which science should be used to normatize laws (Foucault, 1995). Instead, a perspective emerges in which interpretations of the law based on shady *ad hoc* interests, should normatize science. A good example is the prescription of chloroquine as a “pre-treatment” for Covid-19, in which the federal government went as far as

expressing a desire to change the medical description that accompanies the drug to add information, without any scientific proof, that the drug would be effective in combating the disease.¹⁹

The controversies about how to protect oneself from Sars-CoV-2 involving the *Covid kit* (which included medications without proven evidence of effectiveness for Covid-19), physical distancing and the use of masks have been revised through disputes over credibility, legitimacy, and interpretation of scientific status. The Brazilian president even questioned the very status of Covid-19, calling it a simple “cold with no consequences”. This field of argumentative disputes makes it complex to operate with more orthodox models of risk management, which involve respect for the dignity of the human being, and individual and collective freedoms, and which replaces solidarity as an important value for coping with injuries and vulnerabilities.

In the current context, subjects are then entrusted with a quite complex management of many indecisions, since the coordinating elements of state policy produce counter-scientific arguments and promote total exposure to transmission. Or, what is worse, engendered in the biopolitical logic that the state can offer the best path for health, they are urged by its most important representative, the president of the republic, and by the entire government apparatus put into action (CEPEDISA, 2021; Ramos et al., 2020), to conduct risk management based on undecidability (Spink, 2020), configuring an unprecedented programmatic vulnerability in the confrontation of epidemics in the country, since, in addition to failures in health care, it induces people to an enormous exposure to a mutant virus and often in a deadly way. This situation calls on us to understand the composition of the materialities articulated in these assemblages between desire and politics, bodies and viruses, vulnerabilities and risks.

It is not new for the presence of viruses or microorganisms to be associated with undesirable humans. From this perspective, the discourse on the control of Sars-CoV-2 can also be considered as a discourse on the controlled management of humans: control over humans who cross borders, those who can or should stay at home and those who can or should go out, in short, humans in their most varied daily lives and practices (Segata, 2020; Segata, Muccillo & Beck, 2020). Segata, Muccillo, and Beck (2020) draw attention to the fact that the government of microscopic life is also a government of human lives, in our case, of sexual life as part of this government.

In this sense, there are many questions that the research work should respond to: which bodies can and which cannot break the physical distancing to have sexual encounters? What practices should these bodies establish? And for which of them does coexistence in the world cause life or death? Do either the revised booklet of the Ministry of Women, the Family and Human Rights or its first version, for example, inform about this? And what about the dissemination of research on the risk of Covid-19 for obese people or the indication of sexual practices with *glory holes*,²⁰ by the British Columbia Center for Disease Control in Canada,²¹ as a way to have less risk of contracting Sars-CoV-2 in sexual practices and meetings? And wouldn't Maria's uninstalled *Tinder* and Maurício's understanding that “since we're not normal anyway, let's have sex” be articulating forms of assemblage of risks and possible coexistence with the virus? Thus, the sanitary control of the virus becomes a control of humans who carry or potentially carry it and who can thus disseminate it, which justifies tracking their practices.

Therefore, to think about sexual experience with the virus, and not the representations about the virus or sexuality, is to take seriously its daily presence, which comes to compose, among other circumstances, sexual life. The “compounds” formed among humans, viruses, and other things are also taken seriously, placing under analysis the policies and practices that are made with and not against or despite viruses.

¹⁹ <https://www.cnnbrasil.com.br/politica/2021/05/11/mudar-bula-da-chloroquina-por-decreto-nao-teria-cabimento-diz-barra-torres-a-cpi>

²⁰ Glory Holes are holes in the wall where you can fit your penis and have sex without any other contact. They are found in gay sex clubs around the world, including Brazil.

²¹ Available in: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/covid-19-and-sex>

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