

## **RIVERSIDE MEN'S KNOWLEDGE AND WAYS OF ACTING REGARDING CONDOM USE**

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### **ABSTRACT**

**Objective:** to analyze riverside men's knowledge and ways of acting regarding condom use, based on the social representations about the device.

**Method:** a qualitative study anchored in the Theory of Social Representations and conducted with 21 riverside men from the São Carlos do Jamari community, Porto Velho, Rondônia, Brazil. Data collection was performed between January and July 2019 by means of an interview with a semi-structured questionnaire. For data processing, the *Statistical Package for the Social Sciences* software was used, obtaining the participants' characterization through descriptive statistics, in addition to IRAMUTEq<sup>®</sup> for the lexical analysis of the speeches, by means of the Descending Hierarchical Classification, obtaining five thematic classes, among which Class 5 was deepened on in this study.

**Results:** the social representations were produced by adult participants, with complete High School, *per capita* family income of up to one minimum wage, and sexually active with irregular condom use. It was identified that the participants develop a cognitive dimension, which reveals their knowledge about condoms as a form of prevention; however, elements such as interference in pleasure, stable relationship and a negative evaluative dimension result in irregular use of the device and in risky behaviors in their sexual practices.

**Conclusion:** social representations are anchored in reified knowledge, in the discourse of the preventive functionality of condoms, and in masculinity stereotypes. Consequently, the riverside men's knowledge is not manifested in their behaviors. Therefore, this social group lacks health promotion actions that enable changes in their care behaviors and practices.

**DESCRIPTORS:** Population groups. Men's health. Sexual health. Reproductive health. Social Psychology.

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# SABERES E MODOS DE AGIR DE HOMENS RIBEIRINHOS SOBRE O USO DE PRESERVATIVO

## RESUMO

**Objetivo:** analisar os saberes e modos de agir de homens ribeirinhos acerca o uso do preservativo, a partir de suas representações sociais sobre o dispositivo.

**Método:** estudo qualitativo ancorado na Teoria das Representações Sociais, realizado com 21 homens ribeirinhos da comunidade São Carlos do Jamari, em Porto Velho, Rondônia, Brasil. A coleta de dados ocorreu entre janeiro e julho de 2019, por meio de entrevista com questionário semiestruturado. Para o processamento dos dados utilizou-se os *softwares Statistical Package for the Social Sciences*, obtendo-se a caracterização dos participantes por meio da estatística descritiva e o IRAMUTEq®, para análise lexical dos discursos, pela classificação hierárquica descendente, obtendo-se cinco classes temáticas, dentre as quais, aprofundou-se neste estudo a classe cinco.

**Resultados:** as representações sociais foram produzidas por participantes adultos, com ensino médio completo, renda familiar *per capita* de até um salário-mínimo, sexualmente ativos com uso irregular do preservativo. Identificou-se que os participantes elaboram uma dimensão cognitiva, que revela seus saberes sobre o preservativo como forma de prevenção, contudo, elementos como interferência no prazer, relacionamento estável e uma dimensão avaliativa negativa resultam no uso irregular do dispositivo e num comportamento de risco, em suas práticas sexuais.

**Conclusão:** as representações sociais se ancoram no conhecimento reificado, no discurso da funcionalidade preventiva do preservativo e em estereótipos de masculinidade. Com isso, os homens ribeirinhos possuem um conhecimento que não se manifesta em seus comportamentos. Portanto, esse grupo social carece de ações de promoção da saúde que possibilitem mudanças em seus comportamentos e práticas de cuidados.

**DESCRITORES:** Grupos populacionais. Saúde do homem. Saúde sexual. Saúde reprodutiva. Psicologia social.

## CONOCIMIENTOS Y FORMAS DE ACTUAR FRENTE AL USO DE PRESERVATIVOS ENTRE HOMBRES RIBEREÑOS

### RESUMEN

**Objetivo:** analizar los conocimientos y las formas de actuar frente al uso de preservativos entre hombres ribereños, a partir de sus representaciones sociales sobre dichos dispositivos.

**Método:** estudio cualitativo sustentado en la Teoría de las Representaciones Sociales y realizado con 21 hombres ribereños de la comunidad São Carlos do Jamari, en Porto Velho, Rondônia, Brasil. Los datos se recolectaron entre enero y julio de 2019 por medio de entrevistas guiadas por un cuestionario semiestructurado. Para el procesamiento de los datos se utilizaron los programas de *software Statistical Package for the Social Sciences*, con el que se obtuvo la caracterización de los participantes por medio de estadística descriptiva, e IRAMUTEq® para el análisis lexical de los discursos, por medio de la Clasificación Jerárquica Descendente, donde se obtuvieron cinco clases temáticas, entre las cuales la Clase 5 se profundizó en este estudio.

**Resultados:** las representaciones sociales fueron elaboradas por participantes adultos, con Escuela Secundaria completa, ingresos familiares *per capita* de hasta un salario mínimo, sexualmente activos y con uso irregular de preservativos. Se identificó que los participantes elaboran una dimensión cognitiva que revela sus conocimientos sobre los preservativos como forma de prevención; sin embargo, ciertos elementos como interferencia en el placer, relaciones estables y una dimensión evaluativa negativa derivan en uso irregular del dispositivo y en comportamientos de riesgo en sus prácticas sexuales.

**Conclusión:** las representaciones sociales se fundamentan en el conocimiento reificado, en el discurso de la funcionalidad preventiva de los preservativos y en estereotipos de masculinidad. Debido a eso, el conocimiento de los hombres ribereños no se manifiesta en sus comportamientos. Por lo tanto, este grupo social carece de acciones de promoción de la salud que permitan implementar cambios en sus comportamientos y prácticas de cuidado.

**DESCRITORES:** Grupos poblacionales. Salud del hombre. Salud sexual. Salud reproductiva. Psicología social.

## INTRODUCTION

The riverside population, inhabitant of the Amazon, is the result of a process of miscegenation and exchanges between different peoples, which derived in different sociocultural knowledge, transmitted over generations and that determine everyday life in the communities<sup>1</sup>. Among this knowledge, the forms of development and maintenance of the group stand out, based on the use of the territory and management of local resources, work and family relationships, education, religion and health care practices, adapted to the sociocultural context<sup>1-2</sup>. Therefore, these aspects characterize this group as a specific social collective, recognized as a traditional population, whose peculiar sociocultural expression differs from urban or rural populations due to the way of life directly shaped by nature<sup>1-4</sup>.

This population experiences disparities in access to education, health, culture, leisure and digital communication technologies in relation to other Brazilian regions<sup>3-4</sup>, which contribute to the development of adversities and restrictions that affect these individuals' health and care methods, in the most varied axes, including Sexual and Reproductive Health (SRH)<sup>4-5</sup>.

Guaranteeing the riverside population their sexual and reproductive rights requires developing attention to SRH, considering the complexity involved in caring for these individuals, who stand out as one of the most neglected and vulnerable segments<sup>5</sup>. In addition to that, when it comes to men, the obstacles to SRH promotion become even greater, given that, from a social and biological point of view, this health axis does not have man as its central focus, mostly being targeted at women and children<sup>6</sup>. Thus, providing this population group with fundamental issues for the full exercise of their sexual and reproductive rights is a challenge, including, for example, receiving guidelines on contraception, prevention and treatment of HIV and other sexually transmitted infections (STIs)<sup>3-4,7</sup>.

Condom use is an SRH prevention and protection strategy, of low cost and easy access, that should be offered to sexually active people. Such offer must occur without restrictions regarding number and/or requirement of identification documents, aiming to reduce the risk of STI transmission, in addition to avoiding unwanted pregnancies<sup>8-9</sup>. However, its adherence is linked to several factors related to human subjectivity, such as beliefs, myths, socio-environmental variables, sociocultural demands of the masculinity and femininity models, and use negotiation in affective-sexual relationships.

A national survey carried out in 2019 verified that one out of five Brazilians uses condoms in all sexual relations, with the highest prevalence in the North region. However, it is also in this region that sexual initiation occurs at an increasingly early age, in males, with lower income and schooling levels<sup>10</sup>. Regarding the riverside population, a study identified STI prevalence of 20.8%, where riverside men are three times more likely to be infected, with some risk factors for male vulnerability being socioeconomic issues, sexual practice with sex workers and use of illicit drugs<sup>11</sup>.

Although research studies into the gender perspective tend to focus almost exclusively on women, in recent years there has been an increase in interest in issues targeted at men, due to their risky sociocultural behaviors, as well as their low adherence to health services<sup>12-13</sup>.

It is observed that most of the studies were developed to measure attitudes related to outcomes that impact health, especially focused on the prevention of life-threatening diseases such as HIV/AIDS, and that few describe subjectivities in relation to condoms themselves<sup>14</sup>. In addition, use of the device is engendered by various cultural aspects, by the interrelationships of individual and collective issues, resulting from the understanding of phenomena and people in society and of the power, inherent to the human beings, to create objects, events, attitudes and representative behaviors. Therefore, this is a phenomenon suitable to be studied by resorting to the Theory of Social Representations (TSR)<sup>15</sup>.

In this context, taking as a basis that “social representations emerge, not only as a way of understanding a particular object, but also as a way in which individuals or groups acquire a definitional capacity and an identity function”<sup>15:21</sup>, is that this discussion consists of the possibility of expanding and improving knowledge and/or access to care, highlighting the symbolic value that people attribute to phenomena. Thus, considering that condom use influences affective-sexual behaviors, as well as the health of the population and because it is little scientifically explored, from the perspective of riverside men, especially in the scenario of this study<sup>5</sup>, that is, in the North of the country, the current research was carried out with the objective of analyzing riverside men’s knowledge and ways of acting about condom use, based on their social representations about the device.

## METHOD

This a study with a qualitative approach, anchored in the TSR theoretical-methodological framework, in its procedural strand. “Social representations must be studied articulating affective, mental and social elements and integrating - alongside cognition, language and communication - the consideration of social relations that affect representations and the material, social and ideational reality on which they have to intervene”<sup>16:26</sup>. The study is part of a PhD thesis that investigated the social representations of SRH, elaborated by men and women from a riverside community.

The research was developed in the São Carlos do Jamari community, which is located in the Baixo Madeira region, district area belonging to the municipality of Porto Velho, capital city of Rondônia/Brazil. This community is located nearly 65 km from the capital, it has a stable population, whose subsistence is obtained by fishing, extractivism and public services. In 2018, 1,523 individuals were registered in the Family Health Unit (FHU) of the community, 805 of which were male, with 412 aged between 15 and 49 years old, according to data obtained from e-SUS - Primary Care. In terms of population and infrastructure, it is considered the largest community of Baixo Madeira. It has an Elementary and High School, several churches, butchers, grocery stores, inns, restaurants, running water and electricity for public distribution, Internet network and private access fixed telephony. As for health, the FHU team performs consultations on weekends, three times a month and, during the week, home visits are carried out by community agents, as well as dispensing and administration of prescription drugs and vaccines.

In order to recruit the possible participants, at a first moment a field exploration was performed between September 2017 and October 2018. All the information of this stage was recorded as field notes, encompassing the general characteristics of the community and data from the FHU registries. This period was important to get closer to the population, allowing the main researcher, a nurse with no ties to the FHU, to understand the local dynamics and becoming familiar in the community, in addition to subsidizing delimitation of the study object and defining the criteria to select the participants.

The participants were riverside men, selected by the following criteria: having been born in a riverside family from São Carlos do Jamari and having always lived in this community, aged between 15 and 49 years old, and having already started their sexual life, regardless of being sexually active at the time of data collection. Those who came to the community from another riverside location, either rural or urban, were excluded, as well as those who had ceased to live in São Carlos do Jamari and returned, regardless of the period they were away, and those affected by psychiatric diseases or with any health situation that could impair their verbal communication.

The second moment took place after ethical approval of the research, in which the pilot test was carried out in November 2018 with two men living in another riverside location, selected by the medical records at the FHU, after having attended some health appointment. These data are not part of the final *corpus* of the research, serving to evaluate the instrument, which indicated the need for adjustments in the formulation of some topics.

The instruments consisted of a questionnaire with closed questions, which aimed at the socioeconomic and demographic characterization, as well as at the characterization of relational life and SRH issues. The other instrument is a semi-structured interview script with open questions, covering issues that reveal the process of elaboration and content of the SRH social representations. Of interest to this clipping, the topics that raised the thought/knowledge frameworks and practices on the care for SRH, regarding condom use stood out; issues that emerged strongly in the riverside men's statements.

The third moment corresponded to data collection, which was conducted between January and July 2019. Recruitment included use of posters by the community, containing a brief explanation of the research, including age group criteria and community membership, as well as identification and contact of the researcher. Other ways of attracting the participants were through the indication by health professionals and via direct approach by the researcher in the FHU space, after attending some appointment and through prior consultation in the medical record. These actions resulted in contacts with 27 potential participants, of whom two refused after been presented the script for consent, citing lack of time, and four did not meet the criterion of belonging to the community because they had lived for some time in another location during childhood. It is noted that the men who agreed to participate in the research were invited to go to a private room to confirm the selection criteria and for completion of the consent process and registration, as well as scheduling for data collection.

Thus, the research was developed with 21 riverside men, selected by convenience, through face-to-face and individual meetings held in the locus chosen by the participants, such as the FHU itself, their homes and the community school, among others. The interviews lasted a mean of 60 minutes and were audio-recorded and listened to by the participants, who were free to make any adjustments they deemed necessary, which was not the case. Subsequently, the interviewees' statements were transcribed in full to prepare the analysis *corpus*. In order to ensure the participants' anonymity, the "MP" (Male Participant) code was used, followed by an Arabic number. It should be noted that the number of participants was defined during data collection and that recruitment ended when the required data amount and intensity were obtained, capable of encompassing the diversity of the subjects' stances, which made it possible to understand the phenomenon and the dimensions of social representations<sup>17</sup>.

In the analysis, the SRH socioeconomic, demographic and relational data were consolidated in Excel®, exported for analysis in the *Statistical Package for Social Sciences* (SPSS), version 2.0, and presented through descriptive statistics, specifically the relative modality. The interviews were analyzed through lexical analysis, computerized by the IRAMUTEq® software, version 0.7 alpha 2, supported by the Descending Hierarchical Classification (DHC), following the standard criteria of the software. DHC is a multivariate lexical analysis in which the software divides the interviews that make up the corpus into text segments (TSs), grouping them so that the processed material is successively partitioned according to the co-occurrence of lexical forms in the statements, creating thematic classes. In this process, statistical tests that allow verifying the association level between the lexical forms and the classes are used<sup>18</sup>.

The variables - age group, schooling, being a religious practitioner, use of contraceptives and condom use in all sexual relations - were chosen to be part of the command line, which is the participants' identification line that separated each interview from the *corpus*<sup>17</sup>. With the processing, the corpus was divided into five thematic classes, with 83.05% leverage of the processed material. In this study, Class five was deepened on, which reveals condoms as SRH representation objects by riverside men, comprised by 464 TSs and 141 words, with significance of association with the class ( $p\text{-value} < 0.5$ ) and representativeness of 22.3% of the *corpus*. Interpretation of the findings was guided by the TSR, making it possible to reveal the dimensions that comprise riverside men's social representation regarding condom use in sexual relations.

## RESULTS

The speeches made it possible to reveal the social representations produced by adult and brown-skinned riverside men, mostly practicing Catholics, with complete High School, self-employed, and fishing, agriculture, commerce, river transport and mining as their main work activities, which guarantee them a family income of up to one minimum wage. Among the participants' relational characteristics, they were in stable long-term relationships for more than 15 years, sexually active, having started their sexual life in early adolescence, between 13 and 15 years old and that, despite the majority referring to condoms as the sole contraception method used at the time of the research, they irregular use, with a high occurrence of unplanned pregnancies, as highlighted in Chart 1.

Regarding the riverside men's representation about condom use in sexual relations, Chart 2 allows seeing the main findings obtained.

**Chart 1** - Characterization of the participants according to socioeconomic variables and to relational and reproductive life. Porto Velho, Rondônia, Brazil, 2019. (n-21)

Socioeconomic characterization	Characterization of the relational life	Characterization of the reproductive life
81% aged between 25 and 49 years old 85.7% brown-skinned 82.4% practicing Catholics 42.9% with complete High School 47.6% freelancers 52.4% with personal incomes > 2 minimum wages* 85.71% with <i>per capita</i> family incomes of up to 1 minimum wage 100% reported Television as information source 90.5% access the community health service, with an annual frequency of 57.9%	100% heterosexual individuals 71.4% have a female partner 42.9% married individuals 53.3% current relationship for more than 15 years	71.4% semenarche between 13 and 15 years old 57.1% sexarche between 13 to 15 years 100% with active sex life 52.4% report intercourse from 2 to 4 times/week 71.4% do not report STIs 43.8% use male condoms as the only contraceptive method 69.2% report unplanned pregnancies 61.9% report irregular male condom use 42.9% access information on SRH in lectures

Note: \*The minimum wage at the time the research was conducted was R\$ 998 reais.

**Chart 2** - Synthesis of Class 5, based on the variable and participants associated with its formation, terms of greater representativeness of meaning, text segments and representational content. Porto Velho, Rondônia, Brazil, 2019. (n=21)

**Class 5 - Knowledge, attitudes, behaviors and practices regarding condom use in sexual relations**

Variable associated with class formation: age group from 15 to 19 years old - adolescents ( $p < 0.0001$ )  
 Participants with the greatest contribution to the formation of their discursive content: MP\_15 ( $p = 0.00125$ ), MP\_16 ( $p = 0.00433$ ) MP\_05 ( $p = 0.00860$ ), MP\_02 ( $p = 0.02130$ ) and MP\_03 ( $p = 0.04643$ ).

Representational content/ element	Terms	p-value
Cognitive dimension	condom	<0.0001
	use (v)	<0.0001
	disease	<0.0001
	avoid	<0.0001
	lecture	<0.0001
	method	<0.0001
	information	<0.0001
	sexual relation	<0.0001
	prevention	<0.0001
	prevent	<0.0001
	school	<0.0001
	use (n)	<0.0001
	guide	<0.0001
	aids	<0.0001
	safe	<0.0001
	gonorrhoea	<0.0001
	team	<0.0001
sexually transmitted diseases*	<0.0001	

*Condoms are prevention, because we can't have many children these times and condoms are also good to avoid diseases and unplanned pregnancies. The safest method for not catching any disease are condoms (MP\_8).*

*I was 16 when I got gonorrhoea. I was young, I was already well informed, I had already heard about it, people commented close to me. I was drinking at a party, alcohol helped for me to forget about the condom (MP\_7).*

*If I only have sex with my wife, I won't need to use a condom and my wife won't need to use the pill, that's how it is, our way (MP\_11).*

*There are lectures on prevention at school sometimes. I participate in the lectures that appear. There at school there's a teacher who talks directly, sometimes she takes the afternoon off and the teacher tells everything right away, sexual intercourse, hygiene (MP\_15).*

*From time to time, there's the team here at the health center that gives lectures at school about prevention methods, when it's not the team, it's the health agents (MP\_14).*

*I went looking for all the information myself. I don't just research the basics, I research further on so I can get an idea. I access several sites that have this information about sex, women's menstruation, about men in relation to ejaculation (MP\_2).*

*My father didn't talk to me about this, perhaps because he didn't know, also my mother. And our information was scarce in São Carlos, progress arrived here recently, the Internet (MP\_6).*

Chart 2 - Cont.

Class 5 - Knowledge, attitudes, behaviors and practices regarding condom use in sexual relations		
Variable associated with class formation: age group from 15 to 19 years old - adolescents (p=<0.0001) Participants with the greatest contribution to the formation of their discursive content: MP_15 (p=0.00125), MP_16 (p=0.00433) MP_05 (p=0.00860), MP_02 (p=0.02130) and MP_03 (p=0.04643).		
Negative evaluative dimension	get in the way	<0.0001
	interfere	<0.0001
	prefer	<0.00015
	pleasure	<0.00329
<p><i>It gets in the way of sex, having to put on a condom reduces pleasure, having to use a condom creates another climate (MP_9).</i></p> <p><i>Actually, I think that no man likes using condoms because they reduce pleasure, I can't explain, it's different, it's not the same to have sex without a condom (MP_5).</i></p> <p><i>I only used condoms out of necessity, but I never liked them because they interfere with sex. (MP_7).</i></p> <p><i>I buy my condoms, I prefer to buy them because fetching them at the health center makes me ashamed and I think purchased condoms are better, safer (MP_15).</i></p> <p><i>I buy condoms, I prefer to, the others they give are thick. Those from the health center don't offer much pleasure, at least for me. The others I buy are thinner, I feel the woman more (MP_13).</i></p>		

Note: \*The participants did not use the term “sexually transmitted diseases” in the interview excerpts.

## DISCUSSION

The findings allowed glimpsing the way in which riverside men construct meanings for condom use in sexual relations and organize their actions towards them, as social representations are elaborated by the subjects to understand reality and act in relation to it, assuming a prescriptive guide function for their actions<sup>16</sup>.

Knowing the participants' socioeconomic factors allowed understanding the social representations from the context that engendered them. In addition to that, several authors point out that schooling and socioeconomic status are determining factors for health, as they directly reflect on quality of life and access to health services, mainly in a non-urban context<sup>1-3,5</sup>. In this study, we are dealing with riverside men with low schooling and *per capita* family incomes, whose relational situation is configured by having partners in the context of a long-term marital relationship. These characteristics are mentioned in the national and international literature as factors that favor non-use of condoms on a regular basis in sexual practices, being considered as barriers to SRH promotion<sup>5,11,19-21</sup>.

For riverside men, the social representation of condoms is centered on their functionality to prevent STIs and unplanned pregnancies. Thus, the findings show that there is a cognitive dimension about condom use as a form of care in SRH. However, the majority do not use them regularly in their sexual practices, justifying so by alcohol use, interference in sexual pleasure, and the need only when there is still no degree of intimacy in the relationship.

It is verified that this cognitive dimension of the social representation of condoms by riverside men seems to be constructed by the television media and by the reified knowledge of contact with members of the FHU health team and educational activities in schools. Television was stated as the

main means of access to information by the participants, which possibly contributed to the processes of formation of the cognitive dimension of the protection offered by condoms, considering that television is an instrument that disseminates information and images related to their use. Thus, by reproducing a concept in an image<sup>15</sup>, condoms were objectified as a necessary prevention, mainly for those who practice sex which, for them, is considered risky. Media content is capable of influencing the elaboration of social representations, especially for subjects who are in contexts further away from large urban centers<sup>22</sup>.

It was also observed that health professionals and the school constitute important information sources about SRH for the participants. There is an emphasis on the figure of the community health agents who, as they are from the community itself, favor sharing of information on the theme, transiting between common sense and the reified universe. In addition to that, when mentioning the contacts with FHU professionals, the participants highlight the educational actions that are carried out in the school space.

As the place where most adolescents and young people spend most of their time, the school proves to be a privileged place for approaching sex education<sup>19</sup>. In this context, adolescence was pointed out as the life phase in which health education actions targeted at prevention occur most often at school, which helps explain the association of this age group with the formation of this class.

In this regard, it was observed that the adult participants rescue their memories from adolescence to explain that actions aimed at sex education in the community were limited at the time they initiated their sexual life. They consider that access to information is currently more favorable, with the Internet being mentioned as a differential in this process, as it provides opportunities for construction of knowledge that favors the population knowing about ways to prevent STIs and unplanned pregnancies.

However, it is pointed out that recognizing these information sources in the reified universe seems to have little influence on behavioral change and execution of prevention practices in the SRH care scope, as even the adolescent participants who already experience these changes present the same risk behaviors, with irregular condom use.

The justification for non-use, based on the partner's trust in stable relationships, translates into the understanding of a lower risk of contracting a sexual disease, which can be related to the participants' socioeconomic and relational context. With this, there is an evident contradiction between the knowledge built and the behaviors and practices developed by riverside men since, despite being aware of the protective function of condoms, this does not become a behavior, that is, a routine and everyday action of the social group<sup>23</sup>. Thus, it is verified that knowledge is not enough to ensure the adoption of preventive behaviors in SRH<sup>24</sup>.

Such contradiction can be explained by the risk elaboration of these riverside men, which seems to be anchored in old concepts of the issue of condom use, in which it is not merely any unprotected sex practice that makes them vulnerable, as protection and prevention would be guided by time and trust in the relationship<sup>21</sup>.

This representation associated with temporality of the relationship was also evidenced in a literature review study on the SRH of the riverside population, in which the affections involved in the relationship between the partners guide the subjects in relation to condom use<sup>5</sup>. Therefore, it is an issue to be considered in actions aimed at promoting SRH for this population segment.

The riverside men's risk behavior regarding condom use can also be understood by the evaluative dimension of social representations. In this dimension, they make judgments in relation to their use, on which a negative evaluation is observed, based on their interference with pleasure

during the sexual act, evidencing that the participants are not satisfied with condom use in their sexual practices. This representation is also a finding in several studies<sup>21,25-28</sup> when they associate men with condom use, in which the vast majority think of them as protection, safety and prevention, but refer to the sexual act using the device as something bad, for it interferes with pleasure.

This negative evaluation seems to be anchored in masculinity stereotypes and in the collective memory in which, for men, sex has historically been built linked to freedom and pleasure, with condoms as something that interrupts this association, making it difficult to incorporate them into their everyday behavior. Therefore, dissemination of these representations, which have a strong connection between gender and sexuality, contributes to people's dissatisfaction when using condoms, inhibiting their effective use in sexual practices. Thus, in the name of pleasure, they choose to live the risk, which increases riverside men's vulnerability to STIs and unwanted pregnancies.

Also in the scope of the negative evaluative dimension, another justification was observed, which was the participants' dissatisfaction with the condom material distributed by the Unified Health System, classified as low quality, which interferes even more with sexual pleasure and by considering the protection offered by these free devices to be dubious. In addition to that, the act of fetching the device at the health unit generates constraints for them. These factors mobilize riverside men to purchase condoms privately, reinforcing the importance attributed to pleasure in their sexual practices.

In this way, dissatisfaction with the condoms that are freely available in the community can be a contributing factor to inconsistent use, when riverside men are unable to purchase them privately.

This finding draws the attention to the fact that governmental efforts around inputs, with a preventive purpose in the SRH scope, focus on access, that is, on ensuring mass distribution of the device and not so much on user satisfaction in relation to the pleasure provided by the item, which integrates the expanded notion of SRH. There is a clear preference for thinner devices on the part of men, considering that the thicker the devices, the lower the satisfaction with their use<sup>28</sup>, proving to be an important factor when it comes to condom acceptability and consistent use.

Science has demanded efforts in search of producing types of condoms that can provide greater safety, protection and user satisfaction in terms of sexual pleasure<sup>29-30</sup>. However, it becomes necessary that these possibilities are also available and can be accessed free of charge by the population, in order to expand acceptance and continuity in condom use in sexual practices.

The current study has as a limitation the fact that it presents the social representations of men from only one riverside community, which may not reflect the reality of other riverside contexts, given the diversities across communities in relation to the presence or absence of health services, geographic distance, traditions, customs, belief systems, communication processes and perception of vulnerability of the social group.

However, important factors are revealed to direct SRH care to different population groups, such as free distribution of devices that are more pleasant to users and that best contribute to the pleasure attribute; as well as closer care to the needs of the riverside population where this study was conducted, having identified the school as a privileged locus in this community to carry out actions aimed at ensuring their sexual and reproductive rights and that provide moments of knowledge elaboration and reconstruction, based on exchange of experiences. Therefore, not limited to a punctual moment of the depositary type of information, but which can occur in a contextualized, continuous and longitudinal manner, because only in this way will it be able to favor behavioral changes in that social group.

## CONCLUSION

The study made it possible to understand riverside men's knowledge and ways of acting regarding condom use in sexual relations as a method to prevent STIs and unplanned pregnancies. There is a cognitive dimension present in the social representation, revealing that riverside men know the importance of condom use as a way of care in SRH. However, affective elements such as pleasure and trust in the relationship, as well as a negative evaluative dimension of the device, lead these subjects to irregular use and risk behaviors in their sexual practices.

The context of these riverside men's knowledge on condom use as a way to care for SRH is shown to be anchored in common sense associated with reified knowledge, presenting a normative discourse of what is disseminated as expected and correct in the scope of prevention, although with contradictory behaviors and practices in this regard. Therefore, this social group lacks health promotion actions that respect their sociocultural context, but that may provide opportunities to develop changes in their behavior and care practices regarding SRH and not merely to bring information to this population segment.

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## NOTES

### ORIGIN OF THE ARTICLE

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### CONFLICT OF INTEREST

There is no conflict of interest.

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