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OPINION AND REVIEW

THE FRONTIER OF CONSENT: THE CONDOM AS A POLITICAL AND POWER ARTIFACT IN HETEROSEXUAL RELATIONS

A FRONTEIRA DO CONSENTIMENTO: O PRESERVATIVO COMO ARTEFATO POLÍTICO E DE PODER NAS RELAÇÕES HETEROSSEXUAIS

LA FRONTERA DEL CONSENTIMIENTO: EL PRESERVATIVO COMO ARTEFACTO POLÍTICO Y DE PODER EN LAS RELACIONES HETEROSEXUALES

Johnnata Silva dos Santos[1] *Adriany Rocha Pimentão*[2] *Laura Ferreira Resende*[1]

Abstract: This critical narrative review performs a sociotechnical analysis of the male condom, shifting it from a mere biomedical supply to a political artifact involved in the social production of bodies. Through a theoretical framework based on the concepts of Biopolitics (Foucault), Gender Performativity (Butler), and Necropolitics (Mbembe), it discusses how the negotiation of its use reflects and reproduces asymmetries in the management of life and reproductive capacity. It is argued that the refusal to use condoms, sustained by performances of hegemonic masculinity, acts as a biopolitical control mechanism over the bodies of women and other people with a uterus. Phenomena such as stealthing non-consensual condom removal) is analyzed as necropolitical violations of bodily autonomy. It concludes that the effectiveness of prevention policies depends on the politicization of care, the confrontation of androcentrism in health policies, and the deconstruction of gender hierarchies that govern intimate negotiation processes.

Keywords: Condoms; Gender relations; Biopolitics; Power; Sexual violence.

Resumo: Esta revisão narrativa de caráter crítico realiza uma análise sociotécnica do preservativo masculino, deslocando-o de sua concepção como mero insumo biomédico para a de artefato político interveniente na produção social dos corpos. Por meio de um levantamento teórico fundamentado nos conceitos de Biopolítica (Foucault), Performatividade de Gênero (Butler) e Necropolítica (Mbembe), discute-se como a negociação do seu uso reflete e reproduz assimetrias na gestão da vida e da capacidade reprodutiva. Argumenta-se que a recusa ao uso, sustentada por performances de masculinidade hegemônica, atua como mecanismo de controle biopolítico sobre os corpos das mulheres e de outras pessoas com útero. Fenômenos como o *stealthing* (remoção não consentida) são analisados como violações necropolíticas da autonomia corporal. Conclui-se que a eficácia das políticas de prevenção depende da politização do cuidado, do enfrentamento do androcentrismo nas políticas de saúde e da desconstrução das hierarquias de gênero que governam os processos de negociação íntima.

Palavras-chave: Preservativos; Relações de Gênero; Biopolítica; Poder; Violência sexual.

Resumen: Esta revisión narrativa de carácter crítico realiza un análisis sociotécnico del preservativo masculino, desplazándolo de su concepción como mero insumo biomédico a la de artefacto político interviniente en la producción social de los cuerpos. A través de un relevamento teórico fundamentado en los conceptos de Biopolítica (Foucault), Performatividad de Género (Butler) y Necropolítica (Mbembe), se discute cómo la negociación de su uso refleja y reproduce asimetrías en la gestión de la vida y de la capacidad reproductiva. Se argumenta que el rechazo al uso, sustentado por performances de masculinidad hegemónica, actúa como mecanismo de control biopolítico sobre los cuerpos de las mujeres y de otras personas con útero. Fenómenos como el *stealthing* (retirada no consentida) son analizados como violaciones necropolíticas de la autonomía corporal. Se concluye que la eficacia de las políticas de prevención depende de la politización del cuidado, del enfrentamiento del androcentrismo en las políticas de salud y de la deconstrucción de las jerarquías de género que gobiernan los procesos de negociación íntima.

Palabras clave: Preservativos; Relaciones de género; Biopolítica; Poder; Violencia sexual.

[1]Acadêmico(a) de Medicina. Universidade do Estado do Amazonas (UEA), Escola Superior de Ciências da Saúde, Manaus, Brasil. Jhonn.mar5.santos@gmail.com; lfr.med23@uea.edu.br
[2]Docente da Universidade do Estado do Amazonas, Brasil. apimentao@uea.edu.br

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Introduction

In the field of Collective Health and Infectology, the external male condom consolidated itself, between the early 1980s and the first decades of the 21st century, as the "golden technology" for combined prevention. Low cost, high efficacy as a barrier against pathogens and gametes, and the absence of systemic side effects make this input the cornerstone of public policies to confront Sexually Transmitted Infections (STIs) (Brasil, 2006). However, the persistence of high infection rates and the constancy of unplanned pregnancies, even in scenarios of widespread availability of the input, denounce a limitation in the purely biomedical approach: the material availability of the condom does not guarantee its effective use (Ayres, 2002; Parker, 1991).

The gap between the access and its use suggests that the condom should not be understood merely as an inert medical device, but rather as a sociotechnical artifact. As Ayres (2002) points out, effective prevention requires moving beyond the notion of individual risk to understand the social and relational vulnerabilities that shape sexual behavior. Upon entering the sphere of intimacy, especially in heterosexual relations, the materiality of latex comes to mediate complex human interactions, traversed by historical, cultural, and symbolic hierarchies. The act of covering the penis, or the refusal to do so, ceases to be a merely sanitary decision and becomes a marker of power.

In this context, the negotiation of condom use reveals itself as a terrain of asymmetric disputes. Historically, the management of contraception and health care has been delegated to women, within a logic of the sexual division of labor that attributes to the feminine the compulsory responsibility for reproduction and the maintenance of life (Heilborn, 2006; Saffioti, 2004).

This delegation of responsibility is sustained by a double normative construction of gender: on the one hand, the "imperative of care" operates, socializing the feminine to anticipate risks, transforming prevention into an extension of reproductive work. On the other hand, hegemonic masculinity is built upon the denial of self-care and the erotization of the drive, relieving the cisgender man of the management of the biological consequences of the sexual act. Thus, the condom becomes an artifact of "delegated use": the object is on one person's body, but the awareness of the need is projected onto the other, creating a political impasse in which the one who bears the biological risk does not hold material control of the barrier.

Paradoxically, although held accountable for this management, women and other people with a uterus often lack the political authority to impose condom use. It is imperative to specify that the use of terms such as "people with a uterus" and "partners with a penis" recognizes that genitalia do not determine gender. In this analysis, "people with a uterus" include not only cisgender women but also trans men and non-binary people exposed to pregnancy and STIs. Likewise, "partners with a penis" encompass cisgender men and trans women who retain their functional genitalia. The power asymmetry discussed here cuts across identities: vulnerability is concentrated in those who occupy the receptive or subalternized position in the patriarchal hierarchy, where the demand for protection is often interpreted as a breach of trust or a questioning of the partner's fidelity (Saffioti, 2004).

This narrative review therefore proposes an analysis of the male condom that goes beyond epidemiology, situating it as a biopolitical artifact. It starts from the premise that sexual intercourse does not occur in a social vacuum but is a microcosm of power where what Michel Foucault called the "microphysics of power" operates (Foucault, 1988). It is argued that the male refusal to use condoms, often sustained by the performance of a hegemonic masculinity that eroticizes risk, acts as a mechanism of biopolitical control over the partner's body, exercising what is defined as a sovereign management over the other's life and health (Foucault, 1988; Connell; Messerschmidt, 2013). In its most extreme manifestations, such as the phenomenon of stealthing[1], the condom shifts from a tool of protection to an instrument of necropolitical violation of consent, where the receptive body is reduced to a territory for the exercise of power and deliberate exposure to biological or social death (Mbembe, 2018; Brodsky, 2017).

The purpose of this text is not to deny the technical efficacy of the method but to radically problematize

[1] The term stealthing refers to the practice of removing the condom during sexual intercourse without the partner's consent. It is a form of sexual violence that violates bodily autonomy and the protection agreement previously established between the parties (BRODSKY, 2017).

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the social conditions of its use. It seeks to demonstrate that, as long as public health campaigns focus only on distributing the object, ignoring the power dynamics that govern the "negotiation of the bedroom," the sexual and reproductive autonomy of women and other people vulnerable to these hierarchies will remain vulnerable.

A note on the relational scope adopted is warranted. This work deliberately focuses on the dynamics of heterosexual relations. This analytical choice does not constitute a naturalization of this relational form as normative, but rather recognizes in it a privileged scenario where the technological asymmetry of the male condom—a barrier applied to the body of the person with a penis, but whose effectiveness depends on negotiation with the receptive person—articulates itself most evidently and historically consolidated with the structures of patriarchy and the sexual division of labor. The proposed analysis therefore starts from the context where the fallacy of gender neutrality in prevention policies reveals itself most starkly, with the aim of forging conceptual tools that may also, in future investigations, illuminate the complex negotiations of power and care in other affective-sexual arrangements.

To develop this argument, the methodological perspective of a critical narrative review are adopted. This work does not intend to carry out an exhaustive or systematic review of the literature, but rather to intentionally and analytically select and articulate the fundamental theoretical constructs for the proposed discussion. It starts with a bibliographic search focused on the concepts of Biopolitics (Foucault), Gender Performativity (Butler), and Necropolitics (Mbembe), articulating them with recent productions from Collective Health and Gender Studies. This approach allows the construction of a sociotechnical analysis that displaces the condom from its biomedical function and situates it as a central political artifact in the power negotiations that structure intimacy.

The choice of this theme is justified, on a personal level, by the authors' interest in investigating the gaps between the broad technological availability of preventive methods and the persistent fragility of subjects' autonomy in their sexual practices, starting with the concern about how silence around power relations shapes sexual health. From a social perspective, this research proves to be urgent by giving visibility to frequently naturalized violences, such as stealthing, and by denouncing how gender asymmetries compromise the effectiveness of prevention policies, demanding a politicization of care that protects the physical and psychic integrity of society. In the scientific field, the work grounds its relevance by proposing an interdisciplinary analysis that tensions the limits of Collective Health with Political Philosophy and Gender Studies, offering new theoretical contours for understanding the condom not only as a biological barrier but as a central sociotechnical artifact in contemporary power disputes.

The condom as a sociotechnical artifact: history, gender, and asymmetries

The trajectory of the condom, from its rudimentary forms to modern vulcanized latex, should not be narrated merely as an evolution of materials engineering, but as the history of a technology that served distinct social purposes at different moments (Parker, 1991). In the 18th century, its use was predominantly tolerated as prophylaxis against syphilis in contexts of prostitution. In the 20th century, it becomes the epicenter of a dispute over responsibility for prevention in sexual health (Foucault, 1988; Brasil, 2006). This transition marks the displacement of the condom from an object of male hygiene to a central device of negotiation in gender relations (Heilborn, 2006).

The great inflection in this history occurs in the 1960s with the introduction of the contraceptive pill. The pill promoted a fundamental paradigm shift: the medicalization of contraception and its transfer to the biological management of people with a uterus. For the first time, fertility control became chemical, invisible, and disconnected from the immediate sexual act. This generated autonomy but also consolidated a social gender norm in which reproductive prevention is a task attributed almost exclusively to the feminine (Heilborn, 2006; Saffioti, 2004). Consequently, cisgender men were, to a large extent, culturally and affectively relieved of this daily concern, since responsibility for managing reproductive risks was displaced onto the partner's body, exempting the masculine from the diplomacy necessary for the use of barrier methods.

With the emergence of the HIV/AIDS epidemic in the 1980s, the male condom returned to the centrality of public policies, now resignified as an essential input for risk management. However, it re-entered a

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scenario where the culture of contraceptive delegation was already established. Public health guidelines sought to reinsert the condom as an item of self-care and mutual protection but encountered resistance from hegemonic masculinities accustomed to not managing sexual risks. The promotion of the condom stumbled upon what Parker (1991) identified as a Brazilian "sexual culture" that often eroticizes risk and associates non-use of condoms with performances of virility.

Here lies a technological distinction crucial for understanding current power dynamics. While the pill is a technology of autonomous use, administered without the need for direct negotiation at the moment of coitus, the male condom is configured as a relational technology. Although applied to the body of the person with a penis, its effectiveness depends strictly on consensus and cooperation during sexual practice. This technical difference creates a political mismatch: in stable relationships, one frequently observes a migration from condom use to hormonal methods, since abandoning the physical barrier is socially read as a sign of trust and marital stability (Meyer et al., 2004).

In this context, returning to the condom, or maintaining its use, can be interpreted as a sign of affective distance. As the literature points out, women often consent to their partners making the decision about use alone, evidencing a clear asymmetry in agentivity (Meyer et al., 2004). The negotiation of the condom thus becomes a privileged field for observing the "microphysics of power" (Foucault, 1988) in action in intimacy. In the end, the receptive person is burdened with double management: the pharmacological management of fertility and the diplomatic management of condom use, the latter remaining dependent on the adherence of the one who actually applies the input.

In this scenario of power disputes, the internal condom emerges as a barrier technology that, theoretically, returns the governability of protection to the person who inserts it. However, its low adherence is not accidental. Beyond irregular availability in the SUS (Unified Health System), one must consider that the aesthetic stigma and the narrative of "discomfort" often associated with the method are social gender constructions that discourage its use (Kalckmann et al., 2009). It is relevant to note that the discomfort argument is also evoked by male condom users, yet with distinct political effects: while for the male condom the "annoyance" justifies refusal of use, for the female condom it serves to delegitimize the technology. The subalternization of this tool reflects not only an androcentric bias but a phallocentric optic that reduces sexual experience to penetration. By taking the penis and erectile performance as universal references, health policies reinforce a strictly coitocentric conception of sex, invisibilizing practices that do not orbit around the male genitalia and limiting the preventive autonomy of those who occupy the receptive position (Corrêa; Petchesky, 1996).

The microphysics of power: biopolitics and performativity in the sexual act

To understand why the availability of the condom does not automatically translate into its use, it is necessary to shift the analysis from the sphere of sanitary rationality to the sphere of power. Sexual intercourse is a space where what Michel Foucault, in The History of Sexuality, called the "microphysics of power" operates (Foucault, 1988). Power is not located only in state institutions but "capillarizes" itself in everyday relations, regulating bodies and conducts in intimacy.

In this context, the negotiation of condom use can be read through the lens of biopolitics. If classical biopolitics deals with the state's management of populations' lives, in the microcosm of the heterosexual relationship it manifests in the management of biological risks between the couple. The one who holds the prerogative to veto protection exercises sovereignty over the other's body. When the norm imposed by the partner with a penis is unprotected sex, a unilateral decision is made about the receptive person's exposure to viral vectors and reproductive possibility. The bodies of women and other people with a uterus thus become territories where biosafety protocols can be suspended in the name of the desire or convenience of the one who exercises the power of veto.

This dynamic is reinforced by what Judith Butler, in Gender Trouble, defines as performativity. For Butler, gender is "a doing [...] that produces the effects it names" (Butler, 2003, p. 193), constituted through the stylized repetition of acts. The refusal to use a condom can therefore be read as a performative act of hegemonic masculinity. Virility is socially constructed in opposition to fragility and care; thus, accepting the

latex "armor" can be symbolically read as an admission of vulnerability or a domestication of the sexual instinct, something that subjects socialized in hegemonic masculinity are encouraged to reject.

This process of doing gender (West; Zimmerman, 1987), understood as the continuous, practical, and routine accomplishment of gender in social interactions to meet normative expectations, occurs precisely in these moments of intimate negotiation. By refusing the input, the subject not only exercises power but "does gender" before the partner, reaffirming a masculine identity that associates risk with sexual potency.

On the other hand, the performativity historically attributed to the feminine is built upon the imperative of care. As Heilborn (2006) points out, female socialization is guided by the anticipation of risks and the preservation of reproductive life, creating what can be defined as a normative trap: women are held responsible for the consequences of the relationship, such as pregnancy or infection, but are often unauthorized to impose the means of prevention in the immediate interaction (Saffioti, 2004). Butler (2003) helps in understanding that the agency of these people is constrained by gender norms that dictate that the "good partner" is the one who trusts and yields. In this sense, demanding the condom can be interpreted as a breach of this trust script and a failure in the expected gender performance, subjecting individual autonomy to the maintenance of affective harmony.

However, reducing the experience of women and people with a uterus only to passivity before these structures of domination would be a fatalistic simplification. Even immersed in contexts of power asymmetry, the emergence of "agencies of resistance" is observed. These do not necessarily manifest as grand public ruptures but often through micropolitics of negotiation in everyday affective-sexual life. Whether through the active search for support networks, the development of harm reduction strategies, or the appropriation of sexual rights discourses, these people exercise autonomy within the cracks of the patriarchal system. Recognizing these strategies is fundamental to not doubly victimizing the subject: first, by structural violence; second, by denying their capacity for response and resilience.

Toxic masculinities and the necropolitics of pleasure: the phenomenon of stealthing

If the negotiation of the condom reveals asymmetries of biopower, the practice of stealthing—the non-consensual removal of the condom during sexual intercourse—obliges us to radicalize the theoretical analysis. Here, we cross the frontier of the "management of life" and enter the territory of what Achille Mbembe conceptualized as Necropolitics. Although Mbembe uses the term to describe the state's sovereignty in dictating who should live and who should die (Mbembe, 2018, p. 5), the concept proves frighteningly applicable to the microphysics of sexual violence in intimacy.

In stealthing, the receptive person's body is treated as a colony, a territory where the will of the sovereign—the person who removes the condom—suspends rights to physical integrity. By furtively removing protection, the practitioner exercises the power to expose the other to "death," in the Mbembian sense, whether the social death resulting from an unwanted pregnancy that alters life trajectories or the literal risk of death from severe chronic infections. The necropolitical logic here is the subjugation of another's life in favor of maximizing the sovereign's pleasure. The other ceases to be a subject of rights and becomes a disposable object.

This conduct is fed and legitimized by what Raewyn Connell defines as hegemonic masculinity. The social construction of virility in our culture often associates "being a man" with predatory conquest and unrestricted dominion (Connell; Messerschmidt, 2013). In this symbolic framework, the condom is seen as a limiter of that dominion, a barrier that prevents the total "possession" of the other's body through insemination or direct contact with fluids (Connell; Messerschmidt, 2013). Thus, risk is not merely neglected but eroticized as a proof of masculinity and sexual potency.

Connecting to this discussion, the practice of stealthing exemplifies the intersection between gender violence and necropolitics, demanding a response that transcends moralism. As Alexandra Brodsky (2017) argues, it is urgent to frame such an act not as "bad behavior" but as a grave violation of bodily autonomy, a form of "rape-adjacent" violation. Under the necropolitical lens, the aggressor arrogates to himself the sovereign power to expose the other to permanent biological risk.

In Brazil, this violation takes on the contours of an institutionally tolerated gender necropolitics. The

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legal gap in specifically criminalizing this conduct—which, at most, can be generically framed as sexual violation by fraud (art. 215 of the Penal Code, amended by Law No. 12,015/2009), but rarely is—reflects a state apathy that normalizes the risk imposed on the bodies of women and dissident people. Recent studies indicate that stealthing can be framed under four existing criminal types: rape (art. 213), sexual violation by fraud (art. 215), danger of venereal contagion (art. 130), and danger of contagion of grave disease (art. 131), depending on the concrete case (Guedes; Garbin, 2023). Still, the absence of autonomous criminalization contributes to the conduct remaining underreported and rarely punished. Even Law No. 14,245/2021, which seeks to curb acts attacking the victim's dignity during the process, does not confront the core of the problem. This omission validates the perverse idea that initial consent is a blank check for any subsequent act, ignoring that consent is, by definition, continuous, revocable, and conditional (Brodsky, 2017). The aggressor's necropolitical sovereignty is thus subtly sanctioned by the state's inertia, which, by treating the condom as a mere standardized input, also contributes to the reproduction of this violence.

Final considerations

Throughout this critical narrative review, the objective of radically problematizing the social conditions of male condom use was achieved, demonstrating that this input cannot be reduced to its latex materiality. It is, essentially, a political artifact that operates on the frontiers of consent. The analysis revealed that the "negotiation of the bedroom" is a reflects of macrostructures of power, in which biopolitics, hegemonic masculinity, and necropolitics intertwine to regulate and often violate the bodies of women and other people with a uterus.

It is evident that the predominant strategy in Brazilian Public Health, focused on mass distribution and technical rationality, is insufficient because it ignores that sanitary will often succumbs to affective coercion and symbolic violence. Therefore, true prevention requires a paradigm shift: from logistics to politics. It is imperative that health education incorporates gender literacy and the deconstruction of toxic masculinities, summoning the masculine to the ethical exercise of care. This politicization involves challenging androcentrism and investing in the internal condom as a tool for autonomy.

As a limitation of this study, the focus centered on the power dynamics of heterosexual relations stands out. Although this choice allowed for a deep analysis of the fallacy of gender neutrality and the sexual division of labor, it does not exhaust the complexities of other affective-sexual arrangements that have their own grammars of power.

For future studies, investigation is recommended into negotiations of protection and care in relationships of trans and non-binary people, as well as the impact of stigma on prevention dynamics among men who have sex with men. Empirical research is also suggested to analyze health professionals' perceptions of the stealthing phenomenon, aiming to build public health responses sensitive to the asymmetries that govern intimacy.

Ultimately, the condom is a frontier technology. Effective protection begins when we recognize the condom not merely as an object to be distributed but as a thermometer of the power relations that we urgently need to renegotiate. This work, by bringing such discussion to the Revista Brasileira de Sexualidade Humana, reaffirms the commitment to critical knowledge aimed at transforming the practices that perpetuate vulnerabilities.

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