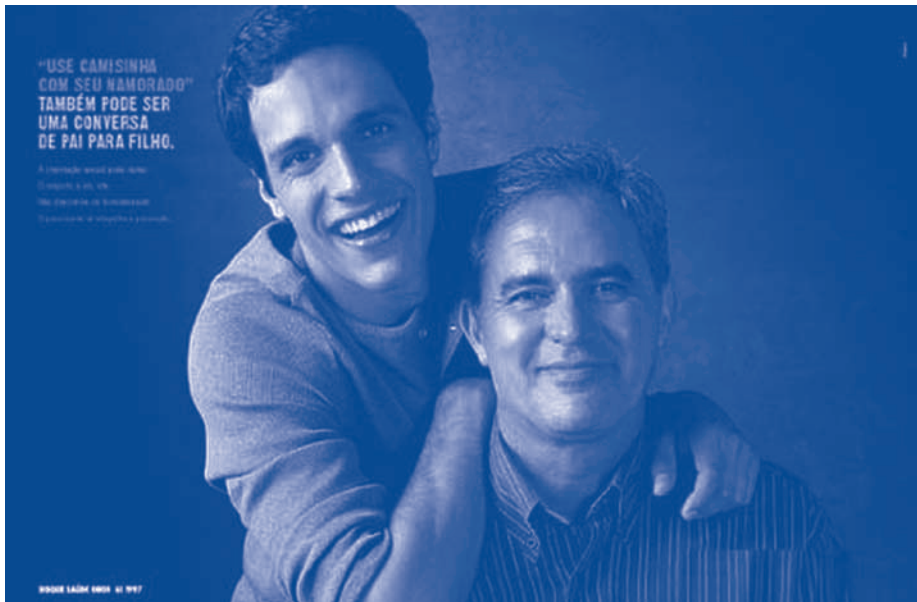


HIV prevention in Brazil: Respecting rights and sexualities

By Christine Ricardo



Translation: Using a condom with your boyfriend can also be a father-son talk.

other countries is the fact that HIV prevention programmes and policies have been grounded in principles of health and rights rather than moral posturing about sexuality.

On the contrary, many of the national media campaigns have sought to promote greater understanding of and respect for the diversity of sexualities. Brazil's rights-based approach to sexuality and HIV can be traced to the socio-political context in which the epidemic emerged. In 1982, when the first AIDS case in Brazil was reported, the country was in the process of moving from a military dictatorship toward a democracy.

Civil society was becoming more outspoken about rights and social justice and also "responding to larger, deeper issues of repression" (Frasca 2005). In the words of one activist: "we were trapped in a symbolic prison; homosexuals had to hide, to live in very close circles. The right to the body was bound up with the issue of democracy" (ibid). The fact that HIV was first diagnosed in Brazil in the midst of such a widespread mobilisation for human rights has deeply moulded the nature of the response to the epidemic, particularly its integral respect for difference and sexual diversity.

Since the beginning of the epidemic in Brazil, gays and men who have sex with men (MSM) have been one of the most affected groups. Promoting awareness about HIV prevention amongst these groups, however, is seen as only part of the solution. There are concerted efforts among both civil society and government to also reduce the homophobia that exists throughout Brazilian society and that often underlies the increased vulnerability of gays and MSM.

The poster above, for example, is from a 2002 national campaign titled Respecting difference is as important as using a condom.

The poster was part of the campaign material designed for general audiences and shows a father who supports his son's homosexual orientation and speaks with him about safe sex.

As in many other settings, men's and women's sexual behaviours and vulnerabilities in Brazil are shaped by gender norms. The set of socio-cultural ideals of how men should act and feel is called machismo and affirms that men need sex more than women do and should always be strong and dominant. Women, on the other hand, are often expected to remain faithful and defer to men in sexual matters. The dichotomy or polarisation of men as 'active' or 'in-charge' and women as 'passive' is an underlying construct of masculinities and femininities in Brazil, as throughout Latin America and the Caribbean (Parker 1999).

While the first two days of the Cross-cultural Learning Conference had a focus on sub-Saharan Africa, I found that the theme of Changing the River's Flow that was discussed during the conference also provided a meaningful metaphor for the dynamics and impact of the HIV response in Brazil. In this article, the rights, sexualities, HIV prevention and communication strategies within Brazilian society will be discussed.

In the mid 1990s, the World Bank estimated that 1.2 million Brazilians would be infected with HIV by the year 2000. According to the Ministry of Health, the most recent estimates put the total number of individuals who have been infected at approximately 597,000, less than half the number that had been predicted.

How was Brazil able to shift the tide of HIV? As with most other public health success stories, Brazil's achievement has been the result of a combination of forces, most notably, a two-pronged focus on treatment and prevention backed by a vibrant civil society and public policies. While Brazil's universal and free access to treatment has certainly played a key role in controlling the epidemic, the recent conference led me to reflect specifically on Brazil's prevention strategies and their underlying ideologies in terms of rights and sexuality.

In contrast to many other countries that have prioritised messages about abstinence and/or faithfulness, Brazil's primary prevention strategy has been to promote safe sex. Mass media campaigns educate the public about condoms and employ social marketing to encourage condom use as the safe as well as 'sexy' choice.

The impact of these efforts on the younger generation has been particularly pronounced: from 1998 to 2005, the proportion of 16 to 19 year-olds who reported having used a condom during their first sexual experience increased from 47.8 per cent to 65.8 per cent (Paiva *et al.* 2008). Additionally, 95 per cent of the general population now knows that condoms protect against HIV infection (Ministry of Health, 2008).

Brazil's bold prevention initiatives have not been without controversy. Although it is a laic state, Brazil is also a deeply religious country and home to the world's largest Roman Catholic population.

When the Brazilian Cardinal recently criticised the government's emphasis on condom use, the head of the National AIDS Programme responded that "abstinence and self-control are intimate personal matters and can in no way serve as a basis for public policy" (Reuters, 2007). Indeed, what has set Brazil apart from many

“Additionally, 95 per cent of the general population now knows that condoms protect against HIV infection”



Translation: One of them has HIV. The other one knows. Living with HIV is possible. Living with prejudice isn't.

Such socio-cultural norms about men's and women's roles in intimate relationships often restrict women's ability to suggest or negotiate condom use. As a result of these socio-cultural norms around gender and sexuality, women in Brazil are disproportionately vulnerable to HIV infection. The HIV response has thus included a series of initiatives and campaigns to promote the "democratisation of sexuality within relationships" via the empowerment of diverse groups of women (Osava, 2009).

In 2009, for example, after a survey which found that only 28 per cent of women aged 50 to 64 use protection in casual sex relationships, the government launched a campaign titled Sex has no age limit. Neither does protection. Campaigns and educational programmes by government and civil society alike have also targeted various groups of men with messages about prevention, condom use, and the benefits of more equitable relationships. A particularly compelling example of Brazil's commitment to rights-based HIV programming has been its partnership with the sex workers movement. In 2002, a national campaign that emerged from this partnership sought to reduce the stigma associated with sex work and to empower the women involved in this line of work with the slogan Use condoms! Don't be ashamed girl.

Such socio-cultural norms about men's and women's roles in intimate relationships often restrict women's ability to suggest or negotiate condom use

You have a profession. A few years later, in 2005, the Brazilian government made international headlines when it refused to sign the United States government's anti-prostitution pledge, losing \$40 million in support for HIV prevention programmes. The director of the National AIDS programme at the time stated: "We have a commitment to work with this group (sex workers) and respect them... Our feeling was that the manner in which the funds were consigned would bring harm to our programme from the point of view of its scientific credibility, ethical values, and its social commitment" (Rohter, 2005).

In addition to its efforts to reduce the stigma that surrounds those who are most vulnerable

to infection, from MSM to sex workers, Brazil's response is also vested in reducing the stigma that surrounds those living with HIV or AIDS. Several national campaigns, including the one below from 2009, have sought to change people's attitudes towards individuals living with HIV and AIDS and to promote awareness about the consequences of stigma.

Brazil's commitment to respecting rights and sexualities and addressing the underlying prejudices, inequalities and cultural norms that fuel the epidemic has set their prevention efforts apart from those of many other countries and most importantly, have led to tangible reductions in infection rates. The participation of affected groups, be it sex workers, gay men, youth or others, in the development and implementation of the prevention response has ensured that strategies and messages are both engaging and sensitive to diverse cultures and realities.

Challenges

Nonetheless, Brazil still faces many challenges in responding to the HIV epidemic. Among the most pressing is guaranteeing young people's access to sex education. The Brazilian government has made sex education mandatory in schools. However, the implementation has been patchy due to, among other factors, limited



"Nothing gets through a condom. Use it and be confident."

A cross-cultural perspective of HIV, gender and education

By Oloriak Sawade

A key question that participants at the April cross-cultural learning conference in Johannesburg, South Africa, grappled with was: What is the link between education, gender, HIV and culture? One simple answer was that it is behaviour that links together all these issues.

Several definitions of culture emerged. For example, culture was defined as "the behaviour of a group or society – the actions of You and Me". These behaviours can have either positive or negative influence when it comes to HIV and AIDS prevention. It was clear that many cultures encourage practices that marginalise women. An example given was gender inequality, which is rooted in culture. Gender inequality is an important factor in the feminisation of the HIV and AIDS pandemic. It is, therefore, imperative that both men and women regardless of age, religion, ethnic background or socio-economic status, are empowered to foster equality between the sexes.

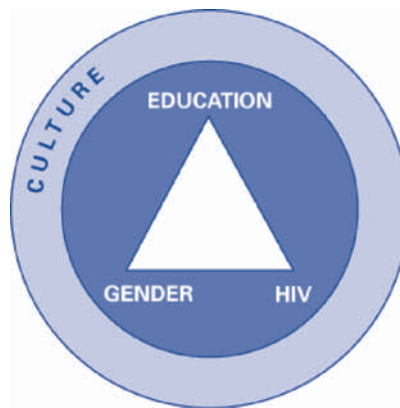
Education is an important tool for teaching gender justice. For example, through a gender just curriculum, students can learn to identify negative gender stereotypes, like only girls should do household chores. Or another example is teaching teachers how to treat both boys and girls in class with the same respect. Education as a tool for preventing HIV can only be effective if practitioners study and understand cultural practices and how they either perpetuate or help prevent the spread of HIV. Practitioners in the areas of gender, HIV and education are realising that when planning and implementing projects,

one needs to recognise all of these issues. We need to be sensitive to the cultural setting in which a project will be implemented.

This article, therefore, seeks to examine some best practices and challenges of linking education, gender and HIV within different cultural settings. Figure 1, below, illustrates the interconnectedness of education, gender and HIV, all of which are influenced by, and influence, culture.

Best practices/successes

The following are some examples of methods that have resulted in successful projects around education, HIV and gender in a cross-cultural perspective.



Edutainment: Educating through entertainment has been used successfully to educate communities on HIV and gender in a way that is culturally-appropriate. Through entertainment, strong messaging can be depersonalised and made easier to digest. Examples of tools for edutainment are theatre, storytelling, soap operas, dramas, sport and play, social media, music, cartoons, poetry, dance and humour.

Being contextually-specific and culturally-relevant is a key component of successful edutainment campaigns. For example, using scenarios in a play or television soap opera that the target group can relate to; using cartoons that look like and speak the language of the target group; using local humour; and using local musicians/pop stars are some of the approaches found to be useful. An example of a successful edutainment project is the Ashreat Al Amal radio project in the Sudan, run by the Population Media Centre of Shelburne. Ashreat Al Amal was a 144-episode entertainment-education radio soap opera, broadcast each week on Radio Omdurman, a station whose signal covers the entire city of Khartoum and its environs. The characters in the series were developed from a Sudanese perspective and stories were set in Sudan (<http://www.populationmedia.org/where/sudan/results>).

Surveys were done to determine the cultural relevance of the radio programme's educational messages that included a more empowered status for women; getting rid of harmful practices such as female circumcision; safe motherhood

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Homem com H
Escuta. Aceita. Cuida.

HORA

A atitude faz a diferença.

Translation: "A Real man. He accepts. He listens. He cares. The attitude makes the difference."

preparation among teachers. With teachers and parents alike, there is also still a significant reluctance to discuss sex and related topics with youth because of the misconception that information itself might stimulate sexual activity. The most recent epidemiological studies by the Brazilian government, however, reinforce the urgency of the situation: in the last 10 years, some of the fastest increasing infection rates have been among young women aged 13 to 19 years and young gays up to 24 years old (Ministry of Health, 2007). These statistics point to the importance of sex education that reaches adolescents and youth before they become sexually active that also addresses gender identities, sexual orientation, and their underlying power dynamics. Providing comprehensive sex education for the youngest Brazilians is essential to preserving the successes of Brazil's prevention response to date. The river's flow must be changed now to ensure that future generations of Brazilians are HIV-free. ■

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