Promoting Young People's Sexual and Reproductive Health

Stigma, Discrimination and Human Rights

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safe passages to adulthood

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Safe Passages to Adulthood

In 1999, the UK Department for International Development (DfID) funded a major programme of research into young people's sexual and reproductive health in poorer country settings.

Coordinated jointly by the Centre for Sexual Health Research at the University of Southampton, the Thomas Coram Research Unit at the Institute of Education, University of London and the Centre for Population Studies at the London School of Hygiene and Tropical Medicine, the principal objectives of the ***Safe Passages to Adulthood*** programme are to:

- fill key knowledge gaps relating to the nature, magnitude and consequences of reproductive and sexual health problems amongst young people;
- identify situation-specific key determinants of young people's sexual behaviour;
- identify culturally-appropriate means by which barriers to good sexual and reproductive health can be overcome;
- identify new opportunities to introduce and evaluate innovative programme interventions;
- develop concepts and methods appropriate to the investigation of young people's sexual and reproductive health.

The programme does not define young people through the use of age boundaries. Rather, it adopts a life course perspective in which the focus of interest is on individuals in the period prior to the transition to first sex, and up to the point of entry into marriage or a regular partnership. This spans the key transitional events of 'adolescence', and captures a period of high sexual health risk and distinctive service needs.

Sexual and reproductive health includes physical and physiological processes and functions in addition to psychological and emotional aspects. It encompasses young people's capacity to decide if and when to have children; the ability to remain free from disease and unplanned pregnancies; freedom to express one's own sexual identity and feelings in the absence of repression, coercion and sexual violence; and the presence of mutuality and fulfilment in relationships.

Beyond young people themselves, the ***Safe Passages to Adulthood*** programme focuses on policy makers and practitioners as 'gatekeepers' to the promotion of young people's sexual and reproductive health.

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Stigma, Discrimination and Human Rights

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Section One
Introduction

All over the world, young people are stigmatised and discriminated against in relation to their sexual and reproductive health. Stigma, discrimination and the violation of human rights are intimately connected, reinforcing and legitimising each other. Their manifestations are varied, occurring in families and communities, in health services, at places of work, and in schools.

Across a range of settings, young people may be stigmatised and discriminated against for being sexually active before marriage, or for engaging in forms of sexuality which are considered by their communities and wider society to be non-normative such as homosexual or transgendered practices. In addition, in settings where pre-marital sexual activity among young people is stigmatised, the signs of unprotected sexual activity, such as unplanned pregnancy, having a sexually transmitted infection (STI) or being HIV-positive, may themselves be highly stigmatised. This may seriously limit access to good quality sexual and reproductive health services.

This stigmatisation of young people's sexuality and sexual behaviour has serious consequences. In particular, it can lead to young people feeling that they have to conceal their sexual activity from significant adults in their lives, including parents, teachers and health workers. The secrecy and shame that stigma often brings can deny young people access to the resources they need in order to make, and implement, informed decisions about their sexuality and sexual health. Where resources are available - or inappropriately framed - they may be inadequate to address young people's needs.

Where information about sex is available to young people in schools, clinics or in their homes, for instance, it may focus on reproductive biology to the neglect of discussion about real-life situations and choices. Information and education may be inappropriate to young people's sexual lives, failing to reflect their complexity and acknowledge their pressures and pleasures. This is because open discussion of these more real life concerns is considered 'taboo', particularly between different generations, or because gaps in understanding remain in relation to young people's sexual cultures in different contexts, particularly with respect to marginalised sexualities.

In addition to not having access to appropriate information, young people may also find it difficult to access sexual and reproductive health services. A major obstacle for many young people is the discrimination they face by some health service staff in accessing contraceptive and STI services in primary care settings. This discrimination is fuelled by the stigma associated with young people's sexuality, and may be manifested in multiple ways, including breaches of confidentiality, lack of privacy, verbal abuse, and in extreme cases withholding of care. In schools too, young people who are pregnant or who are known to be living with HIV may be discriminated against by their peers and teachers, as well as by institutional authorities. Examples of discrimination include being excluded from school, and/or being subjected to verbal harassment.

It is important to recognise that young people are not an homogeneous group. Their experiences differ according to various factors, including cultural background, ethnicity, gender and socioeconomic status, and whether or not they are in school. For many, the stigma and discrimination young people face in relation to their sexual and reproductive health intersect in the course of their daily lives with other kinds of stigma and discrimination that are

derived from various forms of social inequality. A pregnant teenage girl from a minority cultural background, for instance, or a young unemployed man having sex with other men in a low-income urban neighbourhood, are likely to experience stigma and discrimination from a variety of sources. For this reason, the stigma and discrimination associated with young people's sexual and reproductive health need to be considered within their particular cultural and economic settings, in order to reach a deeper understanding of their sources and manifestations, and so ensure that strategies to address them are appropriate and effective.

An international knowledge synthesis meeting took place in June 2003, bringing together programme leaders from a variety of countries to discuss stigma, discrimination and human rights in relation to young people's sexual and reproductive health. The goal was to identify instances of innovative and effective practice with the intention of drawing out some principles that might inform future work.

The knowledge synthesis meeting

Sponsored jointly by the DfID supported ***Safe Passages to Adulthood*** (SPA) programme, John Snow International, Family Health International (Youthnet) and the Population Council, the meeting on Promoting Young People's Sexual and Reproductive Health: Stigma, Discrimination and Human Rights took place in Brighton, England, between 5-7 June 2003. Participants from a wide variety of countries were invited to describe their experiences of working to challenge stigma and discrimination and promote human rights as they relate to young people's sexual and reproductive health.

Major themes in the presentations included working positively with sexual diversity, promoting young people's sexual and reproductive rights, working in the health and education sectors, ensuring young people's participation in programmes, working with the media, and challenging stigma and discrimination in relation to young people and HIV/AIDS.

More specific objectives of the meeting were to:

- bring together selected programme and project leaders from Africa, Asia and Central and Southern America in order to share experiences and discuss key principles of project design and implementation;
- explore various forms of stigma as they operate in relation to young people's sexual and reproductive health;
- examine the origins of the different forms of stigma and their relationship to existing inequalities and power relations (for example, relating to gender, ethnicity, culture, socio-economic status, sexuality and age);
- explore the interplay between stigmatisation and discrimination, particularly in official responses to young people's sexual health and in service provision;
- identify effective means of tackling, reducing and eliminating stigma and discrimination as they relate to young people's sexual health;
- explore the connections between stigma, discrimination and human rights as they relate to young people's sexual health and sexual health programming; and
- examine the relevance and power of a human rights framework for programmes planning and implementation.

Participants represented a variety of projects, programmes and activities in developing and transitional countries, with a focus on resource-constrained settings. Representatives from a number of NGOs and one university discussed their experiences of challenging stigma and discrimination and promoting human rights in relation to young people's sexual and reproductive health.

The projects and organisations were:

Africa

- The **Zambia** Integrated Health Programme's systemic community-based approach to challenging HIV-related stigma and discrimination and promoting positive social norms relating to sexuality, by building local leadership and creating dialogue around matters relating to sexuality.
- The evaluation of a school-based HIV prevention programme conducted by the Health Promotion Research and Development Group of the Medical Research Council in **South Africa**.
- The work of the Strengthening HIV/AIDS Partnerships in Education programme in **Ghana** to mitigate the impact of HIV/AIDS on the education sector by working with teachers, learners and parents to increase knowledge relating to STIs and HIV/AIDS, promote personal risk perception, encourage positive attitudes towards people living with HIV/AIDS, increase school-based actions relating to HIV/AIDS, and promote the role of teachers and parents in sensitising the younger generation on HIV/AIDS and other sexual and reproductive health matters.
- The Psychosocial Programme for Orphans and Vulnerable Children of Philippi in **Namibia**, which runs counselling, group support and experiential learning camps for vulnerable children and young people.
- The work of the Horizons Programme/Population Council to assess the contexts within which male-to-male sex occurs in Dakar, **Senegal**, identify the factors that make men who have sex with men vulnerable to STIs and HIV/AIDS, and identify opportunities for providing sexual health information and services in non-stigmatising and non-discriminatory ways.
- The television and radio drama series produced by Soul City: Institute of Health and Development Communication in **South Africa**, in particular the series produced for children called 'Soul Buddyz', which promotes young people's sexual rights and encourages appropriate responses to people living with HIV/AIDS.

Asia

- The Library Foundation's work in the **Philippines** challenging discrimination against men who have sex with men through community mobilisation, coalition-building and human rights advocacy.
- The Praajak Development Society's work with institutionalised adolescent boys and young men in **India** to promote the transmission of knowledge relating to sexuality and sexual health through peer networks, and to provide a platform for discussion of male-to-male sexuality and sexual exploitation.

Central and South America

- The Ready Body and Stigma and Discrimination projects of the STI and HIV/AIDS Youth Project in **Guyana**, which aim to encourage young people to maintain healthy bodies and lifestyles, and are recruiting minibus drivers and conductors to challenge stigma and discrimination directed towards people living with HIV/AIDS.
- The work of ***Balance, Promoción del Desarrollo y Juventad*** in **Mexico** to promote equity for young people by promoting their sexual and reproductive rights and ensuring their participation and decision-making in sexual and reproductive health programmes.
- The work of the Sexuality, Health and Human Rights in Latin America programme based at the School of Public Health, Cayetano Heredia University, in Lima, **Peru**, to build a regional forum of researchers and advocates working on gender, sexuality and sexual diversity in relation to health and human rights.
- In **Brazil**, the MTV show for young people called ***Erotica***, and ***Sexo e Saúde*** (Sex and health), a column for teenagers in Folha de Sao Paulo, one of the country's biggest daily newspapers.
- ***Instituto Promundo's*** participatory work with young men in low-income neighbourhoods of Rio de Janeiro, **Brazil**, to promote gender equity and increase acceptance of sexual diversity.

- The work of ***IMSS-Opportunidades*** in rural areas of **Mexico** to improve young people's access to quality health services, enhance quality of care, and promote a positive approach to sexuality by raising awareness of sexual rights.
- The work of MEXFAM's ***Gente Joven*** (Young People) programme in **Mexico** to promote the sexual rights of young people and ensure their participation in the development and implementation of programme activities.
- The ***Youth and Sexual Diversity*** project of the **Brazilian** Interdisciplinary AIDS Association (ABIA), which seeks to empower low-income young men who have sex with men and challenge sexual oppression, by creating an enabling environment for personal growth, increasing access to health services and sensitising the wider society to sexual rights.

Section Two
Background

Stigma, discrimination and human rights: definitions and connections

Stigma, discrimination and human rights are intimately connected. Stigma has been described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others. The qualities to which stigma adheres can be quite arbitrary - for example, skin colour, manner of speaking, sexual preference, being sexually active or living with HIV/AIDS. Within particular cultural settings, certain attributes are seized on and defined by others as discreditable or unworthy. Stigma is constructed and reinforced in language.

When stigma is acted upon, the result is discrimination. Discrimination consists of actions or omissions that are derived from stigma and directed towards the stigmatised. Discrimination, as defined by UNAIDS in their ***Protocol for Identification of Discrimination against People Living with HIV (2000)***[1], for example, refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually, but not only, by virtue of an inherent personal characteristic or perceived belonging to a particular group - despite the absence of justification for these measures.

Stigma and discrimination are inter-related, reinforcing and legitimising each other. Stigma lies at the root of discriminatory actions, leading people to engage in actions or omissions that harm or deny services or entitlements to others. Discrimination can be described as the enactment of stigma. In turn, discrimination encourages and reinforces stigma.

Discrimination is a violation of human rights. The principle of non-discrimination, based on a recognition of the equality of all people, is enshrined in the Universal Declaration of Human Rights and other human rights instruments. These texts prohibit discrimination based on race, colour, sex, language, religion, political or other opinion, property, birth or other status. In 1996, the UN Commission on Human Rights resolved that the term 'or other status' used in several human rights instruments 'should be interpreted to include health status, including HIV/AIDS', and that discrimination on the basis of actual or presumed HIV/AIDS status is prohibited by existing human rights standards.

Stigmatising and discriminatory actions, then, violate the fundamental human right to freedom from discrimination. In addition to being a violation of human rights in itself, discrimination directed at people living with HIV/AIDS or those believed to be infected, for example, further violates other basic human rights such as the rights to health, dignity, privacy, equality before the law, and freedom from inhuman, degrading treatment or punishment. Violations of human rights may in turn legitimate stigma.

Stigma and discrimination in relation to young people's sexual and reproductive health

Young people may experience stigma and discrimination in multiple ways, and in a range of settings and circumstances. Examples of specific attributes or practices that may be stigmatised in young people in relation to their sexual and reproductive health include being HIV-positive or having a STI, practising pre-marital sex, becoming pregnant outside of marriage, and engaging in same-sex activity. These

[1] Available at www.unaids.org/publications/documents/human/law/JC295-Protocol-E.pdf

different kinds of stigma may interact with each other. Thus, a person who is both pregnant and has an STI is likely to be doubly stigmatised. Different kinds of stigma are often exacerbated by existing forms of inequalities and power relations in specific settings, in particular those related to gender, ethnicity, culture and socio-economic status.

Young people are not an homogeneous group. Those who live in low-income communities or who come from ethnic groups marginalised in wider society such as indigenous or minority groups, for example, often have different experiences to those living in wealthier settings. In other words, they may be stigmatised simply for coming from a particular community, with different kinds of stigma - that associated with gender, ethnicity or socioeconomic status, for example - feeding into and reinforcing each other. Assumptions may be made of individuals; for example, that they are certain kinds of young people with specific lifestyles who are liable to act in particular ways simply because they are young, from a minority background and live in a low-income neighbourhood. Combined with systematic disadvantage, which is manifested in inequalities of access to education and employment opportunities, these multiple layers of stigmatisation enhance young people's vulnerability to sexual and reproductive ill-health because they act to deny many young people access to the information, resources and health services they need to protect themselves.

Despite the fact that young people do not form an homogenous group in relation to the kinds of communities they live in, their age is one factor which they share. Prejudice on the basis of age is commonplace. All over the world, young people are often not considered to be mature enough to make decisions about important aspects of their lives, including whether or not to be sexually active, timing of first sex, who they should have sexual relationships with, whether or not they can access and use contraception, and so on. In most settings, significant adults such as parents and teachers are expected to have control over the lives of children and young people, including their access to information about sexuality and sexual and reproductive health, and their decisions about sexual relationships and health-seeking practices. Gender inequalities may mean that girls and young women are particularly stigmatised as unable to make decisions for themselves and requiring control and surveillance. Even where NGOs and health services exist that aim to work for young people, all too often young people are not included in decision-making in relation to these services and organisations that are supposed to be targeting them. This is likely to render these services less appropriate and reduce their effectiveness.

Key adults in children and young people's lives, such as parents and teachers, often seek to convey and reinforce cultural norms around sexuality, in the kinds of information they provide, and fail to provide, to young people. Obvious social norms in many cultural settings include avoidance of pre-marital sex (or at least delaying first sex), and heterosexuality. Behaviours that are perceived to transgress social norms and expectations tend to be stigmatised. The powerful normativity of heterosexuality means that in many cultural settings, for example, young people who practise sexualities that are not considered to 'fit in' with social norms and expectations, notably same-sex or transgendered sexual relations, may experience high levels of stigma and discrimination. Their own experiences of being stigmatised, or their witnessing of discrimination against others involved in non-heterosexual relationships, may induce feelings of shame and lead them to conceal their activities and avoid seeking help.

All over the world, stigma in relation to sexuality is gendered. Expectations of young men and young women differ, with young men, for instance, being expected to start having sexual relations early and gain sexual experience by having several partners, while young women are pressurised by adults to maintain their virginity until marriage or at least restrict their numbers of partners. Different cultural domains may convey contradictory messages about these norms. In some parts of the world, for example, a young man who has a STI may be stigmatised and made to feel ashamed in a health facility, while in a different setting the event is celebrated as evidence of sexual activity by male peers and even their fathers.

These norms relating to sexuality can create barriers to health promoting messages and resources. Parents and

teachers may deny young people information about sexual health because talking about sex is equated with doing it, or because they consider intergenerational communication about sexuality to be inappropriate. Health service staff may treat young people who come to their facilities for help in relation to unplanned pregnancies or STIs with disrespect, reinforcing the stigma associated with these conditions and restricting young people's access to the services.

HIV-related stigma and discrimination

Young people are disproportionately affected by HIV/AIDS, and people living with HIV/AIDS are disproportionately affected by stigma and discrimination. The stigma associated with HIV/AIDS is underpinned by many factors, including lack of understanding of the illness, misconceptions about how HIV is transmitted, lack of access to treatment, irresponsible media reporting on the epidemic, the incurability of AIDS, and prejudice and fears relating to a number of socially sensitive issues including sexuality, serious illness and illicit drug-use. Again, HIV-related stigma is multi-layered, tending to build on and reinforce negative connotations through the association of HIV/AIDS with already marginalised behaviours such as sex work, illicit drug-use, and homosexual and transgendered sexual practice. Individuals with HIV/AIDS are often believed to deserve their HIV-positive status by having done something wrong.

Stigma can lead to discrimination, and thus to violations of human rights, which affect the well-being of young people living with HIV/AIDS in fundamental ways. HIV-related discrimination may occur at various levels. There is discrimination occurring in family and community settings. This is what individuals do either deliberately or by omission so as to harm others and deny them services or entitlements. Examples of this kind of discrimination against people living with HIV/AIDS include ostracism, shunning and avoiding everyday contact, harassment, physical violence and verbal discrediting.

Then there is discrimination occurring in institutional settings, in particular in workplaces, health care services, prisons, and schools. This second kind of discrimination crystallises stigma in institutional policies and practices that discriminate against people living with HIV/AIDS, or indeed in the lack of anti-discriminatory policies or procedures of redress. Examples of this kind of discrimination against people living with HIV/AIDS include reduced standards of care in health services, denial of access to care, HIV testing without consent and denial of employment based on HIV status.

There are well-documented cases of young people who are known to be (or suspected to be) living with HIV/AIDS, or children who are heavily affected by HIV/AIDS such as orphans, being expelled from school. These all constitute violations of human rights.

Effects of stigma and discrimination

Stigma and discrimination have serious negative consequences for young people's sexual and reproductive health. Young people often feel they have little choice but to conceal sexual activity in general, and perhaps homosexual relationships in particular, which are especially stigmatised. This secrecy increases their vulnerability to STIs and HIV, by restricting their ability and willingness to access protective resources such as information and condoms, as well as health services - even in settings where these are available to young people.

The stigma and discrimination associated with HIV/AIDS are having devastating effects, in particular in the ways in which they silence open discussion of HIV/AIDS, both of its causes and of appropriate responses. Visibility and openness about HIV/AIDS are prerequisites for the successful mobilisation of government and community resources to respond to the epidemic. Concealment may encourage denial that there is a problem, and that urgent action needs to be taken. It can cause people with HIV/AIDS erroneously to be seen as some kind of 'problem', rather than part of the solution to containing and managing the epidemic.

A stigmatising social environment poses barriers to HIV prevention and care at many different levels by virtue of

being, by definition, a non-supportive environment. HIV-related stigma and discrimination undermine prevention efforts by making people afraid to find out whether or not they are infected, or even to seek out information about how to reduce their risk. Stigma and discrimination also impact on the care and support of people living with HIV/AIDS, undermining capacity to provide support and reassurance to those infected and affected, in the community, in workplaces and in health care settings. Stigmatisation of those affected, but not infected, by HIV/AIDS, such as family care-givers and relatives, can affect the quality of care given to infected people and may deter professional and volunteer care-workers from providing and participating in care.

Section Three
The Projects

This section describes the projects discussed at the meeting and presents case studies showing how stigma, discrimination and the violation of human rights have been challenged in the course of their work.

In **Guyana**, nine local NGOs are involved in the five year STI and HIV/AIDS Youth Project, funded by USAID with technical assistance from Family Health International. Begun in 1999, the project trains young people as peer educators with the objectives of stimulating dialogue among young people on risk and risky practices, increasing knowledge about STIs and HIV/AIDS, encouraging safer sex, and promoting appropriate responses to people living with HIV/AIDS. The programme works with young people aged between 8 and 25 in the capital and other regions, including out-of-school young people, members of sport and youth groups, and minibus drivers and conductors.

One of the programme's central strategies is the 'Ready Body – is it really ready?' campaign, launched in 2000, which challenges young people to seek and maintain healthy bodies and lifestyles through knowledge of health risks, bodily awareness, and access to counselling and STI treatment. Ready Body is a vernacular phrase referring to a desirable, sexy body. Other activities include distribution of condoms and educational materials, the provision of counselling services friendly to young people, TV and radio campaigns, and the production of a play called 'Boom Blast'.

In recognition of the existence of stigma and discrimination against people living with (or suspected of living with) HIV/AIDS, the programme has recently embarked on a Stigma and Discrimination campaign in Guyana's capital, Georgetown. As elsewhere, stigma and discrimination are experienced within the home, in places of work, in hospitals, at schools and on public transport routes. The campaign is focusing on the last of these settings.

Minibuses are the primary means of transportation in Guyana, and are privately owned, employing young men as drivers and conductors. The campaign has multiple objectives, including changing the nature of talk about people living with HIV/AIDS on minibuses, reducing the number of minibus operators and passengers who report having stigmatising attitudes and engaging in discriminatory practices towards people living with HIV/AIDS, increasing the capacity of taxi drivers and conductors to promote awareness of HIV/AIDS among themselves and their passengers, and reducing the number of people living with HIV/AIDS who are discriminated against in this setting. More broadly, it is hoped that the campaign will encourage people to seek diverse kinds of information relating to STIs and HIV/AIDS from the project.

The minibus environment in Guyana involves a whole subcultural style that is respected and emulated by many young people. Minibus drivers and conductors, who are the primary audience for this campaign, tend to be fashionable young men who dress in flashy clothes and jewellery, play dub and calypso music loudly in their taxis, and inspire loyalty in many of their young passengers through various means of enticement and influence. Lack of money for transport leads some young female passengers to develop sexual relationships with taxi operators in exchange for rides. Drivers and conductors are known for their talk, which often revolves around gossip. Their verbal skills, their influence over young passengers, their role in perpetuating stigmatising attitudes and discrimination against people living with (or suspected of living with) HIV/AIDS, and their contact with large

numbers of people in the course of daily life, place them particularly well as important participants in the stigma and discrimination campaign.

The formative stage of the campaign has involved focus group discussions with minibus operators to identify how stigma and discrimination are manifested against people living with (or suspected of living with) HIV/AIDS, and to identify the language that contributes to prejudice, disrespect and inequality, or that indicates stigmatising attitudes. In-depth interviews have also been conducted with minibus operators to ascertain their aspirations and fears. These found that in spite of their bravado, they yearn to be respected, aim to establish families and admire people whom they perceive as 'respectable'.

Research also produced evidence that discrimination against people living with HIV/AIDS is commonly practised in the minibus environment, particularly in the form of public degrading language relating to perceived bodily changes and weight loss in those passengers suspected of having HIV. Some passengers refuse to travel with people suspected of being HIV-positive and people living with HIV are sometimes expelled from the minibus by minibus operators, to avoid possible loss of business. Focus group discussions also revealed that fear of HIV transmission in the course of everyday contact with an HIV-positive person remains an important reason for discrimination, despite the pervasiveness of educational messages in Guyana relating to the ways in which HIV can and can not be transmitted.

The stigma and discrimination campaign has as its theme Words have Power and is working with minibus drivers and conductors to change their and others' attitudes towards people living with HIV/AIDS, increase awareness of how HIV is transmitted and prevented, and promote positive and respectful language. Key messages, which are phrased in the local vernacular, are: 'Hail up positive people'; 'Give respect, get respect'; 'Positive rides, positive vibes'; 'Big up people living with HIV/AIDS'; and 'Words of truth and respect only'. It is hoped that minibus operators will recognise that a key way for them to earn respect themselves is by giving respect through positive words and actions, and through their becoming sources of valued information about HIV/AIDS. Campaign materials include posters, bumper stickers and banners that can be displayed in minibus taxis as a sign of a friendly environment characterised by respect for all passengers, including those living with HIV/AIDS.

Working with minibus drivers in Guyana

'Where do you think you are going? A truck cannot hold in a bus'. This is an example of one of the stigmatising remarks directed at people living with (or perceived to be living with) HIV/AIDS, by either a minibus operator or a passenger who uses the minibuses in Guyana. Other stigmatising comments are: 'the big truck', 'victim', 'as I die slowly', 'living Dead', 'walking dead', 'you're dead but you are afraid to close your eyes', 'Aids-ee', 'don't sit/stand next to me'.

The typical minibus operator is regarded as aggressive, verbally adept and flashy. The operators are highly influential participants in local youth culture. Yet deep down, many minibus operators fear police harassment, want to settle down and have a family, yearn for respect from the general public, and admire individuals whom they regard as being respectable.

A local NGO called Guyana Responsible Parenthood Association works with a group of minibus operators. Workers with the NGO report having seen this bunch of young men transformed from being typical minibus operators into peer educators who are engaging in dialogue with their peers about STIs, HIV/AIDS and related issues, and who are playing a major role in dispelling misconceptions. These young men are heavily involved in the NGO's activities and have gained the respect and admiration of others. They are influencing other minibus operators in the use of condoms and in reducing their number of sexual partners. 'I have seen a rough bunch of taxi-men turn into citizens with positive talk, speaking words of truth and respect', says one project worker.

In the **Philippines**, the Library Foundation is a community-based NGO, which implements STI and HIV prevention projects with young men who have sex with men aged between 15 and 24 in the capital city, Manila. It has been challenging discrimination against men who have sex with men through community mobilisation, coalition-building and human rights advocacy. As elsewhere, men who have sex with men in the Philippines face stigma and discrimination in many settings: in the workplace, in schools and other educational institutions, in community settings and within families. The context of the NGO's work is one in which there is a lack of focused and appropriate health promotion and health services for men who have sex with men. Because of these constraints, men who have sex with men often practise their sexuality clandestinely and in relatively hidden venues. This increases this population's vulnerability to a variety of risks.

The programme's activities focus on STI and HIV prevention through Information, Education and Communication (IEC), capacity-building, policy advocacy, research, and human rights advocacy. The latter revolves around coalition-building with other lesbian, gay, bisexual and transgendered (LGBT) organisations and other supporters, and legislative advocacy through lobbying, in collaboration with other organisations including Amnesty international, the Lesbian and Gay Advocacy Network, Asia Pacific Rainbow and local human rights organisations. The programme's objectives are to prevent STIs and HIV by promoting safer sex values and practices within the context of a positive approach to sexuality, develop a core network of individuals to conduct one-to-one peer education in community settings, initiate the formation of groups of young men who have sex with men at the grassroots level, and develop appropriate IEC materials for distribution.

To date, training has been provided to eighty peer educators from four universities and three peer groups from four local communities, and among internet chatters and other informal peer networks. Three university-based organisations have been formed and strengthened, one of which has been able to organise formally. These groups are cause-oriented as well as providing peer support. They have organised themselves to provide support for self-esteem building, as well as to encourage community action on rights-related issues. Other activities include small group discussions, exhibitions, symposia and advocacy events.

In addition, appropriate IEC materials have been produced and disseminated. A drop-in centre has been set up. Core messages that the programme disseminates are: that HIV/AIDS is not a 'gay disease'; that young men who have sex with men and their peers can be responsible and effective educators; and that being organised can help to boost the perceived legitimacy of their lifestyle choices.

Factors which have helped the programme include the presence of organised forces such as university-based groups of friends and faculty contacts, existing networks that contribute to a volunteer pool, strong linkages with other NGOs doing community organising work, and access to other human rights advocacy projects such as school-to-school anti-discrimination campaigns and Gay Pride marches. A major hindering factor has been the existing discriminatory environment. Teachers and community leaders have been prejudiced against men who have sex with men (especially those perceived to have 'feminine' mannerisms) and, at times, have resisted giving 'legitimacy' to groups within certain settings such as schools. On occasion, project workers have experienced physical and verbal abuse.

Young men who have been involved with the programme have, however, reacted with enthusiasm to the initiatives offered. In particular, participants have appreciated the opportunity to join informal groups of men who have sex with men and, in some cases, begin to organise more formally. The project is providing entry points for interest-sustaining community-building activities. Much of the work has highlighted and validated participants' position in their social environment, empowering them to feel that they are acting from a position of credibility, personal responsibility and concern for others.

An internal evaluation has been conducted after each activity, with the involvement of target clients, staff and volunteers. To date, such evaluations have produced the insight that one-to-one peer education skills are not enough for outreach work to achieve the programme's goals. Skills need to be developed and health promotion activities conducted in both small and large groups.

Accessing funds for this has been slow, but progress has been made and new initiatives are beginning. Current plans are being implemented through a partnership project with CrusAID, the International HIV/AIDS Alliance and the Philippine NGO Support programme. In particular, most of the trained peer educators from key universities and communities are being trained as peer educators, trainers and advocates. For those just becoming involved with the project, there is the opportunity to become outreach contacts and organisers through the Community Organisers' Committee. The plan is to expand to other areas and situations where people converge, such as workplaces, informal settings, schools not currently covered by the programme, and other strategic geographical locations.

Work with university students in the Philippines

Living in a patriarchal society like the Philippines is always a challenge for certain communities, especially those whose lifestyles are perceived to go against socio-cultural norms about what is, and what is not, acceptable for men and women. These communities are constantly pressured to conform to society's notions of what it means to be feminine and masculine. Deviation from these norms carries multiple costs, consequences and, in some cases, punishments. This is especially true for gay men and other males who have sex with males. The stigma attached to being gay operates at many different levels, and is often enacted through acts of violence and other discriminatory practices. This stigma is also manifested more passively in the withholding of entitlements.

LAKAN is a group of young men who have sex with men in a university in Manila, most of whom identify as gay. They are bound together by a commitment to teaching and a shared vision for themselves and the teaching profession. Being an informal group in a university in Manila has provided them with many opportunities. They have been able to reinforce the message that being gay is not a hindrance to their being effective educators. And most importantly, they have challenged very limiting notions of what it means to be a 'gay teacher' by conveying an appreciation of the diverse ways in which personhood can be expressed.

The group's members have experienced name-calling and verbal abuse from teachers and students. Much of this takes the form of disparaging comments and gossip about how they look and act, and who they are romantically linked with. But this has not stopped them from expressing themselves freely. Some have worn make-up to the university and others have cross-dressed, while continuing to attend classes diligently. But they wanted more. They wanted the recognition of being an official body, a bona fide student organisation of future gay educators. Mindful of the challenges they might face, including stigma and discrimination, they felt that this could be a defining event for them and for other future educators, both in their university and in others.

When the group applied to become an official student organisation, what they thought would be a straightforward procedure turned into a long, disturbing and at times agonising bureaucratic struggle. Many excuses were given, and extra requirements imposed, unlike those requested of other student organisations. When they finally met with the university registrar, he told them that they could not be certified because it would send a negative message about what a "real" teacher could be like, among other messages. He said that they were not worthy of official organisational status and said that the administration might be perceived as condoning homosexuality. At this point, the Library Foundation was called in to assist.

The outcome of this collaboration was to look at the school's charter and uncover the specific provisions that are in place to support the formation of a student organisation. One particular provision was found that supported the formation of a student organisation, as long as it reinforced ideals of dedication, commitment and excellence. In the face of this, the university registrar started backing down, while still trying to raise the "negative endorsement" angle. After a lengthy discussion, during which the group's past contributions to the university and examples of excellence in the lives of other gay educators were cited, the application was finally approved.

In some parts of the world, there is considerable social, political and religious resistance to acknowledging male to male sexuality. Stigmatisation of certain kinds of sexuality - like that between boys and young men - has serious consequences, one important effect being that it can allow sexual abuse and exploitation to be ignored. In **India**, the Praajak Development Society (PDS) has been working with institutionalised boys who are living in a government juvenile facility, to address the stigma and silence surrounding sexuality as it is practised within the confines of the institution. The children's home in which the programme is active has 150 residents, all boys aged between 10 and 18 who are deemed by the state to be in need of protection. In this facility, age-structured affectional relationships are established between older boys (***dada***: elder brother) and younger ones (***bhaii***: younger brothers). Male to male sex is common but rarely talked about in these 'brotherhood' relationships. Reflecting in part the silence characterising public discourse about sexuality in India, male-to-male sexual practices are 'invisible', highly stigmatised, and, if uncovered within the daily life of juvenile institutions, violently suppressed with beatings.

The state government of West Bengal, where this particular facility is located, is the legal custodian of the boys. In this context, NGOs providing services are required to abide by the regulations set by the government. Officials within the institution, as well as the Social Welfare Department overseeing it, regard discussions of sexuality as highly inappropriate for the adolescent residents. Early on, PDS encountered difficulties in addressing sexuality-related issues due to the unwillingness of the institution's officials to acknowledge directly that male-to-male sex, both consensual and exploitative, is an aspect of the boys' lives in the institution. Although some officials mentioned the existence of 'hostel practices', a euphemism for sex between boys, they lacked adequate understanding of the phenomenon and felt wholly unable to deal with it.

Project workers at PDS were concerned that this failure to address broader issues relating to sexuality was leading to a situation where sexual abuse and exploitation were not being dealt with within the institution. They decided to address these issues indirectly within PDS's existing psychosocial support strategy for the boys, loosely referred to as the Cycle of Celebration. The programme's aim is to provide a platform for boys to explore issues of sexuality and sexual abuse as these are practised within the institution in which they live, and to speak about the 'unspeakable' in language and contexts that institution officials do not deem inappropriate. The long-term goal is to use the existing 'elder brother - younger brother' affectional networks within the institution to provide a sustainable structure for the transmission of knowledge relating to sexuality and sexual health, and to ensure the protection of individuals who might be vulnerable to sexual abuse and exploitation.

With permission for an initial needs assessment not forthcoming from the institutional authorities, the project has been developed as an operational research programme, which engages in the ongoing collection of information relating to the boys' sexual experiences and the sexual cultures practised within the institution. To date, the main achievement of the project has been to begin breaking the boys' silence about male-to-male sex and sexuality by exploring these issues within the framework of the existing psychosocial support programme, the Cycle of Celebration. This celebrates between six and eight festivals marking various seasons throughout the year, and consists of performances which children and adolescents actively plan and participate in. A series of interactive and participatory workshops contribute to the design of each performance, with different techniques - such as body painting, maskwork, role plays, story-telling, visualisation, poetry, sculpting and movement - used to address various issues of importance to the young people. Explorations of sexuality and the 'brotherhood' relationships are an integral part of these workshops. In addition to these performances, regular workshops are being held with two groups of boys, one older and one younger, to provide them with knowledge and skills relating to sexual health, which they can transmit to other boys in the institution.

Initially, the boys, especially the older ones, reacted with diffidence and shame, but with time their enthusiasm has become increasingly visible. The main factors helping the work are the rapport boys have with project workers, the

participatory and wide-ranging nature of the interventions and the autonomy this gives to participants, and the prior existence of the Cycle of Celebration strategy, which has enabled issues arising in relation to sexuality to be addressed. The main factor hindering the project is logistical, in particular the more limited access project workers have to the boys than they would like. In addition, due to the sensitivity of the work and the necessity of disguising it, utmost care has to be taken during the workshops to ensure that no untoward incident takes place that might lead to the project being discontinued.

This programme has also helped consolidate a ***Kumar Parishad*** or a Children's Council, which meets regularly to deliberate on various issues related to the children. This consists of a group of children, across all age groups, who are elected to represent all the children of the home. They have regular weekly meetings. PDS has helped to set up the Council so that the voices of the children can reach the home's officials, and the children can have a bigger say in the matters of the home and in decisions concerning themselves. The children conduct focus group research into various problems faced by the boys in the institution and suggest remedies. The ***Parishad*** also helps to organise various celebrations and ensure the increasing participation of smaller children.

Recently the ***Parishad*** has started to address the issue of non-consensual sexual behaviour among the boys, especially within the brother pairs. The older boys have asked for regular sessions on sexuality and related issues. It is hoped that in future these boys will be able to transmit sexual health-related knowledge to the younger boys during informal interactions and formal meetings.

Human rights are promoted through the idiom of brotherhood. This helps to create a context within which human rights awareness is imparted both to the children and to the government staff who are their caregivers. This idiom is especially effective in government-run homes, where the need to ensure the human rights of all children is discussed in the context of their being equal sons of Mother India. Promoting the idiom of brotherhood is one of the communication strategies pursued by PDS to change the status quo in the homes.

Residential care in India

Poltu (not his real name) was twelve when he first joined PDS's theatre workshops. His father was alcohol dependent and would regularly beat up his mother. Unable to bear the ordeal any longer, Poltu's mother left the family home along with her youngest son, Poltu's brother. Poltu was left to fend for himself. However, it was not long before Poltu ran away from his violent father to Howrah Railway Station, across the Ganga River from Kolkata. He fell into the hands of the railway police and found himself in Kishalaya Home, an institution for children in need of care and protection.

When we met Poltu at Kishalaya Home, he came across as an unusually intelligent boy. He would listen enthusiastically to the stories we had to tell. For some time, he decided to learn the alphabet in the non-formal education classes we held for the children there, who did not know how to read and write. However, he dropped out, because he felt learning to read and write was boring. Poltu used to be the 'scourge' of Kishalaya. Younger boys would be scared of him, as he was prone to beat them up. He also had a short temper and would start screaming if refused something. Sometimes, when encouraged by Praajak's social workers, he would relate the events of his life before he came to Kishalaya.

Our field workers regularly encouraged him to join our theatre workshops. In January 2002, it was planned to celebrate Makar Sankranti, the festival of the winter solstice. It was also harvest time and the festival celebrated a bountiful harvest. Poltu agreed to join the workshop which we were organising in order to design the music and dance programme for the occasion.

The story that everybody decided to enact was an indigenised rendering of the Story of the Selfish Giant by Oscar Wilde. The heroine of the story was Tushu, the girl-goddess of farmers, who is traditionally worshipped as a fertility deity during the winter solstice. The story related how an old giant

blocked up the flowing waters in a cave and how as a result the earth became a desert. The giant was so greedy that he hoarded all the gold in the world in his cave. But a brave girl, Tushu, decided to put things right. She sought out the old giant, jumped on to his lap and called him 'grand-daddy'. This melted the giant's heart and the waters started to flow again, and all the gold he hoarded underground appeared in the fields as a golden basket.

Poltu himself volunteered to take the role of the giant. The character of Tushu was acted by Raju (not his real name), a 7 year-old, who used to be one of the victims of Poltu's violence. Poltu enthusiastically attended the rehearsals. Very soon Raju, and other younger boys who were participating, started losing their fear of him. By the time the programme was staged, Poltu had emerged as an enthusiastic 'dada' (elder brother) to Raju and his friends. He became very protective of the younger boys and would take great care to ensure that they had their meals or that they received medicine when they were ill. When the younger boys asked to have some fun during the Deepavali festival in November, Poltu managed to negotiate with officials to organise a small celebration.

Today, Poltu is a leading member of the Children's Council, which has been set up in the Home. He talks increasingly about what more can be done for his ***bhais*** (younger brothers). When someone reminds him that he used to mercilessly beat his ***bhais*** not so long ago, he smiles shyly and turns away. One of the ways in which he decided to protect his brothers was to prevent older boys from sexually abusing younger boys, by warning the younger boys and being with them as much as possible. He would also alert PDS's social workers to any such incidents. He was one of the first to ask for some "teaching so that these things do not happen here".

In many countries, particularly in settings where male to male sexuality is highly stigmatised, little is known about the practices and lifestyles of men who have sex with men. Sensitive and well conducted research can produce the information needed to ensure that health promotion programmes are appropriate. In **Senegal**, researchers with the Horizons Programme/Population Council have been working with men who have sex with men, known as ***ibbis*** or ***yoos*** in Wolof. These terms are the ones preferred by men who have sex with men in this setting, ***ibbis*** being the term used to refer to those with feminine mannerisms who are less dominant in sexual interactions, and ***yoos*** generally to the other partner (many of whom do not tend to consider themselves as 'homosexuals'). The aims of the research are to gain insights into the experiences of men who have sex with men in Senegal, understand the role of stigma and discrimination in their lives, and identify their health needs.

In setting up the study, the stigma associated with male to male sexuality was visible from the beginning, in the considerable opposition voiced by government and health officials to the research. In addition, some local researchers did not want to be associated with research on male to male sexuality. As part of the process, the research team spent time examining their own preconceived notions relating to sexuality and addressing their prejudices. With time, the study's investigators made progress in gaining approval for the research by achieving some consensus that male to male sexuality is a neglected public health issue in African settings. This consensus was reached through a strategic 'research agenda meeting'. Nevertheless, researchers continue to struggle to complete the study and disseminate findings.

Due to the sensitive and stigmatised nature of the topic, the researchers undertook a phased research process, making initial contact with men who have sex with men and following this up with ethnographic work at 19 sites. Ethnographic work has focused on this group and on other people who interact with them regularly, such as bartenders, female sex workers and taxi drivers. In-depth interviews and group discussions have been conducted, and case studies developed. In addition, a survey has been undertaken with 250 respondents with a mean age of 25 years. Participants in the research were men aged 18 and above, although the majority had started having sex with men when younger than this. The mean age of first sex with a man was 14.9 years, with most first partners

reported to have been from participants' extended families.

The study highlighted that violence and rejection characterised the lives of the men, with many reporting that they had experienced verbal abuse by their families, and physical abuse (particularly assault and stone throwing) by their families, community members and police. In the words of one informant, 'In certain neighbourhoods, when they find out you are an ***ibbi*** – you may just be passing through, but the young people will get together and start throwing stones at you. You have the impression then that it's raining stones'. In addition, forty-three percent of men participating in the study reported having been raped at least once outside the family home. Many emphasised the importance of hiding their sexual relationships, on the grounds that exposure risked discrimination, including ostracism and abuse. Concealment of their sexuality and fear of abuse often led to delays in seeking help from public health facilities for STI symptoms, particularly anal ones. Many of these men who have sex with men may be at high risk of contracting HIV, due to histories of STIs, coercive sexual experiences and very low levels of reported condom use during anal sex, combined with a lack of access to health facilities and an absence of health services tailored to their needs.

Despite the study's findings of high levels of stigmatisation of men who have sex with men, attitudes which sometimes find expression in violence, some positive findings emerged. In particular, some segments of the community are protective and supportive of ***ibbis***. Some ***ibbis*** are closely linked to prominent women who have political or economic power within their communities, performing specific tasks for these women, including organising social gatherings, advising on hair and make-up and cooking for special occasions, and acting as their trusted confidants.

Findings from this study were disseminated at a meeting held in April 2001 in Dakar, and are helping to catalyse awareness of the public health importance of developing non-stigmatising interventions for men who have sex with men. As a result of the study's initial findings, an NGO task force has been formed to develop and coordinate services for men who have sex with men in Dakar.

A second, intervention phase of the work has recently begun. Components of this include condom provision, the development and dissemination of educational materials, as well as capacity-building among leaders of men who have sex with men and training of peer educators. Health service providers are being sensitised to the needs of men who have sex with men, who are being referred to a network of these trained service providers. Project workers are exploring strategies to reach 'hidden' men and are creating safe spaces where men can gather to exchange information. Project staff are also liaising with police to reduce violence against the men being worked with.

This pioneering study has been a catalyst for new studies on this subject in other countries, including Ghana, Burkina Faso, the Gambia and Kenya. It is anticipated that the second phase of the project in Senegal will provide lessons relating to service provision, with the hope that interventions in this and other settings can be scaled up.

Men who have sex with men in West Africa

Men who have sex with men (MSM) face intense stigma and discrimination, especially in sub-Saharan Africa. In addition, those working with them, including the people who research them, also face ridicule and suspicion. This was especially true in initial work in West Africa. Several researchers and fieldworkers faced suspicion from friends and family members, when it was realised that they work on the topic. One was told:

"I have known you for so long, you are still single, and I have not seen you with girls around. Among all the topics in the field of AIDS, I wonder what lies behind your interest in MSM research. You and your interviewers hang around night and day with these kinds of people… Tell me the truth, how do you feel working on this topic? Where are you in all this? What is your position on the subject?"

Policymakers looked with suspicion and disgust on people who are interested in such work. One high ranking policy maker commented on the interest of one colleague in studying MSM: "…the only topic

they [staff from international NGO] are interested in funding is MSM. We all know Western tourists are importing this practice here in the country. We have more pressing priorities in the area of the pandemic." Another political leader went so far as to say that they would not tolerate NGOs in the country working on the subject.

Discussions with donors in Africa are equally not easy. As one recently put it:

"We have been pretty successful in this country in the area of reproductive health policy and services, after years of effort and lots of money. We cannot afford to lose this progress with such a sensitive project such as MSM. Besides, with the Gulf War threat, it's the wrong time to carry out such a project. How can you be sure that religious extremist groups will not use your work on this highly sensitive topic to wipe out our years of success?"

While researchers and service providers are facing real barriers in studying MSM and addressing their service needs, the everyday threat that MSM face in Africa continues. For example, in response to rumours that there was a planned gay parade in one West African country, religious leaders and politicians reacted furiously and firmly to what they felt was an unacceptable event. One local magazine reported from an interview of one religious leader: "If a man feels attracted by another man, there nothing you can do to stop him. However, we all know, the Muslim religion does not tolerate this, the Catholic one as well. The only solution is to eliminate this person physically."

A key strategy in addressing HIV-related stigma and discrimination is to change collective values by promoting community-based dialogue and mobilising leaders and key adults to encourage behaviour change and promote positive social norms. This strategy is exemplified by the work of the USAID-funded **Zambia** Integrated Health Programme (ZIHP). In Zambia, as elsewhere, people who are living with (or suspected of living with) HIV/AIDS are often subjected to stigma and discrimination. This is manifested in multiple ways, for example name-calling and malicious gossip, the withdrawal of care, and ostracism from families, including divorce. Young people's sexuality is also stigmatised, and so often concealed. This stigma restricts young people's access to sexual and reproductive health services, limits the content of sexuality-related information in school settings to teaching relating to biological development and abstinence, and restricts the distribution of condoms to young people.

Much of the work ZIHP is doing is underpinned by the assumption that communities have norms that are culturally respected and shared, and that people's actions occur within cultural contexts. It acknowledges that confronting gender, sexuality and HIV/AIDS-related stigma and discrimination is a sensitive task that often encounters resistance. Norms can be a conduit and justification of stigma and discrimination. Stigmatisation, for example, is a dynamic process arising from the perception that there is a violation of a set of shared values. Young people build their practices and personalities partly through their interaction with these community norms. Acceptable norms among groups of young people also influence their expression of sexuality and how prestige is cultivated within peer groups – for girls, for example, it might be having a relationship with an older, wealthier man, while for boys, sex might be primarily a means of making a name for themselves, with STIs being celebrated among peers as evidence of sexual activity. On the other hand, other dominant community-based discourses, such as restrictive church teachings relating to abstinence, can act to deepen the stigma associated with young people's sexual activity.

In recognition of the socially embedded mechanisms and institutions which propagate stigma, ZIHP uses a systemic community-based approach to challenge HIV-related stigma and discrimination, and to create more open dialogue about sexuality. The programme seeks to build the awareness and facilitation skills of influential community members - such as local political leaders, teachers, church leaders and traditional healers - in order to encourage more open discussion of HIV/AIDS, gender and sexuality, and promote voluntary and confidential counselling and testing (VCCT) initiatives. Community-based HIV/AIDS educators are trained to promote dialogue around gender and sexuality. These are

community volunteers, selected by their neighbourhood health committees to undergo two weeks of training to educate community members about HIV/AIDS. Initially, this kind of discussion was intended for young people but, with time, project workers came to understand that a comprehensive community approach incorporating older community members was needed. Otherwise, change might be promoted in one group and not in others.

The programme is working closely with traditional healers. Traditional healers are influential community members, and community leaders in their own right. Many people visit them before accessing public health services. With support from ZIHP, ten percent of traditional healers in five out of nine districts have been trained to provide education about HIV/AIDS, child health, reproductive health and malaria. Their activities also include referral to health centres and the distribution of condoms. The traditional healers have now begun to facilitate discussion about HIV prevention and begin to address HIV-related stigma and discrimination in their communities. They are also beginning to change perceptions of HIV/AIDS, and challenge the perception that a person gets HIV/AIDS because they act contrary to community norms. Such an approach puts HIV/AIDS in a more realistic perspective and is encouraging greater respect towards community members who are living with HIV/AIDS. Traditional healers are also actively involved in prevention work, and some are members of home based HIV/AIDS care teams, identifying serious cases for referral, teaching families of people living with HIV/AIDS about nutrition, and emphasising through their practice the importance of compassionate care. Traditional healers' clients include many young people, and some young people are themselves healers and have undergone the training.

ZIHP is also working with local traditional leadership, in particular chiefs and their advisors, to challenge HIV-related stigma and discrimination. Voluntary HIV/AIDS counselling and testing is being used as an entry point, with some chiefs publicly volunteering to be tested. This is serving as an example to young people in the community.

There are indications that the programme is beginning to have a positive effect in increasing openness around young people's sexuality and HIV/AIDS. An increasing number of people are living openly with HIV/AIDS in their communities, and support groups are expanding. Church leaders are allowing the distribution of condoms. More girls who have been pregnant are returning to school following delivery. The number of people coming forward for HIV testing is growing following the chiefs' public testing and advocacy, with some people feeling pride in knowing their status so that they can identify their role in the struggle against HIV/AIDS. Young people are part of this process.

Plans for the future include strengthening youth-focused community organisations with technical and financial support, advocating for the inclusion and mainstreaming of gender and sexuality into the school curriculum, and equipping youth support groups with decision-making skills in matters relating to sexual health. A Youth Counselling Centre is being built in one district where young people will be able to access information relating to HIV/AIDS and sexual health.

Traditional healers in Zambia

Mutale Chaponta is a traditional healer in Mwafi village in the Kateshi Health Centre catchment area. Mutale is a Neighbourhood Health Committee Chairperson for his village, and is a member of the home based care team. He was trained in 2001. Since being trained, Mutale has managed to mobilise other traditional healers in his area and orient them to some of what he himself learned from the training.

Mutale is delivering messages to counter HIV/AIDS-related stigma and discrimination in his community, using small group discussions and outreach visits into homes to speak with community members who are being cared for by their relatives. Mutale says he talks to the young and older community members at the same time. His messages emphasise how relatives can show compassion and care for their patient, and reinforce the importance of listening to the patient so that the patient does not feel neglected. Mutale also distributes condoms.

A powerful way of empowering vulnerable children who have experienced stigma and discrimination in their communities is to create safe alternative spaces where they may confront their challenges and share experiences. In

Namibia, a faith-based NGO called Philippi runs a psychosocial support programme for orphans and vulnerable children who are living with or affected by HIV/AIDS, some of whom have been discriminated against, mostly because they or their parents are HIV-positive.

The project trains young people as 'group leaders', some of whom are themselves orphans, as well as staff in different agencies, to provide psychosocial support. These leaders are identified through the programme's Listening and Responding Skills workshop, whose aim is to train young people to listen and respond to peers. Some of those attending the workshops are trained as group leaders. They are assisted in establishing 'kids' clubs' and mobilising orphans and vulnerable children to attend these clubs. Groups' leaders have established seven of these clubs in two regions, which are attended regularly by 183 children. Children are taught lifeskills and have the opportunity to share their difficulties with others.

In addition, the programme has run five intensive experiential learning camps for 210 orphans and vulnerable children. These camps are geared towards counselling participants, and aim to help them to face their difficulties and develop coping skills through experiential learning. Activities at the camps include singing, dancing, challenging physical activities such as obstacle courses, and talks relating to sexuality and HIV prevention.

Young people who have been trained as group leaders show great enthusiasm for their work, and most of them speak positively about the effects on them of their commitment to helping younger children. Although the learning camps have not yet been formally evaluated, participants report feeling accepted by the adults and peers involved in the programme, and enriched by the activities and challenges of the camps. It is anticipated that the camps have the potential to help to change children's approaches to their lives, enabling them to see stressful situations in a different light.

Factors that have helped the programme include the willingness of the youth leaders to commit themselves to their work, community support for and involvement in the programme, and networks with other organisations in Namibia and the Regional Psychosocial Support Initiative. Hindering factors include constraints on youth leaders' time, since many youth leaders are still at school. Future plans include promoting peer education lifeskills courses which focus on HIV/AIDS and communication and relationship skills. Educational programmes relating to sexuality will be introduced as part of a Christian family-oriented education project, in which churches will be involved.

Youth camps in Namibia

Lillian, 13 years of age, came to Philippi's first experiential camp in December 2002. She shared her story during a group session on loss and grief. In these sessions, the children are given a short talk about grief through story-telling. After this, each child who wants to can share their own experiences of loss. Lillian's mother died earlier this year and she was taken in by another extended family member. She says she finds support and comfort in her regular meeting with the other children she met at the camp. They come together at the Kids' Club, where they play, learn and encourage each other. This was Lillian's story:

"Even today I do not know how my Mum is. She is staying with her friend. She is dying of AIDS. We used to live with my aunt, until my mother decided to tell them that she was HIV-positive. My aunt started to call my mother and myself bad names, saying: 'It is because of your whoring that you are where you are. Leave my house, or you will give your sickness to all of us!' We left my aunt's house not knowing where to go and were eventually taken in by a friend of my mother's. I tried to go back to my aunt, but she chased me away again and said I must not come close to them. I am so sad about my aunt's reaction. When this camp finishes, I do not even know where to go and live".

This was the first time that Lillian had talked about her dilemma, and she said afterwards that just talking about her experiences made her feel better. Lillian actively took part in different obstacle courses at camp and said that they had helped her to see her own stressful situation in a different light.

In **Brazil**, ABIA's Youth and Sexual Diversity programme works in low-income neighbourhoods of Rio de Janeiro with young men aged between 16 and 24 who have sex with men, some of whom engage in sex work. In this setting, as elsewhere, the lives of many men who have sex with men are marked by stigmatisation and marginalisation within their communities because of their sexuality. The programme challenges sexual oppression by providing collective and creative spaces for young men to share their life experiences, and by sensitising the wider society in relation to sexual rights. It also creates an enabling environment for personal growth, in the process increasing young men's understanding of safer sex practices and access to health services.

Support and sensitisation workshops are held twice a week with groups of young men who have sex with men. In the course of these meetings, factors creating vulnerability to HIV/AIDS are considered. Oppression is explored in relation to sexuality and other factors such as race, gender and class. With the help of group facilitators, these workshops provide spaces where young men can openly share life situations, with the aim of reducing their feelings of marginalisation and increasing their self-esteem. Courses and workshops are also offered in arts and crafts, theatre, video-making and computer skills, in order to provide participants with different perspectives that might stimulate them to pursue diverse professional areas. As well as skills building, these also provide opportunities for socialising with other young men who have sex with men. In the course of the arts-based workshops, 250 pieces of writing have been produced describing participants' life experiences as men who have sex with men within the contexts of their families and communities. Capacity building has been undertaken with more than 20 groups of men who have sex with men around the country to further advocacy and community outreach work.

Promotional materials designed to reduce the stigma surrounding male to male sexuality and sexual diversity have been developed and distributed in schools and other organisations and institutions. These include an 'Accept Diversity' poster, a booklet developed with young people on 'Youth and homosexuality: what parents need to know', and a booklet and video describing the experiences of men who have sex with men called 'Sayings and rituals of gay youth'. In the video, two mothers speak about their acceptance of their sons' sexuality. Other educational materials, including flyers, postcards, leaflets and videotapes, which promote acceptance of sexual diversity and provide information about safer sex, are distributed to schools and community associations. Flyers and postcards are also distributed to the target group itself, in addition to a newsletter called Extra G, which discusses safer sex and citizenship issues. This is distributed in venues where young men who have sex with men gather. Small cards have also been developed to enable young men to indicate to potential sexual partners in bars their intention to have safer sex.

Barriers to the promotion of sexual health of young men who have sex with men mostly relate to the stigmatisation and local construction of male to male sexuality. In Brazil, many men who are perceived as 'active' during male to male sex often do not identify as homosexual and understand their 'active' role to maintain their identities as 'real men'. With HIV/AIDS still associated in public discourse with 'homosexuality', these perceptions have powerful consequences, with 'active' partners less likely to see themselves as at risk of HIV. This is particularly so in low-income communities and in areas less touched by rights-based activism, where high levels of stigma remain in relation to male-to-male sexuality.

Priorities for the future are to continue creating participatory methodologies and educational materials to promote sexual health of young men who have sex with men and encourage their social inclusion, by raising awareness about their rights and enabling them to seek equality in broader social contexts. Establishing spaces for dialogue and respecting young people's capacity for decision-making remain important principles. Greater awareness and understanding of different forms of eroticism and sexual cultures among men are needed in order for the programme to reach its beneficiaries more effectively.

Working with young men who have sex with men in Brazil

'My mother didn't understand why I would run away from school. She knew I was bright and intelligent and learned faster than my brothers. She didn't know what I had to go through in the school playground. I even stopped going to the toilet, because the other boys would touch me and expose their genitals to me. Some teachers would make jokes and I would be the one being laughed at. The kids would call me names that I didn't like, but they would just go ahead and shout these names at me, and I hated that.

At home, my brothers and even my mother would call me these same names (queer, faggot, siss) and I would get furious. My oldest brother used to show me his genitals and ask me to touch them – he would force me to do it. Even though my mother forced me to go to school I stopped going - while I wanted to be there, I knew that no one would defend me. The macho kids would hit me, so school for me became hell.'

By the age of 15, Luis had left school and, by 17 had left home. He works in a fast food shop and has been attending the project's groups and activities for two years now. He has decided to go to night school and try to get his high school diploma, so that he will be able to make something of his life. When asked about the workshops, he said:

'The groups are a place where participants feel safe and at ease. The encounters are always nice and we can talk about our desires, frustrations and fears, as well as about our world of pleasures and discoveries. The interactions with the other men helped me to see my world differently, and made me able to see things I didn't see before. Today I am not afraid to be a homosexual and to think about my future'.

Also based in Rio de Janeiro in **Brazil**, ***Instituto Promundo*** has been working to promote greater gender equity among young African-Brazilian men aged between 15 and 24. These young men live in low-income neighbourhoods known as ***favelas***, settings often characterised by high rates of violence against women and homophobia, with traditional views of gender and masculinity prominent. The neighbourhoods tend to be stigmatised within the wider society and are deeply affected by unemployment. Young men frequently mention the direct and indirect effects that stigma, discrimination and racism, including police harassment, have on their daily lives in a context where drug trafficking is common.

The programme begins from the premise, based on baseline research conducted by ***Promundo***, that young men who identify with 'traditional' versions of manhood are more likely to use drugs, be violent towards partners and other men, and practise unsafe sex. Promoting young men's sexual health and encouraging gender equity means deconstructing these traditional ideas about masculinity in a participatory manner. Gender equity is characterised by supporting sexual relationships based on respect, equality and intimacy rather than sexual conquest, seeking to be (or supporting) fathers involved financially and with care-giving, taking responsibility for STI and HIV prevention, and opposing violence against intimate partners.

Instituto Promundo's programme, called Program H, consists of four integrated components. Development of the materials and components was coordinated by ***Promundo***, and co-authored by ECOS (São Paulo, Brazil), ***Instituto Papai*** (Recife, Brazil) and ***Salud y Genero*** (Mexico). First, a workshop manual has been developed to promote the capacity of young men to discuss and reflect on the 'costs' of traditional masculinity and live a more gender equitable lifestyle. Second, access of young men to health services is promoted, by training health providers on the health needs of young men, and working with young men and their families to encourage greater attention to their health needs. Third, young men are trained as peer promoters in a social marketing project that promotes condom use and a more gender equitable lifestyle among young men. Finally, the programme has developed and is implementing a culturally appropriate evaluation methodology to measure changes taking place in young men's practices and attitudes related to gender, and in their sexual and reproductive health, as a result of the programme. The methodology, developed in collaboration with Horizons Programme/Population Council, is called the

Gender Equality in Men (GEM) scale. Initial results from one community found positive attitude change in 16 of 24 questions, as well as increased condom use.

In relation to the programme's first component - the workshop manual - seventy activities have been developed and tested for work with groups of young men. Objectives of the manual are to promote gender-equitable attributes and practices, in particular: dialogue and negotiation rather than violence to resolve conflicts, showing respect towards people from different backgrounds and lifestyles, maintaining intimate relationships based on equality and mutual respect, participating in decision-making in relation to sexual and reproductive health, not using violence against intimate partners, expressing emotions other than anger, and believing in taking care of their bodies and their own health.

The workshops aim to promote critical thinking about the 'costs' of harmful aspects of traditional masculinity, while also providing an alternative male peer group, and encouraging discussion about, and rehearsal of, positive male attitudes and practices. Manuals have been produced in Portuguese, Spanish and English, and are divided into four sections: sexuality and reproductive health; fatherhood and care-giving; from violence to peaceful coexistence; and preventing and living with HIV/AIDS. An accompanying 20-minute cartoon video called Once upon a Boy tells the story of a boy and the challenges he faces growing up. This video aims to provide material that can be used to open up discussion of the social construction of manhood, in the form of open-ended scenes relating to ***machismo***, violence, homophobia, first sexual relations, pregnancy, fatherhood and STIs.

In order to address HIV-related stigma and discrimination, the manual contains two exercises aimed at promoting reflection on the challenges of living with HIV. One asks the group to reflect on how young HIV-positive men might develop a sense of future, in order to think about the importance of a positive approach to living with HIV, and how such a positive approach might be achieved. The second exercise is designed to get young men to appreciate the full potential of every person who is living with HIV, and to emphasise the importance of offering support to HIV-positive people so that they may confront this new stage of life. Key to these exercises is understanding the possibilities, rights, pressures, prejudices and discrimination faced by people living with HIV.

In addition, several of the workshop exercises promote reflections about stigma and homophobia, encouraging young men to broaden their views and develop greater acceptance of sexual diversity. In practice, young men participating in the programme find it hard to deal with this area of the work, due to the stigma attached to male to male sex in their communities. Young men tend to demonstrate greater willingness in accepting alternative and more gender equitable ways of viewing women.

Field testing of the manual with more than 200 young men in six countries in Latin America and the Caribbean suggests that the workshop activities helped young men to gain awareness of their own (self-described) ***machista*** attitudes, increased attention to care-giving, and changed the style of male to male interactions. After participating in the group activities, young men said that they were less competitive and less aggressive with other men. Others reported being able to understand the connections between the violence they had witnessed – in their homes and communities – and violence they had used, either against female partners, or other young men.

Challenging prejudices in Brazil

Some manuals in the Programme H Series 'Working with Young Men' address issues relating to stereotypes, stigma and discrimination. One of them contains 'Diversity and Rights: Me and the Others', a role playing exercise whose purpose is to encourage young men to imagine what it would be like to be other people living in different conditions and realities.

During this activity, each participant receives a sheet of paper from the facilitator with a phrase written on it such as 'I am rich', 'I am a drug trafficker or 'My girlfriend cheated on me'. They impersonate this character and invent a story that has something to do with the phrase they received. They can also negotiate with other participants in order to change their phrase.

Experience of this activity over time has revealed that one of the most controversial phrases is 'I am homosexual'. It provokes laughter and jokes. The participant who receives this phrase invariably complains to the facilitator. These reactions are a reflection of how strongly homosexuality is stigmatised.

The role play has been a powerful method to promote the discussion of sexual diversity with groups. A variety of opinions about this issue always emerges. After the exercise, one of the young men said 'Homosexuality is something I don't think is right, but I have to respect gay people'. This activity is an interesting way to discuss discrimination and can be adapted to the context in which it is being conducted.

Using the media can be a powerful tool for beginning to change social norms underpinning stigma and discrimination. In **South Africa**, an NGO called Soul City has been running a national multi-media 'edutainment' project since 1992. It aims to impact positively on people's quality of life by integrating health and development issues into two prime-time television dramas and a radio series. The target group is South Africans from disadvantaged backgrounds. One of the television dramas, called Soul City, is aimed at viewers aged 16 and over. The other, 'Soul Buddyz', targets children aged between 8 and 12. In order to access rural populations, a radio drama is also broadcast in a mixture of South African languages. The television and radio series are backed up by easy-to-read booklets for children and their parents.

The programme recognises that sexual health and HIV/AIDS need to be addressed realistically within the broader contexts of people's lives. It aims to create positive social norms, challenge stereotypes, and educate while entertaining. Both television series have addressed issues relating to HIV/AIDS, including living positively with HIV/AIDS, and HIV-related stigma and discrimination. One of Soul City's goals has been to address the stigma commonly attached to HIV/AIDS and to encourage support for people living with HIV/AIDS. The radio series follows similar story lines and messages as the television drama. In each medium, the storylines concerning HIV/AIDS aim broadly to make HIV/AIDS an open issue, portraying it as an illness that can affect ordinary people, living ordinary lives in a typical township or rural area.

Two series of Soul Buddyz, the programme aimed at children aged between 8 and 12, have been broadcast on national television. Soul Buddyz' storylines are developed in active collaboration with children using a variety of methods, including focus groups, story-telling, drawing and song-writing. The drama centres around a group of South African children who meet after school in a park and form a strong bond of friendship. The characters represent children from all walks of life.

In the first series, broadcast in 26 thirty-minute episodes in 2000, five episodes addressed people's reactions to and prejudices against people living with HIV/AIDS. Soul Buddyz incorporates HIV messages into the broader contexts of children's lives, promoting non-discrimination in relation to HIV/AIDS, ethnicity, disability and gender. All the issues dealt with in the series are framed within the terms of the South African Constitution and the UN Convention on the Rights of the Child. A number of underlying issues are emphasised. These include children's rights and responsibilities, valuing and respecting other children, advocating respect and sensitivity for culture, creating a sense of history, role modelling good behaviour towards older people, promoting alternate values to the dominant individualist, consumerist set of values, encouraging exploration and interaction with the environment, encouraging a positive view of science and technology, and viewing children as proactive, valuable and productive members of the community.

At the end of each episode, there is a two-minute interlude called Soul Buddyz Buzz, in which a recording of the responses and comments of ordinary children to the episode is shown. The Soul Buddyz project has also developed and distributed written materials for children with chapters on HIV/AIDS, how to support people living with HIV/AIDS, and discrimination.

Soul Buddyz radio is still being piloted. To date, there has been very little radio produced in South Africa for children. This lack of experience has made producing radio for children a great challenge. The format of the radio series is

26 thirty-minute programmes, each consisting of a ten minute drama with child protagonists, five minutes of documentary inserts for both children and their parents (parents being gatekeepers to radio), and fifteen minutes of interactive talk featuring a phone-in show anchored by an adult and a child co-presenter.

A recent external evaluation of the television series of Soul Buddyz found the areas of most consistent impact to be destigmatisation and tolerance for diversity, youth sexuality, peer support, and the quality and frequency of interpersonal communication. The evaluation found that Soul Buddyz is reaching 67% of South African children aged between 8 and 12. Parents also reported watching it regularly and emphasised during the evaluation that Soul Buddyz had facilitated easier communication with their children. Teachers said the same. The series is valued highly by parents and teachers for impacting positively on a range of lifeskills such as problem-solving skills, eliciting support from one's environment, open communication, and building a constructive value system emphasising compassion, friendship and respect.

The qualitative component of the evaluation indicated that the message around caring for and supporting people living with HIV came across clearly and effectively. On the issue of willingness 'to be friends with someone with HIV/AIDS', responses increased positively from 21% to 80% among 11 to 13-year-olds with high exposure to Soul Buddyz. More broadly, 80% of children who had watched the series felt that it had helped them deal with events in their own lives. Seventy-seven percent of children who had watched the series on TV said that they talked about the things they had seen on Soul Buddyz with other people. Soul Buddyz also reinforced children's awareness of the importance of respectful peer support. Finally, exposure to Soul Buddyz was associated with children's recall of at least two children's rights.

Using the popular media in South Africa

Early on in the Soul Buddyz experience, there was resistance and scepticism by people working in radio about producing programmes with children. Very few people had even produced programmes for children before (particularly not 8 to 12 year-olds), let alone programmes with children.

Soul City asked some producers to design and implement a pilot programme, and most of them used adults acting as children. Some used young people, but nobody even thought of using 8 to 12 year-olds. It was then decided to bring children and producers together to show producers that this was possible. A workshop that was facilitated by a BBC producer who had extensive experience in working with children. Children were brought into the workshop and paired them up with producers, giving them the task of producing a 15-minute programme in the studio.

This proved a big challenge for producers because they were male, mostly over 50 years old and had almost no experience of working with children, or communicating with them as equals. And the experiment worked - discussing and deciding on the content of the programme with children, and then producing it, gave producers positive experience with which to counter their scepticism.

One boy, aged 12, said: 'It is really nice to know that adults can also listen to us, that our ideas are taken seriously.'

One of the adult producers said: 'I didn't know that I could work with children. It is actually easy. I must just give them time and listen to them.'

In **Ghana**, World Education is working with local partner organisations to prevent the spread of HIV/AIDS and mitigate its impact on the education sector through its programme Strengthening HIV/AIDS Partnerships in Education (SHAPE). Specific objectives are to work with secondary school learners, parents, teachers, teacher

trainees and trainers, to increase knowledge relating to STIs and HIV/AIDS, promote enhanced personal risk perception, encourage positive attitudes towards people living with HIV/AIDS, increase school-based actions relating to HIV/AIDS, and promote the role of teachers and parents in sensitising the younger generation on HIV/AIDS and other sexual and reproductive health matters. In Ghana, young people are exposed to conflicting messages about HIV/AIDS in the mass media, and schools and religious leaders tend to focus on abstinence as the primary means of prevention.

Prior to the start of the programme, a needs assessment was conducted by local civil society organisations. This found high levels of misconceptions relating to the transmission and prevention of HIV/AIDS and low perceptions of risk among learners, teachers and parents. Sixty percent of sexually active students reported not using condoms or using them inconsistently. Negative attitudes towards people living with HIV/AIDS were dominant. Two thirds of learners felt that a learner or teacher living with HIV/AIDS should have their status announced or be transferred to another school. Fifty percent of parents reported not wanting an HIV-positive child in class with their children. More positively, however, the majority of learners, teachers and parents reported wanting HIV/AIDS education to be available in schools, preferably beginning at primary level.

World Education provides technical and financial support to nine local civil society organisations to implement community HIV/AIDS initiatives. These include the setting up and running of 'kids' clubs', and sensitisation workshops with parents set up through community fora and Parent Teacher Associations on HIV/AIDS and inter-generational communication skills. Testimonies are being given in schools by people living with HIV/AIDS. Other activities include radio programmes, hotline services, the development and dissemination of educational materials relating to HIV/AIDS, training of learners as peer educators and agents of change, the use of drama, puppetry and film to reach learners, and one-to-one and group counselling. World Education's teacher training programme develops and produces modules for the teacher training curriculum, and trains principals, tutors and trainees of teacher training colleges in HIV/AIDS prevention, the importance of positive attitudes towards people living with HIV/AIDS, and how to address HIV/AIDS in their institutions, communities and families.

Many schools have set aside time for weekly anti-AIDS club activities. Focus group discussions with club members as well as pre- and post-training results collected by implementing civil society organisations revealed that learners have gained knowledge about STIs and HIV/AIDS. In particular, their ability to identify risky situations is increasing, with almost every beneficiary believing that s/he is at risk and being able to provide good reasons to support this. The programme has encouraged greater openness about sexual health, with some learners beginning to confide in their peers, and others requesting counselling and information about how to access STI services.

Teachers have reported that learners are feeling able to ask more questions relating to sexual and reproductive health in class as a result of anti-AIDS club activities. An increasing number of teachers have also reported being approached with questions relating to sexuality outside of the classroom. The use of film and more interactive techniques has helped to make an impact on learners. Of all the tools used in training and outreach activities, beneficiaries seem to have been most affected by the film about STIs called 'Silent Epidemic', the 'wild fire' exercise which enables participants to imagine the feelings associated with being HIV-positive, and a film called 'Born in Africa: the Philly Lutaaya story', about the popular Ugandan musician who died of AIDS.

Teachers have reported feeling more confident about their ability to deliver STIs and HIV/AIDS education as a result of becoming more knowledgeable themselves after training. They reported a change in their own attitudes towards learners' questions in relation to sexual and reproductive health, with counselling training enabling them to consider the multiple factors that put young people at risk and use this understanding to move beyond simple warnings towards a more counselling-oriented approach. Parents involved in the programme are encouraging their children to participate more in club activities and have asked for training in communication

skills, in order to initiate discussion about matters relating to sexual health with their children.

The most significant change among learners and teachers was in their more positive attitudes towards people living with HIV/AIDS. Testimonies given in schools by people living with HIV/AIDS are helping to personalise HIV, increase the visibility of those living with it, and encourage acceptance of HIV-positive individuals. Most learners and teachers interviewed reported that the sessions in which they listened to testimonies given by people living with HIV/AIDS had had a powerful impact on them, and had helped them to realise that a HIV-positive person can look completely healthy.

Factors contributing to this ongoing success include the holistic perspective of World Education, which targets key adults and young people concurrently. The active involvement of people living with HIV/AIDS has contributed significantly to the improvement of attitudes towards people living with HIV/AIDS, thus helping to reduce stigma. Organisational factors, including the involvement of all partners in planning and implementation, and advocacy at all levels of leadership, have also contributed to success. Hindering factors include the difficulty of reaching parents of learners (add detail), and the continuing circulation of a variety of stigmatising perceptions, such as the belief that HIV/AIDS is linked to 'immoral' behaviour. Plans for the future include expanding the programme's coverage and partnerships, extending initiatives to primary schools, developing HIV/AIDS curricula for primary and secondary schools, increasing linkages with youth-friendly counselling centres, implementing a peer education programme for parents, setting up in-service teacher training on HIV/AIDS, and establishing activities for orphans and out-of-school young people.

Discussing sex in Ghana

Discussion of matters related to sexual and reproductive health with children is regarded by many parents in Ghana as taboo. Yet the high incidence of abortion, teenage pregnancies, STIs and HIV/AIDS among young people has highlighted the need to increase the role of parents in communicating about sexual and reproductive health.

As part of its strategy to reach parents, World Education Ghana, through the SHAPE Project, is collaborating with civil society organisations to sensitise parents through Parent/Teacher Association (PTA) meetings. During one PTA session, parents were presented with data from a baseline study on students' sexual behaviour. They were asked if their children were aware of STIs, HIV/AIDS and reproductive health issues. While some responded in the affirmative, others thought that these were not important. Two trained students who are members of a newly established health club were invited to facilitate a STI and HIV/AIDS session with their parents and teachers.

Parents listened with keen interest and asked the students several questions. At the end of the session, they said that they were very surprised at the wealth of information and assertiveness skills the students had already acquired from their clubs. After the meeting, the majority of parents expressed further interest in learning about the clubs and requested that more students be encouraged to join them. They asked for training in communication skills to be arranged, to enable them to talk to their children.

Coordinated in **Peru**, the Research Network on Sexualities, Health and Human Rights in Latin America brings together activists and researchers interested in research in the field of sexuality, sexual health, sexual rights and HIV/AIDS. Since 1998, the network has focused on sexuality, health and rights, establishing and running a regional networking and advocacy effort supported by the Ford Foundation.

In spite of the predominance of male-to-male transmission in the Latin American HIV epidemic, government responses across the region has been inadequate. The context of the epidemic and the strategies needed to combat it have been little understood, with simplistic views of sexuality and sexual cultures dominating policy debate. In fact, men who have sex with men are a diverse group,

depending on whether or not they self-identify as 'gay', and depending on factors such as their age, social class, participation in sex work and how they express their sexuality. Men who have sex with men of all ages have not been seen as natural beneficiaries of governmental action because of their social exclusion and lack of real citizenship. The Research Network on Sexualities, Health and Human Rights in Latin America believes that developing advocacy instruments to promote a stronger response to the epidemic would be an important step forward.

The first phase of the programme, promoted by UNAIDS in 1998, developed a compendium of 100 studies on HIV/AIDS and men who have sex with men conducted between 1987 and 1998 in the Latin American region, and a discussion of research priorities on the subject in a regional meeting. The idea was to produce a technical document for use in regional advocacy efforts. The resulting volume, entitled 'AIDS and Sex between Men in Latin America: Vulnerabilities, Strengths and Proposed Measures', has been published in Spanish and English with an accompanying bibliographical CD-Rom.

The second phase has two objectives. The first is to develop an institutional framework capable of stimulating research and advocacy in relation to sexual diversity, health and human rights in Latin America. The second objective is to build a forum of researchers and advocates working on different aspects of gender, sexuality and sexual diversity in relation to both health and human rights, stimulating the growth of a regional community focusing on these issues and facilitating inter-change between individuals and communities working on related topics. Specific activities include a regional database, and a website 'Sexual Citizenship' (www.ciudadaniasexual.org), which is updated quarterly and contains bulletins, publications, a discussion forum, monthly news, links of interest, and electronic publications of meeting presentations. An additional email bulletin is distributed. The programme offers small grants for research and training. Finally, a regional meeting is held annually to facilitate exchange and networking among academics and activists.

A central theme of the programme is sexual diversity, in particular diverse sexualities and practices and how these are cross-cut by age, class and cultural background. Issues of particular interest include stigmatised or disregarded sexualities such as those of young people or people with disabilities, new and emerging identities (such as people living with HIV/AIDS), and violence, including structural violence and stigma and discrimination as they relate to sexual and reproductive health and rights. The programme seeks to build interfaces between research, policy and activist spheres, and between academia and civil society. It is hoped that this network will generate more appropriate responses to the specific contexts of the HIV epidemic in the Latin American region, with a focus on the most vulnerable groups.

Research, advocacy and support in Peru

Between 2001 and 2002, the Research Network on Sexualities and HIV/AIDS in Latin America successfully completed a book on the HIV epidemic among gay and other men who have sex with men in the region. This was supported by UNAIDS former Department of Policy, Strategy and Research.

This publication was conceived as an instrument to reach a wide range of decision-makers, programme officers, health professionals, social communicators and advocates in Latin America. It provided data on the epidemiology of aspects of HIV/AIDS, as well as on socio-cultural aspects of sex between men, their social exclusion and their vulnerability to the epidemic, the kinds of preventive interventions put in place with this population in the region, lessons learned in the field by activists and other actors conducting work on this group, and, finally, the connections between HIV/AIDS and a broader agenda on health issues among gay and other men who have sex with men.

The main goal was to produce a good advocacy instrument capable of motivating a new perspective on the HIV epidemic among gay and other men who have sex with men, fighting stigma and discrimination against this population, and effectively supporting claims for additional resources for HIV prevention

and care among this group. This goal was to be achieved through the provision of scientific evidence, backed up by a human rights and sexual rights discourse. Collaborators included network members from Argentina, Brazil, Chile, Mexico, Peru and Puerto Rico, three of whom served as editors. Facilitated by an initial meeting of all authors and two additional editorial committee meetings, the process resulted in a range of complementary book chapters. An inventory of studies on the subject conducted in the region between 1988 and 1999 was updated in early 2002 and published as a searchable database in an enclosed CD-ROM. Funding was sufficient to print a high quality product, one thousand copies of which were produced.

Since the book was launched at the XIII International AIDS Conference in Barcelona and presented in regional meetings, demand for the book has been consistently high. Its launch also coincided with the establishment of a Regional Task Force on men who have sex with men and HIV/AIDS. Governments, regional UNAIDS offices, NGOs, universities and other actors from most countries in the Latin American region have expressed appreciation of the book.

An additional grant from the Spanish Cooperation Agency and PAHO made it possible to produce an English language version and to send additional copies of both versions to other individuals and institutions. This new English language version is being distributed to institutions in the UN system, as well as other technical agencies, various agencies in Caribbean countries, and organisations working with Spanish-speaking communities in the USA. Although a formal evaluation of its impact has not been conducted, the book has facilitated the launching of local components of the Regional Task Force, has been used as basic material in meetings focusing on men who have sex with men, and is being used by community-based institutions as a source of ideas for research and programmes. UNAIDS officials consider this book to be one of the best wide-audience publications on men who have sex with men and HIV/AIDS.

In **Mexico**, the ***Gente Joven*** (Young People) programme of Mexfam works with young people aged between 10 and 24 and living in poor communities, to promote a culture of sexual health with a basis in gender equity, respect and responsibility. The programme promotes sexual and reproductive rights, the empowerment of young people, and the involvement of men in sexual health, and seeks to create public awareness of the sexual health needs of vulnerable young people. In Mexico, sexual activity has been normatively considered to be a privilege for heterosexual married adults, with the result that people who do not fit into this classification are often discriminated against in health services and public places. The programme has components in three settings: communities, schools and clinics.

In community settings, the focus is on out-of-school young people. Peer promoters bring project activities to sites where young people meet, such as sports centres, street meeting points and entertainment venues. Captains of teams in the basketball, volleyball and soccer leagues are recruited and trained as peer promoters. Drama, puppets and graffiti walls are innovative techniques used to explore matters relating to sexuality. These use the language of young people, helping to create a free atmosphere. These are popular among young people, and help to maintain team spirit. As part of its outreach work, ***Gente Joven*** has stands at pop concerts, festivals and community fairs to disseminate messages and distribute condoms.

In schools, teachers are trained to deliver IEC relating to gender and sexuality, communication within the family, STIs and HIV/AIDS, early pregnancy and contraceptives, and gender violence, using a manual called 'Let's talk about sexuality with young people'. This is divided into seven 2-hour discussions with young people. Parents are involved in the school-based part of the programme, in particular participating in lectures and courses on how to communicate with young people.

In clinics, training is provided to health personnel to provide a more youth-friendly service. Two specialised youth clinics aim to provide quality health services for young people in a respectful and rights-based atmosphere where confidentiality is respected. A network of youth-friendly pharmacies has also been established in the 52

states where the programme operates, with at least one counter sales person in each pharmacy trained to be sensitive to young people's needs, and to give specific information about emergency contraception.

As part of their strategy to empower young people in relation to their sexual health, Mexfam involves young leaders in the planning, implementation, follow up and evaluation of the strategies of the Gente Joven programme. In particular, the organisation has a Youth Committee, made up of volunteers younger than 25 years. This seeks to promote and strengthen young people's decision-making roles within the NGO as a whole and specifically within the ***Gente Joven*** programme. Three of the Committee's members participate in the meetings of the central Board.

Members of the Youth Committee also participate in the Materials Committee, another of Mexfam's committees, which develops strategies and materials for campaigns underpinned by positive rights-based approaches to young people's sexual health. These young people have recently produced a poster campaign in collaboration with famous young Mexican designers. Using a rights-based approach, young people are struggling to expand the scope of the programme, in particular challenging the NGO to have a clear policy on termination of pregnancy, fighting for the inclusion of sexual diversity in the programme and struggling for the improvement in the quality of health services available to young people. Finally, the Youth Committee is forming new leaders in the area of sexual health and rights, with members collaborating with other organisations to develop their leadership and advocacy skills.

There have been many challenges, including overcoming the reluctance of some programme and medical staff to think of young people as decision-makers and to embrace inclusive rights-based approaches to sexual health. Constructive discussion is often hampered by the stigmatisation of young people, particularly young women, as 'uninformed' and 'immature'. There is often a gap of age and perspective between sometimes conservative adults and liberal young people, with differences of strategy and opinion not always being discussed and negotiated by adults. Power can also create envy, prejudice and competition among young people themselves and staff. The two youth-focused clinics have had difficulty reaching young people aged less than 18 years. With hindsight, members of the Youth Committee would suggest sensitising members of the Board before embarking on youth participation, and providing more formal leadership training for the young people working in the programme.

Promoting young people's rights in Mexico

'While working to consolidate the Youth Committee and develop our goals and plans for the future, we collected all the Information Education and Communication (IEC) materials of the organisation. We were familiar with the materials, but wanted to refresh our memory in relation to how the information was presented. While reading the brochures, we realised that they did not contain the perspectives of young people, not only because of the language that was used, but also because of the way topics were presented.

We analysed the brochures and found out that they had been designed by doctors, as if they were giving academic lectures. They approached issues negatively, telling young people what to do, instead of giving them options in order to make informed and responsible decisions.

After this, we made a commitment to design new brochures, covering the topics that young people were interested in and needed information about. First, we made a list of topics we perceived to be important to us as young people, that were not already available. After two hours of debate among ourselves (we were 12 people aged between 14 and 29 years-old), we reached consensus that the topics would be sexual rights, diversity, and other issues such as puberty, contraception, and first sex. Our goal was to start creating materials and invite young people to give us their feedback and, in doing this, to invite them to participate in the organisation's activities.

We also identified a lack of information addressing the needs of young people in a deeper sense, in terms of their lives and plans for their future. We decided to design a comic featuring two characters, a young woman and a young man, who start to feel changes happening in their bodies and in their lives.

The meetings we have held have been very rich. We have brainstormed the goal of each topic, and discussed our own experiences in order to have some first hand material to work with. Then we write the script and discuss ideas about the design, trying to avoid stereotypes by representing diversity in our images.

As part of our fight for sexual rights, we initiated a campaign of posters with different topics, which were produced by famous young graphic designers in order to refresh the image of MEXFAM and involve young professionals in the elaboration of IEC materials. We created five posters, on emergency contraception, HIV/AIDS prevention, condoms, gender violence, and the importance of sexual diversity as a sexual right. The first four were approved and printed very quickly, but the last one was delayed.

The poster was a design of two leaves (because we were implying that we are not discriminating against animals or plants because of their sexual orientation) with the message "What if I am homosexual? We have the right to choose who we prefer to have as a partner".

We asked the organisation what was going on, and they said different things - that the file was missing, that there was no money, and so on. After a month they arranged for one of us to present the poster on sexual diversity to the Board, a procedure that no other poster had been put through. During the session, people attacked the poster, saying that it was not linked with the institution mission.

The session ended with a ban on the printing of the poster. We assume that the only reason for this decision was because of the ongoing stigmatisation of sexual diversity. Even now, this is an issue which we are unable to discuss with the Board and staff.'

IMSS-Opportunidades runs a sexual and reproductive health programme for young people aged between 10 and 19 in rural areas of **Mexico**. Many of these adolescents are indigenous young people and live in some of the country's poorest communities, which lack access to quality health services and information related to sexuality and sexual and reproductive health. In many rural parts of the country, access to contraception and condoms is limited, and early pregnancy and STIs are common. Sexuality that is not linked to reproduction, including non-marital sexual activity, sex for pleasure and non-heterosexuality, is highly stigmatised. The programme has developed multiple strategies to improve the access of young people in these communities to quality health services, enhance the quality of care they receive, and promote a positive approach to sexuality by raising awareness of sexual rights.

Each clinic in the target areas has a Rural Centre for Adolescents (CARA). A total of 3608 of these Centres are operating across the country. These aim to be spaces made for and by teenagers, in which they can access information and educational materials, be referred to health services, and participate in various activities in a respectful atmosphere. Each centre has a wall on which young people can express themselves about many issues, including sexuality. Rural Centres have Youth Teams attached to them, led by young people trained as peer leaders to do community outreach work. In an area where early pregnancy is common, two kinds of pregnancy-related support group are run in the Centres to raise awareness of sexual and reproductive rights, and promote a positive approach to pregnancy. The first aims to inform young pregnant women about their pregnancy and birth. The second is a group aiming to provide a supportive space for girls who encounter difficulties with their families and partners as a result of their pregnancies to share their experiences. Where male partners are involved in these pregnancies, they can participate in activities designed for couples.

The programme's educational strategies include community outreach, with the aim of promoting awareness of and interest in sexual and reproductive rights. Participatory strategies such as role play and sketches are used, and information relating to sexual and

reproductive health is given in various local languages. Young people are trained as community leaders in a variety of subjects, including self-esteem, values clarification, communication skills, gender, life planning and decision-making. To encourage interest in the Centres, each has a box in which young people can anonymously deposit questions relating to sexuality. These questions are collected every week and health personnel provide answers and information. Young leaders translate these answers, in order to ensure that they are youth-friendly, and stick them on the walls.

The programme promotes a rights-based approach to young people's sexual health among medical and nursing staff, teachers, and young people, through the materials produced and distributed, and through its work with staff to make health services more friendly to young people. Helping factors include political and institutional commitment to improving young people's sexual health, the multi-disciplinary nature of the approach, the 25 year history the programme has of working with these communities, and the enthusiasm of the young people who are involved. Youth volunteers show clear signs of growing empowerment, challenging health personnel on their approaches.

A major ongoing challenge is overcoming prejudice in order to promote sexual rights in various stigmatised areas such as sexual diversity, and challenging a doctor-led approach to young people's health, with its tendency to medicalise issues and focus on reproduction. Some rights are more contentious than others. In a Catholic country, termination of pregnancy remains a subject that can not be raised. On the whole, medical staff and young people are more willing to accept rights to: sexual integrity and security, gender equity, access to sexuality education and sexual health services, and to choosing the number of children one has.

Challenges remain, however, relating to certain more controversial rights, such as the right to sexual freedom, sexual pleasure, sexual privacy and the choice to not have children. Other challenges the programme faces include accessing teenagers who live away from the immediate vicinity of the Centres, and a lack of funds to conduct a qualitative evaluation in order to assess the programme's impact on young people's sexual lives.

Re-orienting health service provision in Mexico

'When the IMSS-Oportunidades programme was evaluated, it was suggested that many young people did not have adequate access to its services, so a strategy was developed for adolescents, based on international and national debate and action plans. A diagnosis phase started and the institution soon realised that the main problem was the discrimination against young people's sexual lives by health personnel, especially by doctors and nurses. In particular, they were reluctant to provide information related to sexuality and contraception if their client, the young person, was not married. Sexuality was considered to be linked only to reproduction.

We embarked on four years of training and campaigns to sensitise health personnel to a rights approach to young people's sexual health, and to the importance of giving information on sexuality and providing contraception to young people. Despite this work, many health workers remained reluctant to recognise that young people have the right to decide about their sexuality. Information is still provided from the point of view of telling young people what to do. We have tried to give training with an emphasis on personal reflection and the exchange of experience, but this pedagogical approach is often not maintained. The result is that prejudice and ignorance often dominate.

During visits to health centres to find about what kind of education is being given to young people, we have found that messages about sexual health are mostly based on fear and the threat of pregnancy, acquiring a STI or HIV/AIDS or dying as a result of unsafe abortion.

Adolescents are also given mixed messages. While many young people are under cultural pressure to have a child at an early age, many go to the hospitals

and are stigmatised as examples of "what you should not do!", and are even invited to talk with other adolescents about the difficulties they have faced as a consequence of being pregnant. On the other hand, hospitals are trying to be 'friendly' to mothers and their children, and are filled with information about maternity, breast-feeding and child care. Two negative impacts of this are that men are not usually invited to participate, and that the main message for women is to "become a mother".

In order to redress the balance, we are using MEXFAM's materials to promote sexual rights among young people. We have created specific positive spaces for pregnant adolescents, who are now able to share their good and bad experiences, their hopes and fears with each other. We are also trying to challenge the messages about maternity in the places visited by young people, in order to give them room to plan their futures without feeling pressure to accomplish particular roles. We are training young leaders as peer promoters, and offering workshops in lifeskills that cover topics such as self esteem, decision-making, and communication skills. We also organise local meetings where young people exchange experiences and ideas and where they can have a space for reflection.'

In **Brazil**, the mass media have been used to target young people in sexuality-related matters. In 1993, the biggest daily newspaper in Brazil, the ***Folha de São Paulo***, began a weekly column in the weekly supplement for teenagers called ***Folhateen*** which answered teenage questions about sexuality and health, called ***Sexo e Saúde*** (Sex and Health). In the decade since, answers to around 500 questions have been published in the newspaper. Over 10,000 e-mails and letters have been received debating and commenting on sexuality-related issues and asking for information.

The column has created a space for open discussion of issues relating to teenagers' sexuality and sexual health, including gender, sexual diversity, early pregnancy, risk behaviour, STIs and HIV/AIDS, body changes and sexual rights. Published material has acted as a catalyst for more open discussion between parents and their teenage children, and has been used by teachers and educators to address sexuality in classrooms. By informing young people in a direct and honest manner, answering their questions, debating sensitive subjects and challenging prejudices and misconceptions, the column has helped to challenge sexuality-related stigma.

Many students and people in their mid-twenties continue to write to the newspaper to say that they learned a great deal about sex and sexuality when they were teenagers from the column. The long duration of the column provides a historical perspective on how young people approach sexuality and what kinds of concerns they have. The questions received now and the emergent discussions indicate that young people have a noticeably more open approach to dealing with sexuality than they did a decade ago. While these changes did not happen simply because of the column, it has promoted more positive discourse and reflects some of the positive transformations of the past decade in debate relating to sexuality.

Two books have been published using the material of the columns. These have been acquired by the Education Department of São Paulo to be used in state schools.

In 1999, Jairo Bouer, the writer of ***Sexo e Saúde***, and a doctor and therapist, was approached by MTV to begin a show for teenagers on sexuality-related matters. The show ***Erotica*** has been running since 1999. It aims to capture young people's attention in an entertaining way in order to encourage open talk about matters relating to their sexuality, gender, and sexual and reproductive health.

The main goals of the programme are to challenge stigma and discrimination relating to sexuality, promote sexual rights and the rights of people living with HIV/AIDS, increase levels of information available to young people, and stimulate dialogue among teenagers and between young people and their parents. Each episode of ***Erotica*** lasts an hour and includes interviews, debates, special reports, music and video clips. The show has recorded over 200 episodes and receives around 450 emails every week.

As a consequence of ***Erotica***, a radio show called ***Sexo Oral*** and website (www.caliente.com.br) have also been developed. The radio show is co-hosted by a well-known

local 'drag queen', Nany, and is broadcast live in six major cities across Brazil. A one minute pre-recorded question and answer show is also distributed to 30 different radio stations across the country.

The conservative attitudes of some parents and church groups have brought challenges to these projects. In addition, the commercial interests of MTV, which often drive the search for high ratings, have sometimes forced changes in the presentation style and might have diluted some of the information provided. Nevertheless, young people and many parents and teachers have responded with enthusiasm to ***Erotica***, praising its fun and participatory approach to learning about, and debating, matters relating to sexuality. Any criticism received has been used to initiate a debate.

Using the news media in Brazil

In our weekly newspaper column, we have a special space to discuss readers' issues. The following is part of a discussion that started after Cardinal Lopes Trujillo said, late in 2003, that condoms were not effective in protecting people against HIV/AIDS:

> 'Last week, the Catholic Church announced that condoms were not effective in protecting people against HIV infection. This position may put many people at risk. UNAIDS and the health authorities here in Brazil answered the Church, explaining that condoms were one of the most important ways of stopping the spread of HIV.
>
> The Church used the argument that condoms were fragile to recommend sexual abstinence. The fact that the Church defends abstinence before marriage is not new - it is one of its dogmas. However, when the Church makes a clear statement against condoms, saying untrue things, this can cause enormous problems for the many people who use this form of protection.
>
> Religion is practised by many people, but not by everybody. Dogmas are followed by some Catholics, but not all. Dogma should not be mixed with science. They operate in different fields.
>
> For those who believe in sexual abstinence, condom is not a central question. They have already decided that they do not want to have sexual intercourse. But for those who have a sexual life, a condom is absolutely necessary. It cannot be abandoned. In my personal opinion, religion should not go against something that protects people from sickness and saves lives'.

In response to this column, a priest wrote the following e-mail to the newspaper, published one week after the article appeared:

> 'Last week we published in this column an article criticising the position of Vatican in the matter of condoms. We received an e-mail from a Catholic priest, a member of Companhia de Jesus, that reveals an important advance in this discussion. He wrote:
>
> "The statement that HIV crosses the condom barrier was made by a Church Authority, Cardinal López Trujillo, and it is a disaster! This position is far from expressing the opinion of the Catholic Church, which is plural and complex. Moral questions are not restricted to what a Vatican cardinal says. There are conferences of bishops in various countries, reflections of theologists all over the world, the conscience of the faithful, that form the basis of moral decisions. In Brazil, over 150 Catholic institutions work in the field of HIV/AIDS, assisting people who become ill and distributing condoms. The church should not be reduced to the Vatican, and the Vatican should not be reduced to Cardinal Trujillo. Thanks God!"

In Mexico, an NGO called *Balance*, ***Promoción del Desarrollo y Juventud*** (Balance, Development and Young People) is focusing its efforts on promoting equity and equality for young people. Promoting young people's sexual and reproductive rights is one of its major areas of focus. ***Balance*** is a young people's organisation run by

young people that has as its goal achieving change in the social mechanisms of power that allow certain groups, such as young people, to be excluded from decision-making. ***Balance*** was created in recognition of the need expressed by a large group of young Mexican activists to create a space in which young people could strategise for themselves in relation to policies and programmes aimed at young people - particularly with respect to those addressing sexual and reproductive rights.

In recognition of the marginalisation and stigmatisation of young people in social and political decision-making spheres, ***Balance*** promotes youth participation and is itself run by young people aged less than 30 years. In their work, programme staff seek to challenge the common assumption among adults that young people are 'irresponsible', controlled by their feelings, and lack the maturity to take control of their lives, especially in relation to their sexuality. ***Balance*** targets two main groups: young people who are working to promote young people's rights, especially sexual and reproductive rights; and adults who work in projects or programmes aimed at addressing the needs of young people.

Balance's projects include a national campaign for young people's sexual rights. In collaboration with the National Human Rights Commission, a poster and booklet on young people's sexual rights has been developed, and 10 000 copies of each distributed. In 2002 and 2003, a group of young activists in the field of sexual and reproductive rights were trained on the issue of termination of pregnancy. The training sensitised them to all aspects of the subject, and provided them with a chance to strategise about how to advance the right to choose and generate a youth agenda on this issue. In 2001 and 2002, ***Balance*** collaborated with the HIV Multisectoral Groups from Mexico, Yucatan and Guerrero states, to contribute to the creation of a team sensitive to young people's perspectives and trained in programme planning and monitoring. These Groups included representatives of government, as well as those working in NGOs relating to HIV/AIDS, sexual and reproductive rights, and the promotion of gender equity. The intention was to encourage dialogue about the needs of young people, and develop a plan of action on Young People and HIV/AIDS to be implemented by the HIV Multisectoral Groups.

As part of this work, ***Balance*** ran a three day workshop for Multisectoral Group members on sexual rights, HIV/AIDS and young people. It also created a Youth Committee, comprising young people and adults with experience of working on young people's issues. On the basis of a situational analysis of young people and information gained from the workshops, this Committee developed a plan of action on young people and HIV/AIDS and, following training in monitoring and evaluation, has been monitoring the implementation of the plan. It also shares experiences and builds capacity with NGOs from other countries, and lobbies for young people's rights at both national and international levels. ***Balance*** has gained recognition from other organisations who ask for input, particularly in relation to sexual and reproductive rights.

Factors that have helped ***Balance's*** work include project workers' openness to new and positive action while being clear about the main goal of the programme, which is to understand and overcome mechanisms of exclusion and discrimination by promoting young people's participation and their rights. The ability of project workers to see difficulties as challenges, participate in continuous training and continuously exchange experience has also helped. The planning of activities and development of an evaluation framework has been helped by the participation of project workers in discussions about programme goals, objectives and success indicators prior to starting implementation. This process enables progress to be measured, challenges to be understood and new elements to be developed.

Programme staff have learned that it is not enough to be young to understand young people's challenges and realities. Spaces need to be created in order for leaders of young people to share experiences with diverse groups and build a rights-based agenda. In promoting collaboration between young and older people and giving young people a voice, such spaces strengthen programmes, as long as they remain underpinned by a commitment to democratic principles and respectful exchange.

Young people's participation in Mexico

'Once I was invited to talk to a group of researchers at a university in Mexico City about my experience as a young person who was involved in youth organisations and in the promotion of young people's human rights.

I wanted to share with them some reflections about the importance of youth participation and how this can improve the results of programmes that target young people. After explaining the kind of activities we are engaged in, including training young people on advocacy for sexual and reproductive rights, and training other organisations on young people's perspectives and the importance of youth participation and advocacy, several questions were asked, most of them relating to our internal organisational ways of working - how many members we had, how we dealt with finances, how we approached other organisations to establish partnerships, and so on.

There was one issue that was of major interest: how does a group of young people manage to start an organisation and what did I see as the reasons for our success?

As this question suggests, people are not used to seeing young people as capable of taking substantial responsibility for programmes. They tend to perceive young people as enthusiastic, energetic workers, who with friendly guidance and control can conduct certain operational activities. However, it is rare for people to encounter an organisation that is run by young people at all levels, from the annual strategic planning process, to the design, operation and evaluation of activities, fundraising, the administration of the resources, and all other duties – particularly an organisation that works on issues as controversial as the sexual and reproductive rights of young people and youth participation.

My answer was simple: we faced the same difficulties as any other group of people did who embarked on a process of starting an NGO. I felt that the reasons for our success were that we were clear about the mission of our organisation and the importance of thinking carefully about our strategies.

We defined our mission as working for a change in the social structures of power that allowed discrimination and the exclusion of several sectors of society, in particular young people, by promoting equity and equality, young people's participation and their sexual and reproductive rights. We committed ourselves to achieving an alternative way of establishing human relationships and ways of working. We recognised the damage caused by vertical structures of power, and acknowledged the fundamental place that sexual and reproductive rights have in the development of human beings, particularly young people.

Sharing this with people who were willing to engage in dialogue and the exchange of experiences, feelings and expectations is always an exercise that ends in the enrichment of all those involved. It is also in itself a step forward in strengthening mechanisms that question existing stigma, discrimination, exploitation and exclusion.'

Section Four
Some Lessons Learned

Several important lessons emerge from the projects and programmes reviewed. This final section summarises some of these as a step towards identifying elements of best practice.

- **Changing social norms** in relation to HIV/AIDS, sexual diversity and gender is a culturally informed approach to addressing the stigma and discrimination that is experienced by many young people in relation to their sexual and reproductive health. In recognising the social nature of stigma and discrimination, this approach moves away from a paradigm of individual attitude change towards the goal of creating a social environment characterised by tolerance and respect for young people's sexual and reproductive rights. Examples of programmes seeking to change norms include the Zambia Integrated Health Programme, Soul City and *Instituto Promundo*.

- Evidence from around the world indicates the value of **youth participation** in programmes. Involving young people centrally and respectfully in the design, implementation and evaluation of programmes designed for them helps to ensure that their needs are addressed and that programmes are appropriate. Examples of programmes using this approach are Soul Buddyz in South Africa, which works with children to design its TV and radio series, ***Balance*** in Mexico, which is a programme run for and by young people, and the Youth Committee of Mexfam, which is a mechanism operating at the heart of the NGO structure to ensure the participation of young people in decision-making.

- Creating spaces in which **coalitions** of marginalised groups can be developed and young people encouraged to share their experiences and discuss sensitive issues with others who find themselves in similar positions, can lead to enhanced solidarity among these groups and the development of new forms of peer relatedness. Building on existing social networks and groupings through outreach work in the community can only enhance the impact of this kind of coalition-building. The Library Foundation's work in the Philippines and ABIA's projects with young men who have sex with men exemplify this approach. Relatedly, the Research Network in Peru is building coalitions and encouraging inter-change across interested groups, in particular academics, activists, policy-makers and programme leaders, who might not otherwise share their ideas.

- Given that language is often the vehicle of stigma, in the sense that stigma is both constructed and expressed through language, **challenging the language** of stigma and discrimination by promoting positive rights-based language relating to sexuality and HIV/AIDS is crucial. The campaign in Guyana with minibus drivers and conductors is an example of how vernacular language can be harnessed to fight stigma and discrimination against people living with HIV/AIDS.

- Sensitive and participatory **research** is needed to understand the contexts of stigma and discrimination, and understand the sexual cultures of marginalised and stigmatised groups in order to understand their experiences of stigmatisation, identify their health needs and begin to promote tolerance. Horizon's study of men who have sex with men in Senegal is a pioneering example of the kind of research which is needed to address stigma and discrimination linked to diverse sexualities in a range of settings.

- Given that the principle of non-discrimination is central to human rights, and that discrimination itself constitutes a violation of human rights, one important way of combating stigma and discrimination in relation to young people's sexual and reproductive health is within a **human rights framework**. Promoting rights-based perspectives in relation to HIV/AIDS, sexual diversity and access to information and health services is a powerful strategy to emphasise the validity of young people's claims to the knowledge and resources they need. Promoting rights is a critical way of moving towards the creation of enabling and supportive environments for young people in which they will be able to practise their sexuality freely and in an informed manner, and access the services, support and resources they need to do this.

- Using **innovative methods** such as theatre, film, painting and writing, many of which require the participation of young people, can inform young people in an entertaining way, and help to tackle sensitive sexuality-related matters in a broad and non-threatening manner. The work of Praajak in India, for example, is a shining example of this, in its commitment to address the difficult subject of male to male sexuality in government institutions through participatory theatre work conducted at seasonal festivals. Through these performances, stigmatised aspects of male-to-male sexuality can be explored in an indirect manner, with discussion led by the young men themselves and facilitated by means of explorations of less threatening subjects such as puberty, growing up and friendship.

- **Working with key adults** in young people's lives, in particular their parents, teachers and health service staff, is necessary in order to sensitise and train them to respond to young people's needs and rights in relation to their sexual and reproductive health, build their confidence in doing so, and enhance their communication skills. ***IMSS-Opportunidades*** in Mexico and World Education in Ghana are examples of programmes that are working with key adults in these ways.

- It is essential to **recognise the diversity** of young people and the intersection of different kinds of stigma which afflict the lives of many. Young people's sexuality is not divorced from their wider lives. In many contexts, the stigma and discrimination experienced by young people in relation to their sexuality and sexual and reproductive health intersect with, and are compounded by, those derived from a variety of existing social and economic inequalities. This diversity of backgrounds among young people means that young men may have different sexual and reproductive health needs to young women, heterosexual young people may have different needs to those practising same-sex sexual relations, young people in resource-poor settings may have different needs to wealthier ones, and older young people may have different needs to younger ones.

- **Mass media** can be non-threatening and entertaining means of promoting messages about sexual health and rights, and discussing sensitive subjects relating to young people's sexuality. Soul City's TV and radio work in South Africa, the MTV show ***Erotica*** and newspaper column ***Sexo e Saúde***, are examples of this kind of programme. All these programmes directly address young people's concerns because their production is driven by young people. One of the most important aspects of the TV series Soul Buddyz, for example, is the authenticity of the events and characterisation depicted. The series is highly relevant to children's and young people's daily lives, reflecting the challenges they face. A drama series like Soul Buddyz is also able to offer a model of desirable practice, such as respectful and open relationships with peers.

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Appendix Two
Other Publications by Safe Passages to Adulthood

Knowledge Synthesis series

Working with young men to promote sexual and reproductive health
http://www.socstats.soton.ac.uk/cshr/SafePassagesyoungmen.html
ISBN 0 85432 781 9

The role of education in promoting sexual and reproductive health
http://www.socstats.soton.ac.uk/cshr/SafePassageseducation.html
ISBN 0 85432 782 7

Preventing HIV/AIDS and promoting sexual health among especially vulnerable young people
http://www.socstats.soton.ac.uk/cshr/SafePassagesvulnerable.html
ISBN 0 85432 783 5

Research Tools

Dynamic contextual analysis of young people's sexual health
http://www.socstats.soton.ac.uk/cshr/SafePassagesDCA1.html
ISBN 0 85432 779 7

Learning from what young people say…about sex, relationships and health
http://www.socstats.soton.ac.uk/cshr/SafePassageswhatypsay.html
ISBN 0 85432 780 0

All available to download free from
http://www.socstats.soton.ac.uk/cshr/safepassages.htm

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