



> Solange Rocha, guest editor for the thematic section of *Exchange* on:

## Comprehensive approaches to HIV prevention

Comprehensive approaches to HIV do not only address risk reduction but also try to identify and deal with the causes of vulnerability that limit the ability of individuals and communities to protect themselves and others from HIV infection. They move beyond raising HIV/AIDS awareness to some form of social change, be it more political advocacy of women, transformation of gender notions and behaviour, or community action to tackle local HIV/AIDS-related problems. Most comprehensive approaches include reflection on how structural drivers of the AIDS epidemic, such as poverty, gender inequality, unequal power relations, denial of sexual and reproductive rights and other human rights infringements, influence people's lives and ability to protect themselves.

In this issue of *Exchange* we have selected several methodologies that have been developed all over the world to tackle these issues. Most of them have been tested in various countries and adapted to different contexts and are now being scaled up. What they have in common is that they are participatory and reflective in nature, that they work from the belief that sexual and reproductive rights of women and men should be respected, and that they move beyond traditional HIV/AIDS education to achieve some form of social and/or cultural change.

The special section of this magazine on comprehensive approaches has been produced in the framework of the Oxfam Novib KIC Project (see p. 2) in collaboration with a guest editor, Mrs Solange Rocha from SOS Corpo, Brazil.

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Sexuality is?



Acknowledging young people's sexuality and rights [p.14](#)

Paying attention to the needs of female drug users [p.30](#)

## Facing the AIDS epidemic with a sexual and reproductive rights approach

The initial approaches to the AIDS epidemic in the 1980s were based on an essentially biomedical conception, thus dissociating the disease from social relations. In the 1990s, new approaches placed the health and illness process within the context of social, cultural, political, and economic systems, allowing this issue to become central to the struggle for human rights of people living with HIV. Hence, this epidemic offers the opportunity for in-depth reflections and networking in struggles for citizenship and social change. In the last two decades, the women's movement and especially the feminist one has worked in this field, with educational actions and also by producing knowledge. They seek to understand the meaning, and above all, the impact of the AIDS epidemic on women, particularly those who live in poverty. Resulting from these experiences, feminist analyses bring forward new perceptions about the exercise of human rights in the framework of the AIDS epidemic.

This construction is anchored in the struggle of women for equality of rights, and in the defense of autonomy to decide on their body and history, including their experiences with reproduction and sexuality – all this guided by the expression of desire and the search for economic autonomy. Thus, it is thinking about the social and cultural conditions in which individual and collective experiences in the reproductive and sexual area are developed that women introduce reproductive and sexual rights as a field of knowledge and social change. Reproductive and sexual rights (see the box on p.3) were first defined in the 1980s. These concepts were acknowledged globally in the mid-1990s at the UN International Conference on Population and

Development (ICPD) held in Cairo, Egypt in 1994 and the Fourth World Conference on Women (Beijing, 1995), where it was stated that “women's human rights include their right to control issues related to their sexuality, including reproductive and sexual rights, and to freely decide about these issues, without coercion, discrimination or violence.”

The AIDS pandemic exposes women to the violation of their human rights, related to the experience of sexuality and asymmetrical power relations. Thus, it cannot be analyzed outside the framework of economic and social inequalities. Poverty is one of the main factors contributing to increased vulnerability to HIV. This affects mostly



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women because social factors associated with racial prejudices and gender discrimination result in Black women being the majority of the world's poor people, as well as produce other types of discrimination. The relation between

### Reproductive and sexual rights are important points of reference in guiding political and social action

AIDS and economic, gender and racial inequalities has become a field of struggle. In this arena, reproductive and sexual rights are important points of reference in guiding political and social action not only towards tackling the epidemic, but also in helping women to exercise their citizenship.

### Women's sexuality and the condom

Feminist education seeks to break with the repressive construction of sexuality, according to which the main objective of sex is reproduction. This notion constrains and imposes rules on women's sexual experiences that are socially legitimized. Compelled to maintain conjugal bonds and satisfy male pleasure, women build an image that marriage will protect them from HIV/AIDS. This logic, structured by the notion that the domestic space is the place of women and the public space belongs to men, persists to this day in many parts of the world. According to this logic, provided



# KIC



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## Knowledge Infrastructure with and between Counterparts (KIC)

The KIC Project aims to boost dynamic knowledge sharing, collaborative learning and networking. It is an action-oriented, counterpart-driven pilot project, of which the first phase runs up to the end of 2006. Within the KIC Project Oxfam International and *Exchange* are collaborating to reinforce the learning on HIV/AIDS. Oxfam counterparts are invited to write articles about lessons learned related to these topics. The articles produced in the framework of

this collaboration are accompanied by an Oxfam logo in a green title box. The KIC Project also has an interactive website: [www.oxfamkic.org](http://www.oxfamkic.org), which enables Oxfam counterparts to share evidence-based practices and documents, and to participate in online communities. For questions and comments about this edition or about the project, counterparts are encouraged to use the email address [aids.kic@oxfamnovib.nl](mailto:aids.kic@oxfamnovib.nl).

## What are sexual and reproductive rights?

*Sexual rights* – Men and women have sexual rights, that is, the right to live their sexuality with pleasure and free of any kind of oppression, prejudice or discrimination. This includes the following rights:

- living their sexuality without fear, shame, guilt, false beliefs, and other impediments to the free expression of desires;
- living their sexuality independently of civil status, age, or physical condition;
- choosing sexual partners without discrimination and with freedom and autonomy to express their sexual orientation if so desired;
- living their sexuality free of violence, discrimination, and coercion, with full respect for the corporal integrity of the other person;
- practicing their sexuality without penetration;
- insisting on safer sex practices to prevent unwanted pregnancy and sexually transmitted infections, including HIV;
- the right to sexual health which requires access to all types of information, education, and high-quality confidential services regarding sexuality and sexual health.

*Reproductive rights* – Reproductive rights relate to the basic right everyone has of making free and responsible decisions on contraception and reproduction, of having information and the means to do so, enjoying the highest standards of sexual and reproductive health. Among these rights are the following:

- the individual right of women and men to freely decide whether or not they want to have children, in what moment of their lives, and how many children they wish to have;
- the right to make decisions on reproduction, free of discrimination, coercion, or violence;
- the right of men and women to participate with equal responsibilities in raising their children;
- the right to quality and accessible public health services during all stages of their lives;
- the right to adoption and to infertility treatment.

Source: *Talking about Sexual and Reproductive Rights, Preventive Health Series, SOS Corpo, 2004*

the woman stays at home in a relationship with a single partner, she would be safe and protected by marriage. The AIDS epidemic, as well as domestic violence, have shattered this perception and revealed how vulnerable women really are: it is harder for them to

**Collective action should stimulate participation and mobilization of women and young people in social movements as a strategy to confront the AIDS epidemic**

negotiate condom use in sexual relations and beyond this, if they become infected with HIV, they may be met with violence.

An example of this is the fact that in Brazil today, a large percentage of married women are sterilized, a result of reproductive policies in the 1960s and 1970s geared to reducing the number of poor people.

Given that condom use is still closely associated solely with its contraceptive function, and that those women cannot get pregnant and in their vast majority live in monogamous relationships, they feel safe and do not adopt the condom as a protection against HIV. In addition, they have trouble negotiating condom use with their partners because men tend to consider this demand as an obvious sign of infidelity. A research about youth and sexuality, conducted in Brazil by UNESCO, in 2004, reveals that “*condom use varies according to the meaning of the love-sexual relationship*”, whether or not it is considered stable. Thus, “*many assert that they only use condoms with sex workers, with people they do not know, in same-sex relationships, or when they do not trust their partner’s health*”.<sup>1</sup> The condom is replaced with the pill as the relationship tends to become steady. For the condom to be adopted in sexual practice, it is necessary to have equitable and respectful relationships and to confront



Educational work in Joaquim Nabuco, interior of Pernambuco

Photo: SOS Corpo Documentation Centre



Educative work in Água Preta, interior of Pernambuco

the safety myth provided by marriage or romantic love that exposes people to the risk of HIV infection.

The magnitude of this challenge should be measured by taking into account the fact that in addition to the problems being

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confronted in the private sphere, extremely conservative proposals of preventive macro-policies are being disseminated at the international level. Guided by the Vatican and the Bush Administration, these policies defend putting off sexual activity, promoting abstinence, and prohibiting condom use. Their impact is highly negative as they increase conditions for rights violations, especially in poor countries already submitted to structural adjustment constraints that limit the implementation of their public policies.

Another problem is access to information. It is necessary to invest in information with a liberating approach, stimulating autonomy, especially among women. At the same time, there is a need to expand actual access to condoms, as they are not yet available for free or at a low price in the quantities required by the whole population.

### Educating the people on HIV/AIDS and rights

Facing the AIDS epidemic with a sexual and reproductive rights approach poses huge challenges for social movements, HIV/AIDS activists and programmers, and people living with HIV, in an effort to network these subjects for changing social relations and designing public policies. In this perspective, collective action should stimulate participation and mobilization of women and young people in social movements as a strategy to confront the AIDS epidemic. It should reinforce actions adopting a gender approach and incorporating reproductive and sexual rights in STI/HIV prevention policies.

At the practical level, one of the tools civil society has in mobilizing women, men, and young people in the struggle against AIDS is education. In order to be effective, HIV

prevention education should work from a sexual and reproductive rights perspective and include an analysis of the economic and social inequalities persistent in most societies. By analysing HIV and AIDS in the context of poverty, gender inequality, homophobia and racism, young people and adults can explore their feelings and knowledge about these issues and come up with solutions on how to address them.

Suitable methodologies to make this happen are life skills-based and participatory in nature. They go beyond awareness-raising and individual behaviour change and focus on social change, and transformative and political education approaches. These approaches seek to transform gender relations by enabling women to access information, skills, services, and technology; encouraging their participation in decision-making; and creating a group identity that becomes a source of power. Some examples of these methodologies, developed in different contexts in the Southern Hemisphere, are included in this issue. ■

*This article was produced as part of the KIC Project. It was translated from Portuguese by Jones de Freitas and edited by Phil Courneyeur.*

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