Meeting religious fundamentalism panic and increasing backlash in a successful AIDS response: lessons learned from governmental and community consent process to a comprehensive condom distribution project at Brazilian schools

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Background

• Since 2008, Brazilian indicators have shown unacceptable and permanent high number of AIDS-cases, decrease of condom use and of comprehensive prevention efforts in schools.

• In addition, since 2011, challenged by conservative religious clergy persons and politicians, federal governmental censored programs and campaigns on non-discrimination based on sexuality, while local sustainability of landmark comprehensive prevention education became harder.

• School administrators cancelled or shortened sexuality and aids education programs

• This study aimed to evaluate the process of consent to a project originated in the National AIDS Program in 2011, politically postponed for almost 18 months, to be developed in schools to test new technologies and innovation adolescents aids prevention
**Epidemiological Indicators (Brazil)**

HIV prevalence among gay men is unacceptably high

<table>
<thead>
<tr>
<th>Age Group</th>
<th>HIV Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24yo</td>
<td>6.4%</td>
</tr>
<tr>
<td>25 to 34yo</td>
<td>14.7%</td>
</tr>
<tr>
<td>35 to 49yo</td>
<td>27.7%</td>
</tr>
<tr>
<td>50 to 77yo</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

*Sampa Centro Study, 2012*

Transmission from mother-to-child stabilized at around 3.5% since 2008, with nearly half of WLWHA not receiving prophylaxis on labor

Source: Monitoraids, 2011

Reduction in rates of condom use all age cohorts

<table>
<thead>
<tr>
<th>Area</th>
<th>2004</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sexual intercourse past 12 mo, casual partners</td>
<td>51.5%</td>
<td>46.5%</td>
</tr>
<tr>
<td>All sexual intercourse past 12 mo, stable partners</td>
<td>25.3%</td>
<td>21.5%</td>
</tr>
</tbody>
</table>
Methods

The consent process was observed and registered throughout meetings and interviews with
a. federal authorities;
b. local health or educational authorities, as well as with high school managers in 3 cities

b.1. a touristic city by the ocean, known by its ecotourism and as a Catholic peregrination point
b.2. a middle town by the big road dedicated to agro-business and transport hug in the region, known as quite conservative with a strong evangelic communities
b.3. a rural village in the sierra, known by its native population, long isolated and originally a refugee for afro-Brazilian slaves, quite resistant to state policies

After authorities consent, in 2013 at least
*3 meetings were conducted with teachers in each city/school
*2 or 3 conversation circles were organized with parents and teachers
*1 or 2 conversation circles were organized with teachers-parents-students
Turning point at federal government level

Methods

1. **MANIFESTO** (August 2012)
   Released prior to the IX Brazilian Conference on STD/HIV/AIDS Prevention, signed by leading AIDS NGO and research institution plus 380 people from all over the country (researchers, activists, health workers, students)
   [http://oquenostiraosono.tumblr.com/manifesto](http://oquenostiraosono.tumblr.com/manifesto) (option of translation, with limits)

2. **BLOG opened by the manifesto and supporters** (August 2012 and ongoing)
   To stimulate collective participation in three topics:
   - *What keeps me awake*
   - *What would make me sleep soundly*
   - *To read during insomnia*

3. **FACEBOOK page** (August 2012 and ongoing)
   To disseminate the initiative and other relevant information about HIV/AIDS
   [https://www.facebook.com/AidsNoBrasilOQueNosTiraOSono?ref=ts](https://www.facebook.com/AidsNoBrasilOQueNosTiraOSono?ref=ts)

Response

**Greater media attention:**
News change its tone and content
“Aids is not controlled in the country”;
“Aids is an ongoing problem”;

**Definition of 5 strategic issues to be addressed by the Aids response through inter-sectorial dialogue via blog:**
1. Recognition of the growth of the AIDS epidemic in Brazil
2. Reaffirmation of Human Rights as the main reference for the AIDS policy and the secular (laic) definition of
3. Democratic debate on the incorporation of new prevention technologies
4. Strengthening of states and municipalities
5. Institutional support to AIDS NGO

The **Ministry of Health** convened researchers and civil society representatives and **accepted the 5 issues agenda** for a 2 day meeting (October 2012)
In April 2013 the project finally begins
The turning point for local consent

- The turning point for local consent was dialogic dissemination of epidemic data from a human rights perspective, stressing out Brazilian youth diversity, religious freedom, and gender non-discrimination.

- Principles of reciprocity, equal access, mutual respect for values, and compromise with voluntary involvement of families and youth reinforced “faith in science”.

- Open discussions in which parents/teachers listened to adolescents confirming lack of prevention education, early sex and low condom use were a powerful strategy that reinforced the awareness.
Results

- Following, the consent became stronger when the community co-produced school survey confirmed national data on youth sexuality and prevention.
- There was no opposition to the program on going a year.
- No differences among religious affiliations in mean age of sexual initiation (14.5 years old) and other relevant.
- Results “requires care” and “controlled epidemic is different from no-epidemic”.
- “We need to do something together”

<table>
<thead>
<tr>
<th>at baseline</th>
<th>Litoral tourism</th>
<th>Medium Agrobusiness</th>
<th>Sierra rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evangelics</td>
<td>26 % 40 % 24 %</td>
<td>41 % 36 % 23 %</td>
<td>35 % 43 % 24 %</td>
</tr>
<tr>
<td>Catholics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highly religious</td>
<td>53 %</td>
<td>62 %</td>
<td>84 %</td>
</tr>
<tr>
<td>Sexual active</td>
<td>69 % 13 %</td>
<td>57 % 16 %</td>
<td>48 % 07 %</td>
</tr>
<tr>
<td>With same sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of 1st intercourse</td>
<td>13 % 44 % 36 % 07 %</td>
<td>06 % 51 % 37 % 11 %</td>
<td>30 % 56 % 13 % 01 %</td>
</tr>
<tr>
<td>&lt; 13 years old</td>
<td>13 %</td>
<td>06 %</td>
<td>30 %</td>
</tr>
<tr>
<td>14-15 years old</td>
<td>44 %</td>
<td>51 %</td>
<td>56 %</td>
</tr>
<tr>
<td>16-18 years old</td>
<td>36 %</td>
<td>37 %</td>
<td>13 %</td>
</tr>
<tr>
<td>&gt;19 years old</td>
<td>07 %</td>
<td>11 %</td>
<td>01 %</td>
</tr>
<tr>
<td>Condom use at first intercourse</td>
<td>58%</td>
<td>66%</td>
<td>76%</td>
</tr>
</tbody>
</table>

Litoral tourism: Evangelics 26%, Catholics 40%, Other 24%;
Medium Agrobusiness: Evangelics 41%, Catholics 36%, Other 23%;
Sierra rural: Evangelics 35%, Catholics 43%, Other 24%;
Highly religious: Litoral tourism 53%, Medium Agrobusiness 62%, Sierra rural 84%;
Sexual active: Litoral tourism 69%, Medium Agrobusiness 57%, Sierra rural 48%;
Condom use at first intercourse: Litoral tourism 58%, Medium Agrobusiness 66%, Sierra rural 76%.
Results

• In a school festival (May 2014) the students produced images to promote condoms, some use their religious imagery.

• The most important value assumed by students was “respect for differences and different values”.

• Having fun while learning to open, to put on a condom on carrots and playing with condoms to test its resistance in all schools was acceptable!
Conclusion

• The project zigzagged rejected by two state governments, delayed by the Ministry of Health and stalled by school administrators who feared vocal fundamentalist leaders

• At federal level and state level, social mobilization and community mobilizations were crucial to guarantee the support for the project

• The local process fostered government and conservatives respect for the majority of families and teachers approving the program.

• Participation and dialogue at each path was crucial
• Reciprocity is a principle to be valued beyond interdependence of legal obligations
• Both may enhance the sustainability of AIDS programs in similar backlash contexts.

• Next steps:
• Evaluate the impact of all pieces of the program: capacity building of teachers and students as aids educators, condom distribution in the school and human rights education