

**AIDS:**  
**WHAT YOUNG PEOPLE THINK**  
**ABOUT IT**  
**EDUCATIONAL PRACTICES AND POLICIES**



UNESCO BRAZIL Editions

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**Coordination/Compilation:**

Cristina Raposo

**Youth Working Group:**

Ana Beatriz dos Santos

Ana Paula da Silva

Daniel de Castro Leite

Marco Antônio Franco Amaral

Méires Moreira da Silva

Élida Miranda dos Santos

Sérgio de Cássio Souza Nascimento

**Technical Writing**

Cristina Raposo

Katia Guimarães

Mariana Braga

Matias Spektor

Youth WG

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## **UNESCO Brazil Publishing Council**

Jorge Werthein  
Juan Carlos Tedesco  
Cecilia Braslavsky  
Adama Ouane  
Célio da Cunha

## **Education for Health Committee**

Cristina Raposo  
Alessandra Schneider

*English Translation* – Die Press

*English Revision* – Alessandra Furtado e Glen Hertelendy

*Diagramming* – Eduardo Perácio (DPE Studio)

*Editorial Assistant* – Rachel Gontijo de Araújo

*Graphics Project* – Edson Fogaça

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United Nations Education Science and Culture Organization  
Brazil representation

SAS, Quadra 5, Bloco H, Lote 6, Ed. CNPq/IBICT/UNESCO, 9º andar.

70070-914 – Brasília – DF – Brazil

Tel.: (55 61) 2106-3500

Fax: (55 61) 322-4261

E-mail: UHBRZ@unesco.org.br

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## FOREWORD

HIV has brought up, in a particular manner, the need to “untie a knot.” This knot represents the challenge to the collective health and education policies worldwide and the questions posed by such a challenge: How does one go about changing the behaviors of individuals when those behaviors are linked to affection; when they take place within the private lives of couples and are rooted in social-cultural aspects? Furthermore, how does one involve youth in the process of changing their behavioral, affective and cognitive paradigms? Understanding the sexual behavior of young people and working with this population in the era of AIDS has become a priority in Brazil’s strategy for combating the emergence of this national epidemic.

This publication contains the conclusions of a project known as Young People Commitment and Co-Responsibility in Preventing the Spread of HIV/AIDS, or the UNAIDS Youth Working Group (Youth WG). This project was conducted with the resources of the Joint United Nations Program on HIV/AIDS (UNAIDS), and its main goal was to promote the inclusion of a youth perception in the formulation and execution of HIV/AIDS-related policies. The United Nations Education Science and Cultural Organization (UNESCO) and UNAIDS endeavoring to strengthen youth participation and stimulate techniques for the prevention of HIV/AIDS and drug abuse among Brazilian youth. This effort reinforces the essential role that youth must play in formulating the preventive efforts and policies to be adopted by Brazilian public authorities, civil society organizations and the private sector.

Seven youths coming from civil society organizations and appointed by the Brazilian UNAIDS Thematic Working Group assembled in five meetings from 2000 to 2002 to discuss issues relevant to the epidemic. Debates centered on such topics as youth participation, sexuality, drugs, AIDS at work, young HIV carriers, public healthcare services and AIDS in the school context, among others. The regional, social and cultural factors identified in these young people thus imbued the Youth WG

with the necessary diversity to reinforce preventive education efforts in the context of peer groups led by young people in various areas of the country.

The fact that we are dealing with such delicate areas such as STD/AIDS and drug-abuse prevention, especially from a youth perspective, makes the implementation of this project even more significant. While the implementation of policies based upon the decentralization principles advocated by the Brazilian Government represents a unique opportunity to develop potentials, augment capabilities and combine efforts in such crucial areas as health and education, it also represents a formidable challenge for Brazil, a country of continental dimensions and dramatic regional differences.

It is important to point out that the development of the UNAIDS Youth WG—the first among Latin American countries—was based on initiatives designed to promote the ability of young people to reduce the risk of HIV infection while taking into account the psychological, social, cultural and cognitive aspects. The exploration of these themes is highly relevant to the establishment of new initiatives that promote youth participation, behavioral changes, citizenship and solidarity.

We have no doubt that through this act, UNESCO and UNAIDS are contributing toward the formulation of public policies that reserve a special place for young people in the augmentation and delivery of educational and health care public services, as well as in the services provided by the organized civil society.

We are also convinced that the publication of this book represents a step forward in broadening our knowledge of the epidemic in Brazil through a youth perspective, providing the necessary elements for public debate and effective action in regard to the relevant issue.

*Jorge Werthein*  
UNESCO Director in Brazil

*Rosemary Barber-Madden*  
United Nations Population Fund (UNFPA) Representative in Brazil  
President of the UNAIDS Thematic Working Group in Brazil

## ABSTRACT

It is a fact that more than half of today's new HIV infections occur among young people. More than two decades after the report of the world's first case of AIDS, youths remain uninformed about their own sexuality, not to mention about sexually transmitted diseases. Although they know or are of somewhat aware about AIDS, they do not believe they are actually at risk.

How can we contribute to the inclusion of young people in the AIDS debate and make them more aware that they share the responsibility for curbing the impact of this epidemic?

This publication is the result of the project funded by the UNAIDS Young People Commitment and Co-Responsibility in Preventing the Spread of HIV/AIDS. The primary objective was to include the perceptions of youth in the formulation and implementation of HIV/AIDS policies, thereby enhancing the involvement of youths in the containment of the epidemic.

This initiative gathered seven youths from civil society organizations of different Brazilian geographic regions and social contexts. Over a period of two years, they discussed their perceptions on relevant issues regarding the epidemic. Subjects in the discussions included youth leadership, sexuality, education, drugs, the public health system, AIDS at school, AIDS in the workplace and others. It is important to note that the Youth WG, the first of its kind in Latin America, was based on initiatives that seek the development of life skills among Brazilian youth.

This publication is thus intended to raise awareness by promoting strategies to respond to the HIV/AIDS epidemic, taking into account the participation of youth in the policy-making process and the implementation of preventive efforts.



## ACKNOWLEDGMENTS

This publication was made possible thanks to the direct and indirect efforts of countless people who supported and encouraged our work throughout the past several months. Among them are the technical teams of the National STD/AIDS and Teenage Health Coordination of the Ministry of Health and the Brazilian representations of UNODC (United Nations Office on Drugs and Crime) and UNAIDS, which together with their determined leaders were essential as a means of moving this project forward and achieving its goals. The names of all those who were directly involved in project activities are duly mentioned in the credits of this publication.

We would also like to thank the adults who occupy leading positions in the institutions that support the young co-authors of this publication. By placing their trust in the potential of this project and their willingness to encourage various ideas, they have given considerable strength to this initiative.

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*Mães*

## INTRODUCTION

*“AIDS is transforming the life perspectives of human beings in the Third World, turning their countries into barren lands. Brazil has demonstrated that, armed with the power of competition, a government can do more than sit and watch the desert expand.”*

*The New York Times, January 28, 2001.*

Approximately one-third of the world’s population is between 10 and 24 years old, or more specifically, are youths. According to the World Health Organization, half of the world’s HIV infections are concentrated in this age range. This data indicates a critical situation and makes the younger population an absolute priority in the public debate concerning HIV/AIDS prevention policies in Brazil and abroad.

In the last few years, the search for broad answers to the problem has made the international community insist that young people, whether they are HIV carriers or not, be given the means to overcome the lack of knowledge about HIV infection and prevention and to deal with discrimination and the lack of resources regarding prevention and treatment. Of course, these are all needs that developing countries share. On the other hand, it has become clear that the best way to reduce the incidence of the disease among young people is through prevention networks conceived and run jointly by youths: the so-called “peer groups.”<sup>1</sup>

Throughout the world there are common obstacles that directly affect the ability to find specific answers to HIV/AIDS for the young sector of the population, both in terms of prevention and care. Whether for geographical or cultural reasons, young people have less access to information, services and resources than their adult counterparts.

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<sup>1</sup> The term “education among peers” refers to the work methodology developed and implemented by people of the same population group, as, for example, teen to teen or woman to woman.

Additionally, public and private health-care services are rarely prepared to meet the specific needs of youth.

It is the belief of UNESCO that young people themselves can come up with the strategies necessary to overcome the difficulties in preventing HIV/AIDS. This can happen either in school or outside it, given that they spend a good part of their time with people their own age. The various forms of leisure available for the youth population and workplaces where this group prevails are examples of venues that offer opportunities for socialization and the sharing of attitudes and values.

Therefore, it is essential that decision-makers and public-policy administrators at all levels are capable of grasping the perceptions of youth concerning their present realities. This concept in turn leads to the belief that AIDS prevention strategies should count on youth participation in both the planning process and the implementation of strategies. There is evidence that peer education leads to significant behavioral changes among young people.

In addition, peer-promoted educational activities are particularly important to youths in vulnerable situations, as they tend to trust their “equals” more than they do adults, who are often perceived as figures of authority.

Several professionals and organizations in Brazil are working to develop HIV/AIDS prevention activities emphasizing the younger population. Systematic and continued actions that favor the creation of spaces for discussion and thoughts are associated with such organizations. However, they all face the same challenges; namely the need to establish priorities, exchange information and develop resources that help change the characteristics of the epidemic for this population at the local and national levels.

It is necessary to understand the feelings of those who intend to change their behavior. In order to change one’s behavior, it is important to recognize the object and attribute a value to it. It is exactly this value that will make it easier for young people to adopt new attitudes and practices.

Therefore, it is insufficient for adults to simply recognize the importance of prevention in the lives of young people and the factors that make them so vulnerable. It is necessary that youths themselves

recognize the significance and importance of prevention in their lives, and this recognition being the motivating force for *youth participation* in combating the HIV/AIDS epidemic.

“Youth participation basically relates to the preparation of solidarity and citizenship. It concerns young people’s creative, constructive and solidarity acts alongside people of the adult world (educators) in an effort to find solutions for real problems in school, the community and social life in a broader sense” (Costa 44).

Thus, young people become active participants in the creation of their own environment by being the source of initiatives by taking on commitments and especially through their ability to make choices.

It is an emergent fact that the engagement of the Brazilian Government and organized civil society in youth-related matters results from an augmentation in the information available about the situation facing young people and consequently from the awareness of the need to produce responsible citizens who are less affected by social and economic disparities. However, teen-related policies have so far done little to incorporate youths, who are the main beneficiaries of the development of society in general.

Although programs and projects that include children and adolescents in their various social agendas are generally more open to include youth participation in their agendas, they still require the appropriate support. In Brazil, the Child and Adolescent Statute (ECA) entered political and social history as an example of a collective effort by citizens, transforming children and adolescents into people with civil rights and opening the doors towards solidarity and citizenship in this phase of life. It became the job of the family, the state and society to guarantee the rights described in the ECA which then classifies it as a truly applicable resource.

This publication did not exempt itself, nor could it, from the directives of the Child and Adolescent Statute. Therefore, all debate and discussion within the Youth WG took place in consideration of the rights of children and adolescents as contained in this document.

The texts presented herein were elaborated by members of the Youth WG created within the UNAIDS thematic working group with

the participation of the organizers of this publication. Technical experts from UNESCO, the National AIDS Program of the Ministry of Health of Brazil, UNODC, UNAIDS, the Public Health Study Nucleus of the University of Brasilia, and the Child and Adolescent Health Area of the Ministry of Health of Brazil all participated in the discussions and contributed to the direction of the works, always taking into account the perceptions and experiences of young people.

The present document intends to contribute to the formulation and inclusion of policies specifically designed for young people regarding the means of combating one of the present world's greatest challenges: the AIDS epidemic. The objective of this publication is not to close the discussion on this subject, but instead to foster relevant thoughts and discussions. Furthermore, it seeks to stimulate the necessary changes in attitude and behavior among the general population, the media, opinion makers and especially among young people who, in the real-world context of transformations, must be the protagonists of their own destiny.

## UNAIDS THEMATIC WORKING GROUP EFFORTS IN BRAZIL

The World Bank and seven United Nations agencies – UNESCO, the United Nations Development Program (UNDP), UNFPA, UNODC, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and more recently the International Labor Organization (ILO) – have joined together in sponsoring UNAIDS, the Joint United Nations Program on HIV/AIDS, as part of an effort to gather AIDS prevention strategies from various UN organizations worldwide.

UNAIDS implements its strategies in developing countries based upon the participation of local teams of the seven UN agencies that operate in the country and through their collaboration with other organizations. The UNAIDS Thematic Working Group in Brazil (UNAIDS WG) prioritizes the exchange of information as well as the planning and monitoring of joint actions to combat HIV/AIDS. Its composition differs from that of groups in other countries; besides the representations of the United Nations agencies and the World Bank, the initiative brings together other national and international institutions from the government and the organized civil society.

The Brazilian Government, represented by the National AIDS Program of the Ministry of Health, the Ministry of Education and the Ministry of Foreign Relations, actively and decisively participates in the UNAIDS WG, contributing to the creation of policies that involve subsystems of planning, monitoring and evaluation in the preparation of a national response to the challenge of HIV/AIDS.

Having just joined the Thematic Group, the organized civil society contributes on the basis of its knowledge and experience, offering proposals that make the work of the Group significantly more dynamic. This subsequently provides Brazilian partners and the international community with a clearer assessment of the nature and rhythm of national initiatives put in place by the organized civil society.



The National Business Council for HIV/AIDS Prevention is also represented in the UNAIDS WG. The Council gathers together private entities that are engaged in reversing the epidemic in the country, both in the work environment and in the respective regions in which they function economically.

The United Nations agencies contribute with their rich tradition in research and pioneering projects, serving to improve the quality of life for the population. The various agencies give young people, in the context of their respective mandates, a differentiated treatment that focuses on the different dimensions of this public's needs.

During the year 2000, while UNESCO was president of the UNAIDS WG, this agency promoted the representation of young people in the UNAIDS WG, believing it would contribute significantly to an increase in the scope of what was being discussed by the team's participants. Thus it contributed to the effort of Brazil to represent the standard in combating the epidemic with the participation of the young population in the Southern Hemisphere, the Americas and the rest of the world.

The inclusion of the younger segment of the population has the dual objectives of strengthening the local youth networks and including issues that are pertinent to the dynamics and lifestyles of young people in the programs implemented by the Brazilian Government, civil society and international agencies.

### **Reasons for Having a Youth Working Group**

Even if HIV/AIDS has not yet been registered as an epidemic in the youth population of Brazil, it is critical that this group is not neglected in the context of disseminating the dynamics of the Human Immunodeficiency Virus (HIV) or the means of preventing it.

Sexual violence and the use of injected drugs, along with unprotected sexual activity, have also made a significant increase in the vulnerability of young people to HIV. In a country of such continental dimensions and tremendous disparity as Brazil, the answer to the HIV/AIDS epidemic in the youth population demands an intersectorial

approach – namely health and education – that encompasses the three spheres of the governmental structure (Executive, Legislative and Judicial) and the organized civil society.

The networking between the various branches that focus on youth in the context of the AIDS epidemic is an important step in implementing a consolidated and efficient national system for combating HIV/AIDS. Furthermore, the augmentation of related activities has the potential to increase the awareness of the general population, and of allowing experiences that were successful among young people and those that they implemented to be replicated by other institutions and communities with modifications according to their specific needs and conditions.

Youth participation in HIV prevention activities therefore has a number of advantages that cannot be ignored:

- a) It preserves cultural and social diversity.
- b) It stimulates discussions of young people's quality of life in the broader context.
- c) It promotes the inclusion of socially excluded youths (unemployed, users of injected drugs, juvenile delinquents and others) in the various discussions.
- d) It stimulates thoughts about sexuality as a dimension of human existence, promoting discussions about related themes (dating, pregnancy, contraception and others) and creating a space for the sharing of the experiences, doubts and worries that characterize youth.
- e) It has the potential to overcome gender inequality in all of its manifestations.
- f) It has the potential to help eliminate the stigma attached to those who live in close contact with HIV/AIDS.
- g) It stimulates the development of new approaches and concepts that can be positively incorporated by governments, organizations and entities that deal with the subject.

Several actions comprise the model of youth participation in response to HIV/AIDS. These actions focus on giving young Brazilians the necessary tools so that, together with their peers, they can modify their local environment and consequently that of the nation.

Bearing this in mind, the creation of the Youth WG contributes with:

- A discussion about education, health and quality of life among young people.
- Answers to the effects of HIV/AIDS on the young population which derive from their own perceptions and views of the world, thus making them co-responsible for the control of this epidemic.
- Incentive for the effective provision of quality services in healthcare and education.
- Support for actions that promote the use of condoms as well as their distribution and sale.

### **About the Methodology used with the Youth Working Group**

The activities of the Youth WG were structured according to an experiential and participative approach that dynamically integrates the process of sharing experiences.

#### **A) About the selection of group members**

Members of the UNAIDS WG actively participated in suggesting potential youth group members. Among the criteria established for participation were regional representation, inclusion in the school environment, insertion in the social movement, authorization of custodians (for underage participants) and availability to travel.

The group was ultimately composed by seven members representing different Brazilian administrative regions<sup>2</sup> and coming from civil society organizations active in issues facing women, adolescents and people living in contact with AIDS.

#### **B) About the organization of the meetings**

*Meeting I – Brasilia, August 2000*

Objective: allow group members to acquaint themselves and discuss the efforts and roles to be developed.

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<sup>2</sup> See youth profile in the Biographies section.

Activities: meeting for the presentation and familiarization of participants; visit of the partners, discussion of the role of the Youth WG.

Participants: UNAIDS, UNODC, National AIDS Program and UNESCO technical experts.

*Meeting II – Rio de Janeiro, October 2000*

Objective: participate in the STD/AIDS Forum 2000 in Rio de Janeiro; present the WG's work proposal in the said event;

Activities: participation of one of the members in the panel to present the Youth WG's proposals and to stress the importance of youth participation in combating the epidemic.

Participants: UNAIDS, UNODC, National AIDS Program and UNESCO technical experts.

*Meeting III – Rio de Janeiro, December 2000*

Objective: participate in the UNAIDS meeting in Rio de Janeiro,<sup>3</sup> reconfigure the group's action strategy.

Activities: participation in the Program Coordinating Board (PCB) meeting; thoughts and discussion of activities concerning the extension of group actions; discussions of technical subjects.

Participants: UNAIDS, UNODC, National AIDS Program and UNESCO technical experts.

*Meeting IV – Brasília, October 2001*

Objectives: discuss the issues that will be incorporated in the publication; coordinate the group's thoughts with regard to the issues discussed.

Activities: dynamic activities for the re-integration of participants; subject discussions; recording of discussions and recommendations

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<sup>3</sup> Refers to the UNAIDS Programme Coordinating Board meeting which took place on 14/15 December, 2000 at Rio de Janeiro. It concentrated on planning a unified global response to HIV/AIDS. It reflected the important work of preparing for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and the planning done by UNAIDS co-sponsors and by the Secretariat from the perspective of significant global initiatives in response to the epidemic.

for further systematization; discussion concerning the structure of the publication.

Participants: UNAIDS, UNODC, National AIDS Program, Adolescent Health Program of the Ministry of Health, and UNESCO technical experts.

*Meeting V – Brasilia, January 2002*

Objectives: present the first draft of the publication based on the data from the previous meeting; discuss issues with the participation of other specialists; define a strategy of continuity on behalf of the Youth WG actions.

Activities: theme discussions; group readings and considerations about the publication draft.

Participants: UNAIDS, UNODC, the Public Health Study Nucleus of the University of Brasilia, G3 Comunicação<sup>4</sup> and UNESCO technical experts.

As can be seen from the activities described above, the first three meetings centered on participation in events with a regional and national scope, intended to consolidate the role of young people in Brazil's UNAIDS WG.

Supervised by technical experts from UNAIDS, UNODC, National AIDS Program and UNESCO, the meetings were intended to familiarize the participants with the educational practices used by each of the youths in his or her community. Participants shared their experiences, refined their perceptions and, in particular, discussed the participation of young people in the national response to HIV.

Given the constant need for communication among participants, the National AIDS Program of the Ministry of Health made available a space on its website<sup>5</sup> and dedicated that space to the discussion and the

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4 G3 Comunicação is an advertising agency in Brasilia that was invited by UNESCO to clarify matters concerning the advertising market, its relationship with the organized civil society organizations and the subject of HIV/AIDS. This information helped the Youth WG base its recommendations on the realities of the media market.

5 The NC STD/AIDS homepage is [www.aids.gov.br](http://www.aids.gov.br), which is in turn a link to Adolesite.

sharing of information: the Adolesite. Members of the Youth WG were taught to access the Internet<sup>6</sup> and use the site.

From the fourth meeting onwards, work was conducted so as to contribute to the organization of the ideas and thoughts of young people regarding preventive education and the policies used to combat the epidemic as expressed during the course of the discussions. This organizational process fits in with the strategic perspective of contributing, by means of a publication, to the implementation of preventive actions based on the participation of youth as subjects of personal experience.

A work schedule was thus established and organized over the course of two meetings, having as its chief goal the elaboration of content and the organization of thoughts and debates concerning the discussions. The experiences shared by the group and the contribution of technical experts during the meetings were analyzed and allowed for the development of alternatives that might promote the understanding of cross cutting issues within the HIV/AIDS epidemic. Among them are the body, sexuality, gender and social control, among others.

The participation of the youths in this study was based upon how they feel about, live with and view their realities. In this collective process, the emphasis was given to the richness of individual differences among the participants, the cultural diversity of their various regions and the particularities of their work in the respective communities given the different types of populations. However, of extreme relevance were the personal aspects and abilities that contributed to the insertion of these youths in the area of prevention.

This pedagogical stance provides the study with the legitimacy of youth activism and of citizenship participation that together stimulate the responsible development of autonomy. This legitimacy is affirmed in the excerpts of the members of the Youth WG, which can be found throughout this publication.

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<sup>6</sup> It is notable that not all the youths of the WG had computers in their homes or even easy access to this resource, and that this disparity made more difficult the constant exchange of information between group members and adolescents who were accessing the Adolesite.

It is also in this sense that the experience contributes to the development of actions directed toward preventing AIDS, sexually transmitted diseases and drug abuse. This initiative of the UNAIDS WG shows governmental authorities that the inclusion of young people in discussions about the control and dissemination of HIV in Brazil can be an extremely relevant resource in the formulation of public policies.

The proposals made by the youths therefore have the benefit of working in favor of young people themselves, taking into account their demands and needs in order to institute pragmatic policies and achieve concrete results.

### **A Brief Overview of the HIV/AIDS Epidemic in Brazil**

The AIDS epidemic has spread rapidly ever since the first AIDS<sup>7</sup> cases were diagnosed in the United States in 1980. It was not long before cases were identified on the continents of Europe, Latin America and Africa.

Although the HIV/AIDS epidemic reached Brazil with the same epidemiological characteristics found elsewhere, in this country it exhibited a particular scenario in which significant processes of social change were taking place, namely rapid urbanization and the beginning of the country's democratization. After the first registered case in 1982, the epidemic grew at an alarming rate. By 1986, the country ranked second worldwide in the number of registered cases with 790 AIDS cases and 406 deaths (Daniel and Parker 33).

The Brazilian Government passed a decree in 1985 instituting the creation of a National AIDS Program within the Ministry of Health. However, it wasn't until 1986 that this new structure became active with the development of a five-year plan to guide the Ministry of Health's response to the epidemic up to the year 1991 (Ministry of Health, Epidemiological Bulletin, 1987).

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<sup>7</sup> This term was applied retrospectively following the isolation of the human immunodeficiency virus in 1984.

From 1986 to 1993, the health-promotion acts developed by the Ministry of Health to combat the AIDS epidemic were through means of education and information. In 1987 and 1988, a large-scale education program began to be implemented. Television, being a means of communication that basically reaches all levels of society throughout the regions of the country, thus became the main vehicle for national campaigns of preventive education. Such campaigns also employed information vehicles such as posters, leaflets and outdoor advertisements.

Several important measures were implemented in 1993 within the National AIDS Program. Significant among these was the political networking that took place with the scientific and research communities, and with non-governmental organizations and community activists. These measures favored the establishment of a cooperative climate between the state and the organized civil society, thereby offering a national response to the epidemic (Parker, 2000).

The experience obtained through this joint effort effectively demonstrated that education and health promotion must be priorities in order to achieve an intervention in the course of the epidemic. The United Nations agencies and other international organizations now recognize that preventive education is one of the most successful strategies in combating the spread of HIV among populations.

The epidemic grew in Brazil until 1986. It stabilized from then on until 1998 and in 1999, as a result of the national campaign, it began to decline (Ministry of Health, Epidemiological Bulletin, June-September, 2001). In 2001 there were a total of 222,348 registered cases, with the Southeast region being responsible for 68.4%, the South for 15.7%, the Northeast for 9%, the Midwest for 5% and the North for 1%.

As for the participation of the state, the Ministry of Health currently has the National AIDS Program that, together with state and municipal programs, acts in the 27 states of the Federation and in 150 municipalities that present 80 percent of the total number of AIDS cases nationwide (Ministry of Health, The Brazilian Program, 2002).



## **Changes in the Epidemic's Profile**

Ever since the first known cases of the Acquired Immunodeficiency Syndrome (AIDS) and its rapid and progressive dissemination through various countries, the planet has been confronted with a complex set of questions and perplexities that altered the pattern with which the epidemic was initially presented.

The first epidemiological efforts took place in the United States to understand and control the spread of the disease connected the HIV/AIDS epidemic to the way of life of certain social groups that had previously been stigmatized by the general society.

Initially homosexuals, followed by users of injected drugs and prostitutes (the so-called "high-risk" groups) were believed to be the most prone to infection. According to Mann, these facts outlined the appearance of what he called the Epidemic of Social Reactions (Daniel and Parker, 1991), in which prejudice and discrimination became the standard response of different societies in response to the disease and those directly affected by it.

Brazil's first AIDS cases were likewise related to male homosexuality and the use of injected drugs. However, the profile has changed as the epidemic has evolved. While the total registered AIDS cases acquired through male homosexual relations corresponded to 36% of the total identified in the 80s and 90s, by 2001 the percentage had fallen to 16.1%, whereas heterosexual transmissions had risen from 9.9% to 40% during the same period. The cases of transmission among male users of injected drugs fell from 19.5% to 14.5% over the same period.

Heterosexual transmission among the female population also grew from 44.2% (accumulated cases until 1990) to 80.8% in 2001. The female cases of transmission through the use of injected drugs plummeted from 31.4% to 5.7% over the same period.

These figures show the most significant change in the profile of the epidemic in which heterosexual transmission became the most frequent form: the heterosexualization of the AIDS epidemic.

Consequently along with this first metamorphosis a second one took place; namely the feminization of the epidemic. While in 1990 the male/female ratio of known cases was 7:1, in 2001 it was 1.8:1.

Another relevant aspect is the tendency to the "impoverishment" of the epidemic. If one considers education as an indicator of this tendency, it is clear that until 1982, 100 percent of the registered cases among people with a known educational level consisted of those with a university education or at least 11 years of education. Since then, the situation has reversed. Nowadays over 60 percent of registered AIDS cases are found in illiterate people or those with eight years or less of education (Ministry of Health, The Brazilian Program, 2002).

Even though the world tendency of the epidemic points towards its juvenilization, the data published in the Ministry of Health's Epidemiological Bulletin shows that in Brazil, the proportional growth of AIDS cases among 13-24 year olds is falling. Until 1990, 16.7% of the cases were found in 13-24 year-olds, falling to 7.6% in 2001, while among 30-39 year-olds the number of cases grew from 36.9% to 42.3% during the same period.

Despite this downward trend, it is essential to point out that young people prevail in the country's demographic profile (IBGE, Census, 2000). Thus, close attention must be paid to this age group in actions designed to prevent HIV/AIDS. Furthermore, it is important to note that the most affected population since the start of the epidemic is between people of 25 and 29 years of age. Moreover, considering the incubation period, it can be deduced that young people for the most part are becoming infected between 15 and 25 years of age (Pimenta & et al, 2001).

## AIDS AND VULNERABLE POPULATIONS

"Society as a whole has problems with sex, morals and death. Whenever a disease touches on all three of these problems at once, it is fatal. Whoever is afraid of sex, death, or has moral problems regarding AIDS will therefore end up panicking."

*Herbert de Souza, Betinho*

As we saw in the discussion regarding the change in the epidemiological profile, the emergence of the AIDS epidemic was marked by its connection to groups considered to be at risk. This in turn led to an increase in the prejudice and discriminative attitudes regarding such groups.

During the second phase of the epidemic, the focus of HIV/AIDS dissemination was turned towards individual behavior, and individuals became seen as responsible for their own exposure to the risk of HIV. It was only later when knowledge of the HIV infection process had matured and the propagation of the virus became explosive that it became clear that other factors had a decisive influence on people's behavior.

Other segments of society began to be affected without it being possible to connect them to the initial groups. It was also noted that their behavior patterns differed from those previously thought of as risky. An example of this was the feminization of the epidemic in which manifestations of cases among females began to accelerate. At the same time, cases also appeared in other stigmatized groups, such as the incarcerated population. The epidemic had reached the less-favored layers of the population.

This new context revealed the social dimensions of the epidemic and led to the reconsideration of strategies previously employed to combat it. The concept of vulnerability began to be used in an effort to understand the factors implicit in the dynamics of HIV propagation.

Three levels of vulnerability were identified in this new perspective: individual, social and programmatic. Individual vulnerability is linked to people's access to AIDS-related information, the quality of such information and the capacity to develop on and work with it so as to transform their knowledge into practical actions for daily life.

Regarding social vulnerability, it was clear that the capacity to undertake this transformation depends not only on individuals but also on other aspects such as access to quality education and health care, the availability of material resources (income) and the possibility of facing cultural barriers. Programmatic vulnerability refers to the difficulty in accessing programs and resources capable of minimizing or eliminating the factors of individual and social vulnerability.

Thus, the National AIDS Program considers the stigmatized populations to be most vulnerable due to their effective exclusion as a result of stigmatization. Groups such as male homosexuals and sex workers, among others, therefore receive special attention through specific programs.<sup>8</sup>

Because adolescents do not always have sufficient access to age-appropriate information, and because their possibility of obtaining prevention supplies is made relatively more difficult by cultural barriers and the lack of material resources, a special program has been created for them.

Bearing in mind the prejudices brought out by stigmatization, in order to enhance the efficiency of prevention actions, another relevant aspect is the application of the concept of vulnerability<sup>9</sup> to the understanding of the epidemic. This application must incorporate the structures of social exclusion in the context of the virus' dissemination. More than ever, this reaffirms the need to view this subject in light of human rights, and thus to create an opportunity for an ethical debate regarding those infected and affected by HIV/AIDS.

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8 From an epidemiological, behavioral and demographic point of view, the populations listed below have priority in the national policy: Children and adolescents; Poor populations; People who live with AIDS; Men who have sex with men; Users of injected drugs; Sex workers; Indigenous communities; Truck drivers; Confined populations; Members of the Armed Forces; Women and mother/child transmission (as taken from *The Experience of the Brazilian AIDS Program*, 2002. Brasilia DF).

9 The concept of vulnerability is defined in the glossary at the end of this publication.

## Recommendations

Offer awareness training in adolescence, sexuality, STD/AIDS and drug abuse according to socio-educational measures to professionals dealing with teenagers.

- Encourage the organization of HIV-vulnerable populations so that the practice of citizenship contributes to their inclusion and to the formulation of efforts directed toward this sector of the general public.
- Encourage the participation of vulnerable populations in the creation and distribution of educational and preventive materials.
- Make information available regarding the right of access to public healthcare and education services.
- Guarantee the discussion of homosexuality in school orientation programs.

*Within those stigmas, there are labels attached to prostitution . . . that are not of prostitution itself, they're external, because it is people from outside who sell things to those houses that work as . . . brothels and things.*

## AIDS AND DRUGS

"The most complex problems can be solved with pretty simple solutions: humanism, solidarity, compassion and wisdom."

*Volunteer*, Federal District

To speak about drugs is to touch on matters that are still too sensitive and ambiguous within society at large. Despite the frightening images commonly associated with illicit substances, there is a complacent attitude in place due to so-called "legal" drugs such as tobacco, alcohol<sup>10</sup> and several types of psychoactive drugs.

The control of these illicit drugs was for a long time almost exclusively in the hands of the police with minimal participation from public health agencies.

Starting in the mid-80s, the growing debate concerning the problems resulting from legal drug use started to reduce the prejudice and cause a gradual shift of health-related matters to the subject.

However, drugs are nowadays very much associated with trafficking and violence which is why their control is frequently associated with the formulation of public safety policies. Nevertheless, the marginalization imposed on drug addicts challenges their access to public healthcare services and to their basic rights as citizens, making them more vulnerable and further encouraging their involvement with crime. In this sense, it is essential to make a distinction between trafficking, subject to legal control, and drug abuse, which is more accurately identified as a health issue.

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<sup>10</sup> Alcohol is the drug responsible for the most hospital stays related to dependency and other diseases such as cirrhosis of the liver, occupying fourth place in the diseases that most incapacitate people in our country (SUS, Ministry of Health). In 1996 the Hospital Internment System of the Unified Health System (SIH/SUS) registered that alcoholic liver cirrhosis was the seventh greatest cause of death in the population over 15 years old.

According to data from the Ministry of Health, approximately 25 percent of registered AIDS cases are either directly or indirectly related to the use of injected drugs; 52 percent of Brazil's injected-drug users (IDUs) are HIV carriers; 38 percent of women with AIDS contracted the virus by sharing needles or through sexual contact with IDU partners; and 36 percent of pediatric AIDS cases point to the mother or her sexual partner as being an IDU (Ministry of Health, National AIDS Program, 2001).

It is clear that drug abuse can lead to infection with the AIDS virus and other diseases, given the fact that users frequently engage in unsafe practices such as unprotected sex or the sharing of needles or other utensils capable of transmitting diseases.

Although experimenting with drugs does not always lead to dependency, the fact that the use is occasional or recreational does not diminish its potential risk. Therefore, it is now considered essential to include drug abuse as an HIV vulnerability factor when discussing the drug phenomenon.

It is important to note that users play an important role in initiatives relating to harm reduction,<sup>11</sup> meaning those initiatives that aim to promote attitudes of prevention regarding AIDS and other diseases among users themselves and the people who live in contact with them.

### **Recommendations<sup>12</sup>**

- Seek the participation of young people in the formulation of drug abuse prevention policies and the care of addicts.

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11 Starting from the premise that drug-dependent individuals have difficulty interrupting substance abuse, harm-reduction strategies include the following: respecting the user's condition without stimulating drug use; promoting the non-injected use of drugs; guaranteeing that needles and other devices employed in drug use are not shared.

12 By the Group's suggestion the recommendations made for the subject "AIDS and Preventive Education in the School Context" are perfectly adaptable to the subject "AIDS and Drugs." So as not to become repetitive, the youths therefore preferred to add this note to suggest the reading of the previous subject and use of its recommendations.

- Consider the promotion of one's quality of life instead of the cliché, "Just say no to drugs," in prevention programs.
- Stimulate preventive approaches that are oriented toward the perception of the user's vulnerability.
- Encourage the networking between health, education and civil-society organizations and services both in preventing drug abuse and caring for addicts.
- Increase the knowledge of harm-reduction actions so as to encourage a health policy that favors the strategy.
- Guarantee that the Unified Health System (SUS) will care for drug users and addicts along with their social networks.
- Suppress any words that have a connotation of war or violence in slogans about the subject. Examples: combat, war, against.

*Now beer, alcohol is horrible stuff, it makes you sick . . . . That pleasure needs limits if you don't want to take any risks. It's just like sexual pleasure, in which the limit is the use of condoms so you don't risk anything. So, you see, the line between pleasure and risk is very thin.*

*It isn't just a matter of walking up to a teenager and saying "don't use drugs," but rather working with him so he realizes that a healthy life can be really neat; that you can live longer, be better, get along with other people better . . . .*

*I think what often takes young people of the higher classes to enter the world of drugs is the family's lack of affection. At the same time that they have everything, they don't have the main thing, which is affection.*

*This thing of words: we're always talking of the war against drugs, the war against AIDS. It would be nice if we could rethink this "war" thing.*



## AIDS AND THE ADOPTION OF PREVENTIVE PRACTICES

"No dichotomy is capable of explaining us. We are neither simply what we acquire nor what we inherit.

At this point we represent the tense relationship between what we have inherited and what we have acquired.

We are bodies or beings programmed but not determined."

*Paulo Freire, Educator*

The creation of favorable and unfavorable attitudes towards health begins in childhood during the process of forming and integrating the individual in society. The main goal in STD/AIDS prevention is the development of a critical conscience that favors the use of attitudes and practices that avoid infection and consequently stop the progress of the epidemic. Thus it is important that any effort directed toward the change in sexual attitudes and behavior take into consideration the symbolic meaning of preventive measures, as these are directly related to the social-cultural context of the individual.

Each of us is vulnerable to HIV infection at the biological level: if exposed to the virus through sexual contact or blood, apparently anyone can become HIV-positive. If an innate or biological resistance to HIV infection exists, it has not yet been discovered. However, HIV needs specific and identified paths for transmission to occur: unprotected sexual practices, needle sharing, contaminated blood transfusion or mother-child transmission (Mann, 1991).

However, the conclusion was reached that a person acts and manifests his will in the sphere of social interactions and that particular behavior is therefore not only determined by personal will but is strongly conditioned by the collective environment.

The direction of the epidemic's evolution, leaving the initially affected groups (the so-called high-risk groups) and expanding toward all segments of society--in particular the poorest-- showed that the

epidemic must be considered from a broader perspective. This means that the change toward protective behavior in AIDS prevention is not necessarily the result of "information + willpower." It is also necessary to consider such cultural aspects as gender and economic inequality, these being life conditions.

The explosion of the epidemic toward the poor, women, marginalized populations, Negroes and youths of Brazil – the so-called "impoverishment" of the epidemic – demonstrated that HIV/AIDS is reaching segments that have poorer access to information, education, health care and social services.

In the case of the HIV epidemic, the adoption of the use of condoms is the optimum behavior, this being the only confirmed efficient barrier against sexual HIV transmission and sexually transmitted diseases (STDs). The study "Sexual Behavior in the Brazilian Population and the HIV Risk Perception" (Berquó, E. et al, 1999) revealed that in a sample of 3,600 individuals ranging from 16 to 65 years of age, among which 80 percent are sexually active, 64% declared having used condoms during the last 12 months. Among young people this percentage reached 87 percent.

Although the numbers suggest a high adherence to the use of condoms, young Brazilians still find it extremely difficult to access this resource because since they are poorer and younger, they have less money to obtain them. Moreover, even when they do have money to buy condoms, they still have to face taboos regarding the exercise of their sexuality which makes them more vulnerable to HIV exposure.

The efforts undertaken especially by the Public Health Network through programs destined for adolescents work as a way of reducing this vulnerability, particularly regarding the distribution of condoms.

Given that they're in their formative years, young people have a greater capacity to learn and adopt protective attitudes and practices concerning their own health. It is essential that the programs developed and implemented in schools with the participation of adolescents and educators promote self-esteem and stimulate young people to take care of their health. They should further enhance their decision-making power and develop their capacity to find answers to life's problems.

## Recommendations

- Promote the universal dissemination of knowledge about HIV prevention, forms of infection and available care so as to make behavioral changes possible.
- Use the media as a facilitator for behavioral changes.
- Make access to prevention supplies easier so as to foster behavioral changes.
- Render information available about anti-retroviral (ARV) therapy so that medication does not serve as a justification for the non-use of condoms.
- Organize debates about unprotected sex.
- Promote strategies that encourage responsible sexual attitudes and behaviors.
- Educate young people to care for people with AIDS in the family and in the community.

*Speaking of taboos, we still have a lot of them nowadays. In my time, when I started getting my period, we used to hear the boys commenting that if a girl was walking with her legs open it was because she wasn't a virgin anymore.*

*I think if he has access to them (condoms), at least he'll try. . . .*

*It would be interesting if young people got used to always walking around with condoms before starting their sex lives, don't you think? A girl would carry one in her purse as if it were the most normal thing in the world, like a lipstick or something. . . But without that mandatory connection, like, "If you have a condom with you it's because you're going to have sex tonight."*

*You can't wait until the guy's 18, or I think even before that. I think if the parents were to . . . leave a condom on the table, you know? And the kid went, "What's that?" and the parent said, "Oh, it's a thing you're going to use..."*

*People don't worry about each other or about affection anymore. They're always more worried about material things.*

# AIDS AND PREVENTIVE EDUCATION IN THE SCHOOL CONTEXT

"Young people need to make their voices heard, like the main actors in the future of our planet."

*Koffi A. Annan,*  
General Secretary of the United Nations

It is the school's role to contribute so that health can be understood as a universal right and an essential dimension of human development. In a country of endless social and economic diversity, issues of health are directly related to educational aspects. The school needs to reflect the needs of society, because it's essential that issues relating to the daily lives of students are brought up. Therefore, health education has the role of guiding young people and making them conscious of their right to health, in addition to inducing them to use preventive practices.

One of the most important initiatives of the Ministry of Health in recent years was the creation of the National Curriculum Parameters (PCN) for pre-school, primary, secondary and indigenous education. These parameters are not meant as a compulsory model for the creation of curriculums but are meant to serve as references in the effort to organize Brazilian education.

PCNs demonstrate the need to treat the subjects in a crosscutting manner so as to integrate the social problems that are part of the Brazilian reality by permeating the content in each area throughout the school years. Among them, subjects such as health and sex education, for example, speak directly to the urgent need to consolidate AIDS prevention efforts.

Behavioral change through education has been one of the essential strategies in the containment of the advance of the AIDS epidemic and other sexually transmitted diseases in Brazil. In that sense, during its normal course, school is a privileged space for the implementation of preventive actions.

As established by the PCN, in order to develop STD/AIDS prevention activities, it is essential that the approach used is not separated from issues relating to the human body or sexuality, nor from the cultural, racial and religious diversity that permeates human existence.

Sexual education must be based upon a broad vision of sexuality and upon the principles of autonomy, dignity, solidarity, respect, tolerance and family and community life.

### **Recommendations**

- Develop strategic planning in schools so as to establish institutional responsibilities with the participation of parents, students, teachers, employees and partner institutions.
- Stimulate the community's social control of the activities, attributions and rights of the school community.
- Include the participation of young students in the process of developing school curriculums and consider the insertion of crosscutting issues indicated by the PCNs.
- Include the participation of young people in the planning, monitoring and evaluation of prevention activities in schools.
- Contribute so that educational materials destined for use by adolescents have adequate language and are accessible to that segment of the population.
- Include the participation of adolescents in the development, construction and choice of pedagogical materials.
- Make sure that the responsibility for activities designed to prevent STD/AIDS and drug abuse are not solely in the teachers' hands, and thereby promote the participation of adolescents in the dissemination of preventive information.
- Train educators to use strategies that deal with self-esteem, pleasure, sexuality and STD/AIDS in a coherent, integrated manner.
- Ensure that schools contribute to validate the role of adolescents

as 'multipliers' (volunteers that provide information about a relevant subject) and thereby allow them to develop their work either formally or informally to initiate discussions about the subject.

- Promote the creation and strengthening of student bodies within schools as a means of stimulating autonomous and citizen participation in HIV/AIDS-related matters.
- Strengthen the role of the Guidance Counseling Service according to the definition of its attributions.
- Create a school environment that fosters the continuous development of activities relating to these subjects.
- Sensitize, mobilize and instrumentalize school directors regarding the need to develop efforts relating to sexual and reproductive health, sexual rights and drug abuse in schools.
- Stimulate the development of partnerships between schools and civil society organizations concerning:
  - o The formulation of a pedagogical and curricular proposal
  - o Information about services
  - o Participation in prevention-related activities
  - o Methodology in prevention work
  - o Exchange of information
  - o Strengthening the ties of schools with governmental institutions that act with adolescents such as the Tutelage Council, healthcare services and others.
- Promote and stimulate research about the Child and Adolescent Statute so as to debate and understand the concepts and recommendations it contains.
- Stimulate the insertion of young people in the Tutelage councils, municipal councils and in state and national councils dedicated to the rights of children and adolescents.
- Concerning condoms:
  - o Develop activities for parents, teachers and school employees that foster an understanding about the importance of using condoms.
  - o Develop continuous activities that give information about condoms in all grades including elementary school.
  - o Systematize and formalize the teaching of condom use in the pedagogical proposals of schools.
  - o Make condoms available in schools.<sup>13</sup>

- Develop a supportive school environment so as to receive HIV-infected students, professionals and parents and guarantee their rights through an egalitarian approach.
- Welcome teenage parents and pregnant teenagers to ensure that their school performance is affected as little as possible.

*"Adolescent multipliers" are those that hang around in the halls and bathrooms every day, speaking to other kids. There is informal 'multiplication', and then there's the formal kind when you get into groups, supervise people, etc. See, sometimes only the formal kind is considered to 'multiply' (or teach) while the informal kind of talking in the halls, in schools or bars is not necessarily considered really multiplying, you know? Maybe that's it. Maybe it's a matter of identification, of formalization...*

*Then there are the teachers who have doubts. They have a bunch of doubts and difficulties in matters of sexuality. One of our greatest difficulties at events is to include teachers. . . . We used to do that, you know? Because there were groups in the rooms and we wanted to include one of the teachers to be there with us but they totally refused because of a series of social problems and difficulties about the whole thing..*

*You know what? My best friend used to be my biology teacher. She was the one who explained some things to me that I never had the courage to ask my mother. She clarified things for me...*

*I think that's what we need: a discussion space. It isn't just a matter of the teacher standing there and explaining. We need a space where the teacher will feel at ease to speak out. That's what I feel, you know?*

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13 This recommendation was not a consensus among all members of the Youth WG. All of them, however, agreed that it is essential that if schools do decide to make condoms available, they should promote a deep discussion of values and the exercise of sexuality so that condoms are understood as indispensable preventive supplies for the maintenance of sexual health. Some members of the Youth WG argue that in the Northeast, for example, cultural reasons would make it very complicated to make condoms available for various reasons: 1. Parents may understand this as an incentive for young people to begin their sex lives. 2. Teachers do not have adequate training and often don't have enough information to deal with their students' doubts. 3. Young people may feel embarrassed to ask for condoms in the school environment. Despite these considerations, the WG chose to include this recommendation so as to contribute toward the debate within the scope of educational policies.

*If schools stimulated student bodies, discussions with other student bodies--if they did more things like that--we would have fewer vandalized schools, we would collect more supplies, and students would use their schooling better. I think a lot of things could change.*

*We also tend to criticize schools and say they don't open any space. Sometimes they even do, but sometimes, because of limitations, they don't manage to, because there isn't any teacher willing to . . . .*

*The school can be a space to build ideas. I think the school needs to be a space where you can take subjects you can discuss with the family, you know? I think there should be a globalization of knowledge, an understanding of what homosexuality is in order to design strategies that have a clearer notion of the goals. Everyone has a right to his own sexuality; to his sexual orientation. Each person should know for himself where he is going to find his erotic pleasure. But if he's going to be taking risks, at least let there be no risk of contracting HIV.*

*Sometimes adults come with pre-established, ready-made agendas. They'll come in and say something like, "All right, let's talk about condoms." But sometimes that isn't what we want to talk about first. We want to talk about kissing, holding hands, making out, what happens when I like a boy, how should I act or react, values . . . .*

*The question of subjects is very complicated. Before you speak of AIDS or sexuality, there are many other subjects that also deserve attention; that are necessary before we get there.*

*I think we need to deal with it differently because of parents. If you put a condom machine in the middle of a high school without preparing students or professionals, you're asking for trouble.*

*Information needs to be continuous through every grade, and it needs to start now. If you start now and give out information from fifth to eighth grade, at some point in the future they'll be ready for the condom machine in school.*

*I don't know, I think that before bringing in the condom machine there needs to be a preparation. It needs to be worked on.*

*What kind of work, Daniel?*

*Workshops . . . .*

*Workshops with whom? Young people?*



*With young people, teachers [laughter]. Otherwise the machine's just gonna stay there, the students are gonna pass by and aren't gonna take any. They'll be too ashamed. The guys might, but what about the girls?*

*Girls need them too, see?*

## AIDS AND WORK

"Young people play an important role in the process of change. They bring renewal but suffer with the new requirements that keep them away from the job market. A lot of hope is placed on the shoulders of young people, but one must recognize that theirs is a hard road to travel and that they must be integrated in society."

*Ruth Cardoso,*

President of the Solidarity Community Council

The HIV/AIDS epidemic is deeply affecting social, cultural and economic structures. It represents a serious menace to the working world because of the way it affects the work force, imposes high costs on businesses in all areas, reduces productivity, increases work costs and results in the loss of capability and experience. Estimates of the ILO indicate that at least 25 million workers worldwide between the ages of 15 and 49 are currently infected with HIV.

Faced with these statistics, the National STD/AIDS Coordination has been promoting efforts regarding the epidemic in the workplace. In October 1998, the Ministry of Health published a decree creating the National Business Council of HIV/AIDS Prevention in the Workplace (CEN). The goal of the Council is to support the national response to the epidemic and to launch campaigns that foster awareness, mobilization and the spread of information regarding AIDS prevention and the promotion of health in businesses.

Recognizing that HIV/AIDS is a problem that also affects the workplace, the ILO created the "ILO Program on HIV/AIDS and the World of Work" in November 2000. The goal is to contribute toward the containment of the pandemic by organizing information concerning its impact on the working world, combating discrimination and exclusion, developing awareness campaigns and giving advice to its members.

One of the first activities of the ILO program was the production of a "Code of Practice on HIV/AIDS and the World of Work," which was created in partnership with governments, employers and employees. The code was launched by the general director of the ILO in a Special United Nations Session on HIV/AIDS held in New York in June 2001.<sup>14</sup> This document stimulates prevention and care for workers and their families.

Based upon the ILO's basic principles of protecting workers' rights, promoting employment, protecting society and encouraging social dialogue, the document covers subjects such as prevention, training, anti-HIV testing and confidentiality, and the care and support of HIV infected and affected workers. They are:

1. Recognition of HIV/AIDS as an issue in the workplace.
2. Non-discrimination and stigmatization of people living with HIV/AIDS.
3. Promotion of gender equality.
4. The healthy and safe environment in the workplace.
5. Promotion of social dialogue to establish joint programs and actions between governments, employers and employees.
6. Prohibition of HIV screening for job applicants or employees.
7. Guarantee of confidentiality on HIV/AIDS-related information of applicants and workers.
8. Maintaining the employment relationship.
9. The development of prevention efforts.
10. Guarantee of care and support for workers and their families.

### **Recommendations**

Promote information about biological, psychological and social-cultural matters that involve AIDS so as to prepare businesses or workplaces to:

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<sup>14</sup> The Portuguese version of the Practice Code was launched in May of 2001 in São Paulo by the National STD/Aids Coordination, and by the ILO with the support of various entities dealing with the subject. On that occasion, several proposals were elaborated for implementation of the code in Brazil.

- Recognize that AIDS is a problem in the workplace just like any other disease.
- Refrain from the HIV screening of job applicants or effective employees.
- Guarantee a work policy that respects human rights.
- Ensure that HIV and its treatment do not constitute grounds for dismissal.
- Facilitate the development of continuous and systematic prevention activities in the workplace.
- Develop solidarity within a work environment that is free from discrimination.
- Foster discussions about the importance of HIV testing among workers instead of making it mandatory.

*In cities like São Paulo and Rio de Janeiro, being young and getting your first job is very difficult. If you don't get your first job, then you don't get any experience, but without experience you don't get a job. This makes for a very complicated vicious circle, and then when AIDS gets into the picture..*

*How can businesses be educators? Because they're in it for a profit.*

*But it's really interesting because the numbers say a lot. It's what the Ministry of Health does to justify the AIDS program. It says, "Yes, we're spending US\$300 million, but if the program didn't exist we'd be spending US\$900 million in treatment costs. So in the end we're saving money." So, because businesses think in terms of profit, this may be a strategy.*

*It wasn't necessarily to label people who worked there but to show that among all the other health problems such as diabetes and high blood pressure there was also AIDS.*

*Our society is becoming more and more competitive. If you don't have the ability to deal with that competition you're out, and if you're out you're looking for a way in. It isn't only about professional education. Just look at how many kids finish college but don't find jobs.*

*That's not the point. There are other abilities: negotiating power, networking, a broader vision of life and things like that.*

## AIDS AND THE MEDIA

"If I'm not satisfied with a scene, we shoot it again. But with AIDS the movie ends.

Breaking the silence depends on you and me."

*Danny Glover, movie actor.*

The media has acquired a considerable influence in the lives of children and adolescents. But despite having control of the content in each area of communication, professionals in the area still have trouble dealing with subjects that relate to sexuality in adolescence, whether for personal reasons or because of the scope available for the subject in the media.

According to the document "Os Jovens na Mídia," "The media has a great power of influence on the creation, diffusion and maintenance of behavioral models (. . .)" (Ministry of Health, 2000). Subjects such as the need to assume and/or difficulty in assuming a greater responsibility in the practice of safer sex and the consequences of teenage pregnancies are starting to be permeated in the emerging Brazilian media.

An analysis made by ANDI (The News Agency for the Rights of Children) during the year 2000 and published by the *Mídia dos Jovens* magazine shows that more than 85 percent of the youth-related news reports analyzed centered on the use of condoms and AIDS-related matters. Newspapers and magazines have been proved to contain a considerable amount of HIV prevention information in articles about sexuality and pregnancy, demonstrating a tendency toward the dissemination of AIDS-associated issues in the Brazilian media.

Thus, the media plays a critical role in disseminating AIDS-related information. By reaching populations economically and socially favored, as well as those less favored, the media acts as a co-agent of social transformation and is at the same time responsible for the information it makes available. Radio, TV, newspapers and magazines can serve as

allies in the strategies to respond to the epidemic. It is important that the messages be gradually adapted to each vehicle so as to reach the target populations.

### **Recommendations**

- Promote the use of the radio as an excellent, low-cost vehicle for the dissemination of prevention messages to young people.
- Demonstrate the wide reach of radio and stimulate the youth population to promote prevention messages in the medium.
- Encourage the transmission of prevention messages in community radio and TV broadcasts.
- Compare the advantages between the various means of communication so that young people can promote prevention messages that are adequate to their goals and possibilities.
- Foster discussions about the quality of radio, TV, newspapers and magazines in schools, stimulating the creation of a critical point of view.
- Encourage the media and advertising agencies to associate the products consumed by young people with healthy behavior.
- Look for incentives for the creation of alternative newspapers dedicated to prevention in specific populations of the private sector (small and large businesses).
- Train media professionals to deal with subjects related to AIDS and young people.
- Stimulate the media to adopt an editorial stance that incorporates STD/AIDS prevention.
- Develop guidelines directed towards the different segments of the public, centering on preventive education and focusing on a critical approach to STD/AIDS and drug abuse.
- Support the growing inclusion of subjects such as preventive STD/AIDS education and pregnancy in adolescence in TV programs directed toward the young or low-schooled population.
- Have the media transmit the need to apply the Child and Adolescent Statute.

*Television, for example, is a communication vehicle that reaches all segments of the public simultaneously. We really have to do something that reaches both the*

*more enlightened population and the less favored ones. So, I think it's going to be hard to use just one campaign.*

*Of course, campaigns are efficient in reaching young people, but nowadays to reach them I think art should be the main instrument, you see? Music, theater, you know? All those things...*

*"If self-esteem is connected to many other points... young people will have the power to resist being manipulated by the media. It's like I said: having a critical eye for everything."*

## AIDS AND YOUNG HIV CARRIERS

I learned two things with AIDS: the meaning of prejudice . . . and of solidarity."

Publication: *Leticia e Daniel, Falando Sobre AIDS*

The greatest breakthrough in the context of HIV/AIDS prevention and public health was the realization that there was a need to confront the discrimination against those infected by the virus or people living in close contact with them. The inclusion and active participation of these people in the augmentation and implementation of public policies, programs and efforts destined to halt the worldwide growth of the epidemic thus became critically important. Discrimination was identified as a tragic and counterproductive effect of the pandemic.

The efficiency of this breakthrough has been systematically reaffirmed during the two decades of the epidemic in Brazil. In activities developed through government programs, continued intervention and prevention efforts undertaken by civil society organizations, seminars and conferences promoted by different teaching areas, as well as the speeches and workshops implemented by private organizations, the participation of people living with HIV/AIDS have been extremely important in demystifying the disease and overcoming the prejudice that has continually marked the lives of the people affected by the disease.

Today in the year 2000, more than 20 years since the emergence of the HIV/AIDS epidemic, it is possible to say that a great evolution has occurred, particularly one of technology. Time has seen the development of medications and the utilization of therapies that in most cases do not allow the replication of HIV or the installation of opportunistic disease in the human body and that avoid the vertical transmission of the virus.



To date there is no cure for AIDS, nor is there a way to remove the HIV virus from the human body. However, we are living in a new era of the epidemic.

Considering the incentives given to the effective participation of young people in confronting the AIDS epidemic and the incentives in formulating strategies to stimulate this segment of the population to exercise its right of citizenship, the inclusion of young HIV carriers in such efforts becomes fundamentally important.

Even if we have managed to promote a greater awareness concerning the negative effects of discrimination and the exclusion of those living in contact with HIV/AIDS, prejudiced reactions still persist in common society. Today we live in contact with the first generation of young people to be infected or affected by HIV.

The inclusion of young HIV carriers in programs directed toward the strengthening of youth participation may lead to the elimination of any prejudice that still exists and facilitate the discussion of affectivity and sexuality in this new era of AIDS awareness.

In addition, this thought also reinforces the need to adopt safe sexual practices so as to avoid not only STD/AIDS but also unplanned pregnancies. This is particularly true in Brazil where the statistics are very high.

### **Recommendations**

- Include young HIV carriers in the school environment and guarantee their right to remain.
- Guarantee young HIV carriers their right to secrecy.
- Stimulate research about the behavior of young HIV carriers in the sense of supporting the formulation of efforts and policies for this group.
- Encourage the adoption of AIDS orphans and/or young HIV carriers.
- Foster specific health programs for young HIV carriers so as to:
  - o Stimulate the use of ARV therapy.
  - o Offer psychological, social and legal advice for young people and their families.

- o Guarantee the inclusion and continual participation of HIV infected children and adolescents in social programs developed by civil society and the government.
- o Foster the creation of a "first job" program for young HIV carriers with incentives from the private sector.
- o Help young people with HIV to develop abilities to deal with the daily situations faced by their condition.

*Young HIV carriers should be recognized at their jobs in order to maintain a policy of respect for human rights. Businesses should keep this in mind and train people to prepare to live with diversity. . . .*

*A friend of mine used to say the following: A girl is going to sleep with you depending on how you treat her. If it's a passionate relationship she'll do it without a condom. But if she gets involved, we need to think about that. . . .*

*Passion is an element that sweeps condoms out of the picture. When you add passion to the cycle of sexual response, it gets even more complicated to negotiate the condom.*

## CONCLUSIONS

According to data up to the end of 2000, 36.1 million people throughout the world now have AIDS with 90 percent of them living in developing countries. The world epidemic affects rich and poor without respect to age, sex or race. However, it is important to note that women, young people and children, especially girls, comprise of the most vulnerable groups. For this reason, there is a global consensus that the HIV/AIDS pandemic constitutes a global emergency. It is an emergency that stands as one of the greatest challenges to humanity, especially with regard to the human rights of citizens worldwide. Moreover, AIDS is considered one of the main obstacles in the social and economic growth and development of different continents, and as such, it has great consequences for nations and individuals alike.

UNAIDS recently announced that the number of AIDS-related deaths in the year 2000 in Brazil was one-third the number registered in 1996. In the same report, which was published the week before the Barcelona Conference (7 to 12 July, 2002), a decidedly unoptimistic piece of information led to an observation: AIDS is expected to cause the death of 65 million people before 2020, a number that exceeds three times the number of deaths registered in the first 20 years of the epidemic. Brazil has demonstrated that it is working in the right direction, and its efforts have brought great benefits for the Brazilian society and most of all served as an example to the world.

The Twenty-Sixth Special Session of the United Nations General Assembly on HIV/AIDS (UNGASS) was held in New York in June of 2001. The chiefs of state and government and representatives of states, governments and the organized civil society from various different countries in the world gathered to discuss the problems and serious consequences of the pandemic, as well as to establish commitments and make deals capable of ensuring an intensified response to the global HIV/AIDS epidemic.

Regarding the great percentage of young people affected by AIDS throughout the world, the UNGASS participants committed to facing the challenges posed by the HIV/AIDS pandemic by adopting the following measures<sup>15</sup>, among others:

### **1. Prevention must be the mainstay of our response.**

*52. By 2005 ensure: that a wide range of prevention programs which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communicates and respectful of cultures, aimed at reducing risk-taking behavior and encouraging responsible sexual behavior.*

This commitment reinforces the Dakar Framework for Action<sup>16</sup> which proposes to achieve the goals and objectives of "Education for All" and reaffirms that education is a fundamental right and constitutes the key to the sustainable development of nations. Because AIDS represents a menace to development, preventive education must be a priority. "Programs to control and reduce the proliferation of the virus must make the maximum use of the potential of education to transmit prevention messages and change attitudes and behaviors (UNESCO, Education for All, Dakar Framework for Action, 17)

### **2. Realize that human rights and fundamental freedoms for all are essential in reducing vulnerability to HIV/AIDS.**

*58. By 2003 enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups, in parti-*

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15 Declaration of Commitment on HIV/Aids. World Crisis - World Response. Document elaborated in the United Nations General Assembly Special Session on HIV/Aids between 25-27 June, 2001, in New York.

16 World Education Forum, held in Dakar, Senegal, from April 26-28, 2000.

*cular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic.*

**Those people that are vulnerable must be given priority in the response to the epidemic. Empowering women is essential in reducing vulnerability.**

*62. By 2003, in order to complement prevention programs that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behavior and injected drug use, have in place in all countries strategies, policies and programs that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, and all types of sexual exploitation of women, girls and boys, including for commercial reasons. Such strategies, policies and programs should address the gender dimension of the epidemic, specify the action that will be taken to address vulnerability, and set targets for achievement.*

*63. By 2003 develop and/or strengthen strategies, policies and programs which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account the cultural, religious and ethical factors, to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good-quality, youth-friendly information and sexual health education and counseling services; strengthening reproductive and sexual health programs; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programs, to the extent possible.*

### **3. To address HIV/AIDS is to invest in sustainable development.**

*68. By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectorial strategies to address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society, especially among women and the elderly, particularly the role as caregivers, and in families affected by HIV/AIDS, and address their special needs; and adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labor productivity, government revenues, and deficit-creating pressures on public resources.*

The abovementioned goals reinforce the importance of the Youth WG in the new AIDS scenario. In Brazil, implementing policies and programs that use strategies centered on youth participation represent a joint commitment between the government, the organized civil society and international cooperation agencies.

The experience of giving young people responsibility and inviting them to reflect upon the national response to the epidemic demonstrated, through the context of the Youth WG, that young people who participate in social movements are sensitive to the need for developing life skills, that they need help in learning to recognize their own worth, and that as a result they can acquire a different perspective of their own existence.

This study with young people is founded on the UNESCO mandate inasmuch as its conception and implementation are based upon the four pillar principles of knowledge.<sup>17</sup>

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17 "In order to find an answer to the hope we all have for a new education for the new millenium, the committee presided over by J. Delors concluded that education must be centered around four pillar principles of knowledge." (Abrindo Espaços, UNESCO Editions, 2001, pp 9) The aforementioned principles can be found in the Delors Report.

**Learning to Know:** According to Delors, "learning to know" is learning that is associated with the mastery of learning tools. With this definition, the Youth WG has deemed it essential to broaden the knowledge of the group and its ability to continue motivating so that the members can continue learning throughout their lives.

**Learning to Do:** This principle is intimately linked to the "learning to know" principle and is related to the use of methodology and technology so as to broaden the results of the study. The use of technological tools, together with the group's familiarity and intellectual production, significantly helped broaden the horizons of these young people regarding the preventive efforts they had developed, as well as with regard to their expectations in the professional world.

**Learning to Live Together:** Teaching people how to live together is perceived as one of the biggest challenges in education. The members of the Youth WG collectively and individually worked to get to know their equals and respective realities, recognizing each other and finding meaning in social and cultural diversity. In this way, it was possible to reach a consensus in order to achieve the propositions contained in this publication.

**Learning to Be:** The youths started to be appreciated with the work they had been developing prior to participating in the group. Thus they were reinforced in their efforts and were encouraged to develop their thoughts so as to serve as actors with responsibility for their actions. Learning to be is related to developing the participation that exists within each of us.

The most apparent desire of the young people in this Working Group is to participate fully and in an egalitarian manner in the resolutions concerning the world we all share. They see themselves as capable of contributing by assuming responsibilities, thanks to the roles they play in their families, at college, at work, in their leisure environments and in various educational contexts.

Prevention through education will always be the key to reducing the rate of new HIV infections. It was a consensus during the conception of this publication that each and every preventive intervention must be adapted to the conditions of the various populations, and that each must take into account gender issues, differences between urban and rural areas and between young people in the school environment and

out of it, since these issues are inherent in all dimensions of HIV preventive education. More than ever, the creators of policies should make every possible effort to consider the needs of young people and, just as important, their ideas, as those may be answers capable of contributing to sustainable development.

Given the above, our chances of success are considerable, as Brazil has a nationally and internationally acclaimed program and a dynamic organized civil society that has repeatedly distinguished itself in the construction of a Brazilian response to the HIV/AIDS epidemic.

It is important to point out that this publication is above all an instrument of political mobilization to be used by young leaders, education and health professionals, opinion makers, civil society organizations and public power as part of an effort to consolidate educational and political practices concerning the AIDS epidemic.

It is from this perspective that UNESCO and UNAIDS continue to strengthen their position as motivators of social change, facilitating access to information, promoting awareness in favor of development and contributing to behavior changes among the youth populations of the world.



## YOUTHS BIOGRAPHIES

### **Ana Beatriz dos Santos** – 24 years old

Bia, as she is known by her friends in the WG, is from Rio de Janeiro. She entered the social movement in 1992 when she was just 15. Everything started with a speech about AIDS in the school she attended. Upon listening to the speech she felt motivated to engage in some sort of voluntary work, and the path she chose still surprises her today.

Little by little, Bia learned more about the civil society organization known as Grupo pela Vidda/RJ, and she became enchanted by their proposal of fighting for the rights of people who live with HIV. It was in this group that she began her training as an educator to work with prevention in youth groups. In 1994, she represented Grupo pela Vidda in the organizing committee of the National Encounter of People Living with HIV/AIDS. In subsequent years she worked as a technical assistant in the Preventive Theater project centering on the discussion of STD/AIDS prevention among youths and adolescents.

### **Ana Paula da Silva** – 20 years old

Ana Paula was born in Niterói, Rio de Janeiro. She entered the social movement through a TV and video course broadcasted by the community TV BemTV and financed by the Solidary Community Program. She was 17 at the time and was trained for six months in order to implement communications dealing with specific subjects of relevance to the school community.

Ana Paula's life has changed a lot since then. She is still involved with NGO BemTV, representing the institution in various events and contributing in the fulfillment of projects.

She is currently studying for the university entrance exam (vestibular), and is hoping to study social communications. Since she is not sure she will be able to attend a public university, she still intends to pass an exam in order to work for the government and thereby fund her

studies. She would also like to study English and do a specialization in project management.

### **Daniel de Castro Leite** – 21 years old

Daniel was born in São Paulo in October of 1981. He started his fight for the rights of HIV carriers in 1998 by watching a speech of the NGO APTA/SP at his school.

Daniel was in attendance at the Military Police School when, together with some classmates, he formed a discussion group about polemic subjects for teenagers such as HIV, STD, AIDS and drug abuse. Subsequently he entered the APTEEN program and was trained to give speeches on HIV/AIDS for adolescents in schools and other educational venues in his city.

During the year 2000 Daniel organized the First Forum of Young Protagonists of SP together with Élide Miranda. Concurrently he was invited to compose the UNAIDS Youth WG.

Daniel is currently studying Social Science at PUC in São Paulo, and is finishing his research in the area of health anthropology. The subjects of his study are children born with HIV who are now entering adolescence.

Daniel plans to continue his research and work in order to give continuity to the ideals of this Youth Working Group.

### **Élide Miranda dos Santos** – 19 years old

Élide was born in the metropolitan area of São Paulo, in the Damasceno neighborhood.

She began her "social road," as she defines it, in the National Street Children's Movement, which nurtured her critical eye and taught her to participate actively in any decisions regarding the social area.

In order to contribute with the public policies in favor of the rights of children and adolescents, Élide has since 1997 participated in the organization of meetings concerning this population with the various governmental spheres. She took a TV and video course in the Associação Novolhar, where programs are developed by the students and aired

on the university channel TV PUC. In addition she develops workshops about sexuality, the reduction of the penal age and other subjects related to the Child and Adolescent Statute.

Élida intends to study medicine in Cuba and in the future become the President of Brazil.

### **Marco Antônio Franco Amaral – 22 years old**

Marco Antônio was born in Uberlândia, Minas Gerais. He started his work as a peer educator at MAB, the Brazilian Adolescents Movement, in which he continues to participate. He has always acted in the area of AIDS prevention and in other subjects surrounding the discussion, such as sexuality, citizenship, behavior and others.

Marco Antônio studies psychology at the Federal University of Uberlândia (UFU), but his passion for the youth movement has also led him to teach General History in the Telecurso 2000 and in the "Alternativo" university entrance course.

In the future Marco Antônio intends to be a university professor so as to effectively contribute to change in the realm of social relations. He wants to be sure to participate in the construction of a fairer world in which people at least have the right to make choices.

### **Mêires Moreira da Silva – 20 years old**

Born in Santana do Cariri – Ceará in December of 1982, Mêires is the fourteenth daughter in a family of 17 siblings, all of whom were brought up by the mother alone.

When Mêires was 10 she started participating in the activities of the Fundação Casa Grande and discovered that she could do a lot for other people, as well as herself, through communication.

She participated in various activities and departments of the institution, such as the museum, the library and even a program of children's songs. After her work at the Fundação, Mêires presented the Sunday program MPB Especial in which she composed special presentations of singers of Brazilian music, describing their life and work. At that time she made a special program about the singer Cazuza and first talked about AIDS.

Mêires then began researching subjects of interest to the community, especially to young people. With this new perspective the program changed its name and became "Papo Cabeça" (something like Smart Talk), a program that continues to air every Sunday. The goal of the program is to encourage people to reflect on the matter of behavior. Mêires presents information, opinions and interviews with health professionals, youths and adults about all kinds of subjects such as violence, sexuality and human rights, among others. Currently she is also the administrator of the Fundação Casa Grande publishing house, which produces cartoons about regional legends and other subjects such as condoms, AIDS and smoking.

Mêires has just finished high school and intends to study psychology at the university level. Where she lives, however, there is no institution that offers the course, so for the meantime she will study history until she has the opportunity to tackle her chosen subject.

### **Sérgio de Cássio** – 23 years old

Sérgio was born in Brasília and lives in Ceilândia, which is an administrative region of the Federal District that has been called an "explosive" neighborhood due to the countless social, economical and structural problems it faces.

Sérgio embarked on his course in the social movement in youth groups of the Catholic Church, going through student movements and in turn left-wing political parties. It was in 1997, when he won the Plastic Arts prize of the Athos Bulcão Foundation, that he began his involvement with institutions that promote citizenship. Together with some friends he formed the Grupo Atitude, which dedicated itself to visiting institutions, establishing partnerships and developing activities that dealt with subjects such as prejudice and the absence of public health policies, but which always related to AIDS.

Sérgio currently studies education at a private university in Brasília. In the future he hopes to finish his studies and continue working as a peer educator, contributing so that young HIV/AIDS carriers and those who face social exclusion can have access to new opportunities.

# GLOSSARY

## **ABUSE**

The use of drugs, whether frequent or not, that compromises affective, social and professional ties and has physical and psychological implications.

## **ADDICTION**

The impulse that makes individuals use a drug or a product in a continuous and periodic manner in order to obtain pleasure or ease tension, anxiety, fear or unpleasant physical sensations.

## **ARV – ANTI-RETROVIRAL**

A class of associated medications comprising of anti-retroviral therapy for HIV carriers or people who are sick with AIDS. It reduces mortalities, especially with regard to opportunistic diseases.

## **CIVIL SOCIETY ORGANIZATIONS – SCOs**

Expression adopted by the Inter-American Development Bank (IDB) at the start of the 1980s to designate entities with certain legal characteristics and special legislation that are foremost dedicate to constructing or defending rights or economic progress and social development.

## **DRUGS**

Substances that when taken alter the consciousness, perception and sensations, producing temporary or permanent changes in the physical and emotional state of the individual.

## **EPIDEMIC**

A disease that attacks many individuals simultaneously in the same country or region but has no local cause. A periodic bout of infectious disease.

## **GENDER**

Gender is the social distinction between male and female. Gender is the sum of social and cultural values, attitudes, roles, practices and characteristics based on the male and female sex. Gender relations reflect and perpetuate specific dynamics of power between men and women, as can be seen historically across cultures and in contemporary societies.

## **GENDER IDENTITY**

An internal structure built upon the experiences of a person's life stories that allows the person to organize a self-awareness and act socially regarding his/her perceived sex and gender.

## **HARM REDUCTION**

A set of public health measures designed to minimize the adverse consequences of drug abuse, beginning with the premise that a drug addict faces difficulties when such use is interrupted. Harm-reduction strategies include the following: respecting the condition of the user without encouraging the use of drugs; promoting the non-injected use of drugs; guaranteeing that syringes and other drug-injection devices are not shared.

## **HOMOSEXUALITY**

Sexual orientation and attraction between individuals of the same sex.

## **HUMAN RIGHTS**

Set of concepts and principles universally recognized as protecting human dignity while at the same time promoting justice, equity, liberty and life.

## **ILLICIT DRUGS**

Drugs sold illegally, such as marijuana, cocaine, crack, speed and others.

## **LICIT DRUGS**

Drugs that are sold legally, such as alcohol, cigarettes and medications.

## **MEN THAT HAVE SEX WITH MEN – MSM**

This term was recently adopted by organizations that work with AIDS in order to designate the sector of the male population that is vulnerable to HIV infection and has sex with other men, considering that some situations--such as prison life--favor such sexual practices independently from the sexual orientation or identity of the individual.

## **NATIONAL COUNCIL FOR THE RIGHTS OF CHILDREN AND ADOLESCENTS – CONANDA**

An organization linked to the Ministry of Justice that has the task of deliberating and supervising policies in favor of children and adolescents, proposing the urgent and imperative integration of public policies to the government and Brazilian civil society. The Council defines paradigmatic, guidance and referential directives that need to be incorporated to the planning and implementation of the set of efforts in order to ensure proper care for children and adolescents.

## **NON-GOVERNMENTAL ORGANIZATIONS – NGOs**

Entities that fight for democracy and development and, at least initially, promote social movements.

## **PANDEMIC**

A disease that attacks great numbers of people simultaneously throughout a region or in a large number of countries.

## **PARTNER INSTITUTIONS**

Public, private or third-sector institutions that unite to execute a partnership, i.e. a specific, pre-established activity.

## **PARTNERSHIP**

A formal or informal agreement established between the parties interested in executing a specific activity, with the core of that specific activity being defined between those parties. Partnerships can be technical, administrative, executive, logistic, financial and supportive, among others.

## **PREVENTIVE EDUCATION**

Education that seeks to offer a safe means of preserving health and, consequently, life.

## **PREVENTION SUPPLIES**

Material resources used in HIV/AIDS prevention such as male and female condoms and disposable syringes (used in harm-reduction strategies).

## **PUBLIC POLICIES**

Set of actions and strategies established by one or more governmental spheres (federal, state or municipal) with the goal of efficiently achieving specific results as in, for example, public policies to combat HIV/AIDS.

## **SAFE SEX**

Sexual practices and behaviors that reduce the risk of contracting and transmitting sexually transmitted diseases, especially HIV.

## **SCHOOL GUIDANCE COUNSELING**

A department within a school that guides students regarding their performance and cares for them regarding their behaviors, difficulties and potentials.

## **SEX**

The word "sex," in daily colloquial language, is often used in reference to gender (male or female) or to the physical activity that involves the genitals (to have sex).

## **SEXUAL ACTIVITY**

A synonym for sexual behavior, it is the expression of sexuality in which an erotic component is evident.

## **SEXUAL HEALTH**

The World Health Organization states, "Health is the state of complete physical, mental and social well-being, not simply the absence of



disease." As to sexual health, it is the process of physical, psychological and social-cultural well-being as it relates to sexuality.

### **SEXUAL IDENTITY**

Sexual identity is the personal and total identity related to sex that includes the way in which an individual identifies as a man, woman, male, female or some combination added to his/her sexual orientation. It is an internal structure, created over time, that permits the individual to organize his/her self-awareness based upon sex, gender and sexual orientation and to act socially considering his perceived sexual capacity.

### **SEXUAL ORIENTATION**

Sexual orientation is the individual's internal perception regarding his/her erotic and/or emotional involvement with the sex and gender of his/her partner.

### **SEXUAL PRACTICE**

Sexual practice is a pattern of sexual activity engaged in by an individual or community with enough frequency to be considered a behavior.

### **SEXUALLY RESPONSIBLE BEHAVIOR**

Sexual behavior that presents no risk to the self or others. It is the type of behavior in which the expression of sexuality is characterized by respect, honesty, self-protection, mutuality, consent, the search for pleasure and well-being. Those who engage in sexually responsible behavior have no intention of hurting others and therefore abstain from exploration, harassment, manipulation and discrimination. A community promotes responsible sexual behavior by spreading knowledge and by facilitating access to condoms and other prevention resources.

### **SEXUAL RIGHTS**

Because the protection of health is a basic human right, it follows that sexual health involves sexual rights. The recognition of sexual rights is undergoing a process of evolution. The health-promotion premise in the context of human rights has been explicitly reinforced for the sake of promoting reproductive health.

## **SEXUALITY**

The set of biological, psychological, social-cultural, ethical and religious/spiritual aspects that refer to how people experience sex. Sexuality is one of the dimensions of the human being and involves gender, sexual identity, sexual orientation, eroticism, emotional involvement, love and reproduction. It is explored or expressed in thoughts, fantasies, desires, beliefs, attitudes, values, activities, practices, roles and relationships. Along with the consensus that the social-cultural components of sexuality are critical for the conceptualization of human sexuality, in theoretical approaches there is a clear tendency toward the belief that sexuality refers not only to the human reproductive capacity but also to pleasure.

## **SOCIAL CONTROL**

The participation of the organized civil society in the elaboration, implementation and enforcement of health policies. Its goal is to stimulate the quality of public healthcare services and governmental actions in response to the epidemic.

## **SOCIAL MARKETING**

Social marketing is the strategic administration of the process of introducing social innovations based on the adoption of new individual and collective attitudes, behaviors and practices as guided by ethical principles fundamented on human rights and social equity. Throughout the world social marketing is becoming one of the most frequently applied tools in the administration of social projects and programs.

## **STATE COUNCIL FOR THE RIGHTS OF CHILDREN AND ADOLESCENTS – CONDECA**

An autonomous, deliberative organization that formulates and controls actions and/or policies relative to children and adolescents in all Brazilian states and the Federal District.

## **THIRD SECTOR**

A term that refers to a set of organizations that differ from the state and the market because they generate a type of capital that is

essentially social. Although the third sector remits directly to the logic of the market in terms of employment and capital, what distinguishes it from the other two sectors (government and market) is the possibility of renewal for public life.

### **TUTELAGE COUNCIL**

A permanent, autonomous non-jurisdictional municipal organization charged by society with the task of ensuring respect for the rights of children and adolescents.

### **VERTICAL TRANSMISSION**

A term referring to mother/child HIV transmission. Vertical transmission can occur during pregnancy, during labor and delivery, and during the period after birth. It has been divided in three periods: intra-uterine, during delivery and after delivery, and through breast-feeding. The possibility of contamination of the child through breast-feeding is approximately 14 percent. If acute maternal infection occurs during breast-feeding, this possibility increases to 29 percent.

### **VULNERABILITY**

To be vulnerable in the context of HIV and other STD infections means to have little or no control of the risk of becoming infected, while for those already infected or affected it means having little or no access to adequate care or treatment. Vulnerability can be influenced by personal, social or programmatic factors.

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Disease Control and Prevention Center	<a href="http://www.cdc.gov">www.cdc.gov</a>
CONSED	<a href="http://www.consed.org.br">www.consed.org.br</a>
Ministry of Health/ National STD/AIDS Coordination	<a href="http://www.aids.gov.br">www.aids.gov.br</a>
Family Health International - FHI	<a href="http://www.fhi.org">www.fhi.org</a>
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