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Religious communities and HIV prevention: an intervention-study using a human rights-based approach

V. Paiva^{a,*}, J. Garcia^b, L.F. Rios^c, A.O. Santos^a, V. Terto^d, and M. Munõz-Laboy^e

^aUniversidade de São Paulo, São Paulo, Brazil

^bCenter for Interdisciplinary Research on AIDS at Yale University, New Haven, Connecticut

^cUniversidade Federal de Pernambuco, Pernambuco, Brazil

^dAssociação Brasileira Interdisciplinar de AIDS, Rio de Janeiro, Brazil

^eDepartment of Sociomedical Sciences, Columbia University, New York, New York

Abstract

Religious communities have been a challenge to HIV prevention globally. Focusing on the *acceptability* component of the right to health, this intervention study examined how local Catholic, Evangelical and Afro-Brazilian religious communities can collaborate to foster young people's sexual health and ensure their access to comprehensive HIV prevention in their communities in Brazil. This article describes the process of a three-stage sexual health promotion and HIV prevention initiative that used a multicultural human rights approach to intervention. Methods included 27 in-depth interviews with religious authorities on sexuality, AIDS prevention and human rights, and training 18 young people as research-agents, who surveyed 177 youth on the same issues using self-administered questionnaires. The results, analysed using a rights-based perspective on health and the vulnerability framework, were discussed in daylong interfaith workshops. Emblematic of the collaborative process, workshops are the focus of the analysis. Our findings suggest that this human rights framework is effective in increasing inter-religious tolerance and in providing a collective understanding of the sexuality and prevention needs of youth from different religious communities, and also serves as a platform for the expansion of state AIDS programmes based on laical principles.

Keywords

sexuality; human rights; youth; HIV prevention; religion

Introduction

Religiosity, the way people practice and live religion in everyday life, is one of the most significant dimensions in the socialisation of new generations into socio-cultural values, rituals, scripts and meanings, and practices and behaviours. Religiosity may foster social cohesion as well as social conflict. In the case of the response to the AIDS epidemic,

*Corresponding author. veroca@usp.br.

religious organisations across the globe have participated in efforts to ease the impact of the disease by supporting people affected by the epidemic and caring for people living with HIV. However, official and popular religious discourses have also stimulated HIV-related stigma, prejudice and discrimination, as well as resistance to prevention programmes that attempt to re-conceive traditional sexual and gender norms. Religious authorities have also actively inserted themselves in the political processes of national life by pushing for faith-based public policies or pressuring politicians to block measures that do not align with their teachings, such as policies promoting condom use in HIV prevention (Galvão 1997, Farmer 1999).

Nominally the world's largest Catholic country, Brazil is likewise recognised for its religious diversity. The country has a myriad of loosely related Afro-Brazilian religions, and in recent years, has given rise to one of the most intense Evangelical Protestant movements. As Pierucci (2003, 2006) has noted, based on the 2000 Census, Brazil could be considered a Christian country, with a population composition of 73.8% Catholics, 15.45% Evangelicals (Historical Protestant, Pentecostals, Neo-Pentecostal and other), 1.4% Kardecist-Spiritists (also self-defined as Christians), 0.34% Afro-Brazilian religion followers, and 7.3% nonreligious.

Brazilians have access to a rich set of religious institutions and vocabularies that intersect in very different ways with civil society (Burdick 1993, Chesnut 1997). Contemporary popular culture and the secularisation of sex interact with religious tradition and dogma in complex ways in Brazil (Prandi and Pierucci 2000, Watanabe 2005, Portella 2006). This is especially true in the case of young people who have to make sense of media polyphony (TV, radio, internet) and a growing access to multiple social identities. More than any other age group, young people experience their bodies and sexualities as sites of contention for different belief systems, which are in turn implicated in socio-political structures. In this context, sexuality and religiosity get constructed as a result of the socialisation process and are framed by the concepts, values and practices emerging from the engagement of social actors in this process (Parker and Aggleton 2007).

But how should a secular state, such as Brazil, consider religiosity and religious values in formulating and implementing public policies related to sexual health promotion? Secular states have an obligation to guarantee non-discrimination, neutrality, and equality with regard to religious beliefs. Considering this state obligation in relation to Brazil's commitment to protecting and promoting the right to health as enshrined in its 1988 National Constitution, how would this translate into policies that account for the potential contradictions between the two principles? The success of the Brazilian AIDS response (Berkman *et al.* 2005) has been attributed to the access it provided Brazilians to the public and Unified Health System (SUS), and to the way that programmes ardently adhered to principles of equity, universality, and integrality (comprehensiveness) of quality healthcare and prevention (Elias and Cohn 2003). However, prevention programmes confront the challenges of recognising the rights of religious youth to make informed decisions regarding their sexuality and to access complete and comprehensive information on HIV prevention, as well as the challenges of promoting contraceptives and condoms. At the same time,

Brazilian State AIDS Programmes have shown sustained interest in including religious groups as stakeholders in the HIV/AIDS prevention effort.

For more than two decades, religious groups have led a range of sometimes-contradictory responses to the Brazilian epidemic. The Catholic Church is the most hierarchical organisation and has the strongest position against contraception, condoms, and abortion in the country. Where marked by the theology of liberation, Catholic parishes have been key participants in social movements that built SUS principles into the 1988 Constitution and have cared for people with AIDS; some express a great level of negotiation with Vatican official positions on AIDS prevention. The Evangelicals, organised through local movements and churches, have developed hospice care and services for drug users as a way of addressing HIV transmission. Afro-Brazilian religious followers of Umbanda and Candomblé constitute local and independent religious communities (*'terreiros'*) and have participated early-on in the so called Brazilian AIDS response, establishing social movements and national networks focusing on human rights violations related to racial inequalities, women's issues, and the universal access to health.

This study has involved both intervention and research examining how local religious authorities - Catholic priests and religious educators, Evangelic and Protestant reverends, ministers, and deacons, and priests and priestesses of Afro-Brazilian religions - respond to HIV prevention discourses. More specifically, the study looked at how religious youth and authorities relate to the Brazilian National AIDS Program's (NAP) approach, which is centred on condom promotion and, theoretically, uses the frameworks of human rights and vulnerability (Mann and Tarantola 1996).

The concept of vulnerability, as developed through the Brazilian AIDS response, designates a set of individual and socio-cultural aspects related to the greater susceptibility of individuals and communities to a disease or disability and, in an inseparable way, the lesser availability of policies and resources for their protection. This concept seeks to understand the political and social bases of risk behaviour and the ethical-political implications of risk reduction policies, and goes beyond the tendency to hold individuals exclusively responsible for their behavioural changes, responsible for supposedly having not 'adhered' to safer practices. This concept further considers the violation and neglect of human rights, especially sexual rights and the right to health, as indexes of social, programmatic and inter-subjective scenarios that build vulnerability to HIV infection and AIDS. (Ayres *et al.* 2006, Paiva *et al.* 2006, Paiva *et al.* 2010).

This article also describes the first stages of this pilot sexual health promotion and HIV/AIDS prevention initiative, which took *acceptability* as the focus of its human rights-based approach to health (Paiva 2005, Gruskin and Daniels 2008) In contrast to other core principles of the right to health - availability, accessibility, quality of services, reaching the most vulnerable populations, and ensuring transparency and accountability for how programmes are executed - *acceptability* is absent from the policy documents of the Global Fund, PEPFAR, World Bank and UNAIDS and most national strategic plans, including that of Brazil (Gruskin and Tarantola 2008).

‘Acceptability requires that all health facilities, goods and services be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to sex and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned’ (Gruskin and Tarantola 2008, p. S125).

The aim of this article is to discuss the acceptability to religious communities of human rights-based approaches in order to foster the NAP framework on HIV/AIDS prevention, while describing the process of conducting an intervention-study aimed at enhancing the involvement of religious communities in prevention work.

Methodology

This intervention-study is part of a multi-sited research project that sought to understand the religious response to AIDS in Brazil (Seffner *et al.* 2008)¹. Based on the knowledge accumulated through many years of working on AIDS issues in Brazil, the research team approached authorities of the most influential religions involved in the AIDS response (Roman Catholic Church, Evangelical-Protestant, and Afro-Brazilian) in the key cities of Brasília, Porto Alegre, Recife, Rio de Janeiro, and São Paulo. However, due to scarcity of funds, this intervention-study was conducted only in Recife (biggest capital of the impoverished Northeast), Rio de Janeiro (Southeast tourism and cultural capital, where a religious response was strong) and São Paulo (biggest business and cultural capital, epicentre of the Brazilian AIDS epidemic and response).

Three-stage process

This pilot project was developed in 2006-2007 following different stages, as described in Table 1. These stages are based on a human rights approach to sexual health promotion related to the vulnerability framework (Mann *et al.* 1996, Paiva 2005, Ayres *et al.* 2006, Benzaken *et al.* 2007, Santos and Paiva 2007, Paiva *et al.* 2010). Understanding community values, practices, and knowledge of sexuality and AIDS prevention was the first stage of this framework. The second stage was the collaboration with community members to understand community vulnerability to HIV in a broader sample. In the third stage, the research team conducted data analysis and, finally, a collective reflection (researchers and community) was promoted. After the collective reflection, community and local public servants, from different sectors, negotiated the next steps to mitigate social and programmatic vulnerability to HIV/AIDS.

As described in Table 1, in-depth interviews were conducted with 27 religious authorities of Candomblé and Umbanda, Catholic and Evangelical local communities². In São Paulo only,

¹This article is based on data collected from the research study titled Religious Responses to HIV/AIDS in Brazil, a project sponsored by the U.S. National Institute of Child Health and Human Development (grant number 1 R01 HD050118; principal investigator, Richard G. Parker). This national study is being conducted in four sites, at the following institutions and by their respective coordinators: Rio de Janeiro (Associação Brasileira Interdisciplinar de AIDS/ABIA—Veriano Terto Jr.); São Paulo (Universidade de São Paulo/USP—Vera Paiva); Porto Alegre (Universidade Federal do Rio Grande do Sul/UFRGS—Fernando Seffner); and Recife (Universidade Federal de Pernambuco/ UFPE—Luís Felipe Rios). Additional information about the project can be obtained via e-mail from religiao@abiids.org.br or at <http://www.abiids.org.br>, the Associação Brasileira Interdisciplinar de AIDS website.

the methodology included 18 in-depth interviews with religious youth - one female and one male indicated by each of the nine communities.

Interviews, conducted by the research-team (authors included), covered sexuality and reproduction issues, such as opinions on sexual initiation, marriage, (unintended) pregnancy, abortion, HIV prevention programmes, and how these topics relate to religiosity and human rights. A more detailed description of episodes lived by members of the community and its scenes were explored to observe daily life dynamics experienced by these religious communities using the 'scene methodology' (Paiva 2005). This methodology aims to co-construct with the participants detailed narratives of the scenario and social climate and detailed descriptions of lived scenes - dialogues, characters' postures and body language that may act out cultural scenarios, sexual scenes and sexual scripts. Focusing on daily life scenes - of teenage pregnancy situations as lived by the community, of the impact of prevention discourses or sexual initiation norms, for example - increased spontaneity in narratives and exposed the contradictions of discourses.

In a second stage, all 18 youth interviewed in São Paulo were invited to be peer research-agents in their local religious communities. As 'local-agents' following a capacity building process, they collaborated in the design and implementation of the third stage of the study: a survey aimed at their own community peers. From the researchers' perspective, this collaborative work was aimed at community mobilisation to debate sexuality and rights. From the community perspective, it aimed to gather a 'representation' (illustration) of its youth on sexuality and prevention issues. The questionnaire survey data generated descriptive statistics for the purpose of collective reflection with community participants in the workshops.

Of the 177 youth who anonymously answered self-administered questionnaires, 59 were from Evangelical Churches, 52 from Afro-Brazilian *terreiros* and 66 were from Roman Catholic Churches. The intentional recruitment strategy, not a probability sample, aimed for a portrayal of fellow members defined by young agents as 'typical members' of their religious community. Recruitment efforts were coordinated to maximise diversity according to sex (98 were female, 79 were male), age (13-25, median age 18), and skin colour (100 self-defined as white, 71 as black/brown, 4 as Asian-Brazilian and 2 as Indigenous). Of those who responded to the questionnaire 38% were students, 22% were employed, 30% studied and had a job, and 10% did not study or work.

During the third stage, a day-long interfaith workshop with religious leaders and their guests (fellow community members of their choice) was organised in each city. In São Paulo alone, a second workshop was held for youths of all participant communities. Workshops began with a group dynamic to foster respect for different religiosities followed by an agreement of not debating dogmatic differences. The agreement included an informed consent process on the ethics of study. The second activity was the discussion of study results as analysed by the research team. This discussion was then continued by the participants, who were

²Evangelic communities in Rio self-defined as the Assembly of God, the Contemporary Church, and the Church of the Evangelical Community of Rebirth in God; in Recife, as Methodists, Assembly of God, Episcopal Anglican; in São Paulo as Episcopal Anglican, Assembly of God, Adventist Church of the Pledge

separated by religious constellation (Catholics, Evangelicals and Afro-Brazilians) in order to surface their particular group's perspectives. The final activity was an interfaith plenary to discuss the assessment of the process.

Analytical framework

Through content analysis, interviews and group discussions, data was considered as *discourses*; that is, narratives and responses were interpreted in a non-formal way with the aims of identifying how the narratives were structured and how facts and actions were concretely referred to, and of exploring associated values, beliefs, and feelings (Gadamer 1977, Ricoeur 1993). This hermeneutic approach assumes that interpretation is always part of a broader process of understanding, and thus that any interpretation is deeply dependent on practical interests and theoretical frameworks. (Ayres *et al.* 2006).

The content analysis of the interviews and the descriptive analysis of the youth questionnaires covered the social, programmatic and individual levels of vulnerability to HIV infection and unintended pregnancy, focusing on the interaction with public discourses and with the health system programmes. Study participants were interpreted as holders of rights (sexual and religious rights), as agents of their sexual and religious life, as *sexual subjects* (Paiva 2000, Paiva 2005) and as *religious subjects* (Watanabe 2005, Duarte 2006).

A multicultural approach to human rights was discussed from the first contact with participants, before interviews and at interfaith workshops, based on Souza Santo's 'diatopical hermeneutic'. Diatopical hermeneutic assumes that every cultural tradition aspires to create valid universal values and that each culture is always incomplete if observed from the perspective of another (Souza Santos 2002). The dialogue in this perspective should take into account the incompleteness of all cultural systems involved, including our theoretical social constructionist perspective and any health discourse on sexuality.

To preserve confidentiality and foster this hermeneutical approach, survey results were not always analysed by religious affiliation in the workshops. Because illustrating the process is the focus of this paper, survey data will be presented in the following sections exactly as it was provided in the workshops by the participants. Research design and instruments were approved by the Psychology Institute/University of São Paulo Ethics Committee.

Results

An overview of the São Paulo youth survey was presented in all workshops as the starting point of collective reflection with participant community members, religious authorities and youth. Survey results will be described as presented and when relevant to the discussion in the workshops.

Because the youth survey expressed the findings of a sample intentionally gathered by the community, authorities and youth were surprised by the variation of the responses within their own religious communities; opinions and practices were frequently contradictory to the traditional values of each of three religious constellations studied, such as those related to sexual initiation before marriage or homosexuality. Although expecting a 'special youth'

(enacting traditional religiosity), older and younger participants accepted the findings of the research conducted *by* and *for* young people. All shared surprise and worries regarding the significant lacunae in HIV/AIDS prevention knowledge and sexual initiation data, creating an interfaith common ground.

Sexual and reproductive health, rights and responsibilities

Workshop participants were astonished with the unexpected age and partnerships reported at first sexual intercourse, as observed in Table 2, as well as with the fact that of the 99 out of 177 questionnaire respondents who had had sex, 8 reported that they were sexually initiated against their will (five girls and three boys from all three religions).

The mean age of sexual initiation for girls was 16.5 years old and 16 for boys. Religious authorities interviewed in the first stage agreed that ‘impeding [young people from having] sex is the most difficult thing in the world’. A recurrent theme in all discourses was the notion that there should be ‘maturity’ before sexual initiation. If sex is initiated before marriage, it would still be perceived as ‘normal’ and ‘natural’ even by Evangelicals, and such words were used in most interviews and workshops. Adult and youth discourses agreed that sexual initiation should occur with the ‘right person’, meaning one should ‘know’ and ‘like’ his/her partner and that there should be ‘respect’ and desire, or youth should otherwise wait until marriage.

In the interfaith workshops, Evangelical pastors and youth were more surprised with the unexpected prevalence of sex practices before marriage among the questionnaire respondents, in opposition to religious teachings. At the workshop with youth in São Paulo, Evangelicals revealed that their peers have married earlier than planned just so as to initiate their sexual lives, which was new information for their religious authorities. Afro-Brazilians, on the other hand, noted that their religious leaders do not speak about keeping virginity until marriage, although many preferred to.

In all cities and religious categories, interviewees described scenes related to adolescent and unwanted pregnancy outside of marriage in their own religious communities. All informants expressed a persisting preoccupation with early pregnancy. The absence of the father, poverty, and an interpretation of sin would explain pregnancy as ‘unwanted’. While religious authorities and youth did not see teenage pregnancy as an ideal situation, they cared for and embraced future mothers, the children, and the families affected by an event outside of the norm, then accepted (*acolhido*) the situation. According to a Pentecostal pastor from the Assembly of God in Rio:

‘Abandon? On the contrary, we will embrace these youth; give them sustainability, to help them to have a structure where they can survive, so they can have a life with dignity.... If I love them, I have to give them orientation, I have to say: you made a mistake, but come here, we are going to make things better.’

Young people of all communities more radically opposed teenage pregnancy than priests, priestesses, and pastors. Pregnancy was not understood as lack of access to information or counselling, or as a rights violation, but rather as a consequence of ‘irresponsibility’, ‘absence of religiosity’, and of ‘not taking care or destroying the familiar’. Although they

would understand that ‘it happens’, in which case the only possibility is to ‘take responsibility for the baby’.

The condemnation of abortion was almost unanimous in the discourses of all participants, from all matrices, throughout the process. In the youth workshop plenary in São Paulo, one Evangelical boy called for an interfaith coalition against abortion, considering that this was a common cause. Christians condemn abortion within a preservation-of-life framework because ‘only God has power of life, because it is his greatest work’. Members of Afro-Brazilian religions discussed how interrupting pregnancy interfered with the unborn child’s spiritual trajectory:

‘Life is much more important, and after you place [life] inside ...it is inside... only God has the right to say if it lives or not; and it is not for us to take life from a defenceless person who is inside a woman’ (Recife, Candomblé priest).

Negotiating ‘problems’ emerging from sexuality issues (unwanted pregnancy, conjugal crisis, clandestine abortions that place women at risk) generally leads to postures of *acolhimento*, a common and polysemic term in the discourses of all religious leaders roughly translated as inclusion and care³.

Several authorities use *acolhimento* to explain acceptance of and conviviality with homosexuals (supported by 70% of Catholics, 51% of Evangelicals and 86% of Afro-Brazilians youth questionnaire survey respondents). Most participants believed that being homosexual has nothing to do with the religious sphere; homosexuals should be ‘respected as human beings’. As homosexuality can be related to the tradition of worshipping the *Orixás* (deities) and their reverence of sexual diversity, Afro-Brazilian workshop participants expected, nevertheless, more ‘tolerance’ for homosexuals in their community than was shown in the youth survey: 50% of Afro-Brazilian questionnaire respondents thought they could be discriminated against or expelled from their religious community, as compared to 82% of Evangelicals and 89% of Catholics. Most Evangelicals assumed that to act openly gay in the community is disrespectful – ‘male and female should reproduce’ – an idea consistent with the most vocal Evangelicals who use media stages to condemn homosexuality. Some assumed that homosexuals should be *acolhidos* to receive treatment to follow the correct spiritual path (87% Evangelicals, 17% Catholics, and 13% of Afro-Brazilian survey respondents). Some would accept homosexuals as religious leaders (37% of Catholic, 4% of Evangelicals and 72% of Afro-Brazilians survey respondents).

Catholics have a policy of non-discrimination, although they accept only heterosexual behaviour as correct; and priests should not have sex in any case. Anglicans, on the other hand, have allowed for pastors to be openly gay. When interviewed in Rio, one Pentecostal gay pastor from the Contemporary Church expressed, ‘I am a living human right’.

³It could mean ‘understanding their sufferings’ through hearing and prayer, a celebration of sexual diversity or going up to rituals of conversion from homosexuality to heterosexual practices. *Acolhimento* comes into play when the tense contrast between traditional values and the contemporary embodied perspectives on sexual and reproductive rights is more common, and as tradition and contemporary discourses are formulated and re-formulated constantly throughout the subject’s lifetime and trajectory.

A Catholic priest stated for São Paulo workshop participants that considering youth as peer educators creates ownership and excitement about topics that are often silenced. He went so far as to say that young people should engage in debates on the topics discussed in this project, even if it could mean confronting the beliefs and practices of their priests - often 'ridiculous in marriage courses because they do not take into account that couples have had sexual experiences'. He acknowledged that in Brazil the Church assumes the importance of bottom-up responses and should have 'patience' regarding hierarchies. Much appreciated by the audience, he argued for youth citizenship and teenagers as rights holders, and as religious and sexual subjects.

Religious institutional and collective action on prevention

Sexual abstinence was recognised by all as a prevention tool for sexually transmitted diseases (STD) and AIDS, although religious authorities agreed that abstinence is not the 'reality of our youth'. Marriage was seen as a 'protecting factor' from disease, especially for Evangelical religious leaders, who accepted contraception and recommended it within marriage. Most participants agreed that young persons should have access to condoms and believe in their efficacy (97% of youth survey respondents). Local Catholic religious leaders expressed that condemning condom use can be seen as 'going against life'. One Methodist religious leader from Recife framed it as an issue related to 'rights'.

'The major forms of transmitting HIV and other STDs are through sexual contact. The church accepts condom use not as an ideal practice, not because of faith, but as the right of citizens'.

This pastor was stressing the difference between the norms and actions of the person as a religious subject and as a sexual subject.

There were different levels of involvement in the prevention of STD/AIDS. Some religious authorities accepted the use of condoms, others distributed them, and several kept educational material in their religious institutions (frequently using Biblical or mythical allusions to explain STD/HIV transmission). Catholic religious leaders spoke about the 'capillarity' of the Catholic Church to work with hard-to-reach populations in impoverished communities, and have received funding from government agencies based on the capillarity reasoning. Some Evangelical groups developed government-funded projects for prevention targeting homosexuals. A pastor from the Assembly of God in Rio distributes condoms every *Carnaval*⁴ and argued that youth can be peer 'multipliers of information' about health, as he provides incentives for those in his congregation.

Workshop participants agreed that state funds should build educational capacity for religious institutions to provide HIV/AIDS care and prevention, but resources should be used parsimoniously. All agree that state-funded organisations should not refuse to take care of people from different religions and must respect evidence-based public health policies. Afro-Brazilian authorities declared difficulties in obtaining funds and condoms for prevention campaigns in their communities.

⁴See Parker (1991) for an in-depth description of sexuality and social meaning attributed to Carnaval (the festival of the 'flesh'), a yearly celebration where people throughout the country dance, parade, and often express sexuality in public areas.

On the other hand, youth interviews and questionnaire responses showed very little comfort in discussing issues related to sexuality with religious community authorities, who were quite surprised because they felt they were 'doing well in this front....' Questionnaire results, highlighted throughout the collective reflection, showed that only 24% of youth would talk about AIDS issues with their religious leaders, and only 16% would discuss sexuality with religious authorities. 40% of Catholics, 28% of Afro- Brazilians, and 65% of Evangelicals do not know how to use a condom. Of all questionnaire respondents, only 57% were informed on HIV vertical transmission prevention and many had wrong AIDS prevention notions, such as 'being faithful to my partner' (80%) or 'washing after sex' (50%).

Human rights, citizenship and prevention

'Human rights language' in the participants' discourses was not exactly the same language used in national and international policy and academic circles, as has been noted by Garcia and Parker (2006). Nevertheless, workshops participants considered the language of rights very productive when discussing themes related to sexuality and youth. In their reactions to the research team analysis presented in the workshops, the right to information about sexuality, HIV/AIDS, and reproduction were the focus of participants' discussions. Lack of information was not associated with the right to health, but to a lack of political liberties, as several knew or participated in the resistance against the dictatorship in the 1960's and 1970's in Brazil. One Candomblé religious leader, who is homosexual and HIV-positive, remembered his youth during the military dictatorship:

'Information was very controlled ... Because of this, I may have been infected with the virus during that time, right? I did not have that much information. I started to have more information in the year of...in 1988, 1987... coincidentally when the new democratic constitution was instated'.

When asked about how religious institutions contribute to the advancement of human rights, several religious leaders valued 'access to information' as a fundamental asset for networking and for responding to the epidemic on the local level. All emphasised 'collective action' and the notion of 'citizenship', reflecting the ways Brazilians usually speak about rights in civil society organisations since the democratisation period in the 1980s, with reference to principles such as equity, liberty, diversity, participation, and solidarity (Berkman *et al.* 2005).

At the same time, when referring to sexuality and the rights of young people, 'rights' were associated with the notion of 'responsibilities' by young people and adults in all three religious constellations. A leader from the Assembly of God stated, 'Man [mankind] is created to be a citizen; he has to be a citizen, gifted with rights, but also with responsibilities'. A Candomblé priest declared, 'We should always have in mind that we have responsibilities to society, to the State, to our country – it's not just rights!' He understands that adult and youth responsibilities include education: 'You sit down with a person, you can refer the person to a doctor, to a health post, to speak with her, to know how to communicate'. Catholics brought up the fact that sexuality is not spoken about in an

extensive or comprehensive way even in seminaries, where adherence to celibacy is inculcated as a life-long commitment.

The discussion of *religious liberty and the right to religious practices* was polemical across the board, especially when discussing the respect for diversity in all public spaces – schools, public health posts, and religious institutions. Workshop participants listened to episodes of discrimination against Candomblé and Umbanda followers, as well as scenes of discrimination against non-Catholic religious rituals in hospitals and health posts. Recognising that religious tolerance is improving due to religious activism, all participants were shocked to hear how present stereotypes were among participant youth: 70% of all survey respondents had a problem with accepting other religions, while 16% of Evangelicals, 30% of Afro-Brazilians, and 3% of Catholics were discriminated against because of his/her religious beliefs.

Throughout the process, the dialogue with Evangelical groups was harder to promote. There were heated discussions when insensitive words, such as *macumbeiro* (roughly meaning *witch* when referring to Afro-Brazilian followers), were used in Evangelical discourses during workshops. A female pastor from the Assembly of God stopped the project in her community, fearing a difficult situation for her before the hierarchy of the church because youth opinions could not be a ‘true community representation’. The Assembly of God community had never been in contact with AIDS programmes, which may explain some of these findings. Furthermore, strict control over sexuality seemed greater within Evangelical communities, where the lives of people were quite open to public scrutiny through the mechanisms of ‘gossip’ and vigilance.

Many religious leaders referred to the need to consider the religious pluralism in Brazilian families, where the wife and husband can be of different religions and young people belong to religious traditions that differ from those of their parents.

Workshop participants agreed that it would be very difficult to speak directly about sexual rights with any religious communities. Recommendations in all workshops were to use a public health framework, similar to approaches regarding HIV/AIDS and ‘the right to prevention’ that made the point more clearly for them. A lay Catholic leader and activist in Rio noted, ‘human rights represent *acolhimento*, respect and tolerance as much for people who are seropositive, as well as for pregnant teenager, prostitutes, and for all who are children of God’.

Discussion: religious communities as health and human rights promoters

This study showed how normative religious discourses about gender, sexuality and human rights are constantly being produced in Brazil, influenced by other cultural sources, including the AIDS Programmes. As Berger (2001) discussed, modernisation processes challenge religious truth and dogma, while offering certainties for individuals facing global polyphony and disenchantment with science. Many forms of transgression in the expressions of religious leaders and youth were unexpected, and may reflect not only the modernisation process but also the transgressive characteristics of Brazilian sexual culture (Parker 2009). The strength of Catholic/Christian liberation theology, which originated in Brazil, and is

quite vocal in the national AIDS response as noted by Pierucci and Prandi (2000), was clearly implicated in the discourses of the participant communities. As in Mexico (Smallman 2007), the Catholic Church in Brazil has not stood in the way of NAP prevention efforts, frequently assuming a position of silent tolerance.

The NAP focus on condom use, as well as its non-discrimination policies⁵, was widely supported by participant communities. The survey results were consistent with the findings of the 2005 national household-based survey in terms of this support for condom use and promotion, as well as with age at sexual initiation (Bastos *et al.* 2008).

In São Paulo, the mobilisation of young people as agents in their own communities effectively instigated an acceptable ‘conversation’ in local areas on subjects of pregnancy and abortion, and mobilised the search for new repertoires in HIV prevention with support from religious authorities. Many young people, however, found it difficult to discuss sexual and reproductive health issues with their religious leaders; the latter, on the other hand, considered their religious spaces as open to this type of discussion.

Religious authorities valued the project’s approach based on a human rights framework. Adult and young participants valued the debate on how health promotion depends on rights protection, on autonomy, on the inherent value of treating youth as protagonists and how the dialogue could address the limits of pure preaching and gossiping, as well as discuss inequalities that have defined access to prevention (due to gender, religion and race/ethnicity).

This study showed that the Afro-Brazilians were the most interested in opening new spaces for interfaith discussion, as they felt that they were the most stigmatised religious group. The study also showed how Catholics were more clearly linked to and knowledgeable of state funding initiatives. Evangelical and Afro-Brazilian discourses on religious discrimination drew associations between violations of religious and sexual rights, thereby creating shared resistance and solidarity. For many, these were the first meetings with people from other religions. In each of the three cities – Recife, São Paulo, and Rio de Janeiro – researchers grappled with barriers in creating an interfaith space.

As noted by Galvão (1997), key figures from all religions have, throughout the country, contributed greatly to the nation’s democratisation, working closely to mitigate poverty, homelessness and unemployment, and in the right to health movements. In all three cities studied, several religious figures formed partnerships with local AIDS programmes very early on when the epidemic emerged as a socio-cultural, political and ideological problem. The dialogical, if at times tense, interfaith spaces created throughout the project were facilitated by the diversity of the social movement experiences of some religious leaders. Several workshop and survey participants have also participated in AIDS forums and seminars, where they interacted with non-religious NGOs and groups, such as gay

⁵NAP funds Gay Parades to mitigate sexual discrimination related to HIV infection, for example. The Gay Pride Parade, an emblematic action of LGBT movement in Brazil for more than decade, has since 2006 included more than 2 million people in São Paulo, making it the biggest in the world.

organisations, increasing their capacity to become ‘convivial with difference’, a jargon used by all religions workshop participants

Sexuality highlights diversity in religious teachings, while the workshops attempted to look beyond differences in the name of human rights. Keeping the focus of discussion close to daily religiosity and real scenes aided in reducing conflicts by creating ownership of lived experiences. The use of the human rights framework was productive in approaching Evangelical communities, which did participate in the project throughout all of its stages. Because of the diversity of discourses within the Evangelical movement, approaching Protestant religions in future projects is fundamental to mitigating the HIV epidemic.

Discussing values and beliefs as elements of lived religiosity, through the methodology of collecting lived ‘scenes’ throughout community members’ narratives, allowed for collective decoding and reflection on daily inter-subjective contexts and on the violation of human rights as they occur. This also aided in understanding questionnaire answers, giving context to the São Paulo youth data. It brought light to the *acolhimento* practiced in lived situations that involved religiosity as a counterpoint to religious discourses that expressed dogma.

Empathy for social suffering, even when resulting from non-normative sexual behaviour, has also produced a mixture of the ‘modern’ and the ‘traditional’ through *acolhimento*. As Duarte (2006) has discussed, subjectivity is a value inherent in contemporary religiosity in Brazil, emphasising the representation of personal choices of the religious subject, rather than doctrinal codes of conduct. There is a constant negotiation between belief and conduct, as well as sexual experience and ‘free will’. AIDS programmes should benefit from using the native notion of *acolhimento* to foster prevention initiatives in collaboration with religious communities.

Even though many religious groups preferred to use words such as ‘citizenship’ (a value linked to justice, democracy and governance) to understand human rights, the human rights framework was valued for reflection and associated with *acolhimento*. The idea of ‘right to prevention’ as part of the ‘right to health’, as discussed by Paiva, Pupo and Barboza (2006), was a key notion in fostering the acceptability of state-sponsored prevention initiatives.

Interviews and workshops in all sites revealed that religious institutions care very much about the socialisation of young people, and agreed that youth could be multipliers of information. The religious space, apart from being a space for inculcating (many times reduced to preaching) values, attitudes and practices, is an important environment for promoting the sexual health of young people. Perhaps even more than schools or health services, religious leaders and spaces interact daily and more directly with families as collectivities.

The notion of religion as a field that moulds young people’s sexualities has been challenged by laic state policies, while a laic state should consider and respect the values and processes of religious communities. *Acceptability* as part of the promotion of the right to health - respect of the culture of individuals, minorities, peoples and communities - may depend on community *participation* and their active *acolhimento* (in native terms) of prevention discourses. This intervention-study showed that participation does support acceptability.

Participation, as proposed by Gruskin and Tarantola (2008), is another key component of a human rights-based approach to health: 'The inclusion and full participation of all key stakeholders and affected communities at every stage of HIV policy-making and programming is recognised as essential to an effective response' (p. S125).

Participation, acceptability and interfaith dialogue were important outcomes of this intervention-study, a process that we hope could inspire other initiatives around the world to increase universal access to quality HIV prevention. In fostering dialogue among different religious-cultural traditions, mediated by evidence-based social and biomedical knowledge, we see the project as providing a model for building a bridge between state policies and religious communities that is critical to promoting and protecting young people's sexual health and rights.

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Table 1

Project methodological stages: aim, city and activities

Methodological stage aim	City	Activities
1a. Understand religious authorities concepts of youth sexuality, AIDS prevention, and human rights	São Paulo Recife Rio de Janeiro	a. 27 in-depth Interviews with local religious authorities In each city: 3 Afro-Brazilian priests, 3 Evangelical pastors, 3 Catholic priests and laic leaders of participant communities
1b. Understand religious youth concepts of sexuality, AIDS prevention, human rights and religiosity	São Paulo	b.18 in-depth interviews with youth 1 male and 1 female of 3 Afro-Brazilian, 3 Evangelical and 3 Catholic of São Paulo participant communities
2. Survey to gather a representation of opinions and practices of community youth on same issues and mobilise debate	São Paulo	Youth research-agents applied anonymous self-administered questionnaires to 177 peers (intentional sample)
3a. Collective reflection on results discussed within Human Rights framework	São Paulo Recife Rio de Janeiro	a. Interfaith workshop to discuss survey results with participant religious authorities and community members
3b. Collective reflection on results discussed within Human Rights framework	São Paulo	b. Interfaith workshop to discuss survey results with participant youths and community peers

Table 2

Partners and age at sexual initiation (n)

	Categories	Catholic		Evangelical		Afro-Brazilian		n (valid)	
		Female	Male	Female	Male	Female	Male	Total	Total
Had sex?	Yes	22	16	6	8	25	22	99	99
	No	12	15	21	16	11	1	76	76
Partner of sexual initiation	Husband/ wife	1	0	1	2	1	0	5	5
	Boyfriend/girlfriend	20	10	5	4	16	7	52	52
	Acquaintance (friend)	1	6	0	1	6	13	27	27
	Other	0	1	0	1	2	3	7	7
Age	Under 13	1	0	1	0	5	1	8	8
	14 to 15	9	9	1	1	18	14	52	52
	> 16	11	7	3	5	6	3	35	35