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WESTERN HEMISPHERE REGION, INC.

HIV/AIDS Advocacy Guide

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CONTENTS

- 1** Introduction
- 2** The purpose of HIV/AIDS* advocacy
- 3** HIV and human rights
- 4** HIV and gender
- 5** Involving people with HIV/AIDS
- 6** HIV testing
- 7** Parent-to-child transmission
- 8** Promoting male and female condoms
- 9** Children and young people
- 10** Advocacy for different groups of people at higher risk
- 11** Sex workers
- 12** Clients of sex workers
- 13** Injecting drug users
- 14** Men who have sex with men
- 15** Migrants and refugees
- 16** Armed forces
- 17** Prisoners
- 18** HIV/AIDS in the workplace
- 19** Best practice: Examples of successful advocacy by Family Planning Associations (FPAs) and other non-governmental organisations (NGOs)
- 20** Participatory Advocacy**

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Produced by IPPF Global Advocacy, Scientific Expertise, Gender, Youth and STI/HIV/AIDS Division (GLAD). Written by Jeremy Hamand. London, June 2001

* Human Immunodeficiency Virus; Acquired Immune Deficiency Syndrome

**From: Telleria, Jaime and Susanna Rance. *Participatory Advocacy*. Masque V Fondo Editorial: La Paz, Bolivia, 2001. Funded by the project "Participatory Advocacy in Sexual Rights" of the Population Concern, the European Commission and CISTAC. www.CISTAC.org

1 Introduction

By the end of 2000, over 36 million men, women and children around the world were living with HIV or AIDS and nearly 22 million had died from the disease. The same year saw an estimated 5.3 million new infections globally and 3 million deaths, the highest annual total of AIDS deaths ever. Currently, there are 15,000 new infections every day. AIDS is now the number one killer in Africa.

But an even greater epidemic can be prevented. Large-scale prevention programmes in virtually all settings have clearly demonstrated that the spread of HIV can be reduced, especially among young people and hard-to-reach populations.

In his report issued in February 2001, the UN Secretary-General, Kofi Annan, said that successful responses have their roots in communities: empowering young people and women is essential, and people living with HIV or AIDS are central to the response. "An approach based on human rights is fundamental: combating stigma is a human rights imperative on its own, as well as of instrumental value in fighting denial and shame, both of which are major obstacles in opening dialogue about HIV/AIDS."

Family planning associations (FPAs) thus have a key role to play, because they are closer to the communities than any government authority can be. They are particularly well placed to combat HIV/AIDS because of their experience in the prevention of sexually transmitted infections (STIs) and of condom promotion and distribution, and because as human rights organisations they have been instrumental in empowering women and working with young people, a group which is particularly vulnerable to STIs and now to HIV infection as well.

Many FPAs and other NGOs have already worked with HIV-positive people in HIV prevention programmes. Their network of volunteers are particularly well placed to carry out advocacy in both the policy and programme areas. Now they need to reposition themselves as advocates for sexual and reproductive health and rights, including HIV/AIDS, and not just family planning, as in the past. The common factor is the dual protection offered against unwanted pregnancies and STIs and HIV/AIDS by the male and female condom.

FPAs should also use advocacy to address governments and influence them to change policies and discriminatory laws, as well as reaching the private sector and community leaders who have a critical role in prevention and care efforts.

This Guide, which is intended to supplement IPPF's *Advocacy Guide*, describes what advocacy can do, often at little cost, in the prevention of HIV/AIDS.

2 The purpose of HIV/AIDS advocacy

Advocacy is a process of communication which is different from the mere dissemination of information and education (IEC). Advocacy goes beyond this and first seeks support, commitment and recognition from policy and decision-makers and the general public about the problem. Advocacy provides solutions and support in tackling issues.

This Guide will not attempt to describe in detail how to organize advocacy campaigns, since these subjects are covered in greater detail in the IPPF *Advocacy Guide*, but will focus on the application of advocacy to HIV/AIDS prevention.

The first requirement is solid factual information. Information from country situation analyses and baseline studies needs to be collected to understand risky practices and behaviours.

Based on this information, advocacy work should include creating awareness of the magnitude and seriousness of the problem, diminishing discriminatory practices and removing policy and other barriers to prevention and care activities, and campaigning for effective and sustainable action. It should aim to influence the highest authorities in the country to provide leadership, political support and commitment.

In detail, each individual advocacy plan should comprise the following elements:

- Identify the advocacy issue
- Identify the target audience: e.g. government officials, policy makers, religious leaders, employers, health professionals, communities, media etc.
- Expected results: e.g. clear government policies on HIV/AIDS, government commitment to information and services, review of laws and practices, clear HIV/AIDS policies and practices at work places, etc.
- Suggested activities: e.g. gather information, develop fact sheets, join other activist organizations, conduct sensitization meetings with media, lawmakers, religious and community leaders.

Advocacy is important in HIV prevention because it can enable things to be done which a single organization could not do on its own; partnerships are key and create support for an HIV/AIDS prevention programme in a number of ways:

- By raising awareness, knowledge, and understanding among the general population about HIV/AIDS and STIs
- By encouraging the mobilization of resources and commitment for the implementation of the STI/HIV programme
- By initiating and supporting campaigns for making anti-retroviral drugs widely and cheaply available
- By promoting good policies and practices
- By promoting knowledge about HIV and how it is spread
- By reducing the stigmatization of HIV/AIDS-affected people
- By upholding the rights of HIV-positive people
- By strengthening solidarity between NGOs and people living with HIV/AIDS
- By involving people living with HIV/AIDS in education and prevention, where they have a key role to play.

Messages must be clear and have a credible source, such as IPPF's International Medical Advisory Panel (IMAP) Statements or UNAIDS documents.

3 HIV and human rights

The protection of human rights is essential to safeguard human dignity in the context of HIV/AIDS and to ensure an effective, rights-based response to HIV/AIDS. An effective response requires the implementation of all human rights, civil and political, economic, social and cultural. Public health interests do not conflict with human rights. On the contrary, it has been recognized that when human rights are protected, fewer people become infected and those living with HIV/AIDS and their families can better cope with HIV/AIDS.

When HIV first strikes, countries often go through a phase of denial and do not accept that the HIV/AIDS problem warrants serious attention. During this time the citizens are denied their rights to information and services and find themselves becoming the victims of a disease that their own governments have not recognized as a national disaster.

The IPPF *Charter on Sexual and Reproductive Rights* identifies a number of basic human rights, which may be used for advocacy in the area of HIV/AIDS.

4 HIV and gender

It is important for organizations always to bear in mind the way in which gender roles have a part to play in the AIDS crisis: the sexual subordination of women makes it much more difficult for them to avoid infection. Biologically young women are more prone to infection, and their low social status and cultural expectations of sexuality further compound their vulnerability.

Men are part of the solution to the HIV pandemic, and men need to understand how their actions contribute to the spread of HIV/AIDS. Men need to play an active role in promoting their own health as well as protecting their partners from HIV infection, and advocacy can reinforce this process. Advocacy initiatives that target young boys are increasingly being seen as valuable in promoting more gender-equitable relationships between men and women.

Another important dimension of gender and HIV/AIDS is that of gender-based violence and discrimination against women and girls. This makes them vulnerable and unable to negotiate safer sex. Sexual violence and coercive sex, (which often carries a high risk of infection) must also be addressed.

Studies confirm that women who disclose their HIV positive status often face further violence and discrimination. Advocacy initiatives should focus on eliminating all forms of violence against women and on campaigning to change laws where appropriate.

Advocacy for gender-sensitive programming will help identify the differential needs of men and women, boys and girls. Advocacy aimed at empowering women and giving them more negotiating skills is an important tool for combating HIV/AIDS as well as for the

promotion of women's rights. More specifically, advocacy aimed at improving women's access to education and to economic resources, such as training, legal reform and credit schemes, can contribute to women's overall decision-making power within households and in sexual relationships.

5 Involving people with HIV/AIDS

Involving people with HIV/AIDS in policy design, planning and the implementation of AIDS-related work is itself an important aspect of advocacy. Doing so will increase the relevance of such work; reduce discrimination; help the needs of people with HIV or AIDS to be recognized; assist in the process of destigmatizing HIV/AIDS; enable a greater understanding of the impact of HIV/AIDS; and present a human face to AIDS.

People living with HIV or AIDS also have a key role to play in education and prevention. Discrimination against such people is widespread, and involving them is a vital element in changing attitudes.

6 HIV testing

Organizations should advocate for good-quality, voluntary and confidential HIV testing and counselling to be made available and accessible, and discourage mandatory testing.

Microbicides and vaccines

The eradication of HIV/AIDS is likely to be hastened by the development of effective vaccines against HIV and efficient microbicides able to better protect against STIs and HIV transmission. NGOs should advocate for their governments to support the necessary research and development.

7 Parent-to-child transmission of HIV

Parent-to-child transmission of HIV is the most significant source of HIV infection in children below the age of 10 years. Since 1998, UNAIDS has recommended that pregnant women who are HIV-positive should be offered a short antiretroviral course which has been shown to reduce transmission by at least 50 per cent when used properly.

NGOs should advocate for their government to integrate such prevention interventions into existing reproductive health services.

Other points to bear in mind:

- You are dealing with a controversial subject. Welcome this and try to turn it to your own advantage.
- Avoid any illegal or unethical activities.
- Hold policy-makers accountable for commitments.
- Keep a record of successes and failures.
- Monitor public opinion and publicize positive changes.

8 Promoting condoms

The promotion of the male and female condom for dual protection against STIs/HIV/AIDS and unwanted pregnancy is the common link between the traditional work of FPAs and HIV/AIDS prevention. The condom is quite simply the best means, and presently the only, there is to prevent the spread of the disease.

Promoting the male condom

The male condom is the best means of preventing the transmission of HIV and other STIs. Limits to the wider use of the condom include:

- Cost and availability
- Belief that it should only be used to prevent pregnancy
- Failure by service providers to promote the condom as an effective method of contraception
- Reliance on non-barrier methods of contraception
- Condom use by married partners is often not socially acceptable
- Religious opposition to its use – generally, or among the unmarried.

Condom campaigns can have spectacular results. Thailand's 100% condom campaign has averted 2 million infections, saving some \$US 6 billion.

Promoting the female condom

The female condom is the first contraceptive barrier controlled by women that also protects against STIs, including HIV. It therefore expands the choices that both men and women have to protect themselves from HIV infection. The female condom is particularly important to women whose partners refuse to use the male condom.

The female condom may initially meet opposition from both users (because it is unfamiliar) and providers (because it costs more than the male condom). Advocacy can play an important role in both making the female condom more widely available (through convincing providers that it is cost-effective), and in increasing its acceptability.

Important points to stress include:

- In acceptance studies, 50 to 70 per cent of the women and men surveyed rated the female condom as acceptable.
- Users should know that the female condom is made of polyurethane, which is a soft, thin plastic stronger than latex.
- The female condom can be inserted up to eight hours in advance of sexual intercourse, and therefore does not interrupt spontaneity, and it does not need to be removed immediately after ejaculation.
- Because it has a higher unit cost, the female condom should be targeted at populations that already have ready access to the male condom or are not able to use the male condom consistently. By focusing on these groups, female condom use increases the number of protected sexual acts without necessarily decreasing male condom use.
- Recent research indicates that the female condom may not only be cost-effective but may even save costs, particularly when specifically targeted to groups that practice high-risk behaviours.

Advocacy through the media (newspapers, magazines, radio, the Internet) can be used as an addition to information and education campaigns to inform the general public about the benefits of the female condom.

Resource: *The Female Condom: A guide for planning and programming*, UNAIDS, 2000.

9 Children and young people

In developing countries, up to 60 per cent of new HIV infections are among 15 to 24-year-olds. Because of biological and social factors, young girls are especially vulnerable. In some places, among 15 to 19-year-olds, two girls are infected for every boy. Advocacy can contribute to reduce vulnerability faced by girls and in bringing about social change - for example, by correcting popular myths such as the idea that having sex with a virgin will cure a man of AIDS.

Furthermore, the drastic increase in the rate of infection among women means a corresponding increase in HIV-infected babies born to them. In 2000, there were 1.4 million children under 15 living with HIV – though some of these will have been infected by sexual activity rather than by their mothers.

Many young people are put at risk of HIV because they are denied access to HIV education, information, health care and means of prevention - access which adults usually have. This is a violation of the rights of children and adolescents to nondiscriminatory education and health, as well as a violation of their right to express their own views and to seek, receive and impart information and ideas of all kinds. FPAs and other SRH NGOs have a particularly important role to play here.

Advocacy can play a key role in ensuring that education on sexual and reproductive health issues, including HIV/AIDS, is provided in schools and in settings where out-of-school youth meet. Such information needs to be supported with appropriate and accessible sexual and reproductive health services for adolescents.

Studies have shown that sex education and HIV education do not encourage sexual activity. In fact, evidence shows that when young people are given complete information on sexuality it can help them to feel comfortable about themselves and in control of the decisions they make. Where sexuality education is comprehensive, more young people practice safer sex or choose to postpone sex. Special efforts should be made to provide this education to children who are hard to reach, such as children of minorities, indigenous peoples and street children.

Young people often face special difficulties of access to services. Inconvenient hours, legal hurdles, inaccessibility and high costs are among the factors that can severely curtail young people's ability to use the services. Advocacy can be a useful tool to effect changes to break down barriers young people face when accessing services.

All sexual exploitation and abuse, including that involved in the sale of children, child prostitution and early marriages, increase the risk of STI/HIV infection. Efforts made to stop these practices should integrate HIV concerns. Public information campaigns against

child abuse and sexual exploitation, as well as education campaigns aimed at families, children and adolescents, should explain the risks of infection, means of protection and services available, if infection does occur.

HIV/AIDS advocacy campaigns aimed at young people can benefit from young people's participation in the design, implementation and evaluation. Successful strategies include peer education. Every effort should be made to involve young people.

10 Advocacy for different groups of people at higher risk

FPA's have a mandate to work with and promote the interests of vulnerable groups in society. Those groups are likely to be at particularly high risk of being affected by HIV/AIDS. In some cases, advocacy can enable FPA's to persuade other organizations to provide services at no cost to the FPA; in other cases other NGOs or government agencies can share the cost load.

11 Sex workers

Sex workers, including indirect sex workers such as 'beer girls' in Cambodia, are particularly vulnerable to STIs/HIV and represent the most significant core group for transmission to the rest of the population through their clients. The main factors influencing the spread of HIV include the number of clients a day and the proportion of men who visit sex workers regularly. The absence of condom use increases transmission even more. Sex work continues to be illegal in many countries so prevention remains difficult.

Organizations should advocate for recognition of the problem and the protection of sex workers and their clients through 100 per cent use of condoms. Organizations can also recruit peer counsellors and condom distributors, as the Indonesian Planned Parenthood Association has done with transvestite sex workers in Jogjakarta (Lentera project).

12 Clients of sex workers

Advocacy can help to protect particular groups of clients of sex workers, such as truckers, labourers and fishermen. FPA's in Thailand and India have shown how advocacy work with restaurant owners and brothel keepers on highways and at fishing ports can result in their co-operation in encouraging higher condom use.

13 Injecting drug users

In many parts of the world, injecting drug use is the major mode of HIV transmission. This is the case in a number of Asian countries, parts of eastern Europe and several of the Newly Independent States; a number of Latin American countries; and some western European countries such as Spain and Italy. In the Russian Federation, more than half of all reported HIV cases to date have been in injecting drug users.

Drug use has an intimate connection with HIV. The connection occurs when drugs are injected using contaminated injecting equipment. Furthermore, some drug use can lead to risky sexual behaviour, which can also result in HIV transmission. Of all the different ways that the virus can be passed on, directly injecting a substance contaminated with HIV into

the blood-stream is by far the most likely to result in infection - much more so, in fact, than through sexual intercourse.

What is needed is a comprehensive package of measures to prevent HIV spread among injectors – and grassroots NGOs can play an important role in advocating for its provision. Such measures include providing sterile injecting equipment; raising awareness among and educating injectors and their sexual partners about HIV risks and safe practices; making available drug treatment programmes; providing access to counselling, to care and support for HIV-infected injectors, and to STI and other healthcare services; and providing condoms.

14 Men who have sex with men

Sex between men exists in most societies. It frequently involves anal sex. Unprotected penetrative anal sex carries a high risk of HIV transmission, especially for the receptive partner. HIV prevention programmes for men who have sex with men (MSM) are hindered by the following:

- denial that sexual behaviour between men takes place
- stigmatisation, discrimination or criminalization of men who engage in sex with other men
- inadequate or unreliable epidemiological information on HIV transmission through male-to-male sex
- the difficulty of reaching many of the MSM
- disregarding or ignoring safer sex practices
- inadequate or inappropriate health facilities, including STI clinics, and lack of awareness or sensitivity among clinic staff about the existence of anal, rectal and oral STIs
- lack of interest among donor agencies in supporting and sustaining prevention programmes among men who engage in same-sex behaviour, and a lack of programmes addressing male sex workers in particular
- lack of attention in national AIDS programmes to the issue of MSM.

Effective advocacy can address many of these problems. For instance, through:

- peer education among MSM
- the promotion of high-quality condoms and water-based lubricants, and ensuring their continuing availability
- safer sex campaigns and skills training, including the use of condoms and the promotion of lower-risk sexual practices as alternatives to penetrative sex
- strengthening organizations of self-identified gay men, enabling them to promote HIV prevention and care programmes
- promoting culturally appropriate mass media campaigns
- education among health and clinic staff to overcome ignorance and prejudices about MSM.

15 Migrants and refugees

Migrants and mobile people may be highly marginalized and have little or no access to HIV information, health services and means of AIDS prevention. The most vulnerable are refugees, those without legal status, and women and girls. Refugees often lack the security offered by their families and communities. Lack of educational facilities and jobs in camp settings can lead to boredom, substance abuse and risky sexual behaviour.

Advocacy can forcefully present the case against discrimination and in favour of the provision of services for these people. Efforts must be made to build partnerships and develop multisectoral (health-education and community services) prevention and care services.

16 Armed forces

Military personnel are a population group at special risk of exposure to STIs, including HIV. In peace time, STI rates among armed forces are generally two to five times higher than in civilian populations; in times of conflict the difference can be 50 times higher or more. Probably the single most important factor leading to high rates of HIV in the military is the practice of posting personnel far from their accustomed communities and families for varying periods of time. As well as freeing them from traditional social controls, it removes them from contact with spouses or regular sexual partners and thereby encourages the growth of sex industries in the areas where they are posted. Paradoxically - and fortunately - strong traditions of organization and discipline give the military significant advantages if they move decisively against HIV/AIDS.

A real impact can be made by reaching senior military and defense ministry personnel through advocacy, as is shown by the work done by the Planned Parenthood Association of Thailand (PPAT) with the Royal Thai Air Force. With a minimal budget, PPAT worked through the military structures to achieve remarkable results. (See page 22).

17 Prisoners

Male prisons have been shown to make a significant contribution to some countries' HIV epidemics, both through male-to-male sex and injecting drug use. Several factors contribute to risks of onward transmission of HIV infection within prison environments.

Overcrowding is one such factor. In 1995, the prison population of the United States was 1.6 million, a doubling over 10 years. In a major Eastern European prison, individual cells hold up to 35 prisoners each. Violence, often a feature of prison life, produces tensions, recriminations and an atmosphere of fear. Many of those in prison are there because of drug use or trafficking, and they often find ways to continue drug use inside. Drug injecting with shared, unsterile equipment is the factor probably accounting for the greatest number of new HIV cases in prisons worldwide. Unprotected anal sex and male rape are also important factors for HIV transmission in prisons.

Here, an FPA or NGO can make an important impact by training peer educators (including ex-prisoners and ex-injectors) who can provide education on using clean injecting equipment, as well as help in drug cessation programmes. Through advocacy, they can reach senior officials and persuade them to provide free clean syringes and sterilizing bleach for drug users, and general access to lubricated condoms.

18 HIV/AIDS in the workplace

HIV/AIDS has direct economic costs on businesses both large and small, and the business community is therefore highly motivated to work on preventive measures for economic reasons and for the welfare of their employees. Many large businesses also respond out of

philanthropic concerns. Many businesses will be open to approaches to help them with talks, training of trainers and the production of posters, leaflets and videos, because they are dealing with an unfamiliar and delicate area. Good examples are the work of the FPA of Mauritius with young unmarried workers in the Export Processing Zone (EPZ) factories and workshops, and the services provided by the FPA of Kenya workplace motivators. Larger businesses could be asked to consider paying fees or making a donation in exchange for FPA professional help. The Thai Business Coalition has had great success in persuading businesses that HIV awareness and prevention is in their interest. Simple, non-threatening messages, coupled with offers of co-operation, are often effective in persuading senior managers. Businessmen are as open to peer pressures as anyone else. Word of mouth through chambers of commerce and business clubs, and the example of big businesses, can quickly persuade companies that they need a policy on HIV/AIDS. The example of Jardine Matheson in Bangkok, which has introduced AIDS awareness for all 3,500 new employees every year at their starter session, is a powerful one for local businesses.

Examples can help show why there is a need for a firm policy on AIDS. In Beijing it was suspected an Italian chef at a fivestar hotel had AIDS. His co-workers clubbed together to buy him a ticket back to Rome. Unfortunately, through ignorance about the disease, when he had gone they tore down the wallpaper in his room, ripped up the carpet, and burned it at the back of the hotel. Soon afterwards, the hotel introduced an HIV awareness and prevention policy.

Effective HIV programmes will be integrated into organizational structures, and minimise work disruption and financial burden to the company and employees.

19 Best practice: Some examples of successful advocacy by FPAs and other NGOs

PPAT and the Royal Thai Air Force

Some three per cent of conscripts to the Royal Thai Air Force (RTAF) were found to be HIV-positive. The Ministry of Defense had introduced an HIV prevention policy, but in practice this only amounted to an occasional lecture. In 1994, the Planned Parenthood Association of Thailand (PPAT) contacted high-ranking RTAF officers and offered to help introduce participatory learning techniques which could change conscripts' attitudes towards safer sex. Although RTAF had never dealt with an NGO before, the plan was approved, and PPAT provided training for trainers and helped produce the RTAF HIV/AIDS Prevention Manual. Over four years, PPAT's intervention resulted in HIV/AIDS prevention activities for 12,500 conscripts, resulting in a much lower infection rate, at a cost to PPAT of only some US\$ 7,500.

FPA of India Healthy Highways Project

Inter-city truckers in and around Mohali in the Punjab have been reached through advocacy with their union leaders and others who interact with them, such as petrol pump owners, mechanics and refreshment stand owners. Outreach workers and peer educators organized exhibitions, street plays and film shows, as well as focus group discussions and interviews with the truckers. After two years, most of the truckers have abandoned the myths on AIDS which they used to hold, and now understand the high risk and consequences of HIV and that condoms are the best means of preventing infection.

Reaching beer promotion girls in Cambodia

Beer promotion girls (BPGs) supplement their meagre earnings from the beer companies who employ them by selling sex to male clients, mostly without a condom. Some 20 per cent are HIV-positive. The Reproductive Health Association of Cambodia (RHAC) is training 100 BPGs in the capital Phnom Penh to become peer educators who will reach 1,500 other BPGs in their workplaces. In a new project, RHAC is contacting key managers of each beer company, the Ministry of Women's Affairs and the Municipality to discuss the project and involve them in designing appropriate implementation plans. RHAC is persuading the company managers to allow RHAC motivators to insert education topics during BPG meetings with their supervisors, and provide facilities for peer educators to talk to the BPGs about condom use and the RHAC clinics before they go on duty.

Persuading school authorities to include HIV education in Botswana

HIV prevalence among young adults in Botswana is around 40 per cent, one of the highest rates in the world. The Botswana Family Welfare Association (BOFWA) is working through schools, education authorities, school management as well as students and parents to increase knowledge and appreciation of HIV/AIDS education, with the aim of integrating STIs and HIV/AIDS education in schools. This is expected to enhance adolescent/youth access to HIV/AIDS information and services as well as increase FPA partnerships with other institutions. To further increase understanding of the issues, the project aims to train 40 trainers of trainers, including teachers, Youth Community Based Service Providers (YC BSP) and students.

Reaching young workers in Mauritius

The FPA of Mauritius has for some years run a highly successful project entitled 'Reproductive health among unmarried workers in the Export Processing Zone' involving the organisation of young unmarried workers around the concept of SRH, mutual advocacy between young worker leadership and the FPA to create a supportive environment for SRH in the home, work place and society; participatory research to identify the needs and resources of young workers and an approach to behavioural change which emphasises peer to peer education and young worker support for behavioural change. Advocacy activities have included the creation of a radio and TV series on the lives of young workers and the setting up of a Young Worker Advisory Committee, meetings with personnel managers and health and safety officers from targeted industries, and individual contacts with key Members of Parliament, Ministry officials and company representatives.

Decision-makers' initiative in Turkey

The FPA in Turkey co-ordinated high level advocacy for practical and humanitarian responses to the HIV crisis among policy and decision-makers. The programme aimed to mobilize parliamentarians and civil servants to recognise the prevention of HIV and STI transmission as a national duty, and influence the Government to activate plans to achieve this aim. Other target groups included the business community, the media and the general public. The project also targeted the influential religious community, and an HIV prevention message was sent to all mosques through the Directorate of Religious Affairs. An important factor was the support of the President.

Influencing local authorities in Myanmar

The FPA in Myanmar is working with the local authorities in the remote district of Tamu near the Indian frontier, where there is a large floating population, high injecting drug use, high STI incidence and an unmet need for health services. The strategy is to reach district leaders and religious leaders through advocacy workshops and interviews and through them the general public, to raise awareness of the prevalence and dangers of HIV/AIDS.

Increasing the knowledge of parliamentarians in Central America

The Central American HIV/AIDS Prevention Project (PASCA) was an ambitious project, jointly carried out by IPPF's Western Hemisphere Region (WHR) and the Inter-American Parliamentary Group on Population and Development, which aimed to strengthen collaboration among parliamentarians of Central America through the exchange of knowledge on HIV/AIDS issues and to increase their awareness, knowledge, understanding and commitment. Through meetings and campaigning, the project was instrumental in stimulating the passing of new laws on HIV/AIDS in Honduras, Nicaragua and Panama. In 1999, a group of parliamentarians from Panama, Nicaragua, Honduras, El Salvador and Guatemala signed the San Salvador Declaration, covering such issues as youth, adolescents and HIV/AIDS; women and HIV/AIDS; mother-to-child transmission and migration and HIV/AIDS.

Reaching men in Kenya through workplace motivators

The FPA of Kenya's (FPAK) Male Involvement Project has successfully persuaded some 90 employers to allow FPAK motivators to provide services in the workplace. Currently, there are over 100 workplace motivators (WPMs), who are provided with a monthly allowance, a bicycle, T-shirt, cap, bag and contraceptive supplies. Using WPMs has proved to be a very effective way to reach men in factories, sugar plantations, private sector companies and public institutions. The management of these companies has strongly supported this initiative because of their concern about the impact of HIV/AIDS and STIs among their workforce. Today they can see the benefit of the project in tackling these problems. The results have been impressive. WPMs account for 80 per cent of all condoms distributed by the project (1.3 million out of 1.6 million) and over 90 per cent of pill distribution. They have served a total of 63,240 clients (42,000 men), one-third more than the Male Involvement Project clinics, and also made over 2,800 effective referrals.

20 Participatory Advocacy

Much of what we talk about in Participatory Advocacy arises from our experiences with Work Groups around masculinities, unwanted pregnancies, and abortion. In coordinating these groups, we have come to reaffirm certain principles and characteristics that mark the particular style of participatory advocacy that we propose:

- Autonomy
- Freedom of expression
- Open and fluid affiliation
- Personal or institutional participation
- Multiple positions
- Horizontal relationships
- Current will, with or without stable external supports

Together we develop a new action platform to promote the concrete exercise of sexual rights. Sexual Citizenship centers on the following principals:

- The citizens are diverse, not alike.
- The citizen rights apply to all, without exclusion or discrimination.
- The citizen rights include rights on the scope of sexual lifestyle.
- The diverse forms of gender and sexual life deserve social and judicial legitimacy.
- The exercise of Sexual Citizenship corresponds to all people equally, for the duration of life.

To outline Sexual Citizenship, we want to strengthen the force of diverse genders and sexualities and the citizen rights without exclusion inside of activist agendas and public politics. For more information, consult our Web site: www.ciudadaniasesexual.com. You can send your comments and contributions to cistac@mail.megalink.com and srance@ceibo.entelnet.bo. We wait for you...

Advocacy...meaning and practice

Advocacy signifies law, promotion of support, lobbying, negotiation or action to influence social spaces of decision and opinion. It implies the development of the capacity to intercede, speak publicly and promote a cause of group interest.

This type of action is not new: the people involved in processes of change have been developing it for a long time. The promotion, defense and diffusion of human rights after the Second World War, the defense of civil rights in the United States, the theology of liberation in Latin America, the response of civil society before military dictatorships, and the movement for women's health are only some examples of Advocacy movements.

Advocacy is based essentially on the democratic processes of construction of change. It looks to influence and multiply actions which promote themes determined socially important. Advocacy is a political activity, where the protagonists situate themselves so as to depart their own interests and look to involve other people and groups from different fields in the same cause.

In this manual, our aim is to communicate the spirit of Advocacy and its meaning in conjunction with political strategies to promote a cause; from the felt identification of the participants; and with a determined process of social change.

Among the different methods to influence change, our proposal, participatory advocacy, is more effective than a vertical and non-positive strategy. The recuperation and systematization of a social group's expectations permit the collective promotion of its demands, in accordance with the values and declared objectives. We come to involve ourselves in more extensive movements, with refined groups in the local, regional, national, and global fields.

To do participatory advocacy implies concerted and dynamic action, incorporating the experiences of the people who execute a determined situation or cause. The group self-conscience carries to processes of decision-making, based on the group's own desire to take on and defend positions that establish themselves as the cause of the movement.

Nowadays, since the politics of human development, population, popular participation, education and health, it is declared that people should have the right to determine their actions and forms of involvement in social processes, starting from their diverse identities.

In this sense, to do Participatory Advocacy is...

to decide		to promote
to communicate		to influence
to convince		to involve
to be connected	and	to change

starting from the perceived necessities of a group, reclaiming their expectations and determining political and communication strategies and action to promote a determined cause.

And so we execute it...

As activists involved in movements of this type, we understand that Participatory Advocacy is a process that often initiates between peers, that is, individuals or groups on the same level with related interests. Starting from this initial self-identification, the people affected promote their cause, extending their influence with other peers (expanding their social bases with people that share or can share the same concerns) and upward (pressuring around instances of power).

By Participatory Advocacy we refer to...

- An action of political pressure for change, oriented to relation-building, to create consensus, to promote actions, to mobilize resources and to achieve impact.
- A social activity that forges change from the particular interests and demands.

- An action applicable with local, regional, and national groups, with peer groups and or on other levels of decision.
- A need of visualizing a common cause.
- A specific agenda.
- A series of activities that can develop in a determined historical moment.

We aren't looking for...

- Imposing preconceived ideas on people.
- Pretending to know what is the 'best' for 'everyone.'
- 'Instructing' or 'educating' from vertical conceptions of 'reality.'
- Promoting institutions or people as an end in and of itself.
- 'Positioning' others (even though we position ourselves).
- Assuming that certain messages constitute the 'only truth.'

Participatory advocacy has political character. It implies a strategy based on:

- Recognition of existence of diverse and differentiated interests.
- Compromise for the defense of people's rights, equity, and equal opportunities.
- Will to elaborate messages and execute specific actions in a democratic and participatory form.

This type of strategy calls for a process with various steps:

- Individual and group self-identification.
- Collective analysis of the reality that the group strives to change.
- Definition of the cause stemming from the identified theme.
- Adequate information about the theme in question.
- Precise objectives for action.
- Design of a strategy, taking in mind recourse, alliances, compromises, and impacts.
- And...recent action!
- Subsequent evaluation of impacts...
- A new self-identification of the protagonists, stemming from shared experiences.

Remember: to do participatory advocacy

- 1) We identify and recognize ourselves. Understanding that not everyone in the group has the same world vision or chosen theme for the work. There exist individualities and differentiated demands.
- 2) Constructing the proposal. Clarifying the identification of our interests. Arriving at timely agreements about the themes, objectives, and common cause.
- 3) Consenting to the main information that supports the construction of the cause and strengthens the integrity of the group.
- 4) Elaborating an agenda of action, maintaining the cause as the axis: what we will do, where, when, how, with whom and with what economic and logistic resources.

- 5) Elaborating political and strategic alliances: deciding with whom we will work and in what conditions.

Reference: Participatory Advocacy by Jaime Telleria and Susanna Rance, 2nd edition, 2001. Funded by the project “Participatory Advocacy in Sexual Rights” of the Population Concern, the European Commission and CISTAC. Masque V Fondo Editorial: La Paz, Bolivia. www.CISTAC.org

What this signifies for the document’s authors in speaking about sexual and reproductive rights

Departing from this whole process, today we have greater openings to work and promote rights to the full extent as much for women as for men.

We consider the following principles to be important bases for the group work in human, reproductive, and sexual rights, (Correa, Petchesky, 1995):

INDIVIDUALITY: each person is special and different.

AUTONOMY: each person needs liberty to make and exercise their own decisions, with respect for the rights of others

INTEGRITY: each person needs to live without coercion or emotional, physical, or sexual violence.

These principles offer a general mark for the respect of identity, the body, and the power of decision for each person in the sexual and reproductive life.

Discussion of rights – particularly the references to sexuality and human reproduction – implies speaking of:

- ❖ Our rights as human beings to bodily integrity, relationships and affection, our cultures and lifestyles, and diverse exercising of our sexualities and forms of reproduction.
- ❖ The liberty that we need to assume and live our sexual lives, the right to exercise in a pleasant, free, and chosen manner and with respect for rights of others.
- ❖ Our rights to receive information and sexual and reproductive health services, without being discriminated for our gender, ethnicity, age, social class, orientation or sexual option.
- ❖ All people, as integral beings, are deserving of respect, of dignified treatment and human attention to quality and appropriate warmth for our languages and cultures.

These rights are not written in stone, and are dynamic according to the actors and circumstances. We are capable of constructing new rights, and at the same time

pressuring and influencing so that those already recognized formally shape themselves in the exercise of concrete rights.

Reference: Telleria, Jaime Miguel (Director and coordinator of the publication). 2001. "Participatory processes of sensitization in sexual and reproductive rights: I have the right to..." CISTAC and the Royal Embassy of the Lower Countries. Printed in General: La Paz, Bolivia.