

Facing negative reactions to sexuality education through a Multicultural Human Rights framework

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Abstract: *Sexuality education, its protocols and planning are contingent on an ever-changing political environment that characterizes the field of sexuality in most countries. In Brazil, human rights perspectives shaped the country's response to the AIDS epidemic, and indirectly influenced the public acceptability of sexuality education in schools. Since 2011, however, as multiple fundamentalist movements emerged in the region, leading to recurrent waves of backlashes in all matters related to sexuality, both health and educational policies have begun to crawl backwards. This article explores human rights-based approaches to health, focusing on a multicultural rights-based framework and on productive approaches to broadening the dialogue about sustained consent to sexuality education. Multicultural human rights (MHR) approaches are dialogical in two domains: the communication process that guarantees consent and community agreements and the constructionist psychosocial-educational methodologies. In its continuous process of consent, the MHR approach allowed for distinct values translation and diffused the resistance to sexuality education in the participant schools/cities, successfully sustaining notions of equality and protection of the right to a comprehensive sexuality education that does not break group solidarity and guarantees acceptability of differences.* © 2015 Reproductive Health Matters. Published by Elsevier BV. All rights reserved.

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Introduction

Sexuality education, its protocols and planning are contingent upon an ever-changing political environment that distinguishes the field of sexuality in most countries. In Latin America, the 1980-1990s transition from authoritarian regimes to democracies resulted in innovative human rights-based public policies that have fostered the notion that promoting and protecting health are inextricably linked to the promotion and protection of rights. In Brazil, this perspective has shaped the country's response to HIV/AIDS, and indirectly influenced the public acceptability of sexuality education in schools. Since 2011, however, as multiple fundamentalist movements emerged in the region, leading to recurrent waves of backlashes in all matters related to sexuality, both health and educational policies have begun to crawl backwards. Concepts of "citizenship" (including "sexual citizenship") which were central to health policies of the previous decades are now subject to challenges which have come to characterize the current political environment. Unexpectedly, Brazil seems to be now an emblematic case of backlash.^{1,2}

In 1996, as the country embarked on a progressive public health response to the HIV pandemic, the Brazilian Ministry of Education, under the umbrella of the Health and Prevention in Schools project, the SPE (Saúde e Prevenção nas Escolas), led the implementation of sex education as a crosscutting critical issue in schools' curricula in 27 states of the federation (and around 600 cities).³ For almost two decades, SPE disseminated preventive information, promoted condom and contraceptive use, and the alleviation of sexuality-related stigma and discrimination. Its inter-sectoral effort emphasized the right to scientific information, the need to think and talk about gender relations and sexual diversity, and fostered non-discrimination and citizenship education.⁴ The SPE perspective included harm reduction along with the promotion of a "culture of peace" (non-discrimination and non-violence) by not allowing abstinence-only programs in public schools, and by inspiring private schools to launch initiatives focusing on condom use and, when acceptable, making condoms available on campus.

However, the religious scenario has shifted, due to a growing conservative, and primarily

Evangelical, constituency. Per the 1980-Census, 90% of Brazilians were Catholics and, throughout the decade's democratization process leading to the 1988 Constitution, a Catholic liberation theology movement played a key role in the alliance for human rights-based policies, which were supported by grass-roots organizations as well as prominent bishops. In 1989, however, the Vatican began to replace "pastoral" bishops and organizations with "canonical" and vaticanist groups – an instrumental move by the Vatican in dismantling the liberation theology movement and influencing sexuality policies as the response to HIV/AIDS.⁵ The 1990s saw the rise of new Evangelical movements, disseminated by large TV and radio networks and benefiting from tax exemption policies. The 2010 Census reports that the Evangelicals grew from 15% in 2000 to 22% in 2010 (Catholics were 65%, and non-religious 8%).⁶ Evangelical movements resort to conversion methods that emphasize other faiths as "infidel" or "demonized", and have been a force in action aiming for political power, as seen in other parts of the world.

In June 2015, a national action of conservative Christian-Catholic politicians (the "bible coalition") successfully eliminated any mention to "gender", "diversity" and "sexuality" from numerous municipal educational plans. At the national level, the same coalition is proposing to redefine homosexuality as a disease, and to criminalize HIV transmission and health professionals who care for women suffering from complication of unsafe abortions. In this orchestrated backlash – a Brazilian version of what Richard Sennet calls the "politics of the tribe (rather than the city)"⁷ – even major metropolitan areas and state capitals have been hard hit by a political movement that will affect the future of generations to come.

Unfortunately, the consequences of two decades of political mobilization of conservative Christians might still get worse: prevention education and condom use are decreasing and HIV incidence among young people (15-24 years old) born in the 1990s is 3.2 times higher than young people in this same age cohort born in the 1970s; for young men who have sex with men (MSM) it is 6.4 higher.⁸ As in many countries,⁹ HIV incidence in Brazil is growing mostly among young girls and young MSM, and 12,000 pregnant women annually are estimated to be HIV+,¹⁰ while transmission from mother-to child has stabilized at around 3.5% since 2008. Moreover, a recent analysis of the SPE-Health and Prevention in Schools program implementation shows that,

typically, most public schools around the country invite "experts" (mostly health professionals with no experience in sex education) to present on the risk and dangers of sex, and not on prevention.¹¹

More broadly, a growing emphasis on Christian values, while without clearly naming it as such, has been observed in various presumed secular institutions – schools and reproductive health services.

Human rights-based approaches to health postulate that increases in human rights violation or negligence will result in greater psychosocial suffering, morbidity and mortality.¹² In the global scenario, evidence has already shown the negative impact of the epidemic of bad laws that criminalize sexualities, practices and populations.¹³ As Sennet puts it, tribalism can be destructive; the challenge is "to respond to others on their own terms" while building cooperation among people who value diversity and differ religiously, economically, racially, ethnically and on how they conceptualize gender and sex.⁷

This article will focus on a multicultural rights-based framework and on productive approaches to broadening the dialogue about sustained consent to sexuality education.

To expand and sustain access to comprehensive sexuality education we needed some answers: how to dialogue with different concepts of femininity, masculinity and conjugality in a school setting – with students, parents, teachers and different educational authorities? How to promote the right to prevention and sexual and reproductive rights of students with different religious and ethical affiliations? The continuous process of developing acceptability to an HIV prevention and reproductive health promotion project will be presented in this article. Sustained consent is the key process indicator of stronger and lasting sexuality education programs: consent resulting from community involvement and *participation* that fosters *acceptability* – two key principles of the human rights-based approach to health that informs this framework.^{14,15}

Framework

This framework was built on *social constructionist* perspectives on sexuality, inspired by gender theories and local experimentations of *constructionist popular education* in HIV prevention and sexuality education in the 1990s.^{16,17} With the goal of reducing the prevalence of HIV and HIV-related

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