



A Participatory Approach to HIV Prevention in Brazil



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Introduction/Program

- HIV is taking an increasingly large toll on youth
- In response, the MacArthur Foundation, the University of California at San Francisco, and the STD/AIDS Program of the State of Sao Paulo, Brazil created a program in order to educate incarcerated boys in *Tatuape*- the largest educational facility for incarcerated adolescents in the state of Sao Paulo- about HIV, AIDS, and precautionary measures.

Methods

Participants: Data collection via questionnaire (previously used in public schools) completed by boys.

93%	98%	69%	22%	38%	<10%
Between the ages of 16 and 19.	Are sexually experienced.	Initiated sex between the ages of 8 and 13.	Are already fathers.	Reported a sore on their genitals or pain while urinating.	Reported a homosexual experience.

Program Description

Intervention 1

- Discuss symbolism, impact of AIDS.
- Discuss reproduction and sexual pleasure, how to properly put on a condom

Intervention 2

- Researchers gained input form boys in the program
- Boys suggested programs such as
 - developing a relationship network with communities
 - Doing art graffiti and drawing ideas on walls

Results and Limitations

Results

- First intervention was seen as irrelevant by the boys .
- Second intervention was more successful.
- Boys became more interested in creating music materials for the community and participating *constructively* in society.

Limitations

- Strong qualitative data, but no quantitative data.
- Program offers no criteria or mechanism for evaluating sustainability of the program..
- Program may inadvertently contribute to stigmatization by differentiating between the “general population” and “high-risk populations.”

Scaling Up

Goal is to engage the community in creating a participatory approach so that youths can learn. good behaviors early and formerly incarcerated males can enter an environment of support.

Formative Research	Initial Program Development	Pilot Testing	Expansion
Suggests that adolescents are influenced by socio-cultural norms and respond positively to arts and music-based expression. Success of the program could be tested by comparing percentages of HIV contraction among formerly incarcerated males who participated in the program and formerly incarcerated males from other institutions who did not.	Overall effectiveness could be measured by studying rates of STD contraction, participation in crime, and legal employment before/after participation in the program.	The program would have to be extended to different units: perhaps other juvenile detention centers . Adjustments may have to be made after pilot test results are analyzed. In the process of scaling up, researchers should consult key stakeholders (adolescents, program coordinators, etc.) of the program to ensure needs and key behavioral influencers are considered.	Distribution of program into different communities Familiarize communities with program by distributing the artistic works of ongoing participants in the program to future participants.

Funding/Resources: Initial funders would have to be involved. Resources necessary would be program researchers that work with community members, a way to distribute artistic works, and outside speakers to stimulate community members.

Conclusions

- A community-based participatory approach to research and intervention is more successful than an information-provision approach
- Scaling provides a more comprehensive yet individualized approach to health and, specifically, an HIV intervention could be provided to disadvantaged adolescent populations.
- It would also serve to reinforce the positive ideals shared within the detention centers and help to de-stigmatize the ever-prevalent issue of HIV and AIDS.

References

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