

*Campaigns
against
homophobia
in Argentina,
Brazil,
Colombia and
Mexico*



**Pan American
Health
Organization**

*Regional Office of the
World Health Organization*



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PAHO HQ Library Cataloguing-in-Publication

Lyra, Paulo--coord.

Campaigns against Homophobia in Argentina, Brazil, Colombia, and Mexico

Washington, D.C.: PAHO, © 2008

Original language: Spanish

ISBN: 978-92-75-12672-1

I. Title

1. HOMOSEXUALITY

2. PREJUDICE

3. COMMUNICATING FOR HEALTH

4. HIV INFECTION --- prevention and control

5. SEXUAL BEHAVIOR

NLM WC 503.6

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Graphic design: ULTRAdesigns.com



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Acronyms

CCM (Argentina)	Country Coordinating Mechanism of the Global Fund
CENSIDA (Mexico)	Centro Nacional para la Prevención y Control del VIH/SIDA (National Center for the Prevention and Control of HIV/AIDS)
CNAIDS (Brazil)	Comissão Nacional de Aids (National AIDS Commission)
COGE (Brazil)	Conselho Nacional de Gestores de Programa de HIV/Aids e outras DST (National Council of HIV/AIDS and STD Program Managers)
CONAPRED (Mexico)	Consejo Nacional para Prevenir la Discriminación (National Council for the Prevention of Discrimination)
CONASIDA (Mexico)	Consejo Nacional para la Prevención y Control del VIH/sida (National Council for the Prevention and Control of HIV/AIDS)
INSP (Mexico)	Instituto Nacional de Salud Pública (National Institute of Public Health)
MSM	Men who have sex with men
NEPAIDS (Brazil)	Núcleo de Estudos para a Prevenção da Aids (Center for the Study of AIDS Prevention)
PAHO	Pan American Health Organization
SEGOB (Mexico)	Secretaría de Gobernación (Department of the Interior)
SPEE (Mexico)	Secretaría de Políticas Públicas de Empleo (Secretariat of Public Employment Policy)
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
USAID	U.S. Agency for International Development
WHO	World Health Organization



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Executive Summary

Homophobia is defined as prejudice, stigma or discrimination against people who engage in sexual relations with others of the same sex. It may result in homosexual people having low self-esteem, difficulty practicing safer sex, and less social support. In some cases, the fear of stigma and discrimination discourages people from requesting HIV testing, counseling, and treatment. In other cases, homophobic behavior actually prevents them from accessing these services.

As part of the response to HIV and homophobia, four mass media campaigns were carried out between 2002 and 2005 in Argentina, Brazil, Colombia, and Mexico. This publication describes and analyzes these campaigns, which had a total budget of US\$4.2 million.

Unlike previous campaigns of a similar nature, these had the support of their respective governments. They presented homophobia as an interrelated problem of rights and public health. They presented non-heterosexual people in a non-discriminatory light, and took advantage of the controversy that the issue generated to promote a public dialogue, in some cases unprecedented, among different sectors of civil society.

Although none of the campaigns were systematically evaluated, the organizers identified various elements that, from their perspective, should be regarded as evidence of success. According to the organizers, the campaigns served to create more tolerant environment for homosexual men in the four countries.



Conceptual Framework

For the definition of sex, sexuality, gender, gender identity, sexual orientation and sexual identity, this report uses the concepts defined by PAHO and the World Association for Sexology (WAS) during its regional consultation meeting held in Guatemala (PAHO 2000b).

SEX

Sex refers to the sum of biological characteristics that define the spectrum of humans as females and males.

SEXUALITY

Sexuality refers to a core dimension of being human that includes sex, gender, sexual and gender identity, sexual orientation, eroticism, emotional attachment/love, and reproduction. It is experienced or expressed in thoughts, fantasies, desires, beliefs, attitudes, values, activities, practices, roles, relationships. Sexuality is a result of the interplay of biological, psychological, socio-economic, cultural, ethical and religious/ spiritual factors.

GENDER

Gender is the sum of cultural values, attitudes, roles, practices, and characteristics based on sex. Gender, as it has existed historically, cross-culturally, and in contemporary societies, reflects and perpetuates particular power relations between men and women.

GENDER IDENTITY

Gender identity defines the degree to which each person identifies as male, female, or some combination. It is the internal framework, constructed over time, which enables an individual to organize a self-concept and to perform socially in regards to perceived sex and gender. Gender identity determines the way individuals experience their gender and contributes to an individual's sense of sameness, uniqueness and belonging.

SEXUAL ORIENTATION

Sexual orientation is the organization of an individual's eroticism and emotional attachment with reference to the sex and gender of the partner involved in sexual activity. Sexual orientation may be manifested in any one or a combination of sexual behavior, thoughts, fantasies or desire.

SEXUAL IDENTITY

Sexual identity is the overall sexual self-identity, including how an individual identifies as male,

female, masculine, feminine, or some combination and the individual's sexual orientation. It is the internal framework, constructed over time, which allows an individual to organize a self-concept based upon sex, gender, and sexual orientation and to perform socially in regard to perceived capabilities based on sex and sexuality.

Terminology

Language use is an important tool in responding to HIV. It is therefore important to provide background for the choice of terminology in this report.

This report uses the term "homosexual men" (as opposed to "men who have sex with men") to refer to the population group that the campaigns sought to protect from hostility.

Coined some years ago as a part of the response to the HIV epidemic, the expression "men who have sex with men" (and its acronym, MSM) is key to improving prevention strategies since it helps differentiate sexual behavior from sexual identity. It is also more inclusive, because it may be used to refer to gay, bisexual, and some of the groups of "trans" people.

However, this expression has sometimes generated confusion. Some people use "MSM" as a synonym for "homosexual man." Others assume that this is a less stigmatizing term. Some even use the acronym "MSM" to address homosexual men in communication materials.

The Pan American Health Organization (PAHO) uses the term "men who have sex with men" within the framework of epidemiological surveillance and prevention strategies, but also refers to "homosexual men," "gay" and "trans" in the context of communication and behavior change initiatives. None of the campaigns studied in this publication used the expression "men who have sex with men." Argentina and Colombia chose not to explicitly classify or label

the target audience. Mexico systematically used the words "homosexual" and "gay." In Brazil some materials used the term "homosexual men."

Another challenging term is "homophobia," which is widely used in this report. There are those who think this terminology inappropriate, first because the literal translation of homophobia from Latin is "fear of man" and, from Greek, "fear of sameness." Second because the suffix "phobia" in psychology refers to an intense and irrational fear. For some, homophobic attitudes and acts are not true phobias.

Alternative terms suggested in recent years to describe hostility or intolerance toward the homosexual community include "sexual stigma" and "sexual prejudice." The term "homonegativity" is also used to describe the psychosocial dynamic of the development of negative attitudes toward homosexual people (Herek 1984). Other current of thought suggest the use of "lesbophobia" when referring to discrimination affecting homosexual women. The majority of authors and publications use the term homophobia, particularly in the case of discrimination against men.

Homophobia differs from transphobia, a term that refers to discrimination against transvestites, transsexual or transgender people, based on the expression of their gender identity. Transphobia also has severe consequences and increases the vulnerability to HIV. Although this form of stigma and discrimination needs urgent attention, it was not the focus of the campaigns examined in this publication.



Homophobia is based on the idea that homosexual acts, desires, and identities are immoral, sick or inferior to heterosexual ones.

Introduction

Homophobia is based on the idea that homosexual acts, desires, and identities are immoral, sick or inferior to heterosexual ones.

Various studies have found that the people who have experienced negative attitudes toward their own sexuality tend to have low self-esteem and less social support. They also have more difficulty practicing safer sex (Huebner, 2002; Seal, et al., 2000; Williamson, 2000). In many cases, the fear of potential stigma and discrimination keeps homosexual men from requesting HIV testing, counseling and treatment. In other cases, it is actual homophobic behavior found in some health service personnel that keeps them away.

Homosexual men are frequently insulted, fired from jobs, expelled from clubs, and barred from churches. The level of hostility to which they are exposed varies depending on their supposed role ("active" or "passive") and their type of attachment (emotional or physical relationships). In some cases, sexual relations are tolerated but not public displays of affection. "Active" homosexual men are sometimes considered virile, while "passive" ones are the "true" homosexuals (Parker, 1989).

Some experts consider Latin America and the Caribbean as one of the regions with the great-

est number of homophobic crimes in the world (Mott, 2005). Brazil tops the list of countries with the most homophobic murders in the region. According to the Grupo Gay da Bahia, 2,511 people were murdered for this reason between 1980 and 2005.

Mexico holds second place in this distressing ranking (ILGA, 1999). According to the Citizen's Commission of Hate Crimes due to Homophobia, 213 homosexual men were murdered in Mexico between 1995 and 2000. In Argentina, the Association of Transvestites, Transsexuals and Transgender counted 50 victims of intolerance between 1989 and 2004. Even when they do not go as far as murder, homophobic crimes are characterized by extreme violence. They frequently involve beatings, torture and mutilation.

The proportion of homosexual men among the total number of people with HIV in the region has been declining due to the increase in cases in women and heterosexual men, but the incidence and prevalence of HIV in homosexual men have remained high (Caceres, 2002). In a meta-analysis of 19 epidemiological studies carried out in 36 cities in seven South American countries, the average HIV prevalence among the 13,847 participating homosexual men was 12.3% (Bautista, et al., 2004).

In spite of this situation, few initiatives have addressed homophobia in Latin America. Of those that did, most fell under the framework of human rights. Others addressed homophobia exclusively in the context of HIV-related stigma and discrimination.

In 2002, however, Brazil decided to launch a mass media campaign against homophobia. It was the first of its kind in the region, but not the last. Similar initiatives took place in Colombia and Argentina in 2004 and 2005, and Mexico in 2005.

This report, originally published in Spanish in 2006, provides detailed information about the origins, implementation, impact, and lessons learned from these four campaigns. PAHO hopes this information contributes to the successful planning, implementation, and evaluation of similar initiatives.

Argentina

Chronicle of an unexpected controversy

Datasheet

Period	August to November 2004 and March to May 2005
Coverage	National, regional and local
Budget	US\$1,200,000
Funding	Global Fund to Fight AIDS, Tuberculosis, and Malaria
Slogan	"Son más las cosas que NO transmiten VIH/SIDA que las que SÍ" ("There are more things that DON'T transmit HIV/AIDS than those that DO")
Authors	Country Coordinating Mechanism, National AIDS Program, UNDP (Principal Recipient of the Global Fund) and MIX Comunicaciones (advertising agency).

By the end of 2005, 130,000 people in Argentina were living with HIV and 60% of them did not know their HIV status. The principal mode of HIV transmission in Argentina was sexual, and adult prevalence was 0.6%. Between 2000 and 2004, 21.3% of reported AIDS cases were homosexual men (UNAIDS 2006a).

Within Latin America, Argentina enjoys a reputation of greater tolerance towards sexual diversity. The reality is more complex. In 1994, the Archbishop of Buenos Aires, Cardinal Antonio Quarracino, said that homosexual people were "a dirty blemish on the face of the nation," and called for the creation of an area to segregate

them. At the same time, Argentina was a pioneer in the defense of the rights of the homosexual community in Latin America (Mott, 2005a). In 2003, these efforts led to the amendment of the Anti-discrimination Law 3,592 to penalize hostile acts against homosexual people (Herrera, 2003).

Due to the economic crisis of 2001 and the change in international funding mechanisms for HIV prevention (from the World Bank to the Global Fund), Argentina did not have anti-HIV media campaigns for many years. It was assumed, therefore, that the public had little awareness of the threats posed by the epidemic and of the high priority that government and civil society attributed to the response to HIV.

The goal of the 2004 campaign, therefore, was to provide information about the modes of transmission of HIV to different segments of the population, particularly those considered most vulnerable to the virus. It did not focus on a single behavior change or a single population, but rather provided information about behaviors likely or unlikely to transmit HIV. The campaign was part of the Global Fund project and represented a key element of the Strategic Plan of the Ministry of Health and Environment's National AIDS Program (PNUD, 2004).

To design the campaign, a group was formed consisting of representatives from the Network of People Living with HIV, the Forum of NGOs, government officials, UNDP, and an advertising executive. Meetings in which the key decisions were taken had the additional participation of the other members of the CCM, AIDS Society of Argentina, the University of Buenos Aires, PAHO, and UNAIDS.

In order to ensure the best results, the group organized an informational meeting with all the advertising agencies qualified to participate in the bidding process. Besides selecting a firm for designing the campaign, the meeting provided an opportunity to inform the agencies about the status of the epidemic in Argentina and examine possible approaches to prevention.

Due to the negative tone of the messages presented by the agencies, the jury declared the first call for proposals void. Eventually, a new proposal was accepted. It aimed at highlighting activities in everyday life that did not transmit HIV, while at the same time raising awareness of the progress of the epidemic.

Objectives

The campaign's primary objective was to share information about HIV transmission. This information could lead to the greater use of condoms, disposable needles, and prenatal care

services, among other products and services. The campaign also promoted HIV testing and healthy lifestyles. It provided a deeper understanding about the causes of the epidemic and the opportunities to prevent it. While fighting homophobia was not one of the campaign's initial objectives, it used images meant to promote respect for diversity of sexual orientation.

Audiences

The campaign targeted the most vulnerable population groups: gay men, lesbians, bisexuals, and transsexuals, pregnant women, adolescents and people with HIV. The general population was considered a secondary target audience.

Strategies

Before the campaign's launch, organizers provided information to key opinion leaders and journalists about the approach and content of the campaign, which led to broad news coverage. At the launch ceremony, the Minister of Health was present, along with the Under Secretary of Prevention and Promotion Programs, the Chief of the National AIDS Program, various representatives from the CCM, the NGO Forum, and the Argentine Network of People Living with HIV. The event was also used to announce the distribution of 20 million condoms by the government (Downes, 2004).

The campaign's main slogan was: "There are more things that DON'T transmit HIV/AIDS than those that DO." The messages focused on ordinary activities that did not lead to (or rather prevented) the transmission of the virus, like donating blood, hugging, or kissing. Negative messages alluding to death or suffering were avoided. Special care was taken to ensure that each behavior was illustrated by different population groups such as couples, pregnant women, or young people.

Tools

Posters

The messages for graphic materials portrayed daily-life situations that pose no risk of HIV transmission.

- Sharing mate tea does not transmit HIV/AIDS
- Donating blood does not transmit HIV/AIDS
- A tear does not transmit HIV/AIDS
- Using condoms protects you from HIV/AIDS
- Using disposable equipment protects you from HIV/AIDS
- A hug does not transmit HIV/AIDS
- A kiss does not transmit HIV/AIDS
- Prenatal care protects you from HIV/AIDS

All of the posters contained the campaign's slogan "There are more things that DON'T transmit HIV/AIDS than those that DO." Some posters advised people to "always use a condom," while others told

people "always use and demand disposable equipment," or "always get prenatal care." These images were printed in newspapers and magazines, and posted on billboards, subways, public restrooms, bus stops, gymnasiums, shopping centers, universities, and fast food chains.

Poster of the two men

One of the posters had an unforeseen effect, which altered the expected results of the campaign.

To illustrate the message "a hug does not transmit HIV/AIDS," the advertising agency suggested a photograph of a homosexual couple. However, the two men were not only hugging, but also kissing. This image choice generated concerns from some members of the CCM, including some civil society representatives. The advertisement agency then



proposed an alternative poster where the two men were only hugging and not kissing. However, this was rejected by representatives of the gay community. In the end, the group agreed to use the original photo.

According to the campaign organizers, this poster had two objectives. First, it attempted to inform that hugs did not transmit HIV/AIDS. In addition, it aimed to promote respect for diverse sexual orientation. The organizers did not anticipate the strong reaction that this bold image would trigger in the population. The reaction, initially very negative and eventually mostly positive, is described in the "Controversy" section.

Postcards

Postcards, such as those shown below, were produced and distributed free of charge.



Photo: MCP Argentina

Television ads

Consistent with the other media materials, the campaign's two television ads focused on ordinary activities that can be performed every day and do not lead to transmission of the virus. The television ads also showed two men kissing on the mouth. These images, however, lasted a very short time, less than one second, not enough to be perceived by the unaware viewer, unlike the poster. In addition, the ads displayed a long and prominent heterosexual kiss, which functioned as a dramatic climax. The television ads did not generate significant controversy.

Radio ads

The radio ads focused on HIV prevention during pregnancy as well as the other themes of the campaign. They also provided information about the HIV information hotline.

Telephone hotline

All the materials disseminated information about the telephone hotline of the National AIDS Program of the Ministry of Health and Environment. The hotline, which was called "**Ask AIDS,**" facilitated personalized, direct communication between prevention experts and the campaign's various target groups.

Controversy

Even though Argentina is regarded as one of the more tolerant societies in the region, some sectors did not seem to be ready for this type of campaign.



Photo: MCP Argentina

Soon after the posters started to appear in the streets of Buenos Aires, authorities received dozens of telephone calls protesting against the image of the two men kissing. The magnitude of the reaction surprised the organizers. Some of the posters were covered with stickers saying: "Enough! For our values and for our children's values," "I want education and safety," "I do not want my money spent on this," and "We do not want our children to see this." Some messages were of a religious nature, while one group of critics focused on the inconsistency between the text (which mentioned a hug) and the image (which depicted both a hug and a kiss).



According to people involved in the campaign, several factors may have led to the strong public reaction. One was the use of “masculine” gay models, as opposed to effeminate representations. Both actors

looked “straight” and one wore a dark business-like suit. Another contributing factor to the initial rejection of the ad, according to these sources, was the suggestion of affection conveyed by the kiss, as opposed to pure physical attraction. Both representations departed from deeply rooted stereotypes: a) homosexual relations emulate heterosexual relations with regard to sexual identity (both actors looked “masculine”. There was no “feminine” or effeminate partner); and b) that homosexual relations are frivolous and casual (the actors showed an emotional connection).

Fortunately for the organizers, the controversy had a positive outcome. Media outlets wasted no time in proclaiming their firm support for the campaign. Argentine newspapers, such as Clarín, La Nación, and Página 12 advocated in favor of the controversial poster. They also opened their pages to readers’ opinions, an ample majority of them showing support for the campaign. A range of radio and television programs reported on and promoted the same debate among listeners and viewers.

Another unexpected outcome was the spread of the campaign. The message reached a far larger number of people than had been anticipated. The

additional coverage by newspapers, radio and television stations notably expanded the scope of the campaign. From a minor component, the anti-homophobia message became the central element of the campaign. If the Argentine campaign did not generate such controversy, it would probably not have been included in this report, since it was not conceived as an anti-homophobia campaign.

Evaluation

In the 30 days following the campaign, the number of calls to the HIV hotline increased by 43%. It is difficult to determine the ultimate impact of the campaign because the organizers did not carry out a comprehensive evaluation.

For Ana Lia Kornblit, director of the national survey used to inform the planning phase, the campaign was innovative, because “for the first time it was possible to clearly address the situations that generate risk in Argentina, and that was done based on previous findings about beliefs and prejudices” (Lipcovich, 2004).

Probably the biggest legacy of the campaign was the unprecedented debate about attitudes towards homosexual men in Argentina. There is no evidence to prove that attitudes towards homosexual men have changed, due to the fact that this was not the original objective of the campaign and therefore no baseline survey was conducted. However, the strong support from the mass media and public opinion has most likely helped to create an environment where homophobic behavior will be less tolerated in the country. ■

Brazil

Acceptance begins at home

Datasheet

Period	June and July 2002
Coverage	National
Budget	US\$2,500,000
Funding	Ministry of Health
Slogan	"Respecting differences is as important as using a condom"
Authors	The campaign was developed by the National AIDS Program of the Ministry of Health, with the participation of different civil society organizations, as well as of COGE, CNAIDS, and other state and municipal government agencies.

By the end of 2005, HIV prevalence in the adult population of Brazil was 0.5%, and it was greater than 5% in several of the most-at-risk groups: men who have sex with men, sex workers, and injecting drug users (UNAIDS, 2006b). Although in recent years heterosexual transmission has become the principal route for HIV infection, men who have sex with men continue to be a very vulnerable group. The probability that a homosexual man was living with HIV was 11 times greater than that of a heterosexual man (PN de DST e Aids, 2004).

In 2001, a study in seven cities found that young gay men use condoms less frequently than older gay men. The study also found that although

this population group was very well informed, the information did not directly change behavior (PN de DST e Aids, 2001).

It has been estimated that every three days, one of the 17 million homosexual men who live in Brazil is murdered (Mott and Cerqueira, 2001; Mott, 2005a). In the state of Bahia, hundreds of posters were put up in the streets with the slogan "Keep Bahia clean: kill a queer a day." According to a study, there were 12 "antigay extermination groups" in the country (ICCHRLA, 1996). In response to this situation, draft legislation (bill of law no. 5.003/01) was proposed criminalizing homophobic acts (ADITAL, 2006).

Homophobia can lead to lower self-esteem and lower self-efficacy for HIV prevention. For these reasons, Brazil's National AIDS Program considers fighting homophobia an essential element of their HIV prevention strategy for men who have sex with men, particularly younger men. For them, activities against homophobia were a necessary complement to provision of information about HIV transmission.

In March 2001, in order to obtain information about the target population, 800 homosexual men were interviewed in major cities by IBOPE, an opinion poll company (PN de DST e Aids, 2004). Based on the results of this survey, and considering the epidemiological profile of men who have sex with men, the National AIDS Program decided to develop the country's first mass media campaign against homophobia.

That was not an easy decision. There was fear that the campaign could backfire, and that instead of reducing homophobia, it might end up strengthening stigma against homosexual men. Public health officials also worry about the reaction from conservative sectors. Despite these concerns, the initiative moved forward. In August 2001 the organizers hired an advertising agency to prepare the first concept, which would highlight the need to increase the self-esteem of the target group. They rejected this first proposal, however, which used the slogan "I

love myself, I use a condom," since it prioritized the promotion of condom use over the fight against homophobia.

In September 2001, a new campaign strategy was presented and approved by the organizing committee. But within the government, there were still concerns that the country was not ready for the launching of a mass media campaign against homophobia. The campaign was deferred for nine months, until June 2002, when, based on advice from several technical and managerial units, the Minister of Health authorized the launch.

Several months before the launching of the campaign, information was given to the media about the prevalence of HIV among homosexual men. Government authorities emphasized the need for new approaches to counter hostility towards homosexual men. The IBOPE study was released and publicly discussed.

Campaign organizers developed plans to preempt a possible counter-campaign. Details of the print and advertisement materials were not shared since this information could lead to negative reactions by certain groups. The organizing committee also identified people and institutions in advance that would respond to any attack. The source and nature of the attack, and the technical expertise and credibility of those

Box 1: The "Brazil without Homophobia" Program

Two years after the launch of the anti-homophobia campaign by the Ministry of Health, the Ministry of Justice launched the program "Brazil without Homophobia".

The program's goal is to fight discrimination and violence against gay men, lesbians, transgendered people and transsexuals, through a series of public policies. These policies include concrete initiatives for providing equal access to education, health, and justice for these groups.

These initiatives include, among others, training teachers in charge of developing the school curriculum and systematically documenting homophobic crimes in order to better inform the public sector (SDH, 2004).

defending the campaign were to be considered before engaging in any public debate. During the weeks leading up to the launch several articles supporting the campaign were published in the media.

Objectives

- Promote condom use in sexual relations between men.
- Reduce discrimination against homosexual men, particularly by health and education professionals.

Audiences

The audience was categorized according to the following profiles:

Primary audience: homosexual men ages 15 to 25

Identified as the most vulnerable group. Many have casual sex without condoms. Some do not use condoms with their stable partners. In general, they have an active, spontaneous life. Seventy-eight percent search for partners in bars, saunas, and nightclubs. Twenty-seven percent have never been tested for HIV. Due to marginalization and their sexual minority status, many homosexual men tend not to have social support networks, and consequently may feel alone and suffer from low self esteem. The fear of being identified as a homosexual inhibits their health seeking behavior, which ultimately leads to missed opportunities for prevention.

Secondary audience: health and education professionals

Consists of individuals who have a degree of hostility towards homosexual people

General public

As mentioned above, homosexual men were the campaign's primary audience. In practical terms, however, the choice of topic (combating stigma, rather than on the promotion of condoms), message (the family support for their son's sexual orientation) and media (primetime television slots)

made it clear that the general population was an important audience for the campaign, probably just as relevant as homosexual men.

Strategies

The National AIDS Program defined the campaign strategy. Advertising agencies developed specific products. The implementation was categorized according to the following target audiences:

Direct intervention with young homosexuals at risk

Eighty groups of homosexual men helped to distribute the campaign's prevention materials. A video was produced for movie theatres frequented by homosexual men. Posters, stickers, key chains, and condom dispensers were distributed or placed in bars or nightclubs, and classified advertisements were published in special-interest magazines.

The messages promoted condom use and HIV testing, and linked condom use with self-esteem and self-care.

Sensitization of health and education professionals

Since one of the goals of the campaign was to reduce discrimination against homosexual men by health and education professionals, it was important to work with these professional groups.

The campaign included information packets for educators and an educational videos for students. Health professionals received materials in training and health centers, such as hospitals and community settings.

The messages emphasized acceptance of diverse sexual orientations. They also promoted condom use and HIV testing and counseling.

Mass media component

The mass media component included advertisements for television, movie theatres, and maga-

zines, in addition to posters and leaflets. For an entire month the television ad was broadcast daily during the commercial break of the country's most popular soap opera. Print advertisements were published in leading general interest magazines. Posters and leaflets were printed and distributed nationwide.

Tools

Glow in the dark sticker. Aimed at young homosexual men, these were distributed in bars, clubs and discotheques, and dark rooms¹. The message of the sticker, "the condom should also appear in the dark" had a double meaning, referring both to the luminescence of the sticker in dark spaces and to the use of condoms in intimate (dark) places. The message also promoted the use of water-based lubricants, saying "the lubricant protects the condom and the condom protects you." The sticker contained a "gay people use condoms" logo.



Poster 1. Aimed at homosexual men. A male couple has their arms around each other. One of them is holding a tube of water-based lubricant and the other a condom. The message said: "Condoms and lubricants, your steady partners." Small drawings indicated how to use and lubricate the condom. The poster contained a "gay people use condoms" logo.

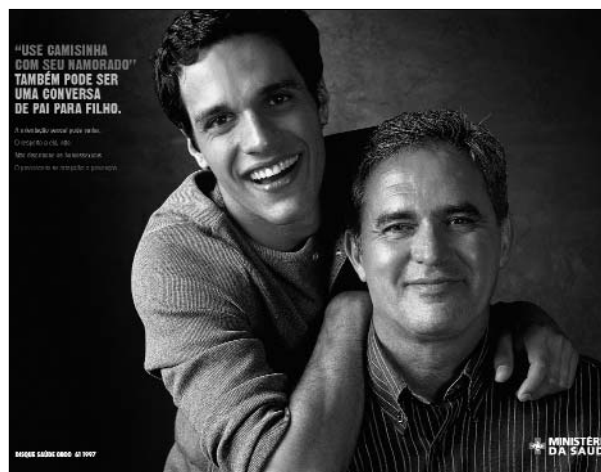
¹ Dark rooms are darkened rooms, sometimes located in bars, nightclubs, and bathhouses, where sexual activity can take place.



Poster 2. Aimed at health professionals. The poster uses the gay pride flag as the background with a message encouraging health professionals to provide equal and respectful treatment to homosexual people. The sticker also contains a "gay people use condoms" logo.



Advertisement in leading magazines. Aimed at the general population. This advertisement has the same theme as the television ad: a middle class family supports their son's sexual orienta-



tion. The message says "Using a condom with your boyfriend can also be a father-son talk." This apparently innocent message becomes a play on words because of the accompanying photo of a father and a son, instead of the image of a father and his daughter.

Television ad. Aimed at the general public. A dramatization of family life was used (see Box 2). The father seems serious and conservative, but in a twist, both he and the mother express support for their homosexual son. When they learn that their son's male partner does not want to use a condom, she comforts him by saying, "Don't worry, my son, you are still going to meet someone who deserves you."

Box 2. TV Ad



"You are still going to meet someone who deserves you"
A young man knocks at the door. Inside the house, the wife tells her husband:

"It's HIM."



The husband, who seems serious and conservative, opens the door. The young man says:

"I need..."



Firmly and rather rude, the man interrupts:
"He is NOT going to talk to you. And don't come back again!"

The door closes. The husband walks up to a room, where his wife is hugging another young man, the couple's son.



"What happened, dad? Did he leave?" the young man asks. The father nods.

"Don't worry," says the mother sympathetically, with the father's support. *"You are still going to meet someone who deserves you."*



At the end, a voice over says, *"Using a condom is as important as respecting differences."*

Photos: National AIDS Program

Advertisement for cinemas. Several videos were produced for different audiences. The "Exhibitionist" video was produced by the STD and AIDS Coordinating Council of the State of São Paulo and screened in movie theaters patronized by homosexual men. This graphic video shows a homosexual man looking for a partner in a bathhouse and choosing the only man who was using a condom, ignoring others showing off penises of different sizes, shapes, and colors. The same institution produced "Fantasy," a video for the general public. This ad, which was also screened in cinemas, shows a man masturbating with a condom, as part of his fantasies.

Materials for key stakeholders. Aimed at educators and health professionals. These consisted of information kits and posters that were distributed in different regions of the country. In addition, an educational video, "What team does he play for?" produced by the STD and AIDS Coordinating Council of the State of São Paulo, was shown in schools.

Controversy

As expected with a campaign of this type, some degree of controversy was generated. Various actions were carried out to deal with a possible counter-campaign: extensive reference to the IBOPE study, which provided impartial, meticulous information; as well as identification and briefing of representatives from several institutions in order to provide a coherent and coordinated response to criticism from conservatives sectors. Opinion-makers and representatives of key institutions wrote editorials for the main media outlets. The campaign organizers provided continuous support to journalists covering the debate surrounding the campaign.

Once launched, the campaign met with some disapproval. But the criticism did not have substantial impact nor did it generate great controversy. The National AIDS Program created a space on its webpage where interested parties could share opinions. Some dissatisfaction was

voiced through this mechanism, including criticism based on religious principles; while others complained about the fact that homosexuality was presented as “natural.” There were also concerns that the advertisement could “confuse” young people.

But there were many more messages supporting the campaign than criticizing it (see section on Evaluation).

Evaluation

There was no impact evaluation of the campaign. The development of an impact evaluation would have been very useful, particularly due to the fact that this was the first campaign of its type in Latin America.

In order to conduct such an evaluation, it would be necessary to have determined a baseline of attitudes towards homosexual people, including both the general public and health and education professionals, identified as a key target audience.

The campaign organizers, however, conducted an add tracking survey. Add tracking surveys, also known as post-testing surveys or recall surveys, monitor the awareness, trial and usage of the product, service or concept promoted by the campaign. They are useful to assess the outreach of the campaign and the comprehension of messages, but have limitations to predict sustainable changes in attitudes and behavior.

Conducted by NEPAIDS, the add tracking survey found that 70% of people who were aware of the campaign had a positive assessment of it. As was to be expected, the television ads had the greatest reach and were remembered by a larger number of people. There was also high recollection of the posters promoting respect for homosexual people.

In addition, the organizers identified various elements that, from their perspective, should be

regarded as evidence of success. These elements can be summarized as follows:

- **The homosexual men’s movement** considered this to be the Ministry of Health’s best campaign because for the first time they were addressing a taboo subject. Additionally, the campaign did not stigmatize homosexual men. According to this group, the campaign helped to decrease homophobic sentiments in the population. This assessment was also shared by the lesbian and trans communities.
- **The NGO forum** also supported the initiative. The campaign received congratulations from several of their member institutions.
- **For some civil servants** the campaign was important because for the first time the Ministry of Health publicly defended the right to exercise one’s sexual orientation.
- **The Brazilian House of Representatives** approved a motion supporting the National AIDS Program for implementing a prevention campaign of this nature.
- **The Federal Government** stressed its intention to reduce discrimination and violence against homosexual men. Messages supporting the campaign were sent from government institutions at all levels.
- **The general public** showed support for the campaign. Hundreds of letters and electronic messages of support were sent to the National AIDS Program. Many emphasized the appropriateness of the treatment of homosexual people and the way the campaign promoted diversity. People congratulated the government for working together with civil society on the development of the campaign, which some considered a historic milestone for Brazil.
- **Diverse media outlets** followed up with dialogue with their readers and viewers, resulting in an unprecedented level of discussion. TV Globo, the country’s largest TV network, engaged in the debate and supported the campaign. Some media outlets reproduced the campaign materials at no charge. ■

Colombia

Deconstructing stereotypes

Datasheet	
Period	2004/2005
Coverage	National
Budget	US\$ 90,000
Funding	Ministry of Social Protection
Slogan	"NO DA...SI DA, ¿de qué lado estás?" (A play on words with the Spanish AIDS acronym, SIDA, roughly meaning "This stops AIDS, which side are you on?")
Authors	The initiative for this campaign came from the Ministry of Social Protection, which produced the posters, TV radio ads. The working team consisted of staff from the Ministry and representatives of the selected advertising agency.

With an adult prevalence of 0.6%, at the end of 2005, it was estimated that 160,000 people in Colombia were living with HIV, among them 45,000 women (UNAIDS, 2005c). It was estimated that 96% of HIV infections in the country were acquired through sexual transmission (Liga Colombiana, et al., 2000).

Homosexual men were the group with the highest HIV prevalence in the country. In 1999 and 2001, HIV prevalence was 18% within this population (UNAIDS, 2005c). Among the people with HIV who were interviewed between 1983 and 2000, 50.9% said they were heterosexual, 28.3% homosexual, and 16.8% bisexual (Liga Colombiana et al., 2000).

These data were accompanied by complex circumstances, including the low visibility of homosexual

men and denial of the discrimination and violence against them. Authorities, health workers, and the general population had little awareness of the problem. One positive development was the successful advocacy initiatives of civil society groups, which led to approval of a law recognizing same-sex couples' property rights.

Although Constitutional Court ruling T 268 of 2000 ensures the right to free development of personality, the right to equality, and the principle of nondiscrimination against homosexual people, homophobic crimes continue to occur in Colombia and go unpunished (OAS, 2006). In Bogotá alone, 60 homophobic murders were reported between 2001 and 2006.

The initiative for the campaign came from the Ministry of Social Protection (which oversees the

provision of health care). In 2004 the institution invited several social actors to support and participate in the development and implementation of the new campaign.

The next step was the development of terms of reference for contracting an advertising agency. Several advertising specialists attended a training workshop. Subsequently, they submitted proposals for the campaign. Ministry staff supervised the development of the materials, and members of the homosexual community and the general population participated in their validation. The campaign materials were approved by the National Television Commission, the organization in charge of broadcasting the ads on the country's different television stations.

Previous campaigns in Colombia had already tested the limits in addressing taboo subjects. In 2000, a subtle scene showed two men holding hands, while other materials portrayed sex workers. Another campaign in 2002 portrayed the same male couple and stressed the need to accept people with diverse sexual orientations. In 2004, however, the Ministry and civil society decided to develop a campaign with more a more ambitious objective and scope. This campaign is described below.

Objectives

The initial objective of the 2004 campaign was to reduce stigma and discrimination against homosexual men. Condom use was promoted, but the priority was the response to homophobia since homosexual men were the group most affected by HIV in Colombia. During the development process this priority changed, with the condom use being further emphasized and the fight against homophobia downplayed. In spite of this change, the campaign was still the most comprehensive effort to address homophobia through mass media in Colombia.

Audiences

The campaign's target audiences were homosexual men, women, adolescents of both sexes, and the general public.

Strategies

Various studies, including one carried out by Liga Colombiana de Lucha contra el Sida (Liga Colombiana, et al, 2000) and the National Sentinel Study on Health (2000), helped to broaden understanding of the characteristics of the target audiences and refine the campaign strategy.

The key elements of the communication strategy were:

- Emphasis on condom use as an effective prevention tool.
- Appropriate handling of the concepts of diversity and human rights.
- No use of stereotypical images and messages that allude to fear, war, punishment, or blame.
- Advance preparation for eventual criticism that the campaign was promoting homosexuality.

To meet these requirements, the organizers took particular care in the depiction of the homosexual couple. The final choice was to portray two young men who experienced several "daily life" situations, as opposed to one single action sequence. This aimed at stressing their stable and lasting relationship and at counteracting stereotypes that associate homosexual men with casual sex.

There was virtually no controversy. According to the campaign organizers, the communication had a sufficiently neutral tone that did not provoke negative reactions from any sector, not even the religious sector.

Tools

The Colombia campaign included the following materials:

Poster with homosexual men. A male couple is sitting, each with a condom in his hand. The poster's message "Don't even dream of forgetting it," is accompanied by the campaign slogan, "This [photo of condom] stops AIDS, which side are you on?" Two other posters were produced



Photo: Colombian Ministry of Social Protection

with the same message, one targeting young people and another targeting heterosexual couples. Five thousand copies of each poster were printed.

Television ads. Three 30-second television ads depicted homosexual men, women, and young people.

The first ad challenged the stereotype that relationships between homosexual men are short-lived and casual. Each scene takes place on different days and times, which are noticeable from changes in the background, the lighting and in the actors' clothing. The storyline begins with two young men meeting in a music store. Subsequently, they are then seen in public places such as a park or a shopping mall. They have a warm attitude, but a casual behavior, non-offensive to the general public, even when they move to an intimate setting. One of them tries to find a condom in his pocket but fails. He is terrified. Fortunately, it was a dream, from which he wakes up relieved. He looks in his pocket and finds a condom. The voice over says, "Don't even dream of forgetting it." The ad ends with the campaign's motif, "This stops AIDS, which side are you on?"

The TV ads were broadcast in early 2005 on national television. However, they were not broadcast as often as initially planned. They were prematurely taken off the air due to changes in the membership of the National Television Commission and to the excess of government public service announcements.

Radio ads. The 30-second radio ads featured a conversation between two people. One of them tells the other how he or she met their steady partner. Three versions were developed: one for homosexual men, another for heterosexual women, and the third for heterosexual men. They were broadcast for three months.

Evaluation

There has been no impact evaluation of the campaign. According to informal accounts, the target audiences identified with the message and did not feel stigmatized. Organizers consider that the lack of reaction from the conservative sectors was a positive outcome, whereas the premature withdrawal of the TV ads was a negative event.

Television Ad



Photo: Colombian Ministry of Social Protection

One of the lessons learned from the campaign was the importance of dedicated efforts to develop good terms of reference for the advertising agencies. The development of workshops to sensitize advertisement professionals was also considered a key activity, since these professionals tend to reproduce the social stereotypes of death and stigma.

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Mexico

Culture as part of the problem (and of the solution!)

		Datasheet
Period	April to December 2005	
Coverage	National	
Budget	US\$ 454,000	
Funding	Ministry of Health and PAHO/WHO	
Slogan	For the posters: "Homosexuality is not a disease, homophobia is." For the radio ads: "For an inclusive, tolerant, and diverse Mexico."	
Authors	CENSIDA, CONASIDA, CONAPRED, and civil society organizations.	

Mexico has one of the most "masculine" epidemics in Latin America. Between 1983 and 2005, 102,000 AIDS cases were recorded, of which 81% were men, 15% women, and 2.5% people under 15 (CONASIDA, 2005). Men who have sex with men represent 59% of male cases. In 2005, the overall adult HIV prevalence was 0.3% (UNAIDS, 2006d).

According to some accounts, Mexico has the second highest number of homophobic murders in the world, and it is estimated that for every reported case, three never become public (La Jornada, 2005).

Several studies informed the development of the campaign. In 2000, CONASIDA and the Condesa Clinic in Mexico City conducted a survey in gay bars

to identify the customer profile and to obtain better information on their sexual practices, including condom use.

In the same year, a qualitative study on HIV-related stigma and discrimination was released: "AIDS, an entanglement of stigmas: A historical perspective of HIV/AIDS-related discrimination in Mexico" (INSP, 2000).

The first attempt to measure homophobia quantitatively took place in 2001, through the National Survey of Political Culture and Citizen Practices (SEGOB, 2001). Table 1 shows the percentages of people who would not share their home with a homosexual or with someone with HIV.

Table 1. Against cohabitation

<i>Type of person with whom you would share your home</i>	<i>Percentage of people who answered NO</i>
Of another race	40%
Of another religion	44%
Person with HIV/AIDS	57%
Homosexual	66%

Source: Encuesta Nacional de Cultura Política y Prácticas Ciudadanas, SEGOB, 2001.

Table 2. Discrimination in hospitals in three states in Mexico

Would you share your home with a person with HIV/AIDS? 12% answered NO

Would you share your home with a homosexual? 29% answered NO

Are there people with HIV/AIDS who are responsible for their condition? 71% answered YES

Would you support homosexual rights? 71% answered NO

Source: Survey conducted by CENSIDA and the National Institute of Public Health in public hospitals in the states of Mexico, Yucatán, and the Federal District, 2004.

Interestingly, the INSP 2000 document focused on public policy changes and discarded mass media campaigns and other activities as ineffective to change homophobia. According to the report, "government action will not achieve cultural changes that eliminate the stigma associated with HIV, or intolerance, or racism, or homophobia, but it can, with good public policies and legislation, keep discriminatory incidents and the damage they cause from happening."

In 2003, however, another report made a different recommendation. The Mo Kexteya research project (INSP, 2003) suggested that communication campaigns should be used to address homophobia. This report concluded that "to achieve political and cultural change in discrimination the government should carry out mass media advertising campaigns through its departments and agencies."

In 2004, another report from Mo Kexteya, this one looking at the self-perception of people with HIV, reiterated the suggestion of communication campaigns to improve self-esteem and fight stigma (INSP, 2004).

Based on the information available, and responding to the recurrent demands of civil society, CENSIDA decided to use mass media to disseminate messages against discrimination related to HIV and homophobia. The TV ad called "The Office" showed an office worker trying to justify discrimination and the firing of an HIV positive co-worker (Box 3). The extreme intolerance of the protagonist and his use of bigoted language were supposed to prevent the audience from sympathizing with him. This was the first time a government advertisement in Mexico used the word "gay." Paradoxically, it was mentioned in a disapproving tone by the intolerant character.

Another anti-discrimination TV ad was produced in 2004, this time from the point of view of the victim of discrimination. Like the 2003 TV ad, it also used the word “gay” and challenged those who see homosexual orientation as negative. CENSIDA received some phone calls from people asking why the institution was saying that “being gay was a good thing,” but apart from that, the reaction was positive.

Still in 2004, with financial support from USAID, a new quantitative survey was disseminated, this time to employees of public hospitals of the states of Mexico, Yucatán, and the Federal District. The new survey found that homophobia and discrimination against people with HIV also existed in the health sector. Some of the survey's results are shown in Table 2

Among health workers, the percentage of people who refused to share their home with homosexual people and with people with HIV was considerably smaller than in the general population. However, other questions showed that rejection and stigmatization of homosexual men and people with HIV by health workers was very high. The practical consequences of this rejection were already known. One example was the refusal by some physicians to treat people with HIV, particularly those with a different sexual orientation.

In December 2004 Mexico commemorated World AIDS Day with a campaign against machismo (see Box 4). This was a departure from the global theme for that year (women). The shift was based on the epidemiological profile of HIV in the country.

The following year, the results of the First National Survey on Discrimination in Mexico (SPPE, 2005) were disseminated. The study, which contained a section focusing specifically on discrimination against homosexual people, found that almost half of Mexicans (48.4%) would not allow a homosexual person to live in their home. Another

important finding of the survey was that 62% of those self-identified as homosexual felt that their rights were not respected.

Based on the prevailing need to reduce homophobia and make HIV prevention among homosexual men more effective, and taking into consideration the requests from civil society and the recommendations of the Mo Kexteya study, the authorities in charge of the HIV program felt that a mass media campaign against homophobia should be launched. It would be the first comprehensive public campaign against homophobia in the history of Mexico.

Objectives

The following objectives were defined for the Mexico 2005 campaign:

General objective

- Decrease the stigma and discrimination towards people whose sexual orientation is other than heterosexual, in order to reduce their vulnerability to HIV and break down barriers to effective prevention and care.

Specific objectives

- Promote recognition and acceptance of diverse sexual orientations.
- Promote a change of attitude in the general population, including government employees and health sector professionals, towards homosexual people.

Audiences

The campaign defined the following target audiences:

Primary: Men and women ages 15 to 44 from socioeconomic levels D². Comprised of the population that stigmatizes and discriminates on the basis of sexual orientation or HIV status.

2 In Mexico the National Association of Public Opinion and Market Survey Agencies (AMAI) establishes six socioeconomic levels, according to nine wealth and educational variables.

Box 3: "Discrimination " (TV ads)

Discriminator version (2003)



Look, I don't want to look down on anybody. I never said that I don't want to work in the same place as someone with AIDS. But drinking from the same cup... now that's another story.

It's just that you have to give them their own place, and not just because they have AIDS.

For example, disabled people have their own bathroom and no one says anything. That's not discrimination, right?

The thing is, I'm the only one in the office who tells it the way it is.

Well, it was bad that they fired him; but he was probably asking for it. I even think he was gay.

TEXT

*Ignorance is contagious.
Get Informed (hotline phone number appears on screen)*

VOICE OVER

With your help, it's possible. Secretary of Health

CUT TO LOGOS:

CENSIDA/Secretary of Health

Victim of discrimination version (2004)



Hi! I'm Aurelio; I'm 26 and I have AIDS.

There's something I want to tell you:

Someone like me can work, but they fired me and they even said I was gay. As if that were bad!

I can exercise, but the gym told me not to come back.

This disease is not transmitted through kissing or hugging and I can live a normal life just like anyone.

TEXT

Discrimination doesn't kill, but it takes your life away.

VOICE OVER

Discrimination doesn't kill, but it takes your life away.

Get Informed (hotline phone number appears on screen)

CUT TO LOGOS:

Box 4: Campaign Against Machismo

The anti-homophobia campaign in 2005 was preceded by a campaign challenging the deep-rooted machismo in Mexico, which was launched in December 2004 as part of the activities around World AIDS Day.

The main communication tool of this campaign was a poster with the slogan, "Machismo puts women and men at risk. You can change it!" The poster shows a muscular, mustached man wearing a typical sombrero and a bandolier slung across his chest that is filled with condoms instead of cartridges. On his left, he is tightly holding a woman, who symbolizes a traditional, self-effacing Mexican woman. On his right is another man, who in addition to embracing the first man, is gently leaning his head on his shoulder.

By implying an intimate relationship between the two men, concurrent to the heterosexual relationship, the campaign was challenging the double standard of Mexican machismo, which portrays Mexican men as virile while denying that some of them engage in homosexual relations. This denial assumes various forms, from defense of masculine, heterosexual supremacy to public rejection and discrimination of homosexual men. Both machismo and homophobia seek the submission of the "feminine," whether in men or women, and thereby increase their social and physical vulnerability.

The campaign against machismo marked the end of automatic alignment with the global theme of World AIDS Day. For 2004, the global theme was "Women, Girls and HIV/AIDS". A couple of months before the December 1st celebration, however, CONASIDA released a discussion paper arguing that fighting machismo was more relevant to Mexico given the profile of the epidemic in the country. Following a broad debate, the new theme was approved. Rather than a break with the global campaign, the decision reflected the need to adapt the campaign strategy



Photo: CONASIDA

Secondary: Men and women ages 25 to 44 from socioeconomic levels C and D. Comprised of people whose work requires them to provide quality and equitable care, but who stigmatize and discriminate against their clients on the basis of sexual orientation or HIV status.

Strategies

The development of the campaign began in October 2004. Organizers chose radio as the main tool due its extensive reach and lower

costs, compared to other media. A multidisciplinary campaign team was set up under the coordination of CONASIDA and CONAPRED. Other sectors that contributed with suggestions were the Committee on Regulations and Human Rights, the Committee on Prevention, representatives of civil society, people with HIV, and universities.

The Director of Social Communication reviewed the scripts in November and sent them to the General Coordinator for Public Opinion and Image

of the Presidency. In December the civil society and CENSIDA endorsed the scripts during a Latin American forum on HIV prevention for MSM.

By the end of the year, rumors about the campaign were widespread. Radio stations received the ads from unofficial sources and started playing them. There was urgency to regain control of the process. In February 2005 CENSIDA officially confirmed the upcoming national campaign against homophobia. The news sparked protests from conservative groups but did not affect the launch plans.

As a damage control measure, prior to the launch, organizers conducted training workshops for leaders of civic organizations in the country's main cities. The goal of the workshops were to improve participants' ability to respond to questions and challenges by offering clear, concrete justifications, grounded in technical arguments.

In April 2005, at United Nations System Auditorium, representatives in Mexico from PAHO/WHO, UNDP, UNICEF, and UNAIDS attended a preview event. The heads of CENSIDA and CONAPRED, several community leaders, and opinion makers such as Carlos Monsivais, a distinguished intellectual and Diana Bracho, a prominent actress also participated. The news media received comprehensive information about the objectives and development process of the campaign.

The campaign was launched in the country's largest cities, beginning with those that had reported the greatest number of HIV cases or where it was felt that homophobia was strongest: Monterrey, Acapulco, Ciudad Juárez, Cuernavaca, Hermosillo, León, Mérida, Morelia, Oaxaca, Pachuca, Puebla, Puerto Vallarta, San Luís Potosí, Tepic, Tijuana, Torreón, Tuxtla Gutiérrez, and Veracruz.

According to the original plan, the last phase of

the campaign was the broadcast of the radio ads in Mexico City and Guadalajara, the country's two largest cities. This did not happen, due to administrative changes and an unfavorable political climate. Paradoxically, it was not necessary. The population in Mexico City and Guadalajara heard the ads on many occasions, since the leading news programs and talk shows, both on the radio and on television, broadcast them frequently and promoted dialogue on the initiative. The country's largest newspapers transcribed the text of the radio scripts and printed them. Together, these media reached a much wider audience than was anticipated by the original radio broadcast plan.

Tools

Radio ads

The central pieces of the campaign were two advertisements. In "Dinner Time," a mother to son dialogue expresses support for her son's sexual orientation. In "Questions," the speaker challenges the homophobic attitudes and classifies homophobia as "irrational."

Posters

CONAPRED produced two posters. One of them shows a concerned male couple in an office or perhaps a health center. The text says: "They have the right to be respected. Only one thing can stop them ...DISCRIMINATION. If you cannot exercise your rights, REPORT IT!"

The second poster has the photo of a young man and the text, "Don't call him 'queer.' He is a person, like you." The closing statement says: "Discrimination starts with words and ends up denying people rights and limiting their opportunities. And you, how do you discriminate?"

A third poster was designed to promote May 17 as International Day against Homophobia on the Mexican civic calendar, following a proposal of International Lesbian and Gay Association. It had the slogan "Homosexuality is not a prob-

Box 5: Mexican Radio ads

"Dinner Time"

Mother: *You seem to be very much in love, my son.*

Son: *That's right, Mom.*

Mother: *How long have you been going out?*

Son: *Five months already.*

Mother: *Are you happy we are having dinner together?*

Son: *Very much. I will prepare a nice dessert.*

Mother: *I just hope both of you like what I will cook. What is the name again?*

Son: *Oscar, Mom. I already told you. His name is Oscar!*

Voice over:

*Does this seem unusual to you?
Homophobia is the intolerance to
homosexuality. Equality begins when
we recognize that all of us have the
right to be different.*

For an inclusive, tolerant and diverse Mexico.

CONASIDA, CONAPRED, PAHO, and UNAIDS.

"Questions"

If you see a gay man or lesbian in the street, do you look away?

Do you feel like insulting them or hope they go away?

If someone close to you is gay, do you stop talking to him?

Do you hate those who are different than you?

Did you know that what you have is homophobia? That is, an irrational hate.

Tolerance of sexual difference is healthier than hate.

For an inclusive, tolerant and diverse Mexico.

CONASIDA, CONAPRED, PAHO, and UNAIDS.

lem, homophobia is." On this date, in 1990, the General Assembly of the World Health Organization (WHO) approved the 10th Review of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). The 10th Review stated that sexual orientation (heterosexual, bisexual or homosexual), by itself, "should not be regarded as a disorder."

Controversy

The main opponents of broadcasting the ads were the National Union of Parents, the National Pro-Life Committee, and the bishops of Mexico. The latter argued that in addition to presenting "homosexuals as legitimate, with a right to a diverse sexual orientation," the campaign carried an additional message: "It is not just respect for the individual, not to discriminate them, but actually to give citizenship to them [people with diverse sexual orientation]...

This is harmful for the individual, to the family, and to society. If allowed to continue, this will lead to the degradation of humankind and of Mexican society" (EFE, 2005). These groups created an internet page to publicize their disagreement with the campaign.

Criticism also came from abroad. The Hispanic Division of Human Life International (USA) issued a news release entitled: "Mexico is suffering a grave attack from the pro-homosexual movement." It said: "Mexico is going through a great crisis, since it is undergoing a strong attack from groups that promote homosexuality. The Human Rights Coalition of Mexico, the Pro-Life Committee, and the National Union of Parents are working hard to repel the attack. Those who promote homosexuality are carrying out an extensive campaign using radio ads paid for with public funds" (Llaguno and Castañeda, 2005).

Tienen derecho a ser respetados

Contigo es posible

Sólo una cosa puede detenerlos...

LA DISCRIMINACIÓN

Si no puedes ejercer tus derechos ¡DENÚNCIALO!

Consejo Nacional para Prevenir la Discriminación, CONAPRED
Por una Nueva Cultura de la Igualdad.
01 800 543 0033

www.conapred.org.mx

Photo: CONASIDA/CONAPRED

Contigo es posible

No le llames "maricón".
Es una persona, como tú.

La discriminación comienza con las palabras y termina por negar derechos y limitar las oportunidades de las personas.
Y tú, ¿cómo discriminas?

Consejo Nacional para Prevenir la Discriminación

Porque los derechos son para todos.

www.conapred.org.mx
01 800 543 0033

Photo: CONASIDA/CONAPRED

La homosexualidad no es un problema, la homofobia sí

Jornada Mundial Contra la Homofobia

La homofobia es la intolerancia a la homosexualidad. La igualdad comienza cuando reconocemos que todos tenemos el derecho a ser diferentes

Consejo Nacional para Prevenir la Discriminación, CONAPRED

01 800 543 0033

Photo: CONASIDA/CONAPRED

Support was greater than opposition. The campaign received public support from the Minister of Health, several heads of the human rights commissions at the state level, and even, unexpectedly, support from the Governor of Guanajuato, which is considered to be one of the most conservative states. Numerous organized civil society groups expressed their support to the organizers of the campaign. The citizen organization "Diversity and Dignification of Policy" sent a letter to the President of Mexico requesting that the government continued the campaign and not yield to criticism from religious groups. Parents' associations for sexual diversity and against homophobia visited media organizations in support of the campaign. Other groups produced petitions asking that the campaign be expanded through the engagement of public and university radio stations.

The reaction of states was mixed. Local authorities from San Luis Potosí and Sonora tried to

keep the messages from being disseminated. On the other hand, in other states, such as Chiapas, Oaxaca, Nuevo León, and Zacatecas, local authorities not only supported the campaign but also contributed with additional resources for broadcasting.

Prominent newspaper columnists and radio and television commentators gave extraordinary coverage of the issue. A large number of people told CENSIDA officials that they had seen the campaign on television. However, that was impossible since there were no television ads. These people were instead referring to the many television news stories about the radio campaign.

The success in handling the controversy was largely due to the following conditions:

- Unequivocal support from public authorities. The Secretary of Health of Mexico, the Director-General of CENSIDA, and the President of CONAPRED were personally involved in the design and implementation of the campaign. Furthermore, they agreed that neither the health department nor CONAPRED would yield in the fight against that form of discrimination.
- Political and economic support from UNAIDS and PAHO/WHO.
- Use of advocacy tools to reduce the impact of criticism. These included the mobilization of civil society and the reference to documents

with evidence, such as the surveys on discrimination. International human rights agreements to which Mexico is a signatory were also used to justify the need for the campaign.

- Development of press briefings to inform journalists ahead of time about the campaign.

Evaluation

The campaign in Mexico was not formally evaluated. One of the obstacles was the cost and complexity of measuring the impact of radio messages. In addition, the fact that the campaign spilled over to so many media outlets and geographic areas made it difficult to monitor this uncontrolled output. For the organizers, evidence of the campaign's success includes:

- The fact that the fight against homophobia was moved to the top of the public agenda, due to the extraordinary media coverage and debate generated by the campaign.
- The increased visibility of the communities of homosexual men and women in Mexico. Before 2005, only six of the country's 32 states had annual gay pride parades. After the campaign, that number grew to 13 parades.
- The adoption, by Mexico's House of Representatives, of a motion asking the President to designate 17 May as National Day against Homophobia.



The main difference among the campaigns was the relative priority each of them gave to fighting homophobia.

Analysis

Differences and Similarities

Over a period of four years (2002-2005), the four most populous countries of Latin America develop campaigns against homophobia. The total cost of the campaigns in Argentina, Brazil, Colombia, and Mexico was US\$4.2 million.

Because of their geographical, cultural, and even temporal proximity, it is logical to assume that there would have been a domino effect among the four campaigns. Yet there is little evidence of that. In fact, each campaign seems to have an independent genesis and little, if any, cross-fertilization. Possible reasons for their independent develop were the limited communication among the countries' technical teams and the fear that campaign plans might leak to conservative sectors of society.

The main difference among the campaigns was the relative priority each of them gave to fighting homophobia. The sole objective of Mexico's campaign was to reduce homophobia, a natural sequence following two previous campaigns against discrimination and machismo. In contrast, homophobia was not one of the priorities in Argentina, but rather HIV awareness, since it had been several years since a mass HIV prevention campaign had been carried out in the country.

Unexpectedly, one of the communication pieces of the Argentina campaign, due to its controversial nature, brought the discussion about homophobia to the top of the public agenda.

Another important difference was the approach offered by the campaigns to reframe the relation between homosexual men and society. In Brazil, the organizers chose to focus on the acceptance of a young homosexual man by his family (mother, father and sister). Mexico mentioned acceptance in a family setting (mother), but also addressed acceptance and respect in the workplace. Argentina and Colombia opted to challenge stereotypes associated with relationships among homosexual men, such as the idea that they are ephemeral and superficial. Their campaigns depicted daily routines that homosexual couples have, like shopping together, listening to music (Colombia), and hugging and kissing (Argentina).

A common, innovative aspect of the campaigns was the use of mass media to address a controversial subject like homophobia. The implementing teams took advantage of the debate sparked by the campaigns, particularly in Mexico and Argentina, to further expand coverage of the campaigns. Another common feature was the wide participation of civil society, represented by a broad range of nongovernmental organizations, scientific and academic institutions, media outlets, international agencies, and the religious sector.

The four campaigns received considerable support from government institutions at all levels. They allowed their logos to be associated with the TV and radio ads, posters, and leaflets. When necessary, senior public officials came out publicly to support the campaign. This is a significant departure from the situation a few years earlier, when homosexuality was illegal in several countries of the region and when the rights of the gay community were defended almost exclusively by activists and international organizations.

The campaigns moved away from the dominant communication model used in the region, which focuses almost exclusively on individual behavior change. This model, which was developed in the United States and Europe in the 1970s, turned out to be of little efficacy in developing countries as part of the response to the HIV epidemic (Airhihenbuwa, et al., 2000) because it isolates individual behavior from the influence of political, cultural, and socioeconomic factors that increase vulnerability to the virus.

Instead, these campaigns focused on social change. Unlike behavioral change that focuses on products and on the transmission of messages, social change occurs through dialogue and debate, attempting to change social norms, public policy, and even culture (Panos/UNFPA, 2001). Under the principles of self-determination, equity, social justice, and participation, the communication for social change model emphasizes improving the quality of life of those who are politically and economically marginalized (Gray-Felder, 2003).

Challenges to Evaluate Impact

One of the main challenges for the campaigns examined in this study was their evaluation. While their organizers argue that the campaigns had a significant positive impact, this cannot be demonstrated with evidence. The Brazilian campaign was the only one to develop an ad tracking

survey which, while very positive, provided limited information on impact.

Some scholars suggest that communication initiatives should have three types of evaluation: formative, process, and impact (Bertrand and Escudero, 2002). The formative evaluation was completed, as all campaigns gathered information that was used in the development of messages and materials. Some consisted of existing information, but to a considerable degree, new information was gathered, particularly in Mexico and Brazil.

Process evaluation and impact evaluation, however, were extremely limited. The reasons for the lack of evaluation include well-known challenges. The first is the absence of a planning methodology. These methodologies include analysis and evaluation of the problem in question, surveys about information, attitudes, and practices, the setting of clear and quantifiable communication objectives and pre-testing of messages and materials. All this culminates in a process and impact evaluation (PAHO 2002). None of the campaigns followed these methodological steps.

The second challenge is the continual redesign of communication campaigns, particularly those that deal with controversial subjects. Often the campaign's agreed-upon objectives are changed due to political and financial considerations, and in certain cases, due to environmental changes, such as the controversy generated by the campaign. Three of the campaigns (Brazil, Colombia, and Argentina) experienced changes in their objectives. This continual redesign makes it particularly challenging to conduct process and outcome evaluations.

The third challenge affects all interventions that seek to use communication to promote social change. To date, there is no widely accepted methodology to measure communication-driven social change. There are innovative models under development (Gumucio and Tufte 2005; Figueroa,

2002), but these have not been widely tested, and it has not been possible to confirm their relevance or ability to measure social change. In contrast, methodologies to evaluate individual behavior change are readily available.

The forth challenge stems from the unrealistic expectations for behavioral change. In a time when many initiatives promoting HIV-related behavioral and social norm changes struggle to demonstrate impact, it is important to have realistic expectations. Real, sustainable change can only be achieved through a combination of prevention approaches. In that sense, it is best not to evaluate the impact of individual interventions, but rather the impact of a combination of interventions of which the campaigns mentioned in the report are only a component.

Evidence of Success

Campaign organizers from Argentina, Brazil, Colombia and Mexico identified the following elements as possible evidence of positive impact:

- Categorical support of the authorities, in spite of the political risk.
- Comprehensive discussion about homophobia in the news media.
- Reproduction of the campaign by several media outlets, at no cost.
- Increased demand for products and services publicized in the campaigns.
- Overwhelming positive feedback from homosexual men.
- Emergence of new actors in the response to homophobia.
- Decision to continue developing campaigns and initiatives against homophobia in these countries.

Synopsis

Table 3 compares the main elements of the campaigns examined in this report.

Table 3 – Comparison of four campaigns against homophobia

ARGENTINA	BRAZIL	COLOMBIA	MEXICO
Population in millions (2006)¹			
39.1	188.9	46.3	108.3
Adult HIV Prevalence (15-49 years, 2005)²			
0.6%	0.5%	0.6%	0.3%
Persons living with HIV (2005)²			
130,000	620,000	160,000	180,000
Legislation against discrimination due to sexual orientation (2005)			
The Anti-discrimination law (n. 23592) was amended in 2003 to include protection against discrimination due to sex, gender, gender identity, and sexual orientation.	Although there are a large number of municipal laws that support sexual diversity, there is still no federal law that protects the homosexual community. At this time, there is only draft legislation, bill of law n. 5.003/01, which criminalizes homophobic acts.	Constitutional Court Judgment T268 of 2000 promotes the right to free development of personality, the right to equality, and the principle of nondiscrimination against homosexual people.	The Constitution puts discrimination on par with slavery. The Federal Law to Prevent and Eliminate Discrimination prohibits discrimination due to "sexual preference." In five states, the penal code penalizes discrimination.
Year the campaign was implemented			
2004/2005	2002	2004/2005	2005
Primary entity in charge of the campaign			
Country Coordinating Mechanism	Ministry of Health	Ministry of Social Protection	Ministry of Health, CENSIDA/CONASID, and CONAPRED

ARGENTINA	BRAZIL	COLOMBIA	MEXICO
Campaign budget			
US\$1,200,000	US\$2,500,000	US\$90,000	US\$454,000
Source of funding for the campaign			
Global Fund	Ministry of Health	Ministry of Social Protection	Ministry of Health, PAHO/WHO
Was fighting homophobia an explicit communication objective?			
No	Yes. It was the secondary objective.	Yes. Initially it was the primary objective, but eventually it became secondary.	Yes. It was the primary objective.
Target audiences			
- Homosexual men - Pregnant women - Adolescents - People with HIV - Gay, lesbian, transvestite, transsexual, and bisexual population - General population	- Homosexual men ages 15 to 25 - Pregnant women - Health and education professionals - General population	- Homosexual men - Women - Adolescents of both sexes - General population	- General population (men and women ages 15 to 44 in the country's main cities) - Social services providers, particularly health services
Primary tool⁴			
Posters	Television ads and posters	Television ads	Radio ads
Main slogan			
"There are more things that DON'T transmit HIV/AIDS than those who DO"	"Respecting differences is as important as using a condom"	"This stops AIDS, which side are you on?"	- Posters: "Homosexuality is not a disease, homophobia is," later changed to "Homosexuality is not a problem, homophobia is." - Radio ads: "For an inclusive, tolerant, and diverse Mexico."
Was there a standardized message?			
Partly, since the materials highlighted actions and situations that do not transmit HIV. Some focused on prevention (condom use and prenatal care), while others challenged myths about the epidemic (sharing yerba mate tea can transmit HIV), and stereotypes (homosexual relations are superficial).	Partly. There were specific messages for the different target audiences. For homosexual men, the messages focused on prevention and condom use. For health and education workers, they focused on tolerance. For the general public, they focused on acceptance of sexual diversity and the importance of condom use.	Partly. There was a central message focused on prevention and condom use, which used representations of the different target audiences (heterosexual couple, homosexual couple, and young people). In some materials, this message was accompanied by another message that challenged stereotypes about homosexual people.	Yes. There was a central message against homophobia.

Continues

ARGENTINA	BRAZIL	COLOMBIA	MEXICO
Summary of anti-homophobia message			
Affection transcends stereotypes.	Every homosexual—including your child, student, or patient—deserves acceptance and respect.	Homosexual men are not so different. Many of them live and dream just like you do.	The modern Mexican society does not tolerate discrimination based on sexual orientation.
Vocabulary			
Traditional HIV prevention vocabulary.	Traditional HIV prevention vocabulary, except for one material which used the term “homosexual.”	Traditional prevention vocabulary.	Extensive use of terms such as “homosexual”, “queer”, “homophobia”, and “gay.”
Level of controversy³			
Very high	Moderate	Minimal	Very high
Tools for handling controversy³			
▪ Building consensus among the different campaign partners. ▪ Training of spokespeople (selected among different opinion leaders) long before launching the campaign. ▪ Advocacy with journalists, who were motivated to express their own opinions in light of the criticism the campaign was generating.	▪ References to the IBOPE study (public opinion survey). ▪ Identification and training leaders from prestigious organizations to support the campaign. ▪ Close follow up and guidance to journalists. ▪ Creation of a web page for public discussion.	▪ Explicit support from various governmental sectors before launching the campaign. ▪ Justification of the campaign based on human rights and ethical rationale.	▪ Training of opinion leaders to support the campaign. ▪ Use of the results of the surveys on discrimination. ▪ Extensive reference to national laws against discrimination. ▪ Extensive reference to international agreements to which Mexico is a signatory.

1 State of the World Population 2006, UNFPA.

2 2006 Report on the global AIDS epidemic, UNAIDS.

3 For Colombia and Argentina, this information refers specifically to the anti-homophobia component and not to the campaign as a whole.

Recommendations

From the analysis of the campaigns in Argentina, Brazil, Colombia, and Mexico, it can be inferred that similar campaigns will produce better results when:

Before the launch:

- A multidisciplinary campaign committee is created with the participation of the most important sectors.
- The organizers seek extra funding outside the national health sector (ministries of justice, international organizations etc).
- The campaign's development is based on formative evaluation (opinion survey, surveillance study etc).
- A monitoring and evaluation system is established.
- Media representatives are informed in advance about the need to develop new prevention strategies to stop the spread of the HIV epidemic among homosexual men.
- A contingency plan to deal with a potential controversy is developed. This plan includes, among other things:
 - Careful selection of the campaign's representatives.
 - Compilation of relevant and current scientific information that supports the objectives of the campaign.

- Compilation of the national and international legal framework that supports the objectives of the campaign.

- Companies participating in the bidding process are invited to participate in a training and sensitization workshop prior to presenting their proposals.

During the launch:

- High level representatives from the health, education and justice sectors, and civil society, with international cooperation, explicitly support the campaign.
- Pertinent, interesting information is offered to journalists, in addition to the description, materials, and contents of the campaign. Journalists should also be informed about the decision-making process that led to the development of the campaign.

After the launching:

- Close and constant guidance to journalists and spokespeople.
- Creation of outlets where different audiences can express their opinion (free telephone hotline, online discussion forum etc).



Conclusion

Homophobia is a threat to public health in Latin America. This form of stigma and discrimination based on sexual orientation affects the mental and physical health of the homosexual community and also contributes to the spread of HIV. The analysis of the experiences of Argentina, Brazil, Colombia, and Mexico supports the conclusion that mass campaigns can be an important tool for reducing homophobia in the region and globally.

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525 Twenty-third Street, N.W.
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