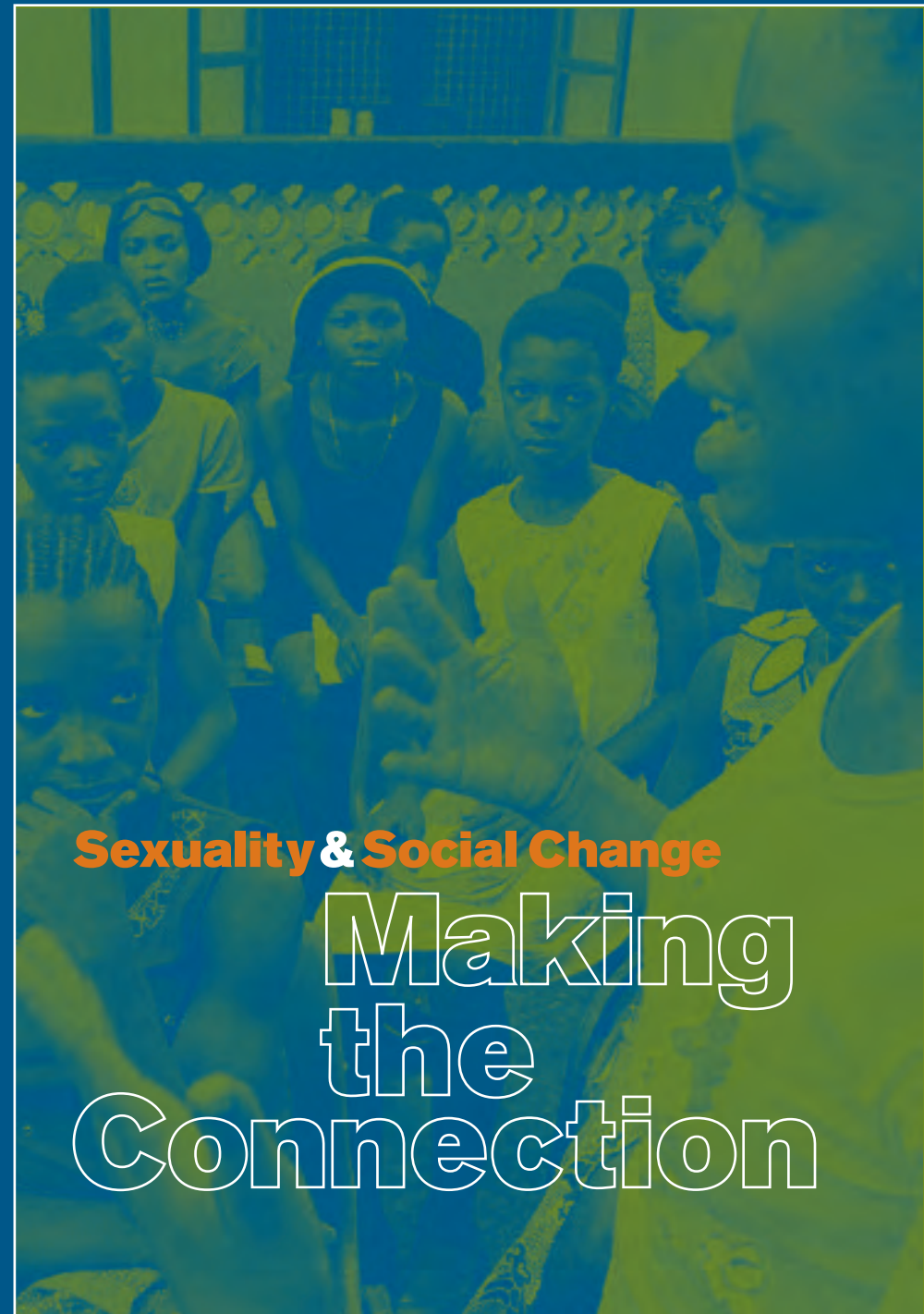


Sexuality and Social Change: Making the Connection Strategies for Action and Investment



**Sexuality & Social Change**  
Making  
the  
Connection

Strategies for Action  
and Investment

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**Cover:** In a class run by Girls' Power Initiative in Calabar, Nigeria, the students and teacher use drama techniques to discuss topics such as safer sex.

**Photograph:** Jacob Silberberg/Panos Pictures.

# Sexuality and Social Change: Making the Connection

Strategies for Action and Investment

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The Ford Foundation is an independent, nonprofit grant-making organization. For more than half a century it has been a resource for innovative people and institutions worldwide, guided by its goals of strengthening democratic values, reducing poverty and injustice, promoting international cooperation, and advancing human achievement. With headquarters in New York, the foundation has offices in Africa, the Middle East, Asia, Latin America, and Russia.

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## Preface

After widespread neglect over many years, the value of studying human sexuality has recently been recognized for its bearing on many important debates and problems in contemporary society. This is the result, in part, of contributions from feminist theory, the emergence of gay and lesbian movements, new efforts to prevent sexual abuse, and the international AIDS epidemic, which have generated a significant amount of new research on human sexuality. Along with increased research we see academics, advocates and community activists in the field coming together to exchange information and ideas. Having combined forces, they are focusing new attention on the ways in which gender and sexuality are shaped in different social and cultural settings, and on the complex interactions between sexuality, health and issues of social justice. This new wave of activity has led to the creation of more effective program interventions and services.

Since the early 1990s, the Ford Foundation has recognized the general lack of information and theoretical understanding concerning human sexuality. Through its work in the reproductive health field, the foundation has supported social science research and training, advocacy and public education on sexuality, sexual health and sexual rights. Early programming revealed the critical role sexuality and gender play in determining women's social status and ability to protect themselves against violence, disease and unwanted pregnancy. As our work has evolved, it has also come to include a focus on the role of sexuality in healthy human development.

Our primary motivation in writing this report is to stimulate conversation and to encourage other donors and organizations to support work on human sexuality. Funding is needed to advance efforts by social science researchers, HIV/AIDS and reproductive health advocates, community activists, parents and practitioners. At Ford, we welcome partnerships with other donors interested in this important field.

**Susan V. Berresford**

President  
Ford Foundation

## Acknowledgements

We wrote this publication to spur action and investment in the field of human sexuality, an effort we see as central to addressing many of the world's most pressing challenges.

Thanks go to the Ford Foundation program officers who work in the field of sexuality and reproductive health, as well as to senior program staff for their input throughout the project. We are grateful to Mehlika Hoodbhoy for her help gathering information on the Foundation's sexuality work. We would also like to thank Adrienne Germain, Purnima Mane, Judith Helzner, Richard Parker, Suzanne Petroni, Diane di Mauro and Denise Shannon for reviewing an early draft of the manuscript. Finally, we are grateful to Pete Plastrik and Geoffrey Knox for their editorial support.

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# executive summary

Sexuality is an integral part of the human experience—a complex phenomenon, with physical, emotional, intellectual, social and spiritual dimensions. While deeply personal, sexuality occurs within specific social, economic, cultural, political and religious contexts. Those contexts, in turn, profoundly shape the possibilities and limitations of an individual's sexual experience and with that, many other aspects of the individual's life. At the same time, evolving expressions of sexuality by individuals and groups influence culture, politics and religion. Sexuality is both central to some of the greatest problems of our time and at the core of human well-being for people of all ages.

A culture's treatment of sexuality can influence whether an individual is safe or unsafe; ill or healthy; rich or poor; educated or not; employed or enslaved; treated with justice or with contempt. Sexuality plays a crucial role in determining women's social status, which in turn affects the number of women, children and families living in poverty. It influences a woman's ability to protect herself against violence, disease and unwanted pregnancy; to survive pregnancy and childbirth; and to manage her fertility. Sex can be an arena for contested power relations, and result in debilitating discrimination, abuse and violence based on gender and sexual orientation. Sex can also be a means for transmitting devastating diseases, as evidenced by extraordinary rates of morbidity and mortality from sexually transmitted infections (STIs) and HIV/AIDS. Young people today, as in past generations, are particularly vulnerable to the risks of unintended pregnancy, unsafe abortion, maternal mortality, violence and sexual exploitation.

Failing to address the problems presented by sexuality poses myriad dangers that will affect tens of millions of people worldwide. But directing attention and resources to issues of sexuality can be a powerful means to achieve gender equity, improved public health and social justice.

For these reasons, the area of sexuality is nothing if not hotly contested, a lightning rod in contemporary life. Attitudes towards sexuality can cripple or free. Battles rage worldwide between repression and freedom; science and religion; feminism and patriarchy. This struggle over sexuality is a profoundly important one—a struggle that determines not only how well societies treat their own people, but how well societies are able to co-exist.

This report incorporates recommendations and priorities identified by the Ford Foundation through a year-long, worldwide consultative process. That process involved a diverse set of scholars, advocates, grantees and foundation program officers from Africa, Asia, Latin America and the United States, who together assessed strategic opportunities and challenges in the area of sexuality. Building on their work, this report covers:

- **The intersection of sexuality with major social issues**, including women's and children's health; youth development; population growth; gender discrimination; gender-based violence; women's empowerment; the surge of fundamentalism; human rights; public health; and economic globalization.
- **Evolving trends and sexuality initiatives**, including a shift from focusing on individual behavior to a comprehensive view of sexuality; an increasing focus on youth; the growth of women's movements; the emergence of gay and lesbian rights movements; the establishment of a comprehensive reproductive health approach; and changing reproductive technologies.
- **Priority areas for activism and investment**, including providing comprehensive sexuality education to youth; focusing research on policymaking and action; influencing public policy; integrating sexuality into health services; and addressing religion's impact on sexuality.

Beyond specific issue areas for action and donor investment, this report identifies four key cross-cutting strategies. To move the field of sexuality forward, there is a need for:

- **Enlarging and strengthening the knowledge base** for work on sexuality, especially in the areas of supporting research and research training, linking research and action, and increasing dissemination of knowledge.
- **Building the capacity** of those working on sexuality by building skills and the transfer of skills across national and regional boundaries.
- **Supporting advocacy** that promotes informed public debate, educates policymakers and builds political will for changes in laws, policies, and actions of governmental and nongovernmental institutions.

- **Encouraging collaboration** and mechanisms such as meetings and publications for sharing information, ideas, strategies and human resources among advocates, researchers, practitioners and community representatives locally, regionally, nationally and globally.

Sexuality is a broad and complex field that offers many entry points for action and strategic investment. Worldwide, many believe the time is right to advance this pioneering and crucial work. They also believe that addressing sexuality, sexual health and sexual rights is key to achieving greater social change and social justice in the 21st century.



# introduction

The Ford Foundation's support for work on sexuality has roots in a line of work that evolved over the last fifty years. From the early 1950s to the early 1980s, the foundation concentrated on demography, contraceptive development, population policy and the design and delivery of family planning services. In the late 1980s, it began to place greater emphasis on gender equity, women's empowerment, and reproductive health and rights.

As the foundation developed support for reproductive health programs around the globe, it began to incorporate components that addressed sexuality. This trend reflected a growing awareness among practitioners, scholars and advocates of the central role that sexuality plays in determining the health, social and economic status of women and men. In 1994, the Board of Trustees expanded program activities to enhance the understanding of sexuality and sexual behavior.

In 2000, the foundation undertook a process to find ways to strengthen and expand its work on sexuality in order to increase its effectiveness, an exciting initiative that led to this report. To gather information and ideas on how best to do this, a year-long, worldwide assessment was conducted, with the broad participation of a diverse set of practitioners, researchers, activists, grantees and foundation program officers. This effort included research, interviews and workshops in Africa, Asia, Latin America and the United States. Experts and practitioners were interviewed individually and brought together to provide input on the current state of the field and recommendations for future work (see Appendix A).

The extensive consultative process produced a wealth of information on current trends in the field of sexuality and on the challenges and opportunities that pertain to these trends. Voices from all over the world—especially the global South (developing countries or Third World countries primarily in the Southern hemisphere)—called for increased attention to sexuality as an important force for social change. And principles for donor investment emerged, which are fundamental to the long-term goal of improving sexual health and promoting sexual rights. They are:

- Including the voices and realities of people of all ages in diverse communities to advance the understanding of sexuality and gender equity.

- Promoting a positive approach that encompasses good health, pleasure, desire and respect for one's self and others.
- Addressing linkages between sexuality and underlying social and economic realities, including poverty, the denial of human rights, and inequities based on gender, race, ethnicity, class and sexual orientation.

This report is a synthesis and summary of the findings generated by this process. It presents the case for why sexuality deserves increased attention, offers examples of creative programs in action, and makes recommendations for future investment.

# Intersections: Sexuality and Major Social Issues

Donors and activists are finding that sexuality—as well as sexual health and sexual rights (see box on p.18 for definitions)—cannot be ignored as they search for ways to address a host of vexing social issues. Those issues include women's and children's health, youth development, population growth, gender discrimination, gender-based violence, women's empowerment, the surge of fundamentalism, human rights, public health and economic globalization. What follows are fuller descriptions of these issues and the ways in which they intersect with sexuality.

## **Sexually transmitted infections, including HIV/AIDS**

The world has begun to recognize that the HIV pandemic cannot be confronted simply by applying a disease-based, biomedical, technological model of intervention; a new model must be applied that addresses sexuality, sexual rights and gender power relations. More than 40 million people are infected with HIV, most in the developing world and through sexual relations. Women and girls constitute a growing percentage of the newly infected; worldwide, 62% of the 15-to 24-year olds living with HIV/AIDS are girls, and in sub-Saharan Africa, a staggering 75% of HIV-positive young people are female.<sup>1</sup> Meanwhile, other sexually transmitted infections (STIs) cause illness, disability and death, with a disproportionate impact on women and the young. In developing countries, STIs, such as chlamydia, trichomoniasis, syphilis and gonorrhea, are second only to maternal morbidity and mortality as the cause of death, illness and “healthy life lost” among women in their childbearing years; in 1999 there were 340 million new cases of these STIs among women and men 15 to 49 years of age.<sup>2</sup>

## Defining Sexuality

The following are the set of working definitions used in this report. They are drawn from commonalities among existing definitions of sexuality, sexual health and sexual rights.

- **Sexuality** encompasses the sexual knowledge, beliefs, attitudes, values and behaviors of individuals, and is an integral part of the personality of every human being. Sexuality develops through the interaction between the individual and social structures, influenced by ethical, spiritual, cultural and moral factors. Its various dimensions involve the anatomy, physiology and biochemistry of the sexual response system; identity, orientation, roles and personality; and thoughts, emotions and relationships. Sexuality begins before birth and lasts a lifetime. Full development of sexuality is essential for individual, interpersonal and societal well-being.
- **Sexual Health** is the ability to express one's sexuality free from the risk of sexually transmitted infections, unwanted pregnancy, coercion, violence and discrimination. It means being able to have an informed, pleasurable and safe sex life, based on a positive approach to human sexuality and mutual respect in sexual relations. Sexual health strengthens self-esteem and self-determination, and enhances communication and relationships with others.
- **Sexual Rights** are universal human rights based on the inherent freedom, dignity and equality of all human beings. Sexual rights include the right to bodily integrity; the right to sexual autonomy; the right to voluntary sexual relationships; the right to freedom from all forms of discrimination, violence or coercion; the right to sexual privacy; the right to sexual pleasure; the right to express one's sexuality; the right to information and to comprehensive sexuality education; and the right to a full range of voluntary, accessible sexual and reproductive health services.

### Young people at risk

More than half of the world's population today is under 25 years of age, and the population in most of the developing world is very young. In fact, in most

of sub-Saharan Africa, nearly half the population is under 15 years old.<sup>3</sup> While sexuality is fundamental to the health and well-being of young people, they remain without access to sexuality education and sexual health services, left to confront major reproductive and sexual health problems alone, from unintended pregnancy to unsafe abortion, maternal mortality, violence, STIs/HIV, exploitation (for example, exchanging sex for food or money) and discrimination on the basis of sexual orientation. More than 10 million of the people currently living with HIV/AIDS are between the ages of 15 and 24. In developing countries, more than 40 percent of girls have their first child before they reach the age of 20, making them more likely than adult women to die or experience complications from childbirth,<sup>4</sup> and putting them in grave danger of dropping out of school and falling into greater poverty.

### Future population growth and sexuality

More than a billion adolescents will soon be entering their sexually active and potentially child-bearing years, with immense implications for future population growth.<sup>5</sup> Without access to information and services, many of these young people will find it difficult or impossible to exercise their right to determine if, when and with whom to have sex and to bear children. The children of this generation will be a major source of future population growth. Indeed, nearly half of future population growth in developing countries will come from this "demographic momentum."

### Women's and children's health

Taboos around sexuality prevent women from seeking the reproductive and sexual health information and services that they need to protect their health and the health of their children. More than 500,000 women die from pregnancy or in childbirth every year; in developing countries, the lifetime risk is 1 in 16 women, compared to 1 in 2,500 in developed countries.<sup>6</sup> More than a million children are left motherless every year, and those children are 3 to 10 times more likely to die in the first two years of life.<sup>7</sup> Many more women—some 20 million each year<sup>8</sup>—experience long-term health issues or disabilities, from pelvic inflammatory disease to permanent infertility.<sup>9</sup> Almost half of infant deaths—nearly 3.5 million out of 8 million annually—are due to the poor health of the mother or inadequate care during delivery.<sup>10</sup> Most of this suffering could be prevented if women were assured of emergency obstetric care, skilled attendance during delivery, safe and available abortion services, and increased access to contraceptive services. More openness around sexuality and attention to sexual health would allow women to seek and to find the life-saving services that they need; for example, universally available contraception could reduce maternal mortality by 20 percent, while safe and accessible abortion services could prevent the 13 percent of maternal deaths caused by unsafe procedures.<sup>11</sup>

### **Gender power relations and violence against women**

Sexuality is inextricably linked to women's rights, autonomy and well-being. The control of women's sexuality is often at the core of the oppression of women. Women are forced into early marriage or coerced into sex, including commercial sex. Sexual violence—rape, incest and abuse—is often used to repress women, in conflict situations (for example, Rwanda and Yugoslavia) and in intimate relationships. In fact, research shows that women are more likely to be abused by a current or former partner than a stranger, and in some countries as many as 50 percent of women report experiencing physical violence in the household.<sup>12</sup> Violence or the threat of violence prevents women from choosing when, with whom and under what circumstances to have sex. It also denies women the possibility of exercising other human rights, such as the right to work, to attend school, to associate freely with others and to preserve one's mental and physical health. In turn, limitations on basic rights, such as access to education, health services, employment, property ownership and inheritance, restrict women's capacity to control their sexuality.

### **Stigma, discrimination and human rights**

Sexual rights to autonomy, privacy, bodily integrity and freedom of expression and association are fundamental to the full realization of human rights. The violation of human rights based on sexual expression or orientation or gender identity cuts across culture, class and race. Lesbian, gay, bisexual and transgender (LGBT) individuals continue to experience discrimination, harassment and violence. This happens even in countries with effective organizing by LGBT groups, with changing social attitudes in favor of LGBT rights, and with protective laws in place. In many societies, women who violate accepted sexual roles and behaviors are severely punished. Moreover, the concentric worlds of race, ethnicity, gender and sexual orientation often overlap to create social contexts where individuals experience multiple stigmas and discrimination. This compounded oppression can translate into unequal access to health information and care, and poorer sexual health outcomes. In the United States, for example, African-American men who have sex with other men are disproportionately affected by HIV/AIDS because of structural racism on one hand and homophobia on the other.

### **Fundamentalisms**

Conservative and fundamentalist forces use sexuality to attack progressive sectors that work on reproductive health, women's rights, girls' education and other issues. Often using religion to justify their actions, these groups see sexuality and sexual rights—particularly women's control of their own sexuality and LGBT rights—as a tremendous threat to the status quo that they want to maintain (or a former order they are seeking to restore). Indeed, more open and positive attitudes toward sexuality would reduce the ability of vocal fundamentalists

to sustain these attacks. If the terrain of sexuality is left uncontested, extremist forces will increasingly occupy the space as a base for their onslaught against human rights, religious pluralism, tolerance and social justice.

### **Globalization: rapid socio-economic change**

Transformations in global structures and processes have had a significant impact on sexuality and gender, at the same time that sexuality and gender are integral to the way that the processes of globalization occur. Globalization can compound the sexual health and rights problems faced by those who are already marginalized—ethnic minorities, LGBT individuals, women, young people and the poor. For example, while the growing participation of women in the labor market can create the possibility of economic independence, it can also increase the potential for sexual exploitation. Globalization has caused the disintegration of the traditional means by which children and adolescents learned about sexuality, and new forms of instruction and support have yet to develop. Global sexual markets produce profits from trading women and children as commodities. And the vast numbers of people migrating into urban areas or crossing borders in search of education and employment are creating new social networks and family structures that often lack access to information or services related to sexuality. Young men often leave wives at home and seek sex with “girlfriends” or commercial sex workers in the city, thus contributing to the increase in the transmission of STIs, including HIV.

While there has been a growing recognition of the centrality of sexuality to the above concerns, much remains to be done. Funding agencies and practitioners concerned about these issues have found they can increase their impact by integrating a comprehensive approach to sexuality into their overall strategies for action.

# Evolving Trends and Sexuality Initiatives

Work on sexuality has evolved significantly over the past few decades in response to lessons learned as well as broader socio-economic and cultural trends. Following are six of those trends, which are influencing the design of sexuality initiatives.

- 1 Shift from a focus on individual behavior to a comprehensive view of sexuality in context.** Early sexuality research was often quantitative and empirical, striving to demystify sexual behavior and put it into the realm of scientific investigation.<sup>13</sup> For example, focusing on individual decision-making and behavior meant counting the number of partners, the frequency of sexual encounters, and so on. With the advent of the HIV epidemic, this tendency was reinforced and sexuality was largely confined to a disease framework, with programs targeted to high-risk populations. The focus has begun to shift, however, as the inability of the biomedical framework to answer many questions related to HIV and reproductive health has become apparent. It has been recognized that personal behavior is shaped and constrained by social, cultural, and economic factors—such as poverty, inequality, religion and traditional practices—and that to be effective, programs must include attention to these contextual factors. The methodology and focus of sexuality research has evolved as well, with more emphasis on qualitative methods and local, context-specific studies.
- 2 Increased emphasis on youth.** In recent years, much attention has been concentrated on the sexuality of young people. This is because of the large numbers of young people entering their sexually active years, and because of the many barriers they face to getting the information and services they need to develop a healthy sexuality. Gradually, too, the importance of gender has been acknowledged, leading to increased efforts to understand the differing realities and needs of girls and boys on critical issues such as age of sexual initiation, teen pregnancy, HIV transmission, and sexuality education.

There is increasing awareness that young people themselves need to be involved in the design, implementation and assessment of sexuality education programs. Strategies for reaching youth are becoming multi-dimensional, with projects attempting to reach youth not only in school but at accessible and acceptable locations outside of school.

**3 Growing influence of women's movements.** For decades, feminists struggled to bring attention to the importance of sexuality and gender relations. As women's groups began to coalesce into national and international movements in the 1970s and 1980s, they had an impact on policies and programs related to sexuality in many countries, including the decriminalization of abortion, access to contraception, anti-violence measures and population policies. By the mid-1990s, women's movements were working so effectively across national boundaries that they were able to influence the discourse and outcomes at several UN Conferences. Women's groups attracted attention to sexual violence at the 1993 World Conference on Human Rights. Because of their efforts, the 1994 International Conference on Population and Development in Cairo concluded that "reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity."<sup>14</sup> The 1995 Fourth World Conference on Women in Beijing made the obvious but newly articulated conclusion that women's reproductive rights—"the right to have control over and decide freely and responsibly on matters related to their sexuality"—are human rights.<sup>15</sup>

**4 Rise of movements for the rights of sexual minorities.** Starting primarily in Northern countries in the 1960s and 1970s, a great many people mobilized around sexual identity and orientation. With the rapid spread of HIV/AIDS in the 1980s, LGBT movements helped to create organizations that led the fight to combat discrimination against HIV-positive people and to reduce the risk of HIV transmission through sexuality education programs. They have succeeded in increasing awareness of the importance of sexuality and in bringing attention to the underlying issues of power, coercion and discrimination that have fueled the pandemic.

**5 Promotion of a comprehensive reproductive health approach.** Early family planning and women's health programs—driven by concern about rapid population growth, especially in the global South—focused on female fertility and the provision of contraceptives. This

approach neglected the myriad socio-economic causes of high fertility rates, population growth and environmental degradation, as well as many aspects of reproductive health, including sexuality and gender power relations. As these limitations became apparent and the HIV/AIDS pandemic erupted, the centrality of sexuality to reproductive health could not be overlooked. Largely due to the work of advocates, the boundaries of reproductive health are being redefined to include counseling and services for prevention of STIs/HIV/AIDS, programs to address the roles and responsibilities of men, safe abortion services, and sexual violence programs.

**6 New challenges from modern reproductive technologies.** Advances in contraceptive technologies in the 1960s provided women with powerful new means to control their fertility, strengthening the conditions for the separation of sexuality from reproduction. Coinciding with the growth of the feminist movements, these new technologies spurred revolutionary change in sexual practices, especially of young women in developed countries. A more recent technology-driven trend has been the "pharmaceuticalization" of sexuality—viewing sexual problems as primarily organic, to be "fixed" through drugs such as Viagra, with inadequate attention to social, cultural and psychological factors. Pharmaceutical research now represents the largest privately funded area of sexuality research. Unfortunately, relatively few funds are being used to develop new technologies for women, such as microbicides, which a woman could apply topically to reduce infection from HIV and other STIs. Unlike the male condom, the use of microbicides would be under the woman's control. The female condom is an already existing method that could be more widely distributed.

These six developments have shifted how people view and work on sexuality and have generated a significant amount of new activity. A new generation of scholars has emerged and begun to create a wealth of exciting academic work. At the same time, local responses to HIV/AIDS, reproductive health concerns, gender-based violence and sexual discrimination have begun to produce a significant body of innovative work at a practical level. These areas of activity in academia, at the grassroots level and on the policy front have begun to coalesce, creating the potential for increased impact and significant social change.

But more creative programs are needed, and more funding is essential to bring all of these pieces together. For it will be the efforts of practitioners, researchers, advocates and policymakers who incorporate sexuality into their work, and the willingness of visionary donors who invest in that work, that

fully legitimize the study of sexuality as a field.

What follows are suggested points of entry—priority issue areas and key strategies for future work.



# priority areas for action and investment

- 1:** Providing Sexuality Education for Youth
- 2:** Focusing Research on Policymaking and Action
- 3:** Influencing Public Policy
- 4:** Integrating Sexuality into Health Services
- 5:** Addressing the Impact of Religion

# priority areas for action and investment

As noted above, sexuality is a multifaceted and evolving field of inquiry and work; the challenge is to find the points of entry. In very general terms, the most important strategies identified by participants in the consultative process undertaken by the Ford Foundation, are:

- **Enlarging and strengthening the knowledge base.** This includes supporting research and research training, investing in institutional research capacity, strengthening the links between research and action, and increasing the dissemination of knowledge.
- **Capacity-building.** This includes skills-building and the transfer of skills across national and regional boundaries, as well as strengthening institutional capacity for strategic planning, evaluation, managing organizational growth, and implementing research and action.
- **Advocating for policy and social change.** This includes promoting informed public debate, educating policymakers, and mobilizing support for changes in laws, policies and actions of governmental and nongovernmental institutions.
- **Encouraging collaboration.** This includes developing mechanisms (meetings, publications, etc.) through which advocates, researchers, practitioners and community representatives can share information, ideas, strategies and human resources nationally, regionally and globally, and through which they can network across boundaries of discipline and issue area.

Practitioners, activists and researchers around the globe further identified five priority issue areas for action and investment. These are intended to stimulate thinking and discussion among donors. Clearly they need to be adapted to particular contexts, in consultation with those doing the work and the constituencies and communities affected.

# 1. Providing Sexuality Education for Youth

Sexuality education is a lifelong process that begins at birth. It should provide life skills that can help people build self-confidence and make informed choices. The content needs to be comprehensive, addressing the biological, socio-cultural, psychological and spiritual dimensions of sexuality. All information on which it is based must be scientifically and ethically sound.

Unfortunately, such sexuality education is far from universally available today. Sexualized images are everywhere—on the Internet, in advertising, on film and television—but reliable, appropriate information about sexuality is not readily accessible. Adolescents, especially, find few opportunities to acquire the information, skills and self-confidence they need to protect themselves from infection, unwanted pregnancy, abuse or exploitation. In some countries, sexuality education programs do not exist and adolescents are prohibited from using sexual health services. In others, comprehensive sexuality education is under attack by well-funded opponents, who are replacing it with misleading information and scare tactics, which research shows are ineffective. Medical and educational services for youth are often scarce, under-funded and of poor quality. Even where services do exist, many providers—health professionals, counselors, teachers and others—are not prepared to address sexuality and understandably bring their own biases, fears and misinformation to the subject.

## Basic Guidelines

The need to provide sexuality education to young people is urgent. While content and approach will vary with context, setting, population and other factors, some basic guidelines for sexuality education programs include:

- **Promoting a positive perspective.** Sexuality education should lead to a positive, healthy sexuality for all people. Addressing the positive side of sexuality—pleasure and personal fulfillment—is fundamental to successful sexuality education. Fear-based or purely biological programs that do not incorporate the compelling realities of human desire, physical attraction and sexual pleasure will scare away or lose the interest of participants, especially adolescents.
- **Starting with the participant's reality.** Projects dealing with youth should involve the young people themselves in their design, implementation and assessment, to ensure that strategies take into account their realities. For example, in many developing countries, a

significant proportion of women marry in their teens (in much of sub-Saharan Africa, India, and Bangladesh, more than 50 percent of adolescent women are married by 18),<sup>16</sup> and drop out of school. To meet their needs, program designs should include strategies to reach them in socially acceptable and easily accessible venues outside of school.

## Straight Talk for Teens in Kenya

In Kenya, a monthly newsletter written and edited by adolescents provides some 500,000 young people with comprehensive information on sexuality and sexual health. Straight Talk was created in 1996 by the Kenya Association of Professional Counselors (KAPC) in response to the nation's youth-sexuality issues. In Kenya, where both the population's median age and the average age of first sexual intercourse is 14 years old, young people need comprehensive information on sexuality and sexual health.

At the outset of the project, a six-month pilot was conducted to solicit readers' opinions on the newsletter's content, language, layout and style. On the basis of that feedback, Straight Talk was dramatically revised, to better appeal and communicate to its teenage audience.

The print run for Straight Talk has grown to 95,000, and each copy is read by at least five people. The national newspaper that publishes and distributes it throughout Kenya finds that the paper's circulation always goes up on the "Straight Talk days." It has become so popular that the Ministry of Education has granted permission for its distribution in schools. Today, more than 650 schools receive it. The paper is also distributed through youth-serving nongovernmental organizations (NGOs), community-based organizations and other institutions.

Given the success of the newsletter, KAPC instigated the formation of Straight Talk youth clubs, also run by adolescents. The number of Straight Talk Clubs has grown rapidly to more than 200, most of these within schools, with a membership of approximately 7,000 adolescents.

- **Including a gender dimension.** The design and content of sexuality education needs to pay attention to gender bias and gender power relations. A gender dimension should be introduced into school-based programs, youth group activities, pre- and post-natal

education for young mothers, young men's programs, training efforts for early education teachers and other programs. It is also important to find ways to address gender equity issues within families, which are a primary agent of socialization, through social institutions that interface with families, such as faith-based groups and parents' organizations.

- **Taking a multi-dimensional approach.** In many settings, a multi-dimensional approach to sexuality work with young people has proven to be most effective. Adolescents find it difficult to achieve healthy attitudes and practices regarding their sexuality if their opportunities for learning and recreation are limited, and their prospects for future income or employment are few. The most successful sexuality education strategies are multifaceted, addressing the adolescent's diverse needs for resources, employment, recreation and education, either directly or through a referral system. This will be especially important for reaching out-of-school youth.
- **Working with parents, families and communities.** Adults need information for themselves and to be better prepared to educate their children, especially in places where many young people are not in school. Parents can benefit from written materials for themselves and for their children, supportive programming in the local and national media, and opportunities to interact with other resource people in the community, such as teachers, health workers and youth leaders.

## Strategies for Action and Investment

Sexuality education should take place in many settings—homes, communities, schools, health services, youth development programs, religious groups and through the media. While means and methods will vary significantly, there are some general strategies to strengthen and expand sexuality education:

- **Advocating for comprehensive sexuality education.** Advocacy is essential to generate active support for the resources, programs and policies needed for comprehensive sexuality education in schools and other venues, and to ensure that people of all ages have access to the information and services they need. Where sexuality education is under attack, public education and advocacy are needed to counter those attacks and to build political support for comprehensive sexuality education. In other political climates, the goal of advocacy work can be to bring government attention to the need for

sexuality education or to expand and “scale up” successful programmatic experiences. Young people, parents, teachers, counselors, health providers and other influential people in the community, such as traditional and religious leaders, can be mobilized as advocates and given training and support.

## Advocating for Sexuality Education in the United States

In the United States, the significant support from teachers and parents for comprehensive sexuality education in schools is often thwarted by well-funded and highly motivated opponents who have adopted the issue of sexuality education to promote an ultra-conservative agenda. In 1996, the U.S. Congress allocated nearly \$250 million over five years for “abstinence-only-until-marriage” programs, to be matched three to four dollars by states. The availability of these federal funds has increased implementation of abstinence-only programs in schools, often with little or no public debate. Among the eight points included in the definition of abstinence-only sexuality education is that “sexual activity outside marriage is likely to have harmful psychological and physical effects.” The only information about contraception is confined to contraceptive failure rates. In 2000, an additional \$40 million was approved for an even more restrictive definition of abstinence education.<sup>i</sup>

In the state of Maine, 20 years of high quality school-based sexuality education, called “family life education,” had helped reduce the state's teen pregnancy rate by 35 percent, the sharpest decline in the nation. But the program, which is comprehensive, age appropriate and medically accurate, was vulnerable to challenges by legislators who opposed it. In 2000, legislation was introduced that would have required all sexuality education programs in Maine to focus on abstinence.

With the help of the Sexuality Information and Education Council of the United States (SIECUS), local advocates succeeded in defeating this restrictive legislation. SIECUS is a national leader in efforts to mobilize support for comprehensive sexuality education and to challenge the push for abstinence-only-until-marriage. Over the past few years, it has provided technical assistance to more than 300 communities in 45 states.

After this important victory, SIECUS began to help advocates in Maine develop legislation that would make such attacks more difficult. They worked together to secure passage of a bill that specified that “family life education” should be medically accurate and age appropriate, include information about abstinence and contraception and be taught from kindergarten through the twelfth grade. The years of work developing relationships and educating key stakeholders on the ground, as well as the new partnerships between state and national organizations, paid off when the bill won widespread bipartisan support, passed both houses and was signed into law by the governor.

## A National Sexuality Education Program in Nigeria

In Nigeria, half of the estimated population of 130 million is under the age of 25, the age at first intercourse is declining and rates of STIs/HIV and teenage pregnancy are rising. Due to rapid social change, young people no longer follow traditional norms of sexual conduct, but have few places to turn for information and education about sexuality and reproduction.

In recognition of this situation, the Nigerian NGO, Action Health Incorporated (AHI) initiated peer-led “life-planning” clubs in schools. It simultaneously trained young people as educators and adults as mentors. Seeing limits to what could be done within schools, AHI also established a Youth Resource Center to offer peer counseling and a sexual health drop-in clinic for teens in a poor neighborhood of Lagos. AHI now reaches more than 30,000 adolescents through its diverse activities.

As AHI staff listened to the concerns raised by young people, it realized that girls’ and boys’ preoccupations differed in many ways. For example, girls talked more about pressure to engage in sex, whereas boys were more concerned about performance. Gender also affected the way the young people participated in activities. Girls asked questions, but were hesitant to assume leadership. Boys were less shy to speak up, but did not like to reveal any ignorance. AHI recognized the importance of addressing gender power in their work with young people. Meanwhile, they also came to the painful realization that men in positions of authority might sexually exploit girls, even within their own

program, and decided to employ only women as mentors.

In 1992, the Ministry of Education shut down AHI’s school clubs, claiming that sexuality education would “corrupt” Nigeria’s youth. AHI and its allies organized to lift the ban. They met with government officials and carried out an intensive media campaign—distributing media information kits, inviting journalists to visit the youth center and convening a press conference at which they presented the dangers of failing to provide sexuality education and accessible health services for youth. School principals testified to the value of AHI’s activities in the schools, and the government began to back down. The clubs were reinstated.

After that victory, AHI sought to have wider policy impact. It developed “Guidelines for Comprehensive Sexuality Education in Nigeria” in 1996 and won approval from the National Council of Education to introduce them into all of Nigeria’s schools. The Council then approved a curriculum developed by AHI for national use. In 2002, 46 “master trainers” were trained to help implement the curriculum in all 774 local education districts over two years.<sup>ii</sup>

- **Educating the public through media.** The media can help to educate the public and counter disinformation; mobilize support for comprehensive sexuality education; and influence attitudes, knowledge and behavior in relation to sexuality and gender. Experience suggests that effectiveness of the message increases with frequent repetition and the use of a variety of different media. In addition to modern media, traditional and community-based media also can be utilized, including community radio programs, telephone help lines, posters, newsletters, theater, dance, myth and story-telling.

## The Art of Sexuality Education in Brazil

The Center for Integral Support of the Adolescent (CRIA) uses innovative tools—theater, music and dance—to raise awareness of the daily issues that teens face, including sexuality, reproductive health, HIV infection and violence. Working with predominantly poor and black youth in Bahia, in the northeast of Brazil, CRIA trains young people to use the dramatic arts to stimulate

discussion between teens, as well as within families and classrooms.

Each year, CRIA trains more than 60 adolescents as “multipliers,” who develop and present theatrical works in public schools and health centers. These young people reach thousands of their peers through their performances, which are followed by discussions and the distribution of educational materials. At the same time, they build their own self-confidence and communications skills.

Young people developed a theater piece, “Dialogue in the Family: the Art of Prevention,” together with their mothers and fathers. It was performed in local public schools, in partnership with the municipal Secretary of Education, and reached more than 1,200 people. They also took their theater pieces to smaller cities, reaching a public of more than 3,100.

CRIA has succeeded in building collaborative relationships with education and health officials, thus achieving access to classrooms and health centers. They have successfully influenced the curriculum of local public schools. The national Ministry of Health has distributed some of their educational materials throughout Brazil. In 1997, CRIA received a prize from UNICEF in recognition of its work.

Finally, in an exciting example of “South-to-South” collaboration, a team from CRIA went to Mozambique for three weeks and trained 80 teachers and youth working in an HIV prevention program in 43 schools. Following these trainings, five youth and one teacher from Mozambique visited Bahia to see CRIA in action and to reinforce what they had learned about using participatory dramatic art to raise important issues about sexuality and stimulate discussion and public debate.

- **Using the Internet.** A powerful tool for data collection and information dissemination, the Internet is the least restricted of the media and offers tremendous opportunities for providing accurate, accessible sexuality information to wide and diverse audiences. Unfortunately, the Internet offers much information that is neither reliable nor constructive. Furthermore, in some places, a huge “digital divide” exists. Not everyone has access to the Internet and, even among those who do, not everyone can navigate its mostly English language, text-heavy content. Where the Internet is widely available, it is important to promote user access to credible sites, for example,

by linking these with web sites that are very popular with youth, such as MTV in the United States. In places where Internet access is limited, support for training and equipment can help to bridge the digital divide and overcome the dominance of dense English-language presentations.

## Help through the Telephone in India

In India, tens of thousands of women and men of all ages have turned to a telephone “help line” for information, counseling and referrals regarding sexuality. The help line was started in 1996 by Talking About Reproductive and Sexual Health Issues (TARSHI), an NGO based in New Delhi. Four counselors handle the phones, under the supervision of a clinical psychologist, in English and Hindi. The service is free and confidential. From 1996 to 2001, the help line responded to more than 53,000 calls. More than a third of the callers called again, often progressing with each phone call from simple information requests to discussions of complex issues.

TARSHI staff documents the calls, protecting the anonymity and privacy of the callers. It uses the information gathered for advocacy work. For example, they have gathered evidence that young people need sound, reliable information about sexuality and presented it to schools, policymakers and journalists. TARSHI has also used the insights gleaned from the phone calls to produce informational materials. Two books for youth—one for 10-14 year-olds and one for those over 15—convey positive messages about sexuality and are gender-sensitive and non-heterosexualist. The first printings of these books, 500 of each, ran out in less than two months. They have been reprinted and translated into regional languages by local NGOs. TARSHI also writes a bi-weekly advice column that is printed in two national newspapers, maintains a web site and collaborates with other organizations to use art and theatrical performances to reach diverse audiences. TARSHI's help line is one of three chosen worldwide by UNAIDS to illustrate best practice in the field of help line counseling. As help lines proliferate in India, TARSHI is developing guidelines that can be used by others to improve the quality of their services.

- **Training educators and integrating sexuality into youth programs.** Teachers, counselors and other staff in schools and



youth development programs need opportunities to develop their skills and learn a positive sexual health approach. Training can be done through special institutes and Internet courses; incorporated into teacher training and degree program curricula; and included in certification exams for teachers and counselors. Staff of youth development programs need encouragement, resources, educational materials and technical assistance to integrate sexuality into their work.

### A Community-Based Approach to “Educating For Life” in Chile’s Schools

In Chile, as in many countries, the government is decentralizing education, leaving the content of sexuality education up to individual schools and their communities. For more than a decade, Education to Improve Quality of Life (EDUK) has been designing innovative research, educational methodologies and materials to address sexuality in Chile’s schools. In 1999, EDUK’s leadership team decided that it would be strategic and timely to shift its school-based sex education strategies to a community-based approach.

Currently, EDUK is working in Pedro Aguirre Cerda, a low-income district of metropolitan Santiago, which has a large population of adolescents and the highest teenage pregnancy rate in the city. To be accessible to the community, EDUK has reached out to local authorities, community groups, teachers, parents, health providers and young people, and has established an office in the neighborhood. Its multifaceted program uses participatory activities—for example, a competition designed by and for adolescents—to generate positive sexuality messages.

In the first phase of the project, EDUK reached more than 1,000 participants through a series of monthly trainings for youth, teachers, community leaders and health providers, and regular meetings with parents. Six teams of adolescent leaders were trained to identify their peers’ needs for information and services. Teachers and school administrators, with the support of health workers from a community clinic, formed a commission to initiate a sexuality education program in the local schools. EDUK initiated an “Itinerant Community School for Sex Education and Health”—a team of adolescents, parents, local government

representatives and education and health professionals—to help sustain sexuality education in the community. The team encouraged students from the local medical school to participate, and medical students are acquiring practical experience in sexuality by working in community health centers. A Municipal Women’s Network, with 14 women’s organizations participating, now provides support to the project.

EDUK has had some success in influencing national policy-makers. For the first time in Chile, three ministries (Women’s, Health and Education) launched a joint initiative on sexuality education, starting with five municipalities in Santiago. EDUK’s coordinator is on the advisory board and the organization is providing training to project personnel.

- **Conducting research.** Research is needed to support sexuality education, especially policy research to help mobilize political support and evaluation research to assess the effectiveness of sexuality education programs. As with any research effort, strategies for dissemination to key audiences must be integrated into the research plan.

## 2: Focusing Research on Policymaking and Action

The most important goal for research in the area of sexuality is to offer data, information and feedback with practical applications for policymaking and action. The best sexuality research will explore the multitude of factors that affect sexuality and sexual health, that is, the interaction of biology and behavior within social, cultural, political and economic contexts. It will include the voices of stakeholders—advocates, practitioners and community members—who will help to determine the questions research asks and the issues it addresses. Donors have a vital role to play, particularly in terms of assessing the rigor of a particular research project and the research ethics involved. In fact, donors would make a major contribution to sexuality research today by investing in the development of standards for the quality and ethics of sexuality research. Support is also needed to assess current research and critical policy gaps at national levels.

## Important Research Questions

- How is sexuality linked to social inequality, injustice and poverty? What is the impact of race, class, ethnicity, gender or sexual orientation on sexual behavior and sexual health?
- How do girls and boys develop attitudes about sexuality, sexual practices and relationships? How and what do they learn from peers, parents, teachers or the media?
- How are sexual relationships formed, maintained and dissolved?
- How is sexuality affected by aging, including age discrimination and the loss of long-time relationships?
- How do macroeconomic policies, including health sector reform, affect sexual health and rights outcomes?
- How do/don't health systems integrate sexuality into service delivery?
- What are the best ways to assess the effectiveness of health or education programs related to sexuality?
- How do religious or cultural norms influence sexual negotiation, STI/HIV protection, contraceptive use and other sexual behaviors? What impact do religious beliefs and prohibitions have on laws and norms related to marriage, abortion and other issues?
- What impact do political and religious fundamentalisms have on sexuality? What is the potential for progressive, faith-based interventions regarding sexuality?
- What is the effect of constant exposure to sexualized images in the media? What is the impact of the Internet as a tool for sexuality education, networking and social change?
- What are the most effective ways for sexuality programs to involve boys and men?

## Strategies for Action and Investment

Funding strategies for sexuality research should stress the practical relevance of research and encourage researchers to play a more active role in the development and implementation of policy. Priority areas for investment are: building research and training capacity, fostering multidisciplinary approaches and collaboration between researchers and non-researchers, and strengthening the relevance and dissemination of research findings.

- **Fostering policy-relevant research.** Research agendas should be formulated in dialogue with advocates, practitioners and communities because this helps to ensure the relevance of the research to public debate and to policymaking. Ways to encourage such collaboration include: funding shared research efforts between university-based researchers and community-based researchers; creating opportunities for networking and information exchange (e.g. conferences, Internet-based communication, formal networks); and supporting smaller meetings on specific issues that bring investigators together with advocates, practitioners and community people.

### Policy Relevant Sexuality Research in China

It took a pioneering research center in China to dispel the myth that migrant workers are primarily responsible for spreading HIV infection in China. The Institute for Research in Sexuality and Gender of the People's University in Beijing found that businessmen and persons in the top 5 percent income bracket were 33 times more likely to have visited a sex worker in the past week than men in the lowest 10 percent income bracket.

Established in 1992, the Institute has produced research on sexuality and gender in China, including studies on university students' sexual attitudes and behaviors, the sexual knowledge and practices of men who have sex with men, extra-marital sexual relationships in urban and rural areas and the first in-depth examination of the structure of the commercial sex industry in the country. It has provided invaluable information for policymakers designing HIV/AIDS prevention programs.

The Institute has also created the Sex Research Information Center, China's most comprehensive library of international and domestic materials on sexuality. The library maintains a lending



and copying service for researchers throughout China. Articles and important publications are posted on the Center's web site.

For the past five years, the Center has conducted training for journalists on issues related to sexuality in an effort to encourage the media to cover delicate topics, such as homosexuality and commercial sex work, in a responsible, accurate and sensitive manner. To date, the Center has trained 385 media professionals.

- **Strengthening institutions.** There is a great need to strengthen existing institutional capacity for applied social science research related to sexuality, especially in Southern countries. This includes the need to build the capacity of Southern institutions to take on the tasks of compiling data and bibliographies, disseminating research findings, and offering research training. The best help from Northern institutions would be short-term infusions that assist Southern institutions to build independent research capacity for the long-term.

## Learning About Sexuality in Vietnam

In Vietnam, the study of sexuality is developing as a legitimate area of inquiry. Concerned about high rates of abortion and the growing risk of HIV and other STIs, especially among the young, policymakers have recognized the need for social science research to address the determinants of sexual behavior and the context in which the behaviors take place, and to develop appropriate policies and programs. In 2000, researchers at the Institute of Sociology of the National Center for Social Sciences and Humanities undertook a review of what is known about sexuality in Vietnam, to identify gaps in knowledge and to draft a research agenda.

The analysis found that existing research focused on adolescents and sex workers as “problems.” The social scientists identified the need for more emphasis on policy-relevant studies, including research to address stigmatization on the basis of gender and sexual orientation.

In 2002, these same researchers formed a new NGO, the Institute for Social Development Studies (ISDS), and established the first sexuality research, training, information and advocacy program in Vietnam. ISDS is working to:

- organize a library, web site and data collections;
- host regular seminars and roundtables;
- conduct baseline qualitative and quantitative research on sexuality and sexual health in selected urban and rural sites and on the social construction of sexuality in Vietnam;
- build sexuality research capacity among ISDS staff;
- network on national and regional levels.

The ISDS also is working to introduce sexuality into educational programs for government workers in various sectors, including social affairs, health and public policy. This initiative, the first of its kind in the country, aims to increase understanding of the social dimensions of sexuality in rapidly changing environments, such as schools and workplaces, in a country undergoing tremendous social, economic and political change.

- **Encouraging collaborative and multi-disciplinary approaches.** To encourage investigators from a variety of disciplines to collaborate, donors can: support pre-proposal activities that foster collaboration early in the research process; invest in joint projects across disciplines and among different institutions; and fund meetings and other opportunities for researchers from different disciplines to exchange ideas and information.
- **Disseminating research.** Dissemination strategies should be incorporated into research projects from their inception. They can include mass media; alternative media (such as specialized journals and non-governmental and community publications); the Internet; and clearinghouses and databases (real and virtual) of research findings, resources, networks, publications and training programs. Networking opportunities are also important, especially meetings of researchers with policymakers, service providers, activists, and other non-researchers, because they get research results to those who can use them while also encouraging collaboration and feedback.
- **Making research accessible to diverse audiences.** Effective dissemination requires not only distribution activities, but also a commitment to presenting research findings in languages and formats that are accessible and appealing to diverse audiences. More needs to be done to overcome the dominance of the English language and scholarship from the English-speaking world. Donors could help to over-

come this imbalance by supporting research, training and dissemination in all parts of the world; translating research findings from English to other languages and vice versa; and providing translation services at meetings where research results are shared.

- **Developing media savvy.** Because mass media are such powerful means of dissemination, efforts to train researchers to deal with the media are very important. Donors can foster contact between media professionals and researchers by supporting press briefings, joint conferences and workshops, speakers' bureaus and media training. Researchers can benefit from training opportunities to learn ways to operate in the media milieu and to succinctly and sensitively frame their issues in ways that will engage journalists and allow their research findings to reach a much broader range of audiences.
- **Training for sexuality research.** Training in sexuality research is not systematized and, despite important advances in recent years, relatively few formal training opportunities exist.<sup>17</sup> A priority is to invest in the creation of more institutional spaces where researchers and their work can be nurtured. There is no clear consensus on whether that is best achieved by building a separate discipline and degree for sexuality, or by integrating sexuality into various academic fields. It is agreed, however, that a strong foundation in applied social science, with supplementary training in sexuality, can prepare scholars for sexuality research, while also integrating sexuality into various fields and fostering a multi-disciplinary approach.

### Training the Next Generation of Scholars in the United States

In 1996, the Social Science Research Council (SSRC) began to support sexuality research at the doctorate and post doctorate levels. With the goals of fostering scholarship in the area of sexuality, encouraging multidisciplinary approaches and increasing the credibility of sexuality research, the SSRC Sexuality Research Fellowship Program (SRFP) has provided crucial support to some 16 fellows each year in the seven years since its inception. The SRFP has funded 79 doctoral and 34 postdoctoral fellows and has supported an additional 113 scholars as fellowship mentors. The fellows received funds to conduct research at their home institution under the guidance and training of a mentor.

The SRFP program is designed to promote collaboration, encourage dissemination and strengthen research networks and their links to communities. Fellows are required to seek input from, as well as to disseminate their work to, people within and outside of the research community. Where appropriate, researchers involve the community studied as part of the research project. New research networks have been built through annual research workshops that bring together fellows, mentors, SRFP Selection Committee members and invited speakers. In addition to these annual meetings, the SRFP has hosted other meetings on a diverse set of topics including: Latino/a sexuality, sexual identity, development and aging, sex and the brain, archival work in sexuality and the history of sexuality.

A survey of all SRFP fellows funded between the years 1996 and 1999 found that a large proportion of them intend to continue in the sexuality field, both within and outside of the academic arena. In the last two years, former fellows have emerged as potential mentors to those more junior than themselves.

Overall, academic training should focus on strengthening researchers' abilities to develop theoretical frameworks and to use diverse research methods (qualitative, quantitative and empirical). Training also should incorporate the principles of research ethics in such a way that investigators are able to apply these standards in diverse situations. Finally, research training should not be for researchers alone. Activists and advocates can benefit from training that offers them tools to gather, analyze and utilize data, while also allowing them the opportunity to collaborate with university-based researchers, policymakers and the media. The participation of advocates and community-based researchers in academic training can contribute significantly to the quality and relevance of research.

### Research Training for Practitioners in the United States

In 2000, San Francisco State University (SFSU) initiated a two-year pilot program for research and training, focusing on issues of social inequality, sexuality and health. Working at three levels—graduate education, faculty research and practitioner research training—the program seeks to foster research

with direct implications for policy.

As part of this project, SFSU aims to develop a model of research training for community-based practitioners and to foster networking and collaboration between them and academicians. The one-year “Practitioner Research Training Program” reaches out to diverse communities to recruit practicing professionals, such as teachers, nurses, clergy and social workers. They start the year by participating with graduate students in an intensive one-month summer institute on research theory, method and policy. During the year, practitioners located in the San Francisco area can participate in weekly research seminars with graduate students and faculty.

More than 40 participants from throughout the United States and several other countries attended the first summer institute, held in 2001. An evaluation of the practitioners’ program after one year showed a significant increase in their knowledge, comfort level and motivation related to the use of sexuality research and policy.

### Expanding Research Training

A variety of strategies can increase the number of new scholars undertaking research on sexuality; strengthen multidisciplinary research skills; build a critical mass of people with expertise and experience in sexuality research; and increase the policy relevance of research. Those strategies are:

- Supporting comprehensive training programs in sexuality research at universities and independent research sites.
- Creating a clearinghouse of training programs and potential mentors for students and scholars.
- Providing fellowships, awards and other incentives to encourage students and junior researchers to do work on sexuality, and fellowships for senior scholars to mentor less-experienced researchers.
- Training experienced researchers from various disciplines in the specifics of sexuality research.

- Encouraging collaborative efforts across disciplines, departments and institutions.
- Creating training opportunities that bring together advocates, community and NGO-based researchers and academic researchers.
- Creating opportunities for researchers to learn about public policy, including workshops on policy impact with policymakers and advocates.
- Providing training opportunities for researchers to learn effective communications strategies, e.g. media training.

## 3. Influencing Public Policy

Public policies have a major impact on sexuality, sexual health and sexual rights. In turn, developments in sexual health and rights can initiate change in public policies. In many countries, national constitutions and laws do not explicitly address issues related to sexuality. In others, the laws are restrictive and harmful. They may, for example, bar adolescents or unmarried women from seeking sexual health services or deny equal rights to sexual minorities. Even constructive laws or policies may not be executed or enforced. Accordingly, advocacy work is greatly needed to bring about changes in government laws and policies, to press for and inform their implementation, to monitor their progress and to assess their impact.

A challenge for those working on policy change is to move beyond an exclusively negative focus to a more positive conceptualization of sexual rights, which would embrace both protection from abuse, discrimination, coercion and violence as well as the right to information, services and equal access and treatment. An affirmative human rights approach to sexuality would mean that governments would be obliged to provide sexual health services, comprehensive sexuality education, equal resources for “diverse family forms,” and the means by which all individuals could make autonomous decisions regarding their bodies and sexual expression. This approach includes a commitment to gender equity, which is essential to the exercise of autonomy.<sup>18</sup> And it implies a deeper social transformation, with governments assuming responsibility for the policies, funding and programs to make positive rights a reality.<sup>19</sup>

## Strategies for Action and Investment

Bringing about policy change requires working directly with policymakers to educate them and to garner their support for progressive and effective policies and programs. It also entails efforts to turn policies into reality, for example, the implementation of existing policies and concrete improvements in public programs and projects. Finally, it means working to raise public awareness, influence public opinion and mobilize the active support of key constituencies. What follows are important strategies for action and investment aimed at informing public policy.

- **Working directly with policymakers.** In recent years, women's movements have successfully influenced policy change at a transnational level, changing international discourse around sexual health and rights and thereby helping to support national efforts. Policy change requires sustained work with policymakers—to educate them, convince them of the importance of the issues, and provide them with the information and arguments they need to draft sound legislation and policies. Voices of diverse groups of people—including community members, leaders of key constituencies, advocates and civil servants—are needed to contribute to assessing the current policy environment and to making recommendations for the future. Expert assistance in relevant issues, such as constitutional, human rights and family law, may be needed to draft language for improved policies and legislation.

### A Campaign for Sexual Rights in Latin America

The Latin American and Caribbean Committee for the Defense of Women's Rights (CLADEM) is a network of more than 60 women's groups throughout Latin America and the Caribbean, founded in 1987. CLADEM has initiated a campaign to create an Inter-American Convention for Sexual and Reproductive Rights, with the participation of leading women's groups and several regional networks in Latin America and the Caribbean.

Still in the stage of developing the convention and of creating support for it, CLADEM has researched and documented national and regional laws, so as to create standard norms for protecting and advancing sexual and reproductive rights in the region. They have also consulted experts and advocates on the feasibility of

proposing such a convention and to help to develop its content. They have collected information in 16 countries where they have national chapters or contacts: Argentina, Bolivia, Brazil, Colombia, Chile, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico and Uruguay. Currently, they are in the process of disseminating the information that they have gathered—through their web site, publications and public events in every country, and through a book summarizing their findings—thereby building visibility and support for the Campaign.

- **Supporting organizations focused on sexuality.** Organizations that do public education and policy work around sexuality need funding to maintain and strengthen their efforts. Groups already focused on sexuality often need resources to sustain them in the slow, arduous work of policy change. Organizations working in related but different fields, such as human rights or reproductive health, may need help to strengthen their capacity to work on sexuality and sexual rights, through skill building and increased access to information.
- **Building policy capacity in advocacy groups.** Advocacy groups and community-based organizations need support to build their skills and capacity to inform public policy. They may need assistance in analyzing policies and policymaking processes; working directly with policymakers; building and mobilizing public support; employing new and effective communications strategies (e.g. message development and media work); monitoring and assessing policy implementation; documenting successful advocacy experiences; conducting strategic planning and evaluation; and strengthening linkages with other social sectors in relevant fields (e.g. educators, health professionals, clergy).
- **Working with the media for policy change.** Mass media are essential and powerful tools for educating the public, influencing public opinion and effecting policy changes. Strategies for media work include training for advocates on how to be more effective with the media (e.g. to develop the ability to talk to journalists, to use accessible language, to speak concisely and convincingly, as well as to analyze the media and to understand what it is that journalists do and what kinds of information they need); education of journalists on the realities of people's lives to help them develop stories that better frame the issues; and paid programming on radio or in the press.

## A Victory at the United Nations

In May 2002, the United Nations General Assembly held a special session on children. A concerted effort by a small group of countries to undermine the rights of young people was narrowly averted, thanks to the efforts of NGOs and many of the world's governments.

The International Sexual and Reproductive Rights Coalition, made up of some 20 organizations, mobilized dozens of NGO representatives from all over the world to educate members of government delegations. At stake was halting an effort by the United States allied with some of the world's most conservative governments, including the Sudan, Libya and Iraq, to limit sexuality education to "abstinence-only-until-marriage," to weaken children's rights relative to parental rights, and to remove legal abortion from the definition of reproductive health services. The coalition drafted alternative language for the conference document and worked with European and Latin American nations to oppose the U.S.-led campaign. One of its leading members, the International Women's Health Coalition (IWHC), systematically provided accurate and timely information to the press before and during the special session. Savvy media work resulted in favorable coverage in The New York Times, The Washington Post, The Los Angeles Times, the Associated Press and Reuters, as well as on CNN and BBC radio.

The well-organized actions of NGOs from all over the world, as well as progressive governments, thwarted the conservative thrust and succeeded in retaining references to earlier international agreements as the standard for policies regarding the sexual rights of adolescents. It was a major victory.

- **Tailoring media messages.** Communications strategies also include the development of messages that can communicate positive perspectives and information about sexuality and counter attacks on sexual rights. For example, in a given context, it may be more effective to use a human rights approach, focusing on issues of discrimination and stigma. In another, it may be better to use a reproductive health framework that stresses health outcomes. Message testing and refining is useful not only for advocates, but also for people working in health services or in sex education.

- **Encouraging collaboration between advocates and economic policymakers.** Support is also needed to build linkages between sexual health and rights advocates and those working on the impact of macroeconomic reforms on the health sector. Collaborative efforts could contribute to a better understanding of current economic policies, such as health sector reform, on sexual health and rights and, at the same time, bring those working on sexuality into the broader policy dialogue on poverty reduction and economic development.
- **Conducting policy-relevant research.** Research is needed to inform policy development, as well as to provide the information and analysis that advocates need to work for policy change.

## 4: Integrating Sexuality into Health Services

Promoting healthy sexuality requires the availability of adequate sexual health services. It also requires well trained health professionals who are equipped to handle issues around sexuality with sensitivity. Both are often in short supply. In addition, in the context of health services, sexuality is often ignored, avoided or stigmatized. A positive and comprehensive approach to sexual health entails not only addressing its physical dimensions, but also taking into account emotional, social, cultural and even economic factors in the clients' lives.

### Basic Guidelines

Before talking about integrating sexuality into health care services, it is useful to review the major elements of a sexual health care service. Though which of these elements receives priority will vary with the needs and circumstances of individual communities, the basic elements include:

- STI/HIV prevention and voluntary testing, counseling and treatment, including access to anti-retroviral therapy (ART), or referral services.
- a range of contraceptive methods (including emergency contraception and methods like the female condom that women can use to protect themselves from infection).



- education and counseling around contraceptive methods and choice.
- safe and accessible abortion services.
- prenatal and maternal health care.
- services or a referral system for sexual and gender-based violence.

Sexual health services need to be affordable; offered during convenient hours (which may be different for different client populations); in safe and convenient locations; appropriately staffed; sufficiently equipped and stocked; and private and confidential.

## Strategies for Action and Investment

Incorporating sexuality, a positive sexual health framework, and a commitment to sexual rights into a health care setting is a great challenge. The following are some of the strategies for action and investment to achieve this goal. They focus on health care providers, advocates, the community and researchers.

- **Expanding the skills of health providers.** To implement a positive sexual health model of service, providers need: an awareness of their own fears and biases in the area of sexuality; practical tools for sensitively addressing sexual health in their practices, such as specialized intake questionnaires and interviews to learn about their clients' sexual concerns and experiences; skills in couple and family dynamics; the ability to foster the sexual negotiating skills of women and young people; readiness to encourage men to evaluate and transform their roles and responsibilities in relationships, reproduction, sexual health and STI/HIV prevention; the ability to deal with their clients' experiences of sexual abuse and discrimination; and the ability to convey the concept of sexual rights.
- **Incorporating comprehensive sexuality education into formal training programs.** Efforts need to be made to integrate this new skills training and a comprehensive approach to sexuality into formal training programs for health professionals, as well as into ongoing, in-service training of doctors, nurses and other health practitioners.

## Citizenship and Rights in Medical Education in Brazil

Concerned about the lack of attention to sexuality, gender and human rights in the training of health professionals, a Brazilian women's organization—Citizenship, Research, Information and Action (CEPIA)—introduced courses on these issues into schools of medicine and nursing in Rio de Janeiro and initiated in-service training for health practitioners.

CEPIA began the process in the mid-1990s by reaching out to representatives of the municipal health department, major public hospitals and professional medical associations. In 1996, CEPIA succeeded in introducing an extension course into the medical curriculum at the Federal University Medical School in Rio de Janeiro, ranked the top medical school in the nation by the ministry of education. The course, “Body, Sexuality and Medical Knowledge,” covered such topics as women's human rights, sexuality, unwanted pregnancy and violence against women. The extension course was followed by the creation of a regular elective course within the medical school curriculum. CEPIA developed a similar course for nursing students, entitled “Gender, the Body and Nursing.” In 1999, CEPIA published a book of course lectures and methodologies and distributed it to all the medical schools in the country. These experiences taught CEPIA that the concept of sexuality rooted in history and in power relations is very new for medical students and that every theoretical discussion needs to be backed up by case studies and clinical examples.

The course has been conducted in Brazil's leading medical school since 1996. It has received very positive reviews from students and faculty alike. The participants expressed appreciation for the opportunity to go beyond the dichotomy of “normal” and “pathological” that characterizes the medical school approach to sexuality. They reported that learning about sexuality in a broader context, not just in a natural sciences framework, would improve their practice of medicine.

CEPIA simultaneously conducted a series of educational activities for health professionals in public hospitals in Rio, in partnership with medical associations such as the Federal Council of Medicine and the Brazilian Federation of Obstetrics and Gynecology. These activities included training on how to attend to victims of sexual violence for health professionals working in the

four major emergency hospitals in Rio and in the municipal adolescent health program.

## Improving Sexual Health Services in Indonesia

The Indonesian island of Batam is a free-trade zone 10 miles southeast of Singapore, where 80,000 young adults are employed in an industrial compound. Approximately 70 percent of these workers are young, unmarried women who come from other islands, such as Java and Sumatra. They sign a contract for two years and live in dormitories, together with young, unmarried male laborers. More than 60 percent of these young women are sexually active.

In response to the need for sexual and reproductive health care for these workers, a local NGO initiated a project that combines community outreach with structural change in the service delivery system. The Partnership in Health and Humanity Foundation (Yayasan Mitra Kesehatan dan Kemanusiaan or YMKK) is collaborating with local government health officials and health care personnel to:

- conduct intensive community outreach and home visits to industrial laborers and sex workers;
- train the staff of YMKK and of the district referral hospital, to ensure that gender and client-rights' perspectives are included in the standard medical practice;
- build more genuine partnerships between government (the local health department and the referral hospital), health professionals and NGOs working on human rights;
- conduct accurate record-keeping and monitor the pricing of STI drugs.

By July 2002, YMKK had reached over 3,800 laborers living in Batamindo industrial compound. These young adults were given educational materials about the specific signs of the seven most common reproductive tract infections (RTIs). They were encouraged to assess themselves for symptoms and to use available services, where providers had been trained by YMKK.

Only 284 of the 3,800 laborers reached have sought treatment to date. YMKK believes that the others fear either the stigma associated with using sexual health services in this conservative Islamic culture or the harsh attitudes of providers toward young, unmarried, sexually-active adults. A client satisfaction survey and observation of health providers, however, suggest that YMKK has succeeded in improving services and in reducing the judgmental attitudes of providers. The NGO expects utilization to increase once health providers have established a known track record of providing services that are non-judgmental, confidential and private.

In the first two years of the project, YMKK field-tested a practical manual for health professionals on delivering client-friendly, integrated sexual and reproductive health care. It also produced simple, comprehensive educational materials on STIs/HIV/AIDS, family planning methods, the issue of informed choice and other pregnancy related issues, including the right to safe abortion services. It also succeeded in forming alliances among reproductive health NGOs, health professionals and human rights groups to work together in planning, implementing, monitoring and evaluating health care reforms.

- **Educating advocates about the health care system.** Advocates can articulate the demand for attention to sexuality and sexual health in the health care setting as well as offer input for how that can be done. They may have limited understanding, however, of how health systems function, which constrains their ability to offer specific assistance in the actual design and implementation of policies and programs. Donors can make an important investment in creating opportunities for health professionals, advocates and community representatives to learn from each other.
- **Developing community-based outreach programs.** Community-based health education programs can be encouraged to address sexuality and gender in a healthy, constructive and comprehensive fashion. The nongovernmental and public sector institutions that conduct these programs can benefit from the provision of sexuality training, educational materials and tools for assessment.
- **Using health systems research to document successful initiatives.** Research is needed on the best ways to integrate sexuality into health services in a variety of contexts. Examples of success-

ful experiences of integration should be documented, analyzed and disseminated.

## 5: Addressing the Impact of Religion

Religious beliefs underpin a wider cultural and societal understanding of sexuality. Indeed, all of the world's religions offer teachings that suggest that sexuality is integral to spirituality. Nonetheless, existing or emerging interpretations of religious doctrines that take a positive view on sexuality and sexual rights are little known and rarely disseminated. In many countries, certain religious groups are trying to dominate discussion of the connection between religion and sexuality. Much more dialogue is needed among “mainstream” and progressive religious groups on sexuality issues to counter narrow interpretations and to generate attention to alternative religious perspectives on sexuality.

### Strategies for Action and Investment

Strategies for generating positive religious perspectives on sexuality require special efforts to educate, encourage collaboration among, and work with religious leaders. The following are among such strategies.

- **Training religious leaders.** To be effective educators and advocates, clergy and religious leaders need information and training about sexuality and its interface with religion. Among the activities that would further this goal would be encouraging seminaries to incorporate sexuality into their curricula; offering ongoing education for clergy and religious educators (for example, at denominational conferences); and providing media training.
- **Engaging religious leaders in advocacy.** Greater opportunities can be extended to mainstream and progressive religious leaders to become engaged in advocacy efforts around sexual health and rights, such as campaigns for comprehensive sexuality education, abortion rights and the rights of sexual minorities.
- **Funding sexuality education within religious groups.** There is a need for sexuality education that is shaped by religious thought, employing the vocabulary of specific denominations and faith-based groups. Related activities would include identifying or creating edu-

cational materials; incorporating sexuality within religious education programs for youth and adults; and training clergy to address sexuality with their congregations.

- **Reaching youth through religious institutions and events.** Across cultures, young people participate in religious education or church-sponsored activities in great numbers. A stepped up commitment of creativity and resources to conveying a human rights perspective on sexuality to youth through progressive faith-based avenues would be a crucial step in the direction of social change.
- **Promoting outreach, dialogue and networking.** There is an enormous need for both internal and inter-faith dialogues on the intersection of sexuality and religion, with special attention to sexual health and sexual rights. One indispensable activity is networking among different faiths to identify areas of concern, search for common ground and increase public attention to progressive views from different faith traditions on sexuality and religion. An important element of this work is outreach to diverse groups of people of faith.
- **Encouraging research on sexuality and religion.** As mentioned in the discussion of research priorities, research is needed on the relationship between religion and sexuality. Topics include an examination of religious texts and doctrines with regard to sexuality and gender, and an exploration of the impact of religion over time on sexuality-related behaviors, practices, customs and laws.

### Women and Islam in Malaysia

Eight Muslim women from a variety of professions came together to promote a reinterpretation of Islamic texts, in support of the principles of equality, democracy and women's rights. They called themselves “Sisters in Islam” (SIS). Founded in 1988 and based in Malaysia, SIS offers alternative views of Islam to governments and to the press on such issues as polygamy, sexuality, domestic violence, contraception and concepts of “modesty” and proper dress for women. In the words of one SIS member:

*We went back to the Quran. We found that the principles of mercy and compassion, of justice and equality between men and women ... all these were upheld in the teachings of*



*Islam.... Muslims have to go back, to study and engage in religion if we do not want the religion to be hijacked and defined by fanatics and extremists.*

As conservative forms of Islam have grown, the rights and roles of women have been restricted and reduced. SIS has responded by supporting the networking of Muslim women's groups through publications and workshops. Currently, the organization is carrying out a comparative survey in Indonesia, Malaysia, Singapore and the southern Philippines on the implications of Islamic family law for women's rights. The results will be published in country-specific reports, as well as presented at a regional workshop, to contribute to the development of strategies for reform.

In early 2002, one of the leaders of SIS was taken to court by the leader of an Islamic group, who accused her of spreading a false interpretation of Islamic teaching. She bravely defended her work and received significant support, especially from women's NGOs. She and her colleagues reached out to the media, which initially was very critical of her, and succeeded in educating them and winning the majority of them over to her point of view. While this was a draining experience for SIS, it also created an opportunity to help journalists to understand alternative Islamic perspectives on women's rights. In the words of one former news editor, SIS has had a "noisy impact on current Islamic discourse."

- **Supporting media work.** Progressive religious voices and views need to be heard in the media, but they often are not. Productive activities include developing speakers' bureaus; providing materials to the media on sexuality and religion; funding communications staff within progressive religious organizations; and developing media campaigns. Equally important is providing media representatives with information and learning opportunities to make them aware of the existence of progressive religious voices, and of the necessity, in the interest of fairness, of bringing them into the conversation.

### **"Body and Soul" in the Philippines**

In the Philippines, the Catholic Church exerts considerable influence over matters related to sexuality and sexual and reproductive

health. Divorce, as well as abortion, is illegal. No consistent sexual or reproductive health policies have been formulated at a national level. Family planning services are limited and people with HIV are stigmatized.

Women's Feature Services (WFS) is the only all-women international news service in the world today. Initiated in 1987 and established as an independent news agency in 1992, WFS Philippines has sought to increase the media's understanding of the linkages between religion and sexuality. In January 2000, it initiated a two-year multimedia education campaign entitled "Body and Soul."

The project produced news stories, features and opinion pieces about adolescent sexuality, family violence and the perspectives of different religions on sexuality and reproductive health. In two years, 64 print articles were published in weekly magazines, national and provincial papers, an NGO newsletter, an Internet online magazine and various websites. The project also attained 91 exposures on television and radio, several of the latter with national reach. The radio exposure connected advocates seeking media coverage to radio anchors looking for relevant topics and knowledgeable resource people. And WFS learned to use regular press gatherings called "Kapihan" (breakfast forum) to help insure media coverage of sexuality and religion.

Tapping into existing networks of organizations and individuals, WFS also organized ten public fora. At each, the three major religions—Catholic, Protestant and Muslim—were represented. The content of each forum was captured in a publication for distribution at future fora, to the press and through NGOs. Attendance by journalists was strong, making up approximately 40 percent of the 897 participants.

The forum summaries were displayed at regional reproductive health and AIDS conferences, eliciting much interest from other countries. The total output from the fora and media work was compiled into a book entitled "My Body My Soul." Back home, WFS found that its efforts stimulated public debate on religion, sexuality and reproductive health in print, radio/television and the Internet. In the provinces, especially, NGOs and radio anchors have continued the discussions on their own.

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- i. Issue Update: Sex Education in the U.S.: Policy and Politics (*The Henry J. Kaiser Family Foundation, March 2005*).
  - ii. Esiet, Adenike and Corinne Whitaker. 2002. "Coming to Terms with Politics and Gender: The Evolution of an Adolescent Reproductive Health Program in Nigeria," in Nicole Haberland and Diana Measham (eds.), *Responding to Cairo*. New York: The Population Council, and "Building Support for Adolescent Health Education and Services in Nigeria: Reflections from the Experience of Action Health Incorporated (AHI)," a talk by Adenike Esiet, Executive Director of AHI, at "Adolescents at the Crossroads" in May 2002. ).

# conclusion

Donors, advocates, practitioners and researchers who join forces to develop the rapidly evolving field of sexuality are playing a crucial role in the lives of individuals, families, communities and nations. By devoting their attention to this field, they are simultaneously addressing many of the most pressing social problems the world faces today.

While this report is intended to stimulate conversation and inspire creative initiatives, a primary motivation for its development was to encourage other donors and organizations to support work on human sexuality. No one solution can work in isolation, but coordinated effort needs to proceed on the multiple fronts suggested in this report:

- Enlarging and strengthening the knowledge base on sexuality.
- Building the capacity of those working on sexuality across national and regional boundaries.
- Supporting advocacy that builds political will for policy and social change.
- Encouraging collaboration for sharing strategies locally, regionally, nationally and globally.

Funding is needed to advance the work on sexuality being done by social science researchers, HIV/AIDS and reproductive health advocates, community activists and practitioners, and to bring all the pieces together into a larger whole.

The hope of the Ford Foundation—and those who participated in the process with us of assessing progress and needs in this field—is that this report can enhance understanding of the centrality of sexuality to the greatest challenges of our time, and, most importantly, convey the growing urgency for action and investment.

## Appendix A: The Basis for this Report

In 2000, the Ford Foundation undertook a process to find ways to strengthen and expand its work on sexuality. To gather ideas on how to “scale up” work on sexuality, the foundation conducted a year-long, worldwide assessment. The Sexuality and Reproductive Health Unit in collaboration with the foundation’s international offices, devised a fact-finding process that ensured participation by a diverse set of scholars, advocates, grantees and foundation program officers. These experts and practitioners were interviewed or brought together to provide input on the current state of the field and to offer recommendations for future work.

As a result of feedback from an initial mapping exercise undertaken to identify key sexuality grants and strategies used by the foundation’s field offices, meetings about regional dimensions of sexuality were held in Africa, Asia and Latin America in January 2001. In Africa, consultants conducted mapping exercises at the sub-regional level. The group then came together in Nairobi, Kenya, to discuss the overall findings. The Asia meeting was held over two days and generated ideas for future work through thematic and country-specific brainstorming sessions. In Latin America, participants used case studies on existing projects as starting points for identifying challenges and future directions. The thematic variation among the regional roundtables reflected the regions’ differing realities.

In addition, we held thematic roundtables in the United States to explore five specific areas of work on sexuality: research and training, education, media, religion and perspectives of diverse communities of color. The research and training meeting, held in June 2000, convened scholars, academic researchers and other professionals working in sexuality-related fields to focus on needs in the area of human sexuality training and research. Experts in the field coordinated the sessions about education (November 2000), media (November 2000) and religion (October 2000), and brought together groups of practitioners to reflect on work being done on sexuality and suggest new directions. A February 2001 meeting to solicit input from diverse communities across the United States was coordinated by a team of foundation staff. In addition, an international meeting to identify links between research and advocacy agendas was held in Rio de Janeiro, in December 2000.

Each of these roundtables produced final reports that contain valuable information on the current state of the field in the specific geographic and thematic areas, as well as a series of recommendations. The reports were used in the formulation of the foundation’s *A Global Dialogue on Sexual Health and Well-Being*, discussed in Appendix B, and in the elaboration of this document.

## Appendix B: The Ford Foundation's New Initiative on Sexuality

The foundation has developed a framework for future grant making through a new initiative, A Global Dialogue on Sexual Health and Well-Being. The principal goals of the new initiative are to:

- Promote more informed and constructive public dialogue on human sexuality;
- Encourage positive policies and programs;
- Enhance advocacy and learning at regional and global levels.

*Creating a Global Dialogue on Sexual Health and Well-Being* builds on existing structures and organizations worldwide to “scale-up” present efforts. It seeks to draw in new actors and to advance strategies to expand the range and diversity of voices in the field, thus building bridges across sectors to amplify existing advocacy efforts. Further, the framework responds to local contexts while, at the same time, providing a global forum for learning and advocacy across regions. The initiative envisions a combination of worldwide grants made by the foundation’s New York staff, as well as national and/or regional grants made from our U.S. and overseas offices. The initiative comprises five interrelated components:

**1 National Committees:** These policy and advocacy bodies would be composed of researchers, community-based advocates, NGO representatives, media specialists, religious leaders, former political leaders, government agencies and any other individuals relevant to the local context. The committees would advocate for more positive and affirming public dialogue on sexual health and well-being by, for example:

- leading campaigns to highlight the need for sexuality education
- helping to shape action-oriented research agendas that support advocacy goals at the national, regional and international levels
- monitoring policies and programs on sexual health and well-being
- holding national meetings and publishing “white papers” on sexuality education for youth, sexual rights, programs and policies at national levels
- working with regional and international counterparts on global policy issues, including advocacy during Cairo Plus Ten and Beijing Plus Ten.

The national committees would be time-bound. They could take the form of formal commissions or informal working groups and would be housed at NGOs, universities, other institutions, or sexuality resource centers (see below).

**2 Sexuality Resource Centers:** These centers, located in one to two countries in each of the foundation's three overseas regions and in the United States, would collect and disseminate information about sexual health and rights to universities, policymakers, NGOs, advocacy groups and the general public. With the help of national committee members and others, they would analyze the available information and identify gaps and critical future needs. This analysis would inform advocacy strategies and policy discussions, as well as the development of special projects focused on particular themes, such as youth sexuality and education.

**3 Community-Based Sexuality Initiatives:** While there are many innovative efforts to conduct action-based activities that incorporate sexuality research and advocacy at the local level, work is often hampered by a lack of financial or human resources. This gap would be addressed through a grant awards program targeted at community-based organizations (CBOs) seeking either to incorporate new projects or to strengthen existing work on sexuality.

**4 International Meetings:** International conferences, meetings and small workshops would help to build the sexuality field by strengthening connections within countries and across national borders, as well as by involving new actors and enabling more voices to be heard. The result would be new and more effective linkages among well-informed and actively engaged individuals and institutions. These meetings would also provide additional venues for discussing advocacy strategies and research findings, and would serve as fora for organizational capacity building through the sharing of lessons learned.

**5 Research and Training:** To build research capacity and to increase the number of people trained to work on sexuality, a variety of activities would be undertaken, including support for research awards, fellowships, summer institutes and degree programs. These projects would be complemented by regular grantmaking efforts at the country level. The combined efforts would help to create a critical mass of people working on sexuality. At the same time, support for

sexuality research and training would help to make sexuality a legitimate and critical area for study.

This comprehensive framework will be developed over time, with initial grant making focused on establishing four regional sexuality resource centers in Latin America, Africa, Asia and North America. Other grants created an international working group to stimulate a worldwide policy debate on sexuality, sexual health and sexual rights, and to promote collaboration between key policymakers and social movements.

The centers and the international working group are focusing on crosscutting themes, such as youth, sexuality education and sexual rights. The initiative is being carefully monitored and evaluated. It is expected to build a stronger knowledge base, forge new linkages between research and community-based interventions and policy debate; mobilize support for more effective programs and services; and encourage the formation of new policies and legislation at national, regional and international levels.

## Notes:

1. *Education and HIV/AIDS: A Window of Hope* (Washington, D.C.: The International Bank for Reconstruction and Development/The World Bank, 2002).
2. *Global Prevalence and Incidence of Selected Curable Sexually Transmitted Infections* (Geneva: World Health Organization, 2001).
3. *The State of World Population 1998: The New Generations*. (New York: United Nations Population Fund, 1998).
4. *Understanding Adolescents: An IPPF Report on Young People's Sexual and Reproductive Health Needs*. (London: International Planned Parenthood Federation, 1994).
5. *The State of the World Population 1998*.
6. *Maternal Mortality Update 2002: A Focus on Emergency Obstetric Care*. (New York: United Nations Fund for Population, 2003); (*Maternal Mortality in 1995: Estimates Developed by WHO, UNICEF and UNFPA*. (Geneva: World Health Organization, 2001).
7. See UNFPA website: [www.unfpa.org/mothers](http://www.unfpa.org/mothers).
8. *Maternal Mortality Update 2002*.
9. Amy O. Tsui, Judith N. Wasserheit and John G. Haaga (eds.), *Reproductive Health in Developing Countries: Expanding Dimensions, Building Solutions* (Washington, D.C.: National Academy Press, 1997).
10. Ibid.
11. For more information, see the UNFPA's *Maternal Mortality Update 1998-1999 and Implementing the Safe Motherhood Action Agenda: A Resource Guide*, from The Safe Motherhood InterAgency Working Group, 2000.
12. See World Health Organization website: [www.who.int/frh-whd/VAW/infopack/English/VAW\\_infopack.htm#In%20families](http://www.who.int/frh-whd/VAW/infopack/English/VAW_infopack.htm#In%20families).
13. Richard Parker and Peter Aggleton (eds.). *Culture, Society and Sexuality: A Reader*. (London: UCL Press, 1999).
14. *Programme of Action, adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994*. (New York: United Nations Population Fund, 1996).

15. *Platform for Action and the Beijing Declaration, adopted at the Fourth World Conference on Women, Beijing China, 4-15 September 1995*. (New York: United Nations Department of Public Information, 1996).
16. *Into a New World: Young Women's Sexual and Reproductive Lives*. (New York: The Alan Guttmacher Institute. 1998).
17. For more information, see Diane diMauro, Gilbert Herdt, and Richard Parker (eds.). 2003. *Handbook of Sexuality Research Training Initiatives*. (New York: Social Science Research Council, 2003).
18. Rosalind P. Petchesky, "Sexual Rights: Inventing a Concept, Mapping an International Practice," in Richard Parker, Regina Maria Barbosa, and Peter Aggleton (eds.), *Framing the Sexual Subject*. (Berkeley: University of California Press, 2000).
19. Ibid.