5 COLOMBIA: CLAIMING THE RIGHT TO LIFE AND HEALTH IN A REGION OF DEATH

Magdalena Medio, the most heavily militarized area of Colombia, is known as a region of death. But for many it has become a region of hope, due to a Development and Peace Programme run by Jesuit priests. An offshoot of the programme, supported by UNFPA, is a project to improve sexual and reproductive health and rights and address violence against women using a rights-based approach. Through an intensive process of community consultation that explores the connection between the rights related to one's own body and other civil, political and development rights, the project is fostering personal and cultural transformation in region where fear, conflict and machismo prevail.

THE CONTEXT

Magdalena Medio, in central Colombia, is characterized by extreme violence, poor state presence and forced displacement of the population. Rich mineral and hydrological resources coexist with high levels of poverty. The production and processing of coca in the region has permeated the legal economy and imposed patterns of illegality on social and political affairs, expressed in the use of force, blackmail, the struggle for territorial control by illegal armed groups, and vigilante justice. Due to its rich natural resources, strategic location and factional struggles, Magdalena Medio has become the most heavily militarized region in the country.

In 1998, the murder rate in the region was 40 homicides per 100,000 people. In 1999, it reached a peak of 115. Most of these deaths occur in the form of massacres, in which the victims include peasants, labourers, public employees, mayors, councilmen and women, social and labour leaders, and human rights workers. To a lesser extent, violent deaths are the result of combat between illegal armed groups and Colombia's Armed Forces.

Generalized impunity is a major factor in the continuing violence in the region. Common crime is rarely punished, and even less so crimes committed by warring factions. As a result, people are increasingly taking justice into their own hands.

Within such an environment, civil society finds itself in a precarious situation: The factions demand that civic and political leaders align themselves with one side or the other, which has led to the murder of many of the best leaders the region has produced. The Popular Women's Organization (Organización Femenina Popular), one of the most important human rights organizations in Magdalena Medio, run by women, has been one of the main targets of violence.

Sociocultural Context

Magdalena Medio is a mosaic of immigrants from surrounding areas. The population, which totals around 890,000, can be classified into two main groups: the mountain people and those that reside along rivers. Although the region as a whole is socially and culturally fragmented, the same norms tend to prevail in terms of gender issues. Men typically do not allow women to use contraceptives, male infidelity is common, the role of women is limited to child-rearing and caring for the home, and the man is seen as the authority that brings the family together and provides material wealth. Early sexual activity and early pregnancy (along with their associated risks) are common, and often not a matter of choice.

Colombia has an advanced health insurance system, which covers 59 per cent of the population nationwide. Nevertheless, only about 44 per cent of people in urban areas of Magdalena Medio have access to health services, and less than 35 per cent in rural locales. Nationwide, over 90 per cent of births are attended by trained health personnel; in Magdalena Medio, only 37 per cent.

COLOMBIA AND CEDAW

The Government of Colombia ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1982.[1]

1 Medina, M. R., S. Ayala, and C. I. Pacheco. 2001. Sexual and Reproductive Health in Magdalena Medio: Socio-anthropological Description. Centre for Economic Development Studies. United Nations Population Fund – Programme for Development and Peace in Magdalena Medio.

ONE REGION: DIVERGENT CULTURES

A socio-anthropological analysis of the project's target population,[2] who come from many different areas, found no predominant cultural traits. However, there are common characteristics affecting sexual and reproductive health between two distinct groups in Magdalena Medio: the mountain people and the river people. For those who live in the mountains, there is a tendency towards more stable couples, female monogamy and large families. A male authority figure usually keeps the family together and regulates family activities. In pregnancy and childbirth, there is a high risk of miscarriage and premature delivery due to malnutrition and physical labour. The man is generally ignorant about and uninvolved in caring for his partner during pregnancy and childbirth, and the woman doesn't participate in decisions regarding family size or the use of contraceptives.

The river people are generally characterized by their poor stability as couples (with frequent separations and younger unions), single motherhood, teenage pregnancy and shorter intervals between births, and smaller families. The man in the family usually has no authority over child-rearing or family planning, but assumes an authoritarian role over the woman and the household economy. Men are frequently involved in multiple relationships and sometimes have more than one home with children. As in the mountain population, there is little knowledge about contraceptive methods, explicit or implied prohibition of their use by women, and little or no sexual education. Young women tend to know little about care during pregnancy, childbirth and its aftermath, and family members provide no special care to pregnant women. As a result, there are high rates of maternal mortality.

In both cultures, abortion continues to be a public health problem, and women frequently find themselves in conditions of profound loneliness, lacking institutional services and social support.

In regards to sexual violence, most of the perpetrators are family members or friends. For this reason, most cases of rape are forgiven by people close to the victim, and the abuses continue.

Legal Status of Colombian Women

The situation of Colombian women has undergone fundamental changes as a result of the adoption of a new Constitution in 1991, which made men and women equal before the law, condemned any form of discrimination against women, offered protection to women during pregnancy and after delivery, provided special assistance for women heads of households, and established the right of the couple to freely determine the number of children they wish to have.[3]

Despite these and other advances, obstacles persist in the enforcement of existing legislation. Among them is the predominance of a patriarchal culture. Typically, for example, it is the man who determines where the family lives, violence against women remains a common means of wielding power, pregnant and breastfeeding mothers encounter difficulties at work, and women are at a disadvantage in separation and divorce proceedings and in exercising their political rights.

Furthermore, Colombia has a poorly developed legal and social culture of affirmative action. Accordingly, the positive action stipulated by the Constitution concerning women's participation in public administration has not been translated into legislation, despite the efforts of some members of Congress and the women's movement.

Violence against Women in Colombia[4]

Article 42 of the Constitution states that any form of violence in the family destroys harmony and unity, and that it shall be punished by law. In response, in 1996, Congress enacted Law 294 (Sexual Abuse and Violence in the Family), which recognizes family violence as a criminal act, establishes procedures and measures for protecting and assisting victims of abuse, and invests the Colombian Family Welfare Institute with responsibility for policies, plans and programmes to prevent and eradicate domestic violence.

2 United Nations Division for Advancement of Women, Department of Economic and Social Affairs. 1999. Consideration of Reports Submitted by States Parties under Article 18 of the Convention on Elimination of All Forms of Discrimination against Women, Fourth Periodic Report on Colombia.

3 UNFPA-Colombia. 1992. Colombia, Programme Review and Strategy Development Report, page 30.

4 The United States Department of State. 2005. Colombia Country Report on Human Rights Practices 2004. Available at http://www.state.gov/g/drl/rls/hrrpt/2004/41754.htm

Among the measures contained in the law is the order that the perpetrator must move out of the family home that he shares with the victim, and the characterization of sexual violence between spouses as a crime. Unfortunately, however, the law establishes a less severe penalty for sexual violence between spouses (six months' to two years' imprisonment) compared to the penalties provided in the Criminal Code for the crime of sexual intercourse with violence (two to eight years' imprisonment) and other sexual acts with violence (one to three years' imprisonment).

A 1995 Demographic and Health Survey gathered data on domestic violence in Colombia and found a high level of abuse among women and children. Of the women who were married or living with their partners, 52 per cent had suffered some form of abuse and more than a third had been beaten.

Violence Due to Armed Conflict

In recent years, according to Amnesty International, "all the armed groups—the security forces, paramilitaries and the guerrillas—have sexually abused or exploited women, both civilians or their own combatants, in the course of Colombia's 40-year-old conflict, and sought to control the most intimate parts of their lives. By sowing terror and exploiting and manipulating women for military gain, bodies have been turned into a battleground." Women also suffer as indirect victims due to the violent deaths of their husbands and companions, displacement, and the greater burdens that they have been forced to take on in conflict zones.

THE UNFPA COUNTRY PROGRAMME

The UNFPA Country Programme for Colombia was approved in January 2003, and projects were launched in the second half of that year. The programme cycle, which runs from 2003 through 2007, has a total budget of $5 million.

The major achievements reported by the UNFPA Country Office in Colombia for 2004 in the areas of gender and gender-based violence included the following:[5]

A multimedia campaign addressing sexual violence. A multimedia campaign called *Derechos convertidos en Hechos* (Rights Transformed into Acts), addressing safer sex among adolescents, sexual violence, HIV/AIDS, safe motherhood, and prevention of cervical cancer was implemented nationally, reaching an estimated 3 million people.

Study of institutional needs to address gender-based violence. The Magdalena Medio technical team supported local health institutions in 29 municipalities to carry out a study on institutional needs in addressing gender-based violence and on the quality of and demand for reproductive health services. Operational plans for institutional improvement were developed and discussed with local authorities and training was conducted.

Community and institutional response to gender-based violence. This programme is being implemented in the Department of Risaralda, which has one of the highest indicators of sexual violence in the country. Its aim is to reduce the level of gender-based violence and create an integrated network of services (including health, social support, counselling, and legal services, among others) for survivors. To date, 1,000 professionals—including teachers, health professionals, policemen and women, forensic experts, judges, counsellors, psychologists, lawyers and human rights advocates—have been trained, and have participated in the design of protocols for the prevention of sexual violence and for a rapid, integrated response. A total of 1,000 community leaders were also mobilized to denounce violence in their communities and the culture of tolerance that enables it to continue.

UNFPA assistance to the Colombian Ministry of Justice. A model developed to prevent and respond to survivors of sexual violence will be replicated in 30 municipalities through technical assistance to the Ministry of Justice and the Colombian Family Welfare Institute. Training has already been provided to 19 regional coordinators and more than 350 professionals associated with these regional centres. Special emphasis was placed on ensuring the integration of health, education and counselling services.

Training. Training and capacity-building were also provided to regional and local affiliates of the Colombian Family Welfare Institute to integrate prevention and care for survivors of sexual violence into their programmes. More than 900 professionals were trained in 2004, representing 52 municipalities.

Five technical teams were also trained to develop municipal action plans to prevent violence against women and to respond to the needs of victims. In addition, training on the legal framework for action was provided to more than 200 medical professionals and forensic experts.

Advocacy programmes on reproductive health and rights and gender equality. Under the leadership of the First

5 UNFPA-Colombia. 2005. UNFPA Colombia Country Office Annual Report 2004, Programme Performance Analysis. Available at: https://itrack.unfpa.org/app_ars/index.cfm?fuseaction=SearchResults

Lady, and with technical support from UNFPA, the Presidential National Council on Reproductive Health and Reproductive Rights launched a campaign to strengthen local commitment to implementing the national reproductive health and rights strategy at the municipal level. The Council also initiated a programme reaching all branches of the military to address reproductive health and rights, gender-based violence and HIV/AIDS.

THE PROJECT

Background

The Sexual and Reproductive Health Project, which is the subject of this case study, was an offshoot of a larger initiative, namely the Programme for Development and Peace in Magdalena Medio. The parent programme had its origins in a 1994 proposal by the Human Rights Committee of ECOPETROL (the Colombian State Oil Company) and a demand by the Workers Trade Union for greater commitment by the company to the region's development. A concern for development and peaceful coexistence in areas of the country most deeply affected by conflict was also expressed by the Centre for the Study of Popular Education, a highly respected Jesuit organization that has a long history in the region. The Centre's director later became the founder and director-general of the Programme for Development and Peace, and was undaunted by the challenges it presented. In his words: "Wherever there is conflict, there is tension, and where there is tension, there is energy, which means there is the possibility to build."

The impetus for the programme grew out of the following question: Why, in a region so diverse and full of wealth, is there so much poverty and violence? The Programme for Development and Peace attempted to find answers to this question through projects that supported social development and economic productivity in the region. The guiding principles were the preservation of human life and dignity, the belief that development involves everybody and that it must strive for equity and sustainability.

The Sexual and Reproductive Health Project

The Sexual and Reproductive Health Project was designed by UNFPA on the basis of directives outlined in the Programme of Action of the 1994 International Conference on Population and Development. The project was carried out in two phases—from 1998-2002 with a budget of $850,000, and from 2003-2005, with a budget of $280,000. It began as part of the health strategy of the Programme for Development and Peace, and later became the driving force behind the programme's rights-based approach.

The project was motivated in part by the results of a UNFPA-funded study carried out in 1997 by the Ministry of Health. The study compared poverty, violence and health indicators in the country's municipalities, focusing especially on reproductive health. It revealed that the 29 municipalities of Magdalena Medio were among the 100 municipalities whose condition was considered critical and most poorly served by subsidized health care in the region.

The study, which was carried out through a series of municipal workshops, also found insufficient institutional data, poor service quality and coverage, indicators significantly below national averages, poor community participation in the control and management of resources and services, high rates of sexual and family violence, and a poor supply of sexual and reproductive health services.

UNFPA cooperation was conceived of as an adjunct to the work of local health institutions. Project activities first focused on building the capacity of government institutions responsible for the implementation of national policies on sexual and reproductive health. It continued with direct empowerment and training of people in social organizations and in communities.

The methodology includes three types of capacity-building workshops. The first focuses on awareness-raising and explores the notion of individual identity and subjective experience. From there, one learns to recognize others as human beings who have their own identity and rights, and with whom one can interact on equal terms. The second workshop focuses on the consolidation of accurate information, with an emphasis on human rights and sexual and reproductive rights. Once people have a clear sense of their own identify and inherent dignity (that is, they realize that their rights must be demanded, protected and guaranteed), the goal is to internalize an objective understanding of these rights as they relate to sexual and reproductive health. The approach cultivates an outlook that is based not on emotion, but on rational arguments that permit the individual to explore ways to take action. The third workshop focuses on rebuilding social relationships within the community and with the State, both at the individual and group level. This takes place through a strengthening of the arguments concerning rights, and through an objective affirmation of those rights. The above methodology was carried out in selected communities in Magdalena Medio, in both public and private settings.

As a starting point for the project, baseline data were gathered for all 29 municipalities, which were used by the technical teams in prioritizing needs. Subsequent

ON CULTURE AND HUMAN RIGHTS

In a recent presentation at UNFPA Headquarters in New York, the former coordinator of the UNFPA-supported Sexual and Reproductive Health Project, who is also a medical doctor and Jesuit priest, commented on the connection between culture and human rights. He is currently the deputy director of the Programme for Development and Peace in Magdalena Medio.

On Faith, Culture and Personal Freedom

"I am a son of my culture, the child of a machismo culture. This is deeply rooted in my being—it affects the way I think, the way I am. I am also a child of poor parents. Even though they were displaced by violence, education gave them the possibility of freedom. People can often find a path to liberty in spite of painful circumstances....My mother concluded after having seven children that she needed to take control of her own body. My mother went down the road of giving women a voice—and that has become my mission: for women to be able to say: 'I am free and I can decide what to do with my body.'... I am also influenced by my religious experience. The experience of faith should be a liberating one. Men and women of faith have the right to be free....We used a pedagogic strategy to affect culture. You must confront culture. Don't destroy culture—make it evolve ... so life can be better."

On Magdalena Medio and the Development and Peace Programme

"The Magdalena Medio region of central Colombia is known by many as the region of death. For the inhabitants of the area, it has become a region of hope. It is a land of overwhelming beauty, diversity and contrast. But the struggle between illegal armed groups and equally violent paramilitary forces has created fear....Reproductive health indicators were the worst in the country. Quality of services was low, coverage poor, documentation sketchy. High levels of domestic violence....We realized that we had to go beyond economic issues. We had to find the poorest people, those who were imprisoned by fear and poverty, and make them the focus of our work.

"At first, everyone was anguished to learn that a priest was running this programme. I discovered that you have to be who you are. I have been able to dialogue with people at every extreme....People and institutions came up with improvement plans. And we looked for ways we could meet them half way...."

On Domestic Violence

"Intra-family violence was viewed as something natural. We had to work hard to make it recognized as intolerable. It meant confronting the culture."

On Adolescent Sexuality

"Teenage pregnancy is a big problem in the area—in some places up to 50 per cent of teenage girls get pregnant. Young people don't have the means to protect themselves....Sexuality is always present—we need to be aware of its place at different stages in the life cycle.... We try to make young people aware of the value of their bodies. This has to start very early."

On Reproductive Health

"Our communication strategy initially focused on familiarizing people with the concepts, so they could speak about things that had not been spoken about."

On the Future

"We need to believe that it is possible to create a better world for everyone, in spite of different religions, races and national origin....We have to believe it's possible to live in a world of peace, where human rights will be respected and women and men can live in dignity."

baseline studies were carried out with UNFPA support in 2000 and 2004.

RESULTS

By the end of the first phase of the project, municipal teams for sexual and reproductive health had been formed in 11 municipalities (this figure reflects the number of municipalities that were able to carry out a baseline survey and translate this data into projects, resulting in increased maternal and prenatal care and family planning). By 2005, teams had been established in 23 out of 29 municipalities.

Improvements have been noted in the quality and coverage of sexual and reproductive health services. And within communities and institutions in the region, there is now greater awareness of sexual and reproductive health and rights from a gender as well as a rights perspective.

> *"As a doctor, or health-care team, we used to evaluate the woman, examine the woman and forget about her. Now I care about the person. I put myself in her place and inquire about other aspects of her life. I am more subjective, I go beyond my duties. For example, I give advice, information and try to follow up on cases."*
>
> — *Medical doctor from the municipality of Yondo*

Gender-based violence has also been made more visible and, increasingly, people are reporting it and seeking help. In the five largest municipalities in the region, responsibility for responding to gender-based violence is in the hands of inter-institutional technical teams. Periodically, these teams report to the authorities and the communities on the cases they have attended. At the same time, they are developing prevention strategies.

On balance, the results of the second phase have been positive, in terms of the learning that has taken place, the fulfilment of the project's goals, improvement in institutional practices, and emerging signs of transformation in social relationships and individual behaviours. On the other hand, within institutions responsible for human rights, the processes that were initiated through the project must become more systematic and there should be closer alignment with local, regional and national policies.

The organizations participating in the project, along with the various women's and youth groups, consider it vitally important that the project be further expanded to reach people in the region who are vulnerable and marginalized.

IMPLEMENTATION PROCESSES

Promoting Community Dialogue and Personal Transformation

The ultimate goal of the project is to empower individuals through a better understanding of their rights; it is to enable them to recognize problems, identify solutions, and take individual and collective action for positive change in the area of sexual and reproductive health and rights, with the support of relevant institutions. The real transformation, according to the project team, begins when each man and woman realizes what they are doing, how they are doing it and why. The methodology of guided community dialogue encourages reflection, and asks questions that will allow people to examine their daily practices, especially those relating to rights and gender, and to identify problems and solutions within the context of their own culture.

UNFPA's role is to facilitate the creation of an environment in which people can make their own diagnoses and elaborate their own plans for action, follow-up and evaluation with the support of local project teams.

According to the former project coordinator, "We needed to strengthen the understanding of human rights and the institutions that protect them.... We began by telling people that their bodies are the minimal space over which they can make decisions. We created a connection between the rights related to the body and expanded it to include civil rights and the rights of other human beings. We encouraged people to become political actors, to claim their own rights and work towards the rights of others. We tried to get institutions to recognize their obligations towards ensuring the rights of individuals. We created safe spaces for encounters, spaces where people could come to share their stories and histories. We had people draw the important aspects of their lives, and this mapping of their realities became a baseline for showing us a path forward. We listened to what people said they needed."

The transformation that is sought involves the recognition of the *individual (intimate) self* as one who possess inherent dignity and rights, the recognition of the other as one who possesses legitimate and equal rights (which leads to a re-evaluation of the *social—or relational—self)*, and the formation of new social relationships with the community, institutions and the State. Based on this new understanding, the *political (participatory) self* seeks a way to contribute to human development, from a rights and sexual and reproductive health perspective.

Though the project has evolved over time, the basic methodological approach has consistently focused on the strengthening of social and institutional networks and

promoting within them a rights-based agenda. This was carried out through an intensive process of team-building, the creation of strategic alliances, and the application of a carefully thought out communication strategy:

- *Municipal teams* pivot around the creation and consolidation of work groups and/or mobile teams for the promotion of sexual and reproductive health and rights. The groups are informally structured with no hierarchy, and consist of volunteers representing the health, justice, protection, education, and community development sectors as well as Local Planning Councils, the Programme for Development and Peace, health committees, pastors, women's groups and youth networks.

- *Strategic alliances* were built through negotiations with government and civil society organizations, including the Magdalena Medio Youth Network, Colombian Red Cross, Association of Radio Station Networks of Magdalena Medio, the Centre for the Study of Popular Education Foundation, the Barrancabermeja Diocese (youth pastors), The Sacred Heart of Jesus Parish (inmate education project in the Barrancabermeja and Puerto Berrío penitentiaries), and the Presidential Council on Special Programmes.

- *The communication strategy* involved the production of flyers, radio programmes and other communication vehicles to raise awareness of the project and of sexual and reproductive rights. The theme of sexual violence was also specifically addressed, along with activities for the integrated care of survivors of sexual violence in five municipalities. Local implementation of the strategy was seen as a way to build capacity and to foster internalization of project objectives.

As a result of these community dialogues on sexual and reproductive health, the orientation of the project shifted in the second phase to focus on survivors of sexual violence and the needs of people in remote rural communities.

Providing an Integrated Response to Survivors of Sexual Violence

This component of the project became operational in 2003, in response to specific needs identified by the population and by experts participating in various project activities. Experience in municipal forums and workshops, as well as more systematic studies, uncovered two disturbing realities: the persistent violation of the rights of girls and boys, women and teenagers in relation to sexual violence; and the lack of an adequate response by communities, public institutions and professionals in the health, education and justice fields.

The same strategy that had proved effective in tackling sexual and reproductive health was applied to this problem: strengthening the technical capacity of professionals to respond to survivors of sexual violence and the building of social networks. Issues addressed ranged from training on rights to risk management, to the definition of protocols to identify and respond appropriately to victims of sexual violence.

The process employs a culturally sensitive approach that encourages an in-depth understanding of the attitudes, myths and regional perspectives surrounding violence against women—its origin, how it operates, the mechanisms and attitudes that perpetuate it, and how victims are received and dealt with by the community. Also explored are the consequences (if any) for the aggressor. Starting from a base of women's and youth organizations and networks focused on preventing sexual violence, actions were proposed to transform the myths and attitudes that allow such violence to continue. Today there is a regional committee addressing the issue of sexual violence that incorporates aspects of health, education and the judiciary. Social organizations that participated in the initial process or are interested in the subject are also involved.

Making Vulnerable Populations Visible

Beginning in 2004, the project expanded its work in rural areas with the greatest guerrilla and/or paramilitary presence. This re-orientation was the result of an evaluation that found that a lot of work had already been accomplished in urban areas, but very little in rural areas, where the greatest violations of rights were occurring. For some time, project members had thought to approach rural women, peasants, and children and youth through social networks. But it turned out these very people were the least visible in such networks. This insight led the technical team and the community to explore a different strategy—one in which rural communities, those most affected by the worsening armed conflict, could become the subject of direct actions aimed at promoting their rights.

This expansion into rural areas in 12 municipalities was carried out through a pilot project in so-called 'Humanitarian Spaces'. These spaces were conceived of as places to "create favourable conditions not only for the Development and Peace Programme's Peace Laboratory, but also for the inhabitants, built around social actions for the defence of life and the application of International Humanitarian Law."[6]

6 http://www.pdpmm.org.co/labpaz/espacios.htm

The diagnosis of the situation within the Humanitarian Spaces was conducted through observation and work with Community Action Boards, women heads of families, teachers, health promoters and local youth. The work with the community demonstrated that it was necessary to take into consideration the cultural differences of various groups, and to develop different methodologies for working with them. It also indicated the need for training in sexual and reproductive health and rights as well as gender issues, which could help reduce rates of abortion and early pregnancy and debunk common myths about various methods of contraception. The work with the community also helped identify the needs of institutions to improve the quality of sexual and reproductive health services and the promotion of rights in every Humanitarian Space.

Through this rights-based approach, communities have been able to demand a change of attitude and, to a certain extent, face and resist armed groups.

> *"We began the work in Magdalena Medio by getting close to people, respecting them, and learning about their culture. If we had begun by launching a birth control campaign, we would have been rejected. There are certain things that cannot be faced head on....*
>
> *"What traditionally has been done is to look at sexual and reproductive health problems from an objective perspective, but not from people's own experience....*
>
> *"In helping women take decisions about themselves, we found that the road map was the body, teaching them to recognize their body as their own. It allowed us to begin a process of self-affirmation and consciousness that impacted the culture and began to change habits."*
>
> — *Sexual and Reproductive Health Adviser, UNFPA*

MEDIATION AND NEGOTIATION

UNFPA and the Catholic Church

Despite the Catholic Church's stance on contraception, the Jesuit Order has been a key ally in the project. In supporting UNFPA and the Sexual and Reproductive Health Project, the Order faced a number of dilemmas and risks, which have been jointly addressed and now constitute one of the strengths of the project.

From UNFPA's perspective, working with a Catholic organization at first seemed counterproductive and even risky. However, it was also recognized that a project centred on culture and rights cannot distance itself from religious convictions and practices in a region with a strong Catholic tradition. Once it became clear that people understand and manage their sexuality from a set of cultural norms with deep religious roots, what at first seemed like a risk became an opportunity. And common ground—the inherent dignity of human beings—was established as the base from which the two sides could work together.

From the perspective of the Church, according to the former project coordinator, "Magdalena Medio also put us to the test in terms of our religious convictions. True faith, true conviction, true belief, must be wedded to reality, it must embrace people's suffering, embrace the difficulties they face. If it can, it is a testament to the fact that our faith is large, inclusive, and capable of understanding people's daily struggle." He continues: "This was the context within which I found myself, between the risk it meant for UNFPA to have a priest working on this difficult subject and the Church's concern for having one of their own working in this difficult area. Finally, both decided to take the risk."

PARTNERS

In addition to government partners, numerous non-governmental stakeholders have contributed to the project. These include the Magdalena Medio Youth Network, Colombian Red Cross, Association of Radio Station Networks of Magdalena Medio, the Centre for the Study of Popular Education Foundation, the Barrancabermeja Diocese (youth pastors), The Sacred Heart of Jesus Parish (inmate education project in the Barrancabermeja and Puerto Berrío penitentiaries), and the Presidential Council on Special Programmes.

LESSONS LEARNED

When embarking on projects that deal with sensitive issues, it is essential to work with both the power brokers of the region as well as local leaders to gain access to a community and earn its trust. Political and religious leaders, and others who wield influence in a particular locale, can play a pivotal role in shaping popular opinion. To gain more than a superficial access to a community, it is often necessary to first win the support of local power brokers, who can contribute to the project in different ways. Gaining their support involves getting to know them as individuals and understanding the relationships among them.

Similarly, it is important to identify local actors who are natural mediators and who can connect the customs

and traditions of the region to new arguments. Such leaders have helped open new spaces for dialogue and promote an understanding of sensitive topics such as the family, sexuality and rights, and personal transformation. Had these discussions not taken place under the auspices of leaders who are respected by their communities, they would have been carried out in a climate of fear and mistrust.

Understanding the needs and aspirations of individuals and communities requires that development workers 'enter their reality'—that they spend the time necessary to understand their beliefs, motivations, perceptions and values. To quote the former project coordinator, it was important to approach "Magdalena Medio and its problems without rushing, so we may listen calmly, so we may understand the people, their rhythms, their way of understanding, their way of doing things. When we have done this, we will have earned people's trust."

Even among Catholic organizations that oppose family planning, common ground can be found. Preserving the dignity of human beings, especially vulnerable populations, was the shared goal of UNFPA and the Jesuit Order that became a partner in the Sexual and Reproductive Health Project. In fact, the backing of this Catholic organization was one key to the project's success in a country whose culture has deep religious roots.

Participation, especially among youth, is key to changing attitudes and behaviours. As their involvement in the project increased (beginning with the formation of sexual and reproductive health teams), young people began to internalize the project goals. Their behaviour changed and they began to move towards greater gender equality in their own relationships. When they participated together in meetings, young as well as older men began to recognize their affective role in their children's lives. At the same time, women began to question their role, and to propose that men take a more active role in domestic chores and childcare. This 'learning by doing' approach was an important strategy in fostering attitude and behaviour change.

The support of institutions is integral to progress in sexual and reproductive health and rights. As participation by various groups in the project increased, so did the need to articulate the process of change, and to communicate it to others. One important area of discussion was the institutional support required for the achievement of sexual and reproductive health and rights.

Institutions can have a subtle, yet significant, impact on the way men and women relate to each other. For example, when women attend medical consultations at a health institution, and learn about their right to decide about contraception, they become aware of the fact that this right has implications for their body, their sexuality and reproduction. It is from this awareness that they seek to build new relationships with men, who used to make such decisions for them. Such awareness results from the sustained, and consistent, efforts of institutions and community groups alike.

Cultural and geographic differences influence the perception of sexual and reproductive rights, and methodologies to promote them may differ from one setting to the other. Some people are receptive to the conceptual implications of a rights-based approach (conveyed through talks and workshops); others operate more on the basis of their emotions. Still others respond best to personal stories about exercising one's rights. A conceptual understanding alone does not guarantee that one's private life will be altered, but it is a necessary ingredient if people are to transform their culture willingly.

The methodologies used to promote an understanding of sexual and reproductive rights may vary, depending on the audience. In some cases, activities that involve a large element of playfulness help overcome low levels of education. In all cases, careful and attentive listening, and ethical responsibility, are vital for earning people's trust. People will expect concrete learning tools to solve specific problems regarding abortion, early pregnancy, myths regarding contraceptive methods, and practices that are hazardous to women's health.

PRACTICES THAT WORK

Adopting a human rights-based approach. When UNFPA works to improve reproductive health care, such as family planning, it aims to leave behind more than just a service. It seeks to convey the message that one has the right not only to that service, but to *quality* service.

Making the connection between rights related to one's own body and rights in the larger civic and political arena. To foster internalization of a rights-based approach, project staff worked intensively to help people realize the rights related to their own bodies, which they identified as the first 'humanitarian realm'. This realm, they said, must be known, respected and protected, and is a place where people can exercise their dignity and their rights.

Subsequent group work emphasizes the paradigm shift that is required to understand one's sexuality as a social

construct, something that is learned from the time of birth and can therefore be transformed. Workshops involving both women and men focus on the conceptual and practical demonstrations of people asserting their rights, establishing relationships and respecting others' rights as well as their own. The workshops also focus on the necessity for human beings to interact and organize as groups. Active and playful learning activities give meaning to the notions of the individual self, the social self, and the political self. Work is carried out through problem-solving approaches, initially with homogenous groups that begin to rebuild and become more heterogeneous depending on the types of relationships and contexts they share. For example, group sessions composed of community members and health and education officials began to spawn different forms of conversation, which led to active participation in radio shows about sexual and reproductive health.

Through these workshops and networks of community radio stations, men and women, girls and boys are exercising their right to have their own opinion. And today they are at the forefront of new project developments and other leadership initiatives.

Working from within the culture, by observing and analyzing cultural patterns and the dynamics within the family and the larger group. In seeking changes in the sensitive area of sexual and reproductive health, the project identified culture as the central variable that had to be transformed. It then formulated an intervention strategy aimed at promoting human rights. Sensitivity to culture as a methodological and conceptual tool compelled project staff to focus on understanding people's daily lives—what motivates them, why they act the way they do, and how they survive day to day. It also led them to explore more transcendental aspects of culture: how people relate to the land, how they manifest their emotions, what messages their customs convey, how they themselves identify and conceptualize cultural patterns, and how they live them, enjoy them, suffer through them and transform them.

At the same time, identifying with people and their day-to-day lives allowed project staff to see—from the community's point of view—when a project is successful and sustainable. For example, indicators identified by the technical team to measure the success of a project typically change once the needs and aspirations of a community are internalized. In other words, working from within allows one to sense when a project is valued by the community, and when people feel that their lives are being changed in a positive and sustainable way.