



Vulnerability of HIV/AIDS: Challenges and Issues of Human Sexuality, Reproductive Health, and Gender Discrimination

Concept Note

Medium of Participation: Zoom Meeting

Dates: 2–4 September 2020

Human sexuality includes aspects of the physical, psychological, social, emotional, and spiritual makeup of an individual. It is not limited to the physical or biological reproductive elements and behaviour but encompasses how individuals use their roles, relationships, values, customs, and gender. Human sexuality is the sum of a person's sexual behaviours and tendencies, and the strength of such tendencies, one's degree of sexual attractiveness and the quality of having sexual functions or implications.

Sexual health is usually conflated with reproductive health and Human Immunodeficiency Virus (HIV), or Sexually Transmitted Infections (STI), focusing only on certain issues like childbirth, contraception, HIV/STI transmission, and so on. However, reproductive health is not encompassing of all the issues of the sexual life of people, which is vibrant and diverse for different purposes—which could be sex work, sexual pleasure, sexual needs, etc. In this process, the reproductive health or HIV/STI discourse fails to cover sexual hygiene and safe, happy sexual interactions.

According to the American Sexual Health Association¹, sexual health is 'the ability to embrace and enjoy our sexuality throughout our lives'. It is an important part of our physical and emotional health. Being sexually healthy means:

- Understanding that sexuality is a natural part of life and involves more than sexual behaviour;
- Recognising and respecting the sexual rights we all share;
- Having access to sexual health information, education, and care;
- Making an effort to prevent unintended pregnancies and STIs, and seek care and treatment when needed;
- Being able to experience sexual pleasure, satisfaction, and intimacy when desired; and,
- Being able to communicate about sexual health with others including sexual partners and healthcare providers.

¹ American Sexual Health Association. *Understanding Sexual Health*. [online] Available at: <<http://www.ashasexualhealth.org/sexual-health/>>.

Whether transgender, cisgender, or intersex, the attitudes considering sex as taboo, shameful, and sinful generate mindsets that ignore the health of sexual organs because of inbuilt fear and inhibitions.

People with different sexual orientations and gender identities face healthcare risks that are often not addressed because of a lack of knowledge of the patient's sexual orientation, ignorance of specific health care issues, or because the patient feels that the healthcare professional is biased (homophobic or transphobic).

Access to health services, acceptability of health programmes, and the prevalence of multiple health issues have always been a challenge among persons with different sexual orientations and gender identities. It is important to understand and address various factors contributing to the incidence of STIs, HIV infections, and other psychosocial health conditions.

Prevalence of diseases

According to Chakrapani et al.², the prevalence of the number of psychosocial health conditions in the degree of quantity was observed among the following key populations:

Men who have Sex with Men (MSM):

- Three conditions – 5.7 per cent;
- Two conditions – 20 per cent;
- One condition – 43 per cent; and,
- None present – 31.3 per cent.

Transgender (TG) women:

- Three conditions – 17.33 per cent;
- Two conditions – 38.33 per cent;
- One condition – 35.33 per cent; and,
- None present – 9 per cent.

In addition to the number of syndetic conditions, resilient coping and social support were significant predictors of sexual risk among MSM and transgender women.

HIV Infection levels in MSM are very high in many cities in Asia, with levels between 13 per cent and 32 per cent (China, India, Myanmar, and Vietnam). Across the region, it has been found that men who have sex with men are becoming infected by HIV at a young age. HIV prevention and testing services were reaching fewer young men who have sex with men and they reported lower condom use than their older counterparts³.

² Chakrapani, V., Newman, P. A., Shunmugam, M., Logie, C. H., & Samuel, M. (2017). Syndemics of depression, alcohol use, and victimisation, and their association with HIV-related sexual risk among men who have sex with men and transgender women in India. *Global Public Health*, 12(2), 250-265. doi:10.1080/17441692.2015.1091024 View BMC Public Health.

³ UNAIDS - Joint United Nations Programme on HIV and AIDS. 2016. *Prevention Gap Report*. [online] Available at: <https://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf>.

In India, particularly high HIV prevalence rates have been found among transgender populations in cities such as Delhi (49 per cent) and Mumbai (42 per cent)⁴. Additionally, because of social discrimination and stigma, most transgender people in India have no opportunity for schooling or access to higher education, eventually leading to poor health literacy. Even though transgender people in India have been given their civic identity, they are still vulnerable to verbal and psychological abuse by others.

CCA's Initiatives

HIV and AIDS has been a special focus of the Christian Conference of Asia's (CCA) programme priorities. Several skill-building and advocacy programmes have been initiated by CCA to address concerns as well as efforts to build an HIV-competent Church and community in Asia. To effectively respond to HIV and AIDS with the member churches and councils, CCA is continuing a journey on building the capacity of its members to become inclusive and relevant for People Living with HIV and AIDS through Action Together to Combat HIV and AIDS in Asia (ATCHAA) programme.

CCA acknowledges the importance of addressing the vulnerabilities of HIV and AIDS in the community. Women, youth, commercial sex workers, and men having sex with men are more vulnerable to HIV transmission. To combat the disease, it is important to address human sexuality and reproductive health and ensure the practice of safer sexual behaviours.

As part of the ATCHAA initiatives, CCA with experts in the field of HIV and AIDS, Human Sexuality, and Reproductive Health came together in August 2018 for a consultation that better equipped ourselves with the subject and discussed various strategies for the churches and congregants to properly address the issue. A clamour for the churches to provide a space in discussing the matter has been growing, and as a response, CCA will conduct a regional consultation among member churches and councils to develop a common understanding and discuss the way forward of the church.

Due to the limitations brought by the COVID-19 pandemic, CCA's commitment to continuing its programmes has not stopped, and thus the consultation will adopt a new format. CCA-ATCHAA will conduct the consultation in a 3-day online series via Zoom.

Objectives

1. To develop strategies for positive dialogue with churches and their members on human sexuality and reproductive health;
2. To understand and advocate for prevention strategies for HIV transmission concerning human sexuality and reproductive health;
3. To collate and disseminate best practices for a conducive environment for dialogue; and,
4. To provide a safe space for dialogue among member churches in addressing HIV vulnerabilities such as Human Sexuality and Gender Justice.

⁴ Asia Pacific Coalition on Male Sexual Health (APCOM). 2013. *Policy Brief: Overlooked, Ignored, Forgotten: HIV And Basic Rights Of Transgender People In Asia And The Pacific*. [online] Available at: <<http://apcom.org/sites/default/files/PolicyBrief-TG%289%29.pdf>>.

Expected Outcome

1. Best practices on engagement on human sexuality are documented for dissemination;
2. Strategies for deeper engagement on the topic is established; and,
3. Churches make plans for action on prevention, care, and support for vulnerable communities.

Methodology

1. Online Consultation via Zoom meeting.
2. Panel Presentations on various aspect — theological, medical, legal, social, and cultural aspects.
3. Presentation of Best Practices.
4. Presentation on Sexual Orientation and Gender Identity and Expression.
5. Discussion in smaller groups with definite strategies based on best practices to address the topic.
6. Involvement of representatives from the key population, testimonies, and sharing.

Participants

30 participants in total:

- Experts in HIV and AIDS
- Theologians
- Church Leaders
- Experts in Human Sexuality and Reproductive Health
- Youth

Schedule

Time	2 September 2020	3 September 2020	4 September 2020
12:00–13:00 (Bangkok time)	Opening Worship Welcome and Programme Orientation Getting to know each other	Medical Perspective in understanding the correlation between HIV, Human Sexuality, and Gender Justice	Church and the Challenge of HIV, Human Sexuality, and Gender Issues
13:00–14:00 (Bangkok time)	HIV, Human Sexuality, and Reproductive Health Situation in Asia	Legal and Social Perspective in understanding the correlation between HIV, Human Sexuality, and Gender Justice	Church in Action: Plan of Action (Way Forward)
14:00–15:00 (Bangkok time)	Sexual Orientation and Gender Identity and Expression Orientation (SOGIE)	Church Perspective on HIV, Human Sexuality, and Gender Justice	Presentation of Plan of Action (Way Forward) Closing Worship

The last date for registration is **26 August 2020**.

Registration is online and the form can be accessed here:

<https://forms.gle/7KpHzSdmQGh5BYcz9>