Sexuality and Gender Identity

Background and problem statement

Background

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Furthermore, Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.[1] In addition, talking about the sexual life, the problems in the sexual system and sexual disabilities is not a common situation in the consulting room, lead to poor health outcomes.

Violence, harassment, discrimination, exclusion, stigmatisation and prejudice are directed against persons in all regions of the world because of their sexual orientation or gender identity, that these experiences are compounded by discrimination on grounds including gender, race, age, religion, disability, health and economic status, and that such violence, harassment, discrimination, exclusion, stigmatisation and prejudice undermine the integrity and dignity of those subjected to these abuses, may weaken their sense of self-worth and belonging to their community, and lead many to conceal or suppress their identity and to live lives of fear and invisibility and historically people have experienced these Human Rights violations because they are or are perceived to be lesbian, gay or bisexual, because of their consensual sexual conduct with persons of the same gender or because they are or are perceived to be transsexual, transgender or intersex or belong to social groups identified in particular societies by sexual orientation or gender identity. [2]

The LGBT+ community is often a vulnerable and marginalized segment of the population due to the stigma and discrimination members of the population experience. Health inequities and inequalities are often linked to SDH (social determinants of health). The SDH are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. That’s why we have to take into account health equity that address SDH and to ensure equitable access to health promotion, disease prevention and health care.

There’s a need for positioning human health and well-being as one of the key features of what constitutes a successful, inclusive and fair society in the 21st century as consistent with our commitment
to Human Rights at national and international levels; that governments have a responsibility for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures; and the need to develop policies that are inclusive and take account of the needs of the entire population with specific attention to members of vulnerable groups and high-risk areas [3]

Finally, homosexuality between men is illegal in 78 countries and between women in 49 and this illegal status impacts negatively on patient disclosure of sexuality. It also leads to LGBT+ individuals more frequently experiencing episodes of physical and psychological violence. Additionally, the LGBT+ population is more likely to engage in high-risk behaviours, but they are less likely to access to healthcare systems due to discrimination and stigma. All of this results in worse health outcomes.

Problem Statement

The Sexuality of the Human Beings is considered by most of the population as a taboo that is not normally dealt with naturality and without prejudices leading into a lack of Health assistance in most of the cases, increasing the risks for the general population and decreasing the welfare of the individuals. Sexual Rights, grounded in the Human Rights Declaration, such as equity, freedom, body integrity, privacy, sexual health and education, reproduction, mating and justice (among others); are everyday violated all around the world, specially in some groups of population that are more prone to suffer these violations due to the regional culture or the stigma. [4] [5]

Worldwide there is a lack of acknowledgement of the problem, and quite rarely Sexuality is considered a fundamental part of a human being or included as a basic Human Right. Since there is also little consideration of LGBT+ issues or sex workers situation, including Rights and Health, there is a lack of skills among medical students and healthcare providers for working with these individuals and on sexual health with the general population. [6]

**Target group and beneficiaries**

**Target group**

- Medical Students & Youth
- Healthcare Providers (doctors, nurses, physiotherapists, odontologists, occupational therapists and untitled assistive personnel)
- Medical schools/Universities
- Social Agents and NGOs
- Government and International Agencies

**Beneficiaries**

- General Population as Sexuality is an intrinsic part of the Humankind
- LGBT+ Individuals
- Women and men discriminated based on gender identity, sexual orientation or sexual behaviour.
- Children discriminated by a sexist or LGBTphobe environment.
- Sex workers
Logical framework of interventions

End-goal and assumptions

End goal

To achieve an optimal Sexual Health, Equity and Human Rights preservation that is ensured for every person regardless their Gender Identity or Sexual Orientation, in society as a whole, but especially in the healthcare environment.

Assumptions

Assumption A
There is a lack of knowledge about Sexuality and Gender Identity issues among Medical Students that may lead into future poor outcomes in general and Sexual Health and violations of Human Rights.

Assumption B
This problems are currently taking place among healthcare providers and a change of attitude is needed to ensure an equitable healthcare access regardless individuals’ gender identity or sexuality (including sexual orientation).

Assumption C
Together with the lack of knowledge, there are stigmatisation and discrimination, two problems that lead into unrespectful and confrontational manners that affect to the healthcare provision.

Assumption D
Some social groups, such as children, LGBT+ individuals and sex workers, are more vulnerable to suffer stigma and discrimination due to their gender identity and sexuality (including sexual orientation).

Assumption E
There are some important facets that Medical students must be committed to achieve in order to face this predicament:

● Working on obtaining knowledge about Sexuality, Sexual Orientation and Gender Identity and their Health specificities and associated Rights.
● Providing this knowledge to the rest of the Healthcare network.
● Providing (in)formation to the Social Agents through different activities
● Cooperating with government and international agencies to ensure that good Health outcomes are achieved and that Human Rights are preserved.

Preconditions and backwards mapping

Bettering Sexual Health has two main components; individuals receiving the comprehensive medical care they need and bettering the general living conditions of the stigmatised population. To achieve the first part healthcare professionals should have more knowledge about Sexuality and skills to treat individuals in a respectful and non-confrontational manner regardless their sexual orientation or gender identity. This can be achieved by organising trainings and workshops for future healthcare professionals. Specifically, stigmatised groups, such as children, LGBT+ individuals and sex workers, need to be aware of the health services available to them and feel empowered to access them. To make
health services as accessible as possible, stigma and discrimination should be removed from healthcare. For this, awareness campaigns among future and current healthcare professionals are needed. This can be boosted by advocacy to remove such barriers from healthcare systems. Having more knowledge on Sexuality issues, would enable medical professionals to provide better care and would also make a stronger argument for advocacy efforts.

In order to give trainings and workshops, launch awareness campaigns, stimulate research and successfully advocate, IFMSA needs to disseminate the programme among its NMO’s, so that members are aware of the issues and become motivated to set up these activities.

**Milestones and indicators**

**Outcome 1:** Medical students and current healthcare professionals getting equipped with knowledge and skills about issues people face in healthcare related to gender identity and sexuality in general, in a respectful and non-confrontational manner, to improve sexual health and general healthcare outcomes.

**Indicator:** Number of trainings given, pre and post training tests, health parameters for Sexual Health.

**Target group:** Future and current healthcare professionals.

**Threshold:** A full evaluation of a workshop to educate future and current healthcare professionals

**Outcome 2:** Medical students and healthcare providers aware and empowered to take actions to decrease stigma and discrimination of people based on gender identity and sexuality (including sexual orientation)

**Indicator:** Number of NMOs organising education activities. Number of NMOs organising visibility activities. External institutions reports.

**Target group:** NMOs activities organisers. Governments.

**Threshold:** IFMSA members leading the actions in favour of Sexual Rights and Sexuality Freedom in their countries.

**Outcome 3:** Both Medical Students and stigmatised groups, such as LGBT+ individuals or sex workers, being educated about the availability of healthcare services and working to ensure the access to them.

**Indicator:** Number of NMOs organising education activities. Number of NMOs organising visibility activities. External institutions reports.

**Population:** Medical students, LGBT+ individuals and sex workers.

**Threshold:** Education and outreach activities including campaigns

**Outcome 4:** Successful improvement of access to quality healthcare and reduction of stigma for people on policy level.

**Indicator:** Number of meeting attended and liaisons formed by IFMSA members. Number of policies IFMSA and NMOs gave input in. Successful advocacy campaigns.

**Population:** local, national and international authorities, institutions, and organisations.

**Threshold:** Participation of IFMSA representatives in international conferences or national government policy decision making.
Outcome 5: Advocating for decrease in sexualisation and objectification of women and switching the focus to other attributes.

Indicator: Number of surveys conducted. Number of activities on women empowerment and related topics attended. Number of policy interventions. Number of media outlets produced.

Population: Medical students (IFMSA included), universities, population and media.

Threshold: IFMSA members as a driving force of change in their Local Committees and NMOs.

Outcome 6: Ensure that Medical and Healthcare Curricula are free of prejudicial and stigmatising contents, specially in those cases about LGBT+ individuals and/or sex workers.


Population: Medical and Healthcare degrees Faculties or Schools (professors and students)

Threshold: IFMSA members as a driving force of change in their Local Committees and NMOs.

Outcome 7: Providing children and adolescents a safe environment to develop their sexuality and gender identity.

Indicator: Number of activities including workshops and campaigns. External reports on sexual development in children and adolescents. Number of children included in the NMOs and IFMSA activities on sexuality and gender identity.

Population: Children and adolescents.

Threshold: Promoting actions against bullying on LGBT+ children and adolescents and ensuring a good access to healthcare.

Outcome 8: Promoting a positive approach to sex with actions against harassment and ensuring consensual sexual behaviours.

Indicator: Number of surveys conducted. Number of activities on positive sexuality. Number of policy interventions. Number of media outlets produced.

Population: Medical students (IFMSA included), universities, population and media.

Threshold: Creating strategies to prevent and solve non-consensual situation and educational campaigns to promote healthy relationships.

Outcome 9: Working on LGBT+ collective and sex workers empowerment through advocacy and actions against social exclusion.

Indicator: Number of meeting attended and liaisons formed by IFMSA members. Number of policies IFMSA and NMOs gave input in. Successful advocacy campaigns.

Population: LGBT+ individuals and sex workers as socially excluded collectives.

Threshold: Promoting actions on social equity and against social exclusion.
Interventions

Capacity Building
- To implement the trainings about Sexual Health, LGBTphobia, LGBT+ issues and bullying
- To raise awareness about sexual taboos and myths within local societies by educating medical students by using scientifically confirmed background.
- To target other Standing Committees and educating them about the topic by joint sessions and common activities.

Advocacy and Awareness
- Political Advocacy.
- Social Networks and Media to raise awareness about Sexuality and Gender Identity within the general population.
- Actions to open the LGBT+ community to the rest of the society, increasing the Visibility and fighting against exclusion.
- Actions in Public Places to increase the visibility of our campaigns.

Education and External Representation
- To include Sexuality and Gender Identity issues in the Medical Curricula.
- To cooperate with Local, National and International institutions and organisations.

Narrative
Discrimination based on sexuality (including sexual orientation) or gender identity is a Human Rights violation. Nonetheless, this discrimination is widespread and has a detrimental effect on their health. The Sexuality and Gender Identity programme will therefore raise awareness among the general public about the issues individuals face because of their sexuality and gender identity, but will also specifically target its effort to future healthcare providers. By providing future healthcare professionals with the skills and knowledge to give optimal care in a respectful and non-confrontational manner to the population, healthcare, and therefore health, will be greatly improved. Additionally, this programme seeks to influence policies that affect both Sexual Health and Sexual Rights.

This will serve to better their general well being, by, for instance, removing laws that criminalize homosexuality, but also to remove barriers to access healthcare. Also, this programme will directly work with stigmatised groups, such as LGBT+ individuals or sex workers, to educate them about available health services and to empower them to access these. Finally, in order to strengthen current evidence about Sexual Health and Sexual Rights, this programmes strives to collect data on the situation and encourages other researchers to do the same.

Organisational context and necessary resources to launch the programme

For the programme to become applicable, the programme coordinator and their team must focus on Human Resources within IFMSA and External Representation.
Human Resources within IFMSA:

We have to empower IFMSA members to work on Sexual Health and Sexual Rights in order to make Sexuality become a main topic in Federations working lines. We should get members involved not only from SCORP and SCORA, but from every Standing Committee or Division.

- **SCOPH**: LGBT+ individuals access to health and normalisation of Sexuality issues in a consulting room.
- **SCOME**: Sexuality and Gender Identity to be included in the Medical Curricula
- **Training SD / Capacity Building**: Creating and strengthening specific trainings and formation to ensure that Medical Students become sensitive about this topic and get the mechanisms to apply it to their future healthcare assistance.
- **Activities**: supporting NMOs to create activities to raise awareness about the importance of the Sexuality and the Gender Identity as well as Sexual Health and Sexual Rights.
- **PR & Communications**: creating materials, brochures and social campaigns to raise awareness among the population to increase our social impact.

External Representation:

The Liaison Officers of IFMSA, specially the LRA and the LRP, should get in contact with external organisations in order to establish lasting collaborations ensuring the social and professional impact of this programme and also to obtain formation and feedback from those organisations to improve our methods.

Finally, although at first sight this programme may not need money for its implementation and development, a Funding strategy must be set.

Funding:

There must be a support to NMOs to carry out new fundings ideas within the Local and National spheres.

In the International level, with the help of the External Representation Team and the Finances Team, only pharmfree economic allies can be searched in order to obtain the necessary money to create and work on activities under this programme.

References

http://www.ifmsa.org/Media-center/Policy-Statements


[3] Addressing the causes of disparities in health service access and utilization for lesbian, gay, bisexual and trans (LGBT) persons:


[5] Islam, sexual diversity and access to health services


ILGA EUROPE: CALL XII
http://ilga-europe.org/home/how_we_work/ilga_europe_as_a_funder/completed_projects/xii