FAQ on health and sexual diversity: The basics

What do the terms sexual orientation, sexual behaviour, gender identity, and gender expression mean?

**Sexual orientation** refers to a person’s physical, romantic, and/or emotional attraction towards other people. Sexual orientation is not related to gender identity.

**Sexual behaviour** is used to describe the way in which an individual sexually engages with others. Sexual behaviour is not always determined by an individual’s sexual orientation. For instance, an individual can be identified as MSM (men who have sex with men) regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as heterosexual but have sex with other men and would not otherwise be targeted in public health interventions (1). The term is also useful in identifying male sex workers whose clients include other men.

**Gender identity** reflects a deeply felt and experienced sense of one’s own gender. A person’s gender identity is typically consistent with the sex assigned to them at birth. It is widely understood that gender identity, like sexual identity/orientation, is not static and limited to male/female identities, but rather exists on a spectrum. This means that an individual’s gender identity is not necessarily confined to an identity that is completely male or completely female. When an individual’s gender identity differs from their assigned sex, they are commonly considered to be transgender, gender fluid, and/or gender queer.

Gender identity is classified in the 10th International Classification of Diseases\(^1\) within the Mental and Behavioural Disorders chapter. However, proposals for ICD-11 (due in 2016) suggest redefining these categories (“Transsexualism” and “Gender Identity Disorder of Childhood”) as ‘Gender Incongruence of Adolescence and Adulthood’ and ‘Gender Incongruence of Childhood respectively. Gender Incongruence of Adolescence and Adulthood’ would be understood as “a marked and persistent incongruence between an individual’s experienced gender and the assigned sex, generally including dislike or discomfort with primary and secondary sex characteristics of the assigned sex and a strong desire to have the primary or secondary sex characteristics of the experienced gender.”(2)

**Gender expression:** Unlike gender identity which is an internal experience and understanding of one’s gender, gender expression refers to the way in which an individual outwardly presents their gender. These expressions of gender are typically through the way one chooses to dress. Our

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\(^1\) The International Classification of Diseases is a health information standard for coding mortality and morbidity, signs, symptoms, reasons for encounter, and external causes of both injury and disease. The classification provides a standard and internationally comparable measurement system to be used in national and international health statistics to inform governments, other public health bodies, health systems, and clinicians. As such, it holds a critical role in framing the interpretation of the concept in the medical and epidemiologic literature; within clinical guidance; in research studies; and as related to medical re-imbursement.

The ICD is currently being revised in content and structure to better reflect progress in health sciences and medical practice.
perceptions of gender typically align with the socially constructed binary of masculine and feminine forms of expression. The way an individual expresses their gender is not always indicative of their gender identity.

**Sexual health**: 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 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 (3).

**Sexuality**: Sexuality is a central aspect of being human throughout life [that] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.(4)

**What do the terms lesbian, gay, bisexual, transgender, queer, and intersex mean?**

**Heterosexual** people are attracted to individuals of a different sex and/or gender identity from themselves.

**Lesbian women** and **gay men** are attracted to individuals of the same sex and/or gender identity as themselves (1).

**Bisexual** people may be attracted to individuals of the same or different sex and/or gender identity.

**Transgender** (sometimes shortened to “trans*”) is an umbrella term used to describe people with a wide range of identities—including transsexual people, people who identify as third gender, and others whose appearance and characteristics are perceived as gender atypical and whose sense of their own gender is different to the sex that they were assigned at birth. Trans women identify as women but were assigned as males when they were born. Trans men identify as men but were assigned female when they were born. Some transgender people seek surgery or take hormones to bring their body into alignment with their gender identity; others do not. **Cisgender** means having a gender identity that matches one’s assigned sex.

**Queer** is an umbrella term which is commonly used to define lesbian, gay, bi, Trans, and other people and institutions on the margins of mainstream culture. Historically, the term has been used to denigrate sexual and gender minorities, but more recently it has been reclaimed by these groups and is increasingly used as an expression of pride and to reject narrow reductive labels. Queer can be a convenient, inclusive term when referring to issues and experiences affecting the many groups subsumed under this umbrella. Because it is still used to demean lesbian, gay, bisexual, and transgender people, those who do not identify as queer are urged to use the term with caution, or not at all.
**Intersex** people are born with physical or biological sex characteristics (including sexual anatomy, reproductive organs and/or chromosomal patterns) that do not fit the traditional definitions of male or female. These characteristics may be apparent at birth or emerge later in life, often at puberty.

**What do the terms, heteronormativity, homophobia and transphobia mean?**

**Heteronormativity** is the assumption that everyone is heterosexual, and that heterosexuality is superior to all other sexualities. Among both individuals and institutions, this can lead to invisibility and stigmatization of other sexualities and gender identities. Often included in this concept is a level of gender normativity and gender roles, the assumption that individuals should identify as men and women, and be masculine men and feminine women.

**Homophobia** is the term often used to describe discrimination on the basis of sexual orientation or gender identity and may, include verbal and physical abuse. However, others prefer to use the more inclusive term, heterosexism, to describe all forms of discrimination against people who encompass lesbian, gay, or bisexual sexual orientations.

**Transphobia** is the negative devaluing and discriminatory treatment of individuals who do not conform in presentation and/or identity to conventional conceptions of gender and/or those who do not identify with their assigned sex.

**Transphobia, homophobia, and sexism** are closely linked and interdependent. As with any form of discrimination, transphobia can be personal or systemic, intentional or unintentional.

**What has this got to do with health?**

Human sexuality includes many different forms of behaviour and expression. It is increasingly acknowledged that recognition of the diversity of sexual behaviour and expression contributes to people’s overall sense of well-being and health (5). Understanding the related risks and vulnerabilities associated with the way sexual behaviour and expression are perceived in society is also key to understanding barriers to health and how to address these.

Ill health related to sexuality represents a significant disease burden throughout the world. Lesbian, gay, bisexual, transgender and intersex people face both similar and different challenges in accessing health care services and ensuring their health needs are met, but as a community, are more likely to experience human rights violations including violence, torture, criminalization, forced sterilization (often in the case of intersex persons), discrimination and stigma because they are perceived to fall outside of socially constructed sex and gender norms.

Research and evidence – gathered by UN entities, academic, and civil society organizations – is increasingly being gathered that highlights the impact of discrimination against LGBTQI individuals, including high rates of physical and mental health issues and reduced access to medical and social services as a result of systemic stigma and homophobia (6). Though further research is still needed (7), existing studies suggest that such discrimination intersects with other
forms of social advantages and disadvantages across axes such as ability, geography, health status, and age. These intersecting barriers to healthcare and social services result in drastic health disparities between those that have access to these essential services and those who do not (8). Discrimination on the basis of sexual orientation or gender identity violates UN human rights standards, and negatively affects individuals, communities, societies, and undermines the achievement of Sustainable Development Goals (SDGs).

Healthcare is a social, organizational, and cultural construct; the health and social care systems of a country are products of culture, history, and politics quite as much as they are science, education, and resources (9). As a result, topics of health must be recognized using a multifaceted social ecological framework that examines health issues, the behaviours that exacerbate them, and their determinants from a societal to individual level.

The post-2015 sustainable development agenda seeks to realize the human rights of all and pledges to leave no one behind. It imagines a world that reflects equity with universal respect for human rights and human dignity.

How is homosexuality related to HIV?

The transmission of HIV can occur where there are unprotected sexual practices between individuals while one of the individuals is HIV positive. This can happen between partners of the same or different sex (10, 11), and is relatively more common among key populations* including MSM and transgender persons. MSM and transgender persons have an increased risk of HIV/STI infection in part due to network effects (12). Any sexual network in which people have multiple and concurrent sex partners is especially conducive to the spread of HIV. There is solid evidence of high rates of HIV risk behaviours among MSM and transgender persons in all countries where studies have been conducted. In addition, the few epidemiological studies that exist among transgender people have shown disproportionately high HIV prevalence, ranging from 8% to 68% depending on the context and the type of study carried out (13). However, research and data regarding transgender health is minimal relative to studies done on MSM related health issues. Unprotected anal sex is the highest risk practice for sexual transmission of HIV among MSM and transgender persons.

However, it is important to note that human rights violations and marginalisation can fuel the spread of HIV and jeopardise access to HIV prevention and treatment services. Factors such as stigma, discrimination, criminalization, and violence based on sexual orientation and gender identity contribute to hindering access to healthcare and social services, as well as HIV prevention, treatment and care services for these populations. These issues are further exacerbated as individuals encompass multiple forms of disadvantage on the basis of race, socio-economic status, migration status in addition to sexual orientation and gender identity.

Furthermore, many individuals including gay men, transgender persons, and/or MSM have been identified as “key populations” which is a term that refers to those most likely to be exposed to HIV as a result of continuous systemic marginalization and discrimination (10, 12). This group also includes sex workers, people in prisons and other closed settings as well as people who
inject drugs. Responding to these challenges thus requires addressing the legal and policy barriers, including criminalization of same sex relations and of transgender persons that make many LGBTQI people vulnerable to HIV and hinder their access to and uptake of HIV and other health services (15).

What specific protections exist for LGBTQI populations?

The International Covenant on Economic, Social and Cultural rights indicates that health is a fundamental human right indispensable to the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity, regardless of their race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status (16).

Member States have committed to upholding the fundamental values enshrined in the Universal Declaration of Human Rights and other treaties and have obligations under international law to protect the human rights of all persons. They have a duty to review and reform national legislation and policies in line with international human rights standards and their treaty obligations, with the support of UN entities if necessary. Furthermore, putting in place supportive legislative and regulatory frameworks and removing unnecessary restrictions from policies and regulations is likely to contribute significantly to improved access to services.

What is the UNs position on LGBTQI?

The UN and its Member States share a commitment to uphold the fundamental values enshrined in the United Nations Charter, the Universal Declaration of Human Rights and other treaties. The respect, protection and fulfilment of internationally recognized human rights, such as the right to the highest attainable standard of health and the right to non-discrimination, require that all people have access to high quality and affordable health services, including those related to sexuality and sexual health, without discrimination. In keeping with this, every one – regardless of their sexual orientation and gender identity (as well race and age) – is entitled to enjoy the same rights, free from violence and discrimination.

The UN has a shared responsibility to protect the rights of everyone – LGBTQI people included. The UN Charter, the Universal Declaration of Human Rights, and all human rights treaties do not exclude any particular group of individuals from protection. According to the UN Secretary-General Ban Ki-moon, “The fight for human rights – and the fight against discrimination – lies at the core of the mission of the United Nations (17).” He has gone on to state that “Some say that sexual orientation and gender identity are sensitive issues. I understand. Like many of my generation, I did not grow up talking about these issues. But I learned to speak out because lives are at stake, and because it is our duty under the United Nations Charter and the Universal Declaration of Human Rights to protect the rights of everyone, everywhere (18).”

In 2014, the UN system as a whole – including WHO - endorsed a common statement to end such discrimination (19). This is the first time so many UN entities have articulated a common
commitment to do so.
References:


