



World Health
Organization

Gender, Equity & Human Rights (GER)

FAQ on **H** Health
and **S** Sexual **D** Diversity
An Introduction to Key Concepts

FAQ on Health and Sexual Diversity

An Introduction to Key Concepts

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

- **Sexual orientation** refers to a person's physical, romantic, and/or emotional attraction towards other people. Sexual orientation is distinct from gender identity. Sexual orientation is comprised of three elements: sexual attraction, sexual behaviour, and sexual identity (1). Sexual orientation is most often defined in terms of heterosexuality to identify those who are attracted to individuals of a different sex from themselves, and homosexuality to identify those who are attracted to individuals of the same sex as themselves.
 - **Gender identity** is understood to refer to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech, and mannerisms. Gender identity 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. Whereas when an individual's gender identity aligns with their assigned sex, they are commonly considered cisgender.
- While these terms are increasing in familiarity in some countries, in a number of cultures other terms may be used to describe people who form same-sex relationships and those who exhibit non-binary gender identities.* In some of these countries 'third gender' is recognized both in law and cultural traditions, and may have legal protection due to cultural, traditional, or religious significance.
- **Gender expression**, unlike gender identity which is an internal experience and understanding of one's gender, 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, speak, or generally conduct themselves socially. Our 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** 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 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, at all ages and in all contexts must be respected, protected and fulfilled (2).

* Specific Indigenous terms include Hijra (India), meti (Nepal), skesana (South Africa), motsoalle (Lesotho), kuchu (Uganda), waria (Indonesia), kawein (Malaysia), travesti (Brazil, Argentina), muxé (Mexico), fa'afafine (Samoa), fakaleiti (Tonga), hamjensgara (Iran) and TwoSpirit (North American Indigenous).

● **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 a man who has sex with other men (MSM) 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 reached through public health interventions (3). The term MSM is also useful in identifying male sex workers whose clients include other men.

● **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 intersection of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors (4).

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

- **Lesbian** women and **gay** men are attracted to individuals of the same sex and/or gender identity as themselves (3). Lesbian women and gay men were once commonly grouped as homosexual, but this term is no longer used as it has a history in the wrongful pathologization of people with non-heterosexual orientations as a mental health disorder.
- **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. Intersex people may be subjected to gender assignment interventions at birth or in early life with the consent of parents though this practice is largely contested by intersex persons and has been the subject of a number of recommendations by human rights experts and bodies (5, 6).

What do the terms heteronormativity, homophobia and transphobia mean?

- **Heteronormativity** is the assumption that everyone is heterosexual, and that heterosexuality is “the norm”. 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, some 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, or express their assigned sex.
 - **Transphobia** and **homophobia** are closely linked and interdependent. As with any form of discrimination, transphobia can be personal or systemic, intentional or unintentional.

What specific protections exist for LGBTI 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 (7).

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 (8-12). 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.

* Although sexual orientation is not specifically listed in the International Covenant on Economic, Social and Cultural Rights, General Comment 14 by the Committee on Economic, Social and Cultural rights has interpreted the Treaty to include sexual orientation.

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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 (13). 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. Sexual and gender minorities such as 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 (14).

Research and evidence – gathered by UN entities, academic, and civil society organizations – is increasingly being gathered that highlights the impact of discrimination against LGBTI 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 (15). Incidents of violence and torture in healthcare settings have also been documented, including denial of medical treatment, verbal abuse, and forced procedures such as anal exams (for the prosecution of suspected homosexual activities),

hormone therapy, and so-called sex normalizing surgery and reparative therapy. These procedures are rarely medically necessary, can cause serious injury, scarring, loss of sexual sensation, pain, incontinence and lifelong depression, and have also been criticized as being unscientific, potentially harmful and contributing to stigma (16).

A Joint Statement by UN Special Procedures on the occasion of the High-Level Meeting on ending AIDS by 2030 reported that globally, men who have sex with men, are 24 times more likely to acquire HIV than adults in the general population, while transgender people, are 18 times more likely to acquire HIV than adults in the general population (17). Though further research is still needed (18), 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 (19). 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).

What are the next steps with the International Classification of Disease (ICD) in relation to gender identity?

Gender identity is classified in the 10th International Classification of Diseases* within the Mental and Behavioural Disorders chapter. However, current discussion and widespread expert consultation on proposed revisions to ICD 10 has led to a proposal to move these categories from the Mental and Behavioural Disorders chapter to a new chapter on 'conditions related to sexual health' where these categories ("Transsexualism" and "Gender Identity Disorder of Childhood") will be listed 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." (20)

* 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 reimbursement. 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 reimbursement.

The ICD is currently being revised in content and structure to better reflect progress in health sciences and medical practice.

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Why is HIV a commonly discussed topic in relation to LGBTI?

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 (21, 22, 23), 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 (24). 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 (25). 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, socioeconomic 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 (21, 22, 24). 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

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