In harm's way: How global abstinenceonly and Global Gag Rule policies restrict sexuality around the world



International HIV/AIDS Alliance

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Many reproductive and sexual health rights organizations have reported on the impact of anti-abortion and abstinence-only policies on women's reproductive health decisions. However, little is known on how these policies have affected men who have sex with men and other sexual minorities. In this article, the author shows how US-induced policies have led to a cut in vital funding support for sexual minority organizations, and asks for case studies from developing countries where the introduction of these policies have led to visible discrimination of sexual minorities.

On the first day of George W. Bush's administration, the White House restored the Mexico City Policy, commonly known as the Global Gag Rule (GGR). The policy restricts non-governmental organizations funded through the United States Agency for International Development (USAID) family planning funds from using any monies, either from USAID or other sources, to perform legal abortions, provide information about abortions, or lobby their governments to reform abortion laws. Since his election to office, President Bush has increased the funding for global sexual abstinence-untilmarriage programmes through the President's Emergency Plan for AIDS Relief (PEPFAR), created during President Clinton's administration in the 1990s, and re-launched on February 23, 2004. PEPFAR stresses the use of 'ABCs' of HIV prevention, that is, abstinence as a first choice, being faithful to one's partner and, as a last choice, consistent use of condoms.

ABC and GGR policies impinge on the rights of sexually active persons to access accurate and comprehensive information on the prevention of HIV and unwanted

pregnancy. These polices also harm marginalized groups like men who have sex with men (MSM), women who have sex with women, sexually-active HIV-positive persons, and sex workers, by placing them in stigmatizing 'high risk' categories. In the USA, the ABC policy in particular emphasizes abstinence as the only mode for the prevention of HIV/AIDS. When condom use is mentioned, the policy demands that programmes must underline that condoms are ineffective barriers to transmission, often with incorrect, grossly-exacerbated rates of failure.

In places where condom use is already culturally discouraged, publishing failure rates rather than promoting scientifically evidenced information that shows that condoms are the best and most effective measure for HIV prevention will only discourage the most marginalized groups from using them. In fact, because of these harmful demands and censorship of comprehensive and accurate information, many organizations on the ground will not disseminate information about condoms for fear of breaking USAID rules.

Many reproductive and sexual health rights organizations have recognized the impact of GGR on women's reproductive health decisions but little is said of how GGR has cut vital funding support for sexual minorities. For example, Young & Wise, one of the few MSM outreach groups in Ghana, can no longer distribute condoms because the supplier, USAID, can no longer give any to them. Young & Wise partner the Planned Parenthood Association of Ghana, which is affiliated to the International Planned Parenthood Federation (IPPF), has been blacklisted by USAID for supposedly providing information about abortions. By de facto, men who have sex with men are denied the full range of options needed to protect themselves from HIV infection.

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Biased interpretations of homosexuality

Many abstinence-until-marriage policies have actively promoted biased interpretations of homosexuality. In the USA, where the Bush administration has since 2000 spent more than US\$500 million on abstinence-only sex education, abstinence-only programmes have been restricted from providing sex education sensitive to the

needs of lesbian, gay, bisexual and transgender (LGBT) youth. In fact, these programmes, many of which are now being exported globally, promote a fear-based abstinence-only curriculum, which instructs that safer sex is only possible in the context of marriage. Programmes present extreme worst-case scenarios about sexually transmitted infections (STIs), exaggerate the failure rates of condoms, and foster stereotypes about gender and sexual differences. They often place responsible sexuality decisions on the shoulders of young women only. The programmes regularly omit discussion of sexual diversity.

Whenever these programmes refer to sexuality, they frequently conflate same-sex desire with STIs. For example, some federal-funded abstinence programmes in the USA have stated that half of LGBT youth are HIV positive. Since abstinence-only policies rely on a heterosexual concept of sex and family, they do not address sexual minorities such as gay men, who are forbidden to marry in most countries.

Furthermore, abstinence-only programmes have not been scientifically proven to be successful in delaying sexual initiation. In a study assessing the standards of evidence of 10 abstinence-only programmes, which claim to demonstrate actual delay of sexual debut and/or reduce teen pregnancy, all have failed to directly correlate abstinence with reduction in sexual activity and/or HIV transmission. The review showed that young people who are only exposed to abstinence-only sex education become less willing to use condoms and contraception

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once they engage in sex.² On the other hand, young people who receive comprehensive sexuality education become sexually active later, and are more likely to use contraception when they engage in sex.³

Towards evidence-informed and rights-based policies

Men who have sex with men and other sexual minorities are frequently subjected to harassment, violence, discrimination and stigma within the family, at places of employment, in education and public life. These violations of human and sexual rights must be examined in the context of poverty, racism, sexism and homophobia. The USA is party to the International Covenant on Civil and Political Rights (ICCPR). It has also signed but not ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR). While it is not bound by the terms of the treaties, as a signatory, it has the obligation to refrain from actions that would defeat the treaties' object and purpose.

The GGR and ABC policies are not based on evidence but rather promoting ideology over science. They prevent access to comprehensive information that would help people make informed choices about safer sex. These policies present a need for advocacy and awareness on their effect on the rights of sexual minorities. One of the organizations taking up this challenge is the International Gay and Lesbian Human Rights Commission (IGLHRC), a US-based human rights organization. Some of the advocacy issues for developing countries are:

- The repeal of sodomy laws and other laws that criminalize same-sex relations.
- Adoption of legislation to protect the rights of PLWHA, including legislation to prohibit discrimination against them.
- Ensuring that the government and police monitor and regularly publicly report violence and abuse against persons at risk of or living with HIV/AIDS.
- Amending sexuality education to include scientifically accurate information concerning safer sex and condoms as methods of HIV prevention.
- Revising restrictions if applicable which do not permit health and educational

- officials to provide information about HIV prevention, including information about appropriate use of condoms.
- Providing training on HIV, AIDS, sexuality and sexual diversity to all health officials, police officers, and those working in educational institutions. The training should cover, among others, the rights to privacy and protection of confidential information about HIV status.

IGLHRC is currently collecting case studies from developing countries where the introduction of abstinence-only or other US-induced policies have led to visible discrimination of sexual minorities. Together with other international partners, IGLHRC advocates for the modification of harmful US policies and urges governments of other countries to repeal discriminatory laws and put in place HIV/AIDS policies that are evidence-informed and rights-based.

For reasons of space, most references have been removed.

Full references can be found in the web version of this article: www.kit.nl/exchange

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