

PART

B



“However, is why these different populations, despite knowing how infection occurs and receiving condoms, continue to perform unsafe sex with their hetero-homosexual relationships or in sex work. The answer may be related to the management of “power within sexual relations” which is uneven.”

Recommendations for the enhancement of the protection of sexual and reproductive health rights

The realm of HIV/AIDS has hitherto been confined mainly to the area of epidemiology, prevention of transmission, sickness, and medical treatment. All measures, implementation and policy have thus been guided by a medical approach.

Efforts have been made, however, to use the social dimension to understand the causes of unsafe sex and other conditions and factors that enable one to be able to choose and make decisions based on equality. It should help to address the vulnerabilities and risks that have brought about a lack of protection and self-care.

Nevertheless, the dominant approach to control HIV transmission tends to be based on reductionist views about human beings. It stresses the importance of knowledge in virology, infection and prevention by focusing on different body parts that are the channels for receiving and transmitting the virus. Social, cultural, economic and political factors that enable one to have choices, opportunities and bargaining power, which are the main causes of human rights and dignity violations, have been ignored.

Efforts to present an analysis of measures, law and policy by the state from a civil society perspective can help broaden the way we look at problems related to HIV transmission by bringing into the debate the issues of sex, rights and human dignity.

Civil society believes that respect for sexual rights is necessary and key to help us move beyond traditional views on sex, gender and sexuality. It will enable us to have access to equal protection and respect of human dignity, leading to a reduction in sexual inequalities. In addition, it can steer us toward more direct and effective solutions in addressing HIV /AIDS.

Civil society has prepared legal and policy recommendations regarding sexual and reproductive health rights which aim to solve existing problems and can lead to successful outcomes, including:

- A subcommittee should be set up to monitor and follow up on efforts to eradicate stigmatization and discrimination against PLHIVs and AIDS patients. It should become a part of the overall structure in the response to HIV/AIDS at the national level and should be mandated to monitor and follow up on problems and impacts as a result of labeling and discrimination concerning sex and HIV/AIDS.

- Policy and action plans developed in response to HIV/AIDS should encompass all aspects of sexual and reproductive health, respect for sexual rights and human dignity concerning the diversity of sex, gender and sexuality. They should be regarded as a fundamental human right and be integrated into the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation.

● Policy, measures and action plans developed in response to HIV/AIDS should be developed in light of other policies and laws that may help to enhance the protection and promotion of sexual rights and respect for human dignity.

● The National AIDS Prevention and Alleviation Committee (NAPAC), which is a main conduit for policy implementation, along with other mechanisms should work toward monitoring and supervising efforts to ensure the enforcement of obligations in accordance with various international instruments. They should also promote the reform of laws and policies that may impede efforts to ensure these rights.

● The “risk group” and “extreme risk group” categorization should be abandoned since it has led to the assumption that it is these groups that transmit the virus and are therefore social problems. Instead, efforts should be made to enhance the understanding about factors and conditions as well as social structure, culture, religion, unequal economic and political status, which have made certain groups in society vulnerable,

unequal, subject to hate and discrimination, and unable to make their own decision to live a safe life like other groups in society.

- Any act which tends to promote social labeling, isolation, discrimination and criminalization should be stopped, including other, similar regulations, rules or traditions. This will help to promote the right to access and receive health services to ensure that various groups of people are able to look after and protect themselves as much as other people and groups.

- Members of these groups of people should be empowered to gain access to the right to health, education, housing and work in equal measure with other groups in society.

- The delivery of health services should incorporate greater respect for rights and human dignity and an acknowledgement of the diversity of sex, gender and sexuality, including the fact that these do not encompass the male and female sex, or

masculinity and femininity only. There is nothing wrong with the decision to follow one's personal preferences in the areas of sex, gender and sexuality, and this does not lead to the decrease of human dignity among those who decide to do so. In addition, the criminalization of such decisions should be avoided to prevent people who opt for a different sex life from being treated as offenders or being subject to disgust or isolation. On the contrary, they should be given access to services and the ability to live in society in safety and on equal footing with others.

- Service providers and those working on HIV/AIDS and related individuals should be receive the opportunity to learn more about sexual rights, AIDS rights, human rights, sexual diversity, gender and sexuality. Implementation and service delivery should be based on respect for these rights and human dignity. Based on reviews of existing knowledge, tools should be developed to design training courses organized by TNCA, the Thai National Network of People Living with HIV/AIDS (TNP+) and the Foundation for AIDS Rights (FAR).

- Efforts must be made to support and promote a “comprehensive sex education process” which shall be replicated to cover both formal and non-formal education systems. Resources have to be invested to improve attitudes and potential of instructors. The National AIDS Prevention and Alleviation Committee should ask the Subcommittee for Advancing the Prevention Program Effort and to steer the attempts to develop concepts on human dignity, human rights and sexual rights among youth who will be taught based on the comprehensive sex education curriculum. The Ministry of Education should take the lead in coordinating and promoting the participation of youth and teachers’ organizations or associations across the country. They will form an important partnership as they mobilize the work in cooperation with other concerned agencies and organizations.

- A one stop service system that provides friendly services to youth and women, and other services, guided by a gender sensitive approach should be developed to provide counseling, knowledge, information, and spiritual and physical refuge to

youth. This service shall function as an immediate referral point for young people and the problems they identify, and to help parents and the general public understand the needs of youth. The Department of Health together with NGOs working on sex education, councils focusing on children and youth, and youth groups/networks should be part of the working team to mobilize the pilot efforts. Lessons are to be reviewed before further replication.

- Comprehensive sex awareness must be promoted, though not regarded as the promotion of immoral activities. Instead it should be viewed as an effort to instill among youth awareness about their rights to have a sex life which suits their personal needs as well as social, cultural and economic change. State agencies under the Ministry of Public Health (MoPH), who are Principal Recipient (PR) of the Global Fund, and Principal Recipient and Sub Recipient (SR) NGOs should conduct activities with youth and other groups to advance this awareness. Work that has been implementation in the past five years should be developed into social policies.

The “comprehensive sex education process” must be promoted to enhance the protection of reproductive health rights.

