

Policy Document

Sexual Health and HIV/AIDS Policy

Background

The Australian Medical Students' Association (AMSA) is the peak representative body for medical students in Australia. AMSA believes that all communities have the right to the best attainable health. Accordingly, AMSA advocates on issues that impact health outcomes.

The World Health Organisation defines sexual health as “a state of physical, mental and social well-being in relation to sexuality” [1]. This is a state not limited to the absence of disease, dysfunction or infirmity, but one where all people are able to exercise their rights to pursue a safe and pleasurable sexual life [2]. There are a number of key public health issues compromising people's ability to maintain good sexual health including sexually transmitted infections such as HIV, inadequate sexual health education, sexual violence, infertility, sexual dysfunction and discrimination based on sexual orientation, gender, and disability [3]. It is critical for medical professionals to be competent in taking a sexual history, providing sexual health counselling and displaying attitudes that respect the diversity of human sexuality in order to promote the best possible health outcomes for patients.

HIV continues to be a major global public health issue, having claimed more than 34 million lives thus far. Approximately 36.9 million people live with HIV with 2 million new infections each year [4]. Sub-Saharan Africa is the most affected region, accounting for more than half the world's HIV/AIDS cases and almost 70% of new HIV infections [4]. In the last 15 years, new HIV infections and AIDS-related deaths have fallen drastically as a result of international efforts to meet the Millennium Development Goals HIV targets [5]. UNAIDS has set new targets to combat HIV for 2020. These include 90% of people with HIV knowing their status, 90% of all people diagnosed with HIV receiving sustained antiretroviral (ARV) treatment, and 90% of all people receiving ARV treatment achieving viral suppression. These targets aim to end the HIV/AIDS epidemic by 2030 [6]. Globally, it is estimated that currently only 54% of people living with HIV know their status, with only 43% receiving ARV treatment [5].

Australia is ahead of current global statistics, with 88% of HIV/AIDS sufferers having a definitive diagnosis, 73% receiving Highly Active Antiretroviral Therapy, and 92% achieving viral suppression [7]. An estimated 27,150 people in Australia are currently living with HIV infection [7]. The HIV prevalence is highest amongst men who have sex with men (MSM). Primary prevention and harm reduction strategies such as condom use, pre exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP) should be promoted in high-risk populations, as rates of reported condom usage remain low [7,8]. PEP and PrEP have been shown to be effective HIV control strategies and does not result in increased risky sexual activity [8].

Sexually transmitted infections (STIs) continue to be a major health concern globally and in Australia. Each year, there are an estimated 357 million new infections with one of the four major curable STIs; chlamydia, gonorrhoea, syphilis and trichomoniasis [9]. More than 500 million people are living with genital herpes infection and more than 290 million women have an HPV infection. STIs are associated with numerous health issues including cervical cancer, infertility, fetal deaths and increased susceptibility to HIV [9]. Low income countries have the highest burden of STIs and there are considerable disparities in transmission rates for marginalised groups such as sex workers, young people and those living in poverty [9]. For example, Aboriginal populations in Australia have disproportionately high prevalence rates of

chlamydia (11.2%), gonorrhoea (16.8%), syphilis (16.8%) and trichomonas (22.6%), with young people and pregnant women being particularly affected [10]. Despite the availability of new rapid diagnostic tests, affordable and effective pharmacotherapies, and prophylactic vaccines for many STIs, globally there are still high rates of transmission, undiagnosed cases, and under treatment [9].

Stigma is a key issue in HIV and STI prevention and control. Stigma and discrimination reduce adherence to treatment, increase unsafe sexual behaviours and prevent disclosure to families and partners [11]. Globally, members of the UN General Assembly have committed to eliminate discrimination against those living with HIV/AIDS and develop better strategies to combat stigma and social exclusion, particularly within vulnerable groups [5].

Sexual violence continues to be a major public health concern due to the physical and mental health consequences [12]. Overwhelmingly, the burden of sexual violence is borne by women at the hands of men [13], with an estimated 30% of women worldwide having experienced either physical or sexual partner assault [13]. Furthermore, over 100 million girls and women worldwide have undergone female genital mutilation (FGM) and more than 3 million girls are at risk for FGM every year in Africa alone [14]. Sexual violence is a violation of human rights and profoundly damages the physical, sexual, reproductive, emotional, mental and social well-being of individuals and families [13, 15]. The medical profession has a key role to play in the early detection, intervention and provision of specialised treatment of those who suffer domestic violence and sexual abuse [16].

Access to accurate information about sexual health is paramount to ensuring sexual experiences are safe and satisfying. Comprehensive sexuality education that holistically considers social, psychological, and health aspects of sexuality can improve health and wellbeing as well as increasing consensual, mutually satisfying and safe sexual experiences [17]. Sexuality education should promote values such as gender equality, dignity, respect for others, awareness of sexual and reproductive rights and freedom from discrimination and violence. Research shows that providing young people with access to information that allows them to understand their sexual and reproductive rights is associated with improved health outcomes [18]. While acknowledging adolescent sexuality is still considered taboo in many communities, failure to recognise the rights of adolescents to have accurate information and access to services perpetuates unsafe and potentially harmful sexual experiences [18].

Sexuality is a critical aspect of identity and relationships, as such, sexual dysfunction can have significant psychosocial consequences [19]. Similarly, fertility issues may negatively impact on mental health and relationships [20]. These issues are exacerbated in cultural contexts where reproduction is considered a fundamental part of social identity, particularly for women [21]. Although male infertility is responsible for 50% of conception failures, childless women are disproportionately ostracised for infertility [21]. In high income countries such as Australia, low fertility is a growing issue as the age at which people conceive rises and the population ages [22]. On the other side of the spectrum, control of fertility and reproductive rights continues to be an issue globally (for further information please refer to the the AMSA *Access to safe termination of pregnancy policy*).

AMSA supports the United Nations' Sustainable Development Goal to ensure universal access to sexual and reproductive healthcare services including family planning, information and education, and the integration of reproductive health into national strategies and programmes for all people by 2030.

Position Statement

AMSA believes that:

1. Sexual and reproductive issues, regardless of gender or sexuality, have a significant impact on one's overall health
2. Addressing the rising rates and resistance of STIs, including HIV/AIDS, through improved health promotion and preventative strategies aimed at at-risk populations should be a high priority for the Australian, State and Territory Governments
3. The Australian Government needs to play a key leadership role in international and domestic efforts to improve sexual health and reduce the burden of STIs, especially HIV/AIDS overseas.
4. Discrimination and stigma play a crucial role in the accessibility of sexual healthcare. All people should have access to appropriate medical care free from stigma and discrimination
5. Comprehensive sexual health education is a vital component of medical education

Policy

AMSA calls upon:

1. The Australian Government in partnership with State and Territory Governments to:
 - a. Continue to implement public health measures aimed at encouraging timely testing and treatment for STIs including:
 - i. Increasing funding for sexual health services in rural and remote areas;
 - ii. Normalising STI testing through public health campaigns
 - iii. Improving access to sexual health services for both the general public and named priority populations
 - iv. Promoting equal access to sexual health services to the general population regardless of location, gender, sexuality, drug-use, occupation, socioeconomic status, immigration status, language, religion or culture
 - v. Encouraging all Australians to take responsibility for their sexual health and to adopt positive sexual health practices
 - b. Liaise and collaborate with other governmental and non-governmental organisations (such as Sexual Health and Family Planning Australia and Aboriginal Health Services) to target the rising rates of STIs in at-risk populations. This includes:
 - i. Developing and distributing culturally-sensitive and appropriate education materials
 - ii. Instituting culturally sensitive and non-discriminatory testing initiatives; Involving affected communities, such as the HIV positive community, in the formulation of policy
 - c. Financially support primary prevention programs in schools that educate adolescents on sexual health, sexual consent, gender equality, sexual orientation and the prevention of sexual violence; including by reinstating funding for Youth Empowerment Against HIV/AIDS (YEAH), whilst continue to fund ongoing programs such as the Safe Schools Coalition Program
 - d. Add Therapeutic Goods Administration approved pre- and post-exposure prophylaxis medications for HIV on the Pharmaceutical Benefits Scheme so that access to these medications is affordable
2. The international community, including United Nations agencies, intergovernmental bodies, civil society and the private sector, to work towards the United Nations' 2030 Sustainable Development Goals to:
 - i. Ensure universal access to sexual and reproductive health-care services
 - ii. End the global HIV epidemic
 - iii. End sexual violence, child marriage, and female genital mutilation

3. Australian medical students and medical professionals to:
 - a. Employ a patient-centered, non-judgmental approach to sexual health issues, ensuring that their personal values do not interfere with patient care
 - b. Provide a safe space for all patients to share their sexual history and health concerns by actions such as, but not limited to,
 - i. provision of free sexual health pamphlets
 - ii. Using posters that advertise a safe, judgement-free place for LGBTIQ people at their practice
 - iii. Ensuring the patient is aware of confidentiality that exists between patient and physician
 - iv. Provision of mental health support, during the consultation and opportunities externally
 - c. Act as leaders in the community by promoting safe sexual practices and encouraging regular testing amongst patients and peers.
 - d. Contribute to research in the field of sexual and reproductive health
 - e. Be informed with up-to-date information on key sexual health issues including the prevalence of sexual violence, at-risk populations for STIs and HIV, and effective evidence-based harm reduction strategies
 - f. Always take a judgement-free sexual health history where indicated and recommend appropriate treatment or harm reduction strategies to maintain good sexual health, especially in high risk populations
 - g. Recognise that faith-based or other objections to preventative contraceptive measures, such as barrier contraception, should not impact a clinician's professional, evidence-based practice or preclude individuals from accessing full autonomy over personal reproductive and sexual health
4. Australian medical schools to:
 - a. Provide holistic comprehensive sexual health education with a focus on essential skills in sexual history taking and counseling focusing on:
 - i. Harm reduction strategies
 - ii. Sexual diversity, cross-cultural considerations, and high risk groups
 - iii. Reducing negative attitudes and stigma around sexuality and sexual health
 - iv. Increased opportunities for clinical placements in sexual health areas
 - b. Facilitate a national forum through their curriculum, in which sexual health is discussed and debated in reflection of national priorities
5. All Australian universities, high schools and other educational bodies to:
 - a. Provide comprehensive sexual health education, including information on sexual and gender identity and diversity, that promotes healthy and safe sexual practices amongst students
 - b. Provide information across a variety of media educating students on the importance of regular testing and management of STIs and other blood-borne viruses
 - c. Ensure that all training of educators emphasizes the need for a non-discriminatory approach to STIs and sexual practices, regardless of sexual or gender identity, and inclusive of diversity
6. The AMSA and AMSA Global Health Executive to:
 - a. Continue peer education efforts on sexual health and HIV/AIDS such as AMSA Academy
 - b. Continue to publicly advocate on other AMSA policies that relate to sexual health and gender issues including the LGBTIQ Health, Gender Equity, Sexual Harassment, Access to Safe Termination of Pregnancy and Marriage Equality and Health policies

- c. Identify the adequacy of sexual health education across Australian medical school curricula through student surveys and discussions with MDANZ, advocating to improve this if deemed insufficient
- d. Support Red Party and other AMSA sexual health projects in educating and fundraising on topics relevant to sexual health and HIV/AIDS
- e. Liaise and collaborate with international and local organisations, including the International Federation of Medical Students' Association's (IFMSA) Standing Committee on Reproductive Health Including HIV/AIDS (SCORA) and YEAH on advocacy projects relevant to sexual health and HIV/AIDS
- f. Engage and encourage student attendance at conferences, activities and campaigns related to sexual health and HIV/AIDS treatment, research and fundraising

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Policy Details

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Amalgamation of Sexual Health (2014) and HIV/AIDS (2014)

Policy