Sexual and Reproductive Health and Rights, HIV/AIDS, and Public Health

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Since the 1994 International Conference on Population and Development, sexual and reproductive health and rights have received increased attention. Improving sexual and reproductive health is essential in meeting health goals of nations, including the United Nations Millennium Development Goals (MDGs). There has also been a strong emphasis on integrating sexual and reproductive health and HIV information and services. Policy makers, program managers, advocates, and people living with HIV now emphasize sexual and reproductive health– and HIV-related programs and planning.

In 2007, a Global Consultation on Sexual and Reproductive Health and Rights of People Living with HIV in Amsterdam focused on research, policy analysis, advocacy, and education, with a better understanding of sexual and reproductive rights of people living with HIV and also creating a supportive health system. Men having sex with men, intravenous drug users, sex workers and their clients are among the most at-risk for contracting HIV. Gender norms related to masculinity, for example homophobia, the subsequent stigmatization and discrimination, compound barriers to health care for people living with HIV who have diverse sexual orientations.

Globally, there is a rapid feminization of the HIV and AIDS epidemic due to both sex/biology and unequal gender relations.¹ Women, relatively, are at greater risk of acquiring HIV after unprotected sex with infected partners than men because of greater efficiency of male-to-female transmission. Women’s primary risk factor for HIV infection is their inability to control when and whether to be sexually active. Often, gender inequalities underlie such forced and unsafe sex, which has been responsible for a large extent of the HIV epidemic.

Female sex workers suffer from a high HIV burden and are one of the core populations for HIV transmission. An estimated 15% of HIV prevalence in the general female adult population is attributable to (unsafe) female sex work.² Sex workers are highly vulnerable to HIV infection as they often experience forced and unprotected sex. In addition, stigma, discrimination, and poverty further exacerbate sex workers’ vulnerability to HIV. Such activities occur mainly because of the lack of education and economic security.

Thus, programs emphasizing male responsibility toward safer sex and condom usage and empowering women with negotiation and life skills training are urgently needed. Easy and affordable access to sexual and reproductive health information and services and access to HIV prevention, treatment, and care is warranted. HIV planning and program need to address the underlying gender inequalities³ and further promote gender equality.

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