



REQUEST FOR ABSTRACTS

SEX, RIGHTS AND THE LAW IN A WORLD WITH AIDS

In partnership with *aids2031*, the International Center for Research on Women (ICRW), the United Nations Development Program (UNDP), and the Global Coalition on Women and AIDS (GCWA) will convene a meeting in early 2009 entitled *Sex, Rights and the Law in a World with AIDS*. The conveners are soliciting abstracts of published or unpublished papers that capture research and/or experience on sexual behavior, sexual identity, human rights and the law as they relate to a long-term response to the AIDS epidemic. Research, program and advocacy-oriented papers are welcome. Ten to twelve of the submitted abstracts will be selected by the conveners for presentation at the meeting.

The goal of the meeting is to identify effective strategies to address sexuality- and gender-related vulnerabilities to HIV. The objective of the meeting is to uncover existing strategies, generate innovative thinking and develop recommendations on addressing:

- The complex social, legal and political obstacles to the successful prevention of sexually transmitted HIV, and
- The barriers to effective, gender-transformative and human rights-based approaches to treatment, care and support.

The meeting will produce succinct but thorough guidance for programs, policy and action. The meeting will take place over 2.5 days in late January/early February of 2009, location to be determined.

Background on Topic

Nearly three decades after the identification of the first AIDS cases, it is clear that the AIDS epidemic will be with us for generations to come. While both the problems we are seeking to change and the outcomes we are seeking to realize are clear, much still remains unknown about *how* to influence behavior and social norms for an effective long-term response.

Globally, most HIV transmissions occur during sexual interactions. Yet sexual behavior, sexual identity and gender are extremely complex social phenomena and among the most difficult to understand, let alone to change. According to one definition, "sexuality is understood to be composed of sexual identity and orientation, gender identity, sexual desire, and sexual practices, which together constitute an individual's sexual 'subjectivity' in society. Sexuality is, of

course, affected by social location and, in particular, by experiences of race, class, culture, and community.”¹ Sexual behaviors and sexual identities are governed not only by social networks and culture, but by law and policy, maintained and enforced at local, national and international levels. Sexual behaviors and sexual identities are also profoundly affected by norms of gender and sexuality as these interact with race, ethnicity, religion, culture.

Gender refers to the widely held expectations and norms within a society about appropriate male and female behavior and responsibilities. Gender is a social and cultural construct that in its normative sense assumes the existence of only two genders - male and female; that relations between the genders should be heterosexual; and that identities and behaviors of women and men can be differentiated on this basis. While specific gender roles may differ significantly between societies, there exists a fairly consistent difference in women's and men's respective obligations and privileges, particularly in terms of access to and ownership of productive resources. As a result, many women have less control over decision-making in their households and less authority to promote change in their communities than men. In many contexts, entrenched gender inequities justify and perpetuate negative health and education outcomes for men, women, boys and girls, as well as for people who do not conform to social/cultural norms of heterosexuality. These outcomes complicate the many other challenges that donors and health service providers face in protecting families and individuals from HIV. Some effects of gender inequality, such as sexual violence, also have been shown to have significant effects on HIV vulnerability.

Despite the complexity of gender and sexuality, much, if not all, of HIV prevention has been based on a public health model that calls for individuals to prevent infection by controlling or simply changing their sexual behavior. However, in recent years, the dominant public health approach to behavior change has been challenged, both on practical and philosophical grounds. On a practical level, individual behavior change messages, whether on condom usage, partner reduction, or abstinence, may fall short of success because individual sexual behavior is often shaped by factors outside of an individual's control, such as economic dependency, fear of violence or intimidation, or dominant norms of sexuality. Thus, although these messages communicate important goals for safer behavior, they do not offer feasible strategies to achieve those goals within the social, psychological, economic and political environment. These simplistic messages may also fail to account for the complexity of roles and relationships that constitute a person's social and sexual networks, which are shaped, in turn, by culture, political climate, the economy and local environment.

There have also been ideological and moral critiques of the dominant public health response to HIV. For example, advocates of human rights and sexual rights contend that the top-down, utilitarian approach to public health overlooks or undermines full expression of an individual's rights and freedoms. Anthropologists and social scientists have highlighted the importance of social networks and cultural identities in shaping risk and vulnerabilities. Others have introduced moral and religious convictions about appropriate gender identities and sexual behavior.

While the AIDS epidemic has brought these debates about gender identities and sexual behavior into the public domain, these discussions are often dominated by divisive politics and ideology, or by an overly instrumental approach that fails to capture the complexity of sexuality or gender, or the composite of gender and sexuality. Advancing an effective long-term response to the AIDS epidemic requires more productive exchanges among stakeholders about what works, what doesn't work, and why. Understanding the epidemic, and keeping track of trends

¹Susana Fried, "Sexuality and Human Rights," *Health and Human Rights*, Vol. 7, No. 2, Sexuality, Human Rights, and Health, (2004), pp. 273-304.

over time, is crucial for recommending which policies, laws, programs, social movements and community actions need to be in place to reduce vulnerability to HIV in the future.

Theme of the Meeting

The “Sex, Rights and the Law in a World with AIDS” meeting will convene participants from a wide variety of fields, including public health, activism, academia, law, and community action. The purpose of the meeting is to explore existing data and analyses and develop recommendations for a long-term sustainable response to AIDS that addresses the social, political, economic and legal factors shaping sexual risk and vulnerability

The conveners request abstracts of published or unpublished papers and analyses that capture **research** and/or **experience** in addressing key sexuality- and gender-based HIV vulnerabilities. Abstracts of comparative analyses across different settings, evaluations of structural approaches, and documentation of political or social mobilization to bring about change will be given priority. Abstracts may respond to one or more aspects of the following key questions:

- What lessons for future action can be learned from efforts to address the legal, social, political, economic and environmental context of risky sexual behavior? Which strategies for sexual behavior change have worked? Are there examples of effective **collective social change** initiatives that can inform future responses?
- Over the last 25 years, how has the promotion or repression of **human and sexual rights** been correlated with a contraction or expansion of the AIDS epidemic in various settings? What lessons about the role of human rights should be applied to the future response at local, national and international levels?
- How have **patterns of sexual behavior** changed over the last 25 years (either directly in response to the AIDS epidemic or not), and what are future trends that are likely to affect the contraction or expansion of the epidemic in different settings?
- Young people are most directly affected by AIDS globally and will be the ones to shape the response to the epidemic over the coming decades. Are **sexual behaviors and sexual identities among young people in different communities** different today than they were in the early days of the epidemic? What factors have shaped these changes (or lack thereof), and how are these behaviors and identities likely to shape the future of the epidemic?
- What is the **role of the law and policy** in shaping vulnerability or resistance to HIV, and what is the relationship between the legal environment and social norms regarding gender, sexuality and sexual identities? Are there emerging opportunities for fostering an enabling legal framework at local, national and international levels? Are there examples of effective initiatives that could help inform the future response to AIDS?

Ten to twelve abstracts will be selected, and the authors will be invited to present their full papers at the meeting. Criteria for selection of abstracts to be presented at the conference include:

- Relevance to the overall theme and key questions;
- Orientation toward shaping the long-term response to the AIDS epidemic;
- Representation of new (or marginalized) voices in the public dialogue on HIV and sexuality;
- Practicality for application of proposed solutions; and
- An innovative perspective in proposed solutions.

In addition to the authors, participants at the meeting will include 10-12 community activists, national policy experts and program implementers who will be invited by the convening partners to facilitate, participate in and synthesize the discussion. Following the meeting, the conveners will prepare a document that includes all of the papers presented at the meeting, summarizes the key findings, presents priorities for research, and makes overall recommendations for researchers, programmers, advocates, policy-makers, and donors who are investing in a long-term response to AIDS. This document will be widely disseminated and will be incorporated into *aids2031's Agenda for the Future*, another document that will synthesize recommendations for policy change and long-term approaches to mitigating the impacts of HIV and AIDS.

About aids2031

The year 2031 will mark 50 years since AIDS was first reported. *aids2031* is a two-year project that is charting a course to shift the global AIDS response from short-term crisis management to a more long-term sustainable response. *aids2031* convenes multi-disciplinary teams, including economists, epidemiologists, and biomedical, social and political scientists and activists, to question conventional wisdom, stimulate new research, encourage public debate, and uncover new evidence. *aids2031* partners are organized into nine working groups. The Social Drivers Group aims to better understand and make recommendations for how to address the structural factors that are facilitating as well as curbing the spread of HIV. The group is working with global partners to involve new voices, uncover fresh perspectives and find innovative ways to understand and address the multiple, overlapping and dynamic structural factors that influence the spread of HIV, both currently and in the future. The group will produce recommendations for programmatic, policy and community action for slowing the AIDS epidemic and mitigating its impacts.

Format for Abstract Submission

Abstracts of **no more than two pages (12 point, Arial font, 1 inch margins)** should include the following information:

1. **Issues:** A summary of the issue(s) addressed by the abstract;
2. **Description:** A description of the research, project, experience, service and/or advocacy; partners involved; and the extent to which this work captured new or marginalized voices;
3. **Results/Lessons learned:** Conclusions and implications of the research or project, especially for marginalized groups;
4. **Conclusions and next steps:** Main finding/results of effort, and possible next steps for future action and collaboration with additional partners.

Abstracts should be sent in PDF format to Ann Warner (awarner@icrw.org), by **September 30, 2008**. Abstract submissions will be reviewed and applicants notified regarding acceptance for the workshop by **October 31, 2008**. Completed papers are due to the conveners by **December 15, 2008**. Direct travel expenses as well as room and board will be covered by the workshop host. Exact dates and the venue for the three-day workshop will be finalized soon.