

The Hong Kong Advisory Council on AIDS
Community Stakeholders' Consultation Meeting in July 2021 for
the Development of Recommended HIV/AIDS Strategies
for Hong Kong

Submission from the Equal Opportunities Commission

Introduction

This submission aims to give views of the Equal Opportunities Commission (EOC) on the development of recommended HIV/AIDS strategies for Hong Kong in the next five years, following the EOC's participation in the community stakeholders' consultation meetings (CCMs) organised by the Hong Kong Advisory Council on AIDS (ACA) and the Department of Health (DH).

2. Among the various themes discussed in CCMs, the EOC has the following views in areas related to "Health promotion and HIV prevention" and "Treatment and care".

Comprehensive sexuality education in primary and secondary schools

3. Although there is no available data on HIV prevalence of the young people in Hong Kong and the prevalence among general population, young people inclusive, was estimated to be very low¹. In 2011-2020, there were 730 (12.2% among all cases) newly reported HIV cases aged 15-24 at diagnosis.² The ACA has added this new group of stakeholders "Adolescent

¹Fact Sheet: An Overview of HIV/AIDS situation of Adolescent and Youth in Hong Kong: [ay.pdf \(aca.gov.hk\)](#)

² *Ibid*

and youth” for public consultation this year. The EOC fully supports this additional focus as HIV prevention should begin at an early age.

4. Many participants in the ‘Adolescent and youth” session voted that sexuality education is the first priority in HIV/AIDS Strategies as it is a fundamental step to pave way for young people to become responsible adults.

5. The EOC has been advocating for comprehensive sexuality education (CSE) in recent years. One of the aims of CSE should be a non-judgmental process to promote respect-based values such as gender equality, anti-sexual harassment, non-violent and healthy relationships, safe and consensual sex, non-discrimination for LGBTI persons and people living with HIV (PLHIV).

6. However, CSE is not an independent subject on its own in Hong Kong. The Education Bureau (EDB) adopted an integrated approach to implement sex education since the curriculum reform in 2001 and reinforced in the revised Moral and Civic Education Curriculum Framework which was updated in 2008. The “Guidelines on Sex Education in Schools” published in 1997 is no longer an instructional curriculum document for schools. That means even though healthy relationship, safe sex and prevention of sexually transmitted infections (STIs), including AIDS, and discrimination against PLHIV are included in the curriculum of some subjects like Ethics and Religious Studies, Life and Society or Health Management and Social Care, not all schools offer the above subjects. Further, it is up to the individual schools and teachers to decide whether such topics will be taught and how they will be taught. Many teaching professionals are of the view that the 1997 Guidelines are visionary and useful for teachers as the Guidelines provided detailed guidance on each key element covered at each stage of sex education.

7. The EOC believes that the Government should consider reactivating and updating the “Guidelines on Sex Education in Schools”, enhancing the quality of sexuality education teaching materials as well as the capacity of teaching professionals in providing CSE.³ CSE at school can offer a protected avenue where they can ask and learn instead of merely resorting for help from “brothers and sisters” in online forums and form a continuous dialogue with the youth to encourage age-appropriate discussion on topics and issues which are crucial for successful implementation of strategies on prevention of HIV/AIDS.

8. Many participants in consultation meeting reflected that some principals and teachers may feel uncomfortable teaching sexuality education when the content conflicts with their cultural values and/or religious beliefs. In fact, many schools have been inviting the DH and NGOs to conduct sexuality education for students. However, the EOC learnt that secondary schools sometimes find it difficult to invite representatives of DH or NGOs as the demand is high. Hence, the Government should provide more resources for DH and NGOs to conduct sexuality education for students.

9. What is more, the sexuality education provided by DH and NGOs should not stop at HIV prevention, contraceptive methods, avoidance of unwanted pregnancy and the types of STIs. Broader aspects of relationships and discrimination should also be discussed. For instance, dating, sex and love, considerations before engaging in physical intimacy, sexual assertiveness and decision-making skills when one is facing uncomfortable sexual requests, underlying causes of compensated dating for sexual transactions and related gender perspectives, treatment and care of STIs.

³ *Submission from the Equal Opportunities Commission to the Task Force on Review of School Curriculum of the Education Bureau (September 2019)*
<https://www.eoc.org.hk/eoc/upload/20191028115746386751.pdf>

Impact of stigma and discrimination on HIV prevention

10. Stigma and discrimination of LGBT community still remain a key challenge to HIV prevention. It has a negative impact for LGBT individuals from seeking help, gaining access to HIV prevention messages, testing and treatment and care. For example, one of the participants at the ‘Men who have sex with men (MSM)’ consultation meeting expressed that LGBT students were generally in fear of involuntary disclosure of their sexual orientation in schools to avoid harassment and bullying. Teachers and social workers may not understand them and judge their sexual orientation. This make LGBT students feel powerless and isolated in schools. LGBT students may choose to conceal their sexual orientation for self-protection purpose. These actions result in silencing not only the sexual orientation, but also depriving them of their right to proper information on sexual health, HIV testing and prevention.

11. Another participant indicated that there is still strong stigma attached to the LGBT community, for example, LGBT has been labeled as “abnormal”, “immoral”, “promiscuous”, “against family values”, “HIV is a gay disease”, etc. Public education is still paramount to reduce the stigmatization while promoting the HIV testing and prevention messages.

Sensitivity training to medical professionals

12. LGBT individuals reported discriminatory experiences at social hygiene clinics under the DH. Participants at consultation meetings expressed that they received derogatory comments from some medical professionals at social hygiene clinics. For example, some of them have made assumptions about their private lives, sexual orientation and HIV status, and asked

inappropriate questions. Some of those inappropriate comments could be considered as sexual harassment.

13. Transgender people also found that the setting in social hygiene clinics are unfriendly to them. For example, transgender people experienced that some medical workers insisted on addressing them according to their biological sex at birth and ignored their self-identified gender identity, which made them feel embarrassed and humiliated. Further, transgender people have been assigned to male or female clinic according to their biological sex rather than self-identified gender. They were also being questioned about the apparent inconsistency between their appearance and biological sex, and were perceived as sex workers in some cases.

14. The negative experiences faced by LGBT individuals in social hygiene clinics suggest that there is a lack of sensitivity of medical professionals as well as the misconceptions of LGBT. More importantly, such unconscious bias and insensitivity may create a barrier for LGBT individuals in seeking health advice and HIV testing as soon as possible. It is recommended that comprehensive guidelines and sensitive training, especially on issues related to harassment, equality and non-discrimination, should be provided to medical professionals who work in those clinics.

LGBT friendly medical service and facilities

15. Furthermore, it is recommended that LGBT friendly medical service and facilities should be considered in Hong Kong, which provide a safe and non-judgmental environment for LGBT individuals to openly discuss sexual health and HIV issues with medical professionals. Some participants suggested that the current model of addressing patients by ticket numbers instead of gender and name at the Kowloon Bay Integrated Treatment Centre

should be adopted at social hygiene clinics. Also, the staff there are with better training in communication skills, sensitivity and awareness who respect the clients' privacy and made them feel safe and comfortable when they visit the clinic.

Public education on HIV and the destigmatizing of LGBT

16. When formulating the upcoming HIV/AIDS strategies for Hong Kong, ACA should consider the issues of discrimination and harassment experienced by LGBT community, not purely focusing on medical aspects but also the social aspects. It is recommended that HIV education programmes should also include destigmatizing LGBT individuals and PLHIV, as well as to reduce the misconceptions and stereotypes of LGBT in general public. Developing a constructive dialogue between LGBT community and other stakeholders should be considered.

Strengthening HIV Prevention for Ethnic Minorities (EMs)

17. According to the ACA data, 25.3% (N=128) of newly reported HIV cases in 2020 came from the EM population. Filipino, Indonesian and Thai are the top three largest groups, in total making up 54.2% of the EM cases. (*Factsheet; p1*) Despite the disproportionately higher ratio of EMs in HIV reported cases as compared with a mere 8% of the total Hong Kong population, HIV testing rate for the EM population is considerably low. Reference figures from the AIDS Trust Fund (ATF) showed that less than 5% of the Government funded HIV rapid tests were received by EMs over the past few years. (*Annex II; p1; table 2, 2017/18: 1.65%, 2018/2019: 4.55%, 2019/2020: 3.32%*)

18. Making up over 90% of the Filipino and Indonesian population, foreign domestic workers from the Philippines and Indonesia have been one

of the major target populations for HIV prevention and education. However, a survey conducted by the DH in 2019 indicated that 60% and 67.3% of sexually active Filipino and Indonesian respondents had NEVER received an HIV test or had NOT had one in the previous 12 months. (*Factsheet; p4; 2nd bullet point*) From the same survey and additional feedback collected from our NGO connections, lack of awareness of HIV protection, religious taboo, employment concerns and power imbalance within intimate relationship are major obstacles preventing Filipino and Indonesian women from accessing HIV protection information and services.

19. The survey found that 64.5% respondents from the Filipino group had not used condom in sex because their partners didn't want to use; and 65.5% among the Indonesia group out of religious issues. (*Factsheet; p4; upper table*) Meanwhile, 70% Filipino respondents did not take the HIV test because they never suspected they might have contracted the virus while religion was the major factor for 74% Indonesian respondents. (*Factsheet; p4; lower table*) Language barriers continue to deter EMs from seeking medical advice on this personal and sensitive subject not in their native language. Some foreign domestic workers simply worried that they might lose their jobs if their employers knew that they kept condoms, had received HIV test or approached relevant services.

20. Even though more initiatives have been in place to reach out to EMs and provide them with language support in HIV prevention under an increase in the ATF's funding on EM projects (*Annex I; p1*), we strongly recommend further expanding the service scope to cover a larger and more diverse community of the EM population. Besides, a dedicated team with professional staff conversant in the EM languages in need and familiar with the culture of EM groups with higher risk of exposure should be formed to address the religious, employment and power imbalance issues in a more

focused way; and strategically engage other NGOs to achieve better coordinated efforts in the prevention and detection of HIV in the EM community. Last but not least, data collection and analysis on the HIV infection risk and help-seeking behaviour of EM groups other than Filipino and Indonesian domestic workers is critical in a comprehensive prevention strategy in view that around 50% of newly reported cases in 2020 came from these other ethnic groups.

*Equal Opportunities Commission
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