

SA Academy of Science discusses 'Diversity in Human Sexuality' report

The Academy of Science of South Africa (ASSAf) in collaboration with the Uganda National Academy of Sciences conducted a study on diversity in human sexuality, producing the report 'Diversity in Human Sexuality: Implications for Policy in Africa'.



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The ASSAf held a dialogue to discuss implications of the report on policy particularly in light of legislation criminalising homosexuality within the continent. This was well attended by diverse stakeholders, who engaged with the study panellists.

Panellists' findings

1. Contemporary science does not support thinking about sexuality in a simple binary opposition of hetero/homosexual and normal/abnormal. Rather, it favours thinking in terms of a range of human variation, very little of which can justifiably be termed abnormal. Additionally, there is substantial biological evidence for the diversity of human sexualities and for sexual orientations in particular.
2. There is a lack of evidence to support the idea that the way parents bring up their children, or the relationships formed between children and parents, impact on sexual orientation. While family environment may shape other elements of sexuality and the way sexuality is expressed, and while construction of gender and sexual identities has social and cultural components, orientation is not directly correlated to family upbringing.
3. There is no evidence that sexual orientation can be acquired through contact with LGBTI (lesbian, gay, bisexual, transgender and intersex) persons.
4. There is no evidence that same-sex orientation can be changed through 'conversion' or 'reparative' therapy.
5. There is no evidence linking LGB sexual orientation or transgender and intersex people with the 'recruitment' of young people through childhood sexual abuse.
6. There is clear evidence that more repressive environments increase minority stress and impact negatively on LGBTI health. This has a direct impact on the general population's health, particularly in terms of HIV and AIDS, TB and other STI reduction campaigns. There are no known positive impacts on public health because criminalisation cannot stop people from feeling same-sex attractions and expressing same- sex orientations. It merely makes it harder and more stressful to be same-sex orientated and makes LGBTI individuals less likely to access health care and more likely to suffer ill-health. This causes reductions in broader social cohesion and broader social stress, as well as enhancing the transmission of infectious diseases, including HIV.

For more information, see the full [Diversity in Human Sexuality: Implications for policy in Africa report](#).

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