Acknowledgements: This document was developed by Rev. Dr. Joseph N. Goh, Lecturer in Gender Studies in the School of Arts and Social Sciences of the Monash University Malaysia for APCOM. We would like to say special thank you to the research participants involved from Hong Kong, India, the Philippines, Singapore and Tonga. Invaluable comments, edits and suggestions to improve it were gratefully received from peer reviewers Dédé Oetomo, Paul Jansen and Midnight Poonkasetwattana.

This document has been funded by 2015141 grant to the Consortium of MSM and Transgender Networks by the Robert Carr civil society Networks Fund.

This policy brief is licensed under an Attribution-Non Commercial-Share Alike 4.0 International. This means that you are free to share and copy this content, provided APCOM and originating author(s) are acknowledged.

Author: Rev. Dr. Joseph N. Goh, Ph.D., S.T.L., Th.M.
Design and layout: Apiwit Tibamrung
Cover Photo: igorstevanovic.

© APCOM 2016
Photo Captions: The photos used throughout this document are legally purchased via stock images. These photos are being used without the individuals’ permission and/or knowledge of this particular resource. The individuals in these pictures do not support, agree or reflect the views or the recommendations expressed in this discussion paper.
## CONTENTS

1. Background  
2. Sexual Diversity and Access to Health Services: Why Christianity Matters  
3. Literature Review  
   3.1. Singular interpretations of biblical passages  
   3.2. Spiritualistic dualism: The separation of body from soul  
   3.3. Heteronormative theologies and ethics  
   3.4. Divine punishment  
4. Findings and Discussion  
   4.1. Varying institutional, communal and popular Christian attitudes towards MSM, TG and HIV  
   4.2. The impact of institutional, communal and popular Christian attitudes towards MSM, TG and PLHIV on access to health services  
   4.3. Assorted Christian teachings and strategies that affirm MSM, TG, PLHIV and access to health services  
5. Recommendations: Principles and Practical Steps  
   5.1. Principles  
      a) Love seeking understanding  
      b) Listening from the heart  
   5.2. Practical steps  
Annexure: Research Methodology  
References
Background
1. Background

“I believe that Christianity is still the main institution from which discrimination and stigmatisation of MSM and TG people stems”
HIV-Positive MSM Activist, Tonga

In Asia-Pacific countries, Abrahamic religions such as Islam and Christianity often condemn same-sex behaviour and gender non-conformity. This kind of stigma can and does create a sense of low self-esteem among men who have sex with men (MSM) and transgender people (TG). This, in turn, can prevent them from protecting themselves from the risks related to unsafe sexual behaviour as well as accessing available health services.

APCOM has taken up the responsibility of coordinating an empowering response to such faith-based stigma and discrimination that is head-on and strategic. A Faith in Action Working Group was formed in 2010. The Working Group organised a satellite session at the 10th ICAAP in Busan, South Korea, in 2011, comprising MSM and transgender activists working with faith issues from the region and various key experts to discuss issues of faith, sexual diversity, impact on stigma and discrimination, and access to health. The session also formulated strategies to overcome such problems.

As a direct outcome of the session, a discussion paper entitled ‘Islam, Sexual Diversity and Access to Health Services’ was commissioned, produced and launched in 2013. Islam was given priority as many communities, especially in South and Southeast Asia, grapple with it.

The paper filled a significant gap in the practical literature on the subject, and was received well in many MSM and HIV programmes across the region and even beyond. Along similar lines, this discussion paper investigates the interface between Christianity, sexual diversity and access to health services.

Christianity

‘Christianity’ is an umbrella term for a wide range of belief systems, teachings, scriptures, historical accounts, rules and regulations, hierarchies, movements and popular practices that follow the vision of Jesus Christ. Christianity can be understood in terms of institutional Christianity and popular Christianity, although these categories often overlap and converge in actual lived realities. ‘Institutional Christianity’ refers to the formal and informal organisation and mobilisation of Christian hierarchies, institutions, groups and organisations. Christianity that is understood and practised through diverse cultural forms in everyday life by Christians is known as ‘popular Christianity’. A large variety of theological (the study of God and human-divine relationships) and biblical (the study of sacred texts) interpretations exist in both institutional and popular Christianity. Thus, there is no singular idea of Christianity.
Sexual Diversity and Access to Health Services: Why Christianity Matters
Mainstream, traditional and conservative forms of institutional and popular Christianity in Asia-Pacific countries such as Singapore, the Philippines, India, Hong Kong and Tonga are often disapproving of sexual diversity and gender variance. People who attempt to access HIV preventive measures are often held in suspicion and regarded as indulging in ‘sin’ (Wanje 2012). This becomes particularly problematic for gender variant and sexually diverse people who are often automatically connected to HIV and AIDS. Furthermore, People Living with HIV (PLHIV) are frequently perceived as being punished for their ‘sin’ (Pieters 1994).

To make the situation worse, sex between men is criminalised under specific state laws in countries such as Singapore (Government of Singapore 2008) and Tonga (Bureau of Democracy, Human Rights, and Labor 2011). India is in the process of reconsidering its sodomy laws (The Times of India 2016). Countries such as Sri Lanka have reported a strong correlation between the criminalisation of MSM and the spread of HIV (Cooper 2016). While such laws do not, or no longer, exist in countries such as the Philippines or Hong Kong (P. C. W. Chan 2008; Mosbergen 2015), political, socio-cultural and religious forms of discrimination, exclusion and violence towards gender variant and sexually diverse people continue to exist. Christianity finds convenient allies through such policies and attitudes.

This paper examines the attitudes of institutional and popular Christianity towards MSM, TG and HIV, the impact of such attitudes towards MSM and TG in relation to HIV prevention and treatment, and Christian teachings and strategies that affirm MSM, TG and PLHIV.

**Sexual Diversity and Gender Variance**

The term ‘sexual diversity’ refers to a broad spectrum of people who do not conform to expectations and definitions of sexual identity and expression in mainstream societies and cultures. Gender variance is an important part of the discussion on sexual diversity. People who are considered sexually diverse and/or gender variant are often referred to as lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people. In public health studies, terms such as ‘MSM’ (men who have sex with men) and ‘TG’ (transgender people) are used in reference to populations that are vulnerable to HIV infections. Nevertheless, sexually diverse and gender variant people cannot be limited to people who identify as LGBTQ, MSM and TG. There are many people who experience same-sex attraction and/or engage in sexual activity with people of the same sex, or who do not fit mainstream gender norms, but refuse any labels. Similarly, there are people who identify as LGBTQ, MSM or TG, but understand and live out these terms in diverse ways. Furthermore, there are many people in Asia-Pacific countries whose gender and sexual identities do not fit exactly into popular understandings of LGBTQ, MSM and TG. These include baklâ (Philippines), leiti (Tonga), ah kua (Singapore), hijra (India) and tóngzhì (Hong Kong).
Literature Review
3. Literature Review

“Christ’s ministry is inclusive and he does not discriminate anyone based on their caste, colour, gender or sexual orientation”
Activist, India

Although many institutional and popular forms of Christianity condemn the sexual identities and behaviours of MSM, TG and PLHIV (ABC News 2003; Tan 2014), it is inaccurate to say that Christianity is their enemy as a whole. Recent history shows the efforts of numerous Christian clergypersons and laity who challenge specific representations of Christianity. They offer alternative ways of understanding Christianity that can offer crucial support and affirmation to MSM, TG, and those living with HIV. This brief web and literature review considers these complex issues from four perspectives: (i) singular interpretations of biblical passages; (ii) ‘spiritualistic dualism’ (the separation of body from soul); (iii) heteronormative theologies and ethics; and (iv) divine punishment.

The bible is often used against sexually diverse and gender variant people based on specific interpretations of biblical passages. Hence, the bible becomes ‘proof’ of the ‘sinfulness’ of sexual diversity and gender variance. Furthermore, HIV is regarded as the consequence of such ‘abnormalities’. The act of using the bible for this purpose is called ‘textual harassment’ (Tolbert 2000, vii) or ‘bible bashing’ (West 2010a). The parts of the bible that are used for this purpose are called ‘clobber passages’ (West 2010b).

These interpretations create feelings of guilt among many MSM and TG. This, in turn, sends them ‘underground’ with feelings of deep shame. These interpretations also foster a feeling among MSM and TG that they are going against God and the bible. They feel that being tested for HIV further compounds their ‘sinfulness’ and that they ‘deserve’ to be infected with HIV because of their gender and sexual identities.

In response, some Christians have come up with alternative ways of understanding and interpreting the bible. For instance, scripture scholars suggest that Genesis 19:1-28 can be interpreted as pederasty (the initiation of younger men by older men which includes sexual activity between them), sexual violence, pride and lack of hospitality to strangers (Boswell 1981; Scroggs 1983). Leviticus 18:22 and 20:13 may be discussing ritual (im)purity, or maintaining bodily cleanliness for worship, rather than same-sex behaviour (Boswell 1981).

The insistence that Romans 1:26-27, 1 Corinthians 6:9-10, 1 Timothy 1:9-10 and Jude 1:7 are referring to same-sex behaviour is challenged by various alternative ideas. One such idea is the claim that the original texts have been inaccurately or erroneously translated into English. Other alternative ideas are that these biblical passages point to an overindulgence in genital pleasure as an end in itself, infidelity to God, going against one’s usual sexual attractions, sexual violence, and the reinforcement of heteronormative ideas of sex (Brotoen 1998; Martin 2008).

The question of what really lay in the mind of the biblical authors as they wrote these passages remains a mystery. Scripture scholars also argue that gender variance and sexual diversity exist among the various personages of the bible. In the Hebrew Scriptures (Old Testament), the relationships between David and Saul (1 Samuel 16:21), David and Jonathan (1 Samuel 18:1, 3-4), and Ruth and Naomi (Ruth 1:16-17; 2:10-11) are sometimes viewed as having same-sex romantic and/or sexual overtones.
3.1. 
Singular interpretations of biblical passages (Continue)

Primary clobber passages are biblical passages that are often regarded as referring explicitly to same-sex behaviour. These include Genesis 19:1-28, Leviticus 18:22, Leviticus 20:13, Romans 1:26-27, 1 Corinthians 6:9-10, 1 Timothy 1:9-10 and Jude 1:7. Genesis 19:1-28, which recounts the story of the men of Sodom who purportedly wanted to have sex with the angels who visited Lot, has been used as the main text against same-sex behaviour. Secondary clobber passages are commonly understood as making implicit references either to same-sex behaviour, or uphold the sole validity of opposite-sex behaviour. These include Genesis 1:28, Genesis 2:18, Genesis 2:23-24, Genesis 9:20-29, Deuteronomy 23:17, Judges 19:1-30, Matthew 19:4-5 and Matthew 19:10-12.

3.2. 
Spiritualistic dualism: The separation of body from soul

“As an HIV-positive person, when you are diagnosed ... people will distance themselves ... especially as a Christian, people’s perception [is] that you are dirty”
HIV-Positive MSM, Singapore

'Spiritualistic dualism' (Nelson 1992, 30) refers to a traditional Christian understanding of separating the body from the soul. Consequently, the body is considered as less important than the soul, spirit or mind. A person's body is considered a site of sinfulness that is responsible for 'misleading' and 'contaminating' his or her soul. The soul is therefore much more important, as it must 'rise above' the body and strive towards eternal salvation in the afterlife. Spiritualistic dualism creates the feeling that the soul (church, God) and the body (sex, being MSM, TG, and PLHIV, HIV testing) have little to do with each other. This idea leads to the perception that the soul should be taken care of more than the body (Smith 1992). The body's worth is therefore limited to heteronormative marriages and procreation. Conversely, gender variant and sexually diverse people need to 'repent' and have a 'normal' way of life in order to get to heaven when they die.

On the other hand, there is an increasing pool of work that deals with affirming theologies and spiritualities of sexual diversity and gender variance. These include feminist, body, sexual, lesbian, gay, bisexual, transgender, intersex and queer theologies and spiritualities. Such theologies and spiritualities often emphasise the doctrine of the incarnation, or the teaching that Jesus Christ is both God and a human being, as proof of the sacredness of all human bodies, regardless of their gender or sexual identities (Cheng 2013; Hero 2012; Hunt 1994). Therefore, these theologies and spiritualities highlight the fact that all bodies are good and worthy in God’s sight, and need to cared for in the present life.
Institutional and popular forms of Christianity that disapprove of MSM and TG often refer to heteronormative theological ethics that are based on the teachings of the fourth century theologian Augustine of Hippo and the thirteenth century theologian Thomas Aquinas. As someone who struggled with sex, Augustine supported the idea that to abstain from sex and remain unmarried were ideal for Christians. Nevertheless, he thought that marriage could have a ‘redeeming factor’ because it provided a legitimate means for men and women to express their lust and produce children (Augustine 1887). Aquinas saw sex as legitimate only between a man and a woman within marriage, and for producing children. For him, homosexuality goes against the idea of marriage and children, which is part of divine law (Aquinas 2013, Q. 154, 11). These two theologians have influenced Christianity through history into determining ‘right’ and ‘wrong’ sex. For them, either sex within marriage or total sexual abstinence is the sole, legitimate form of sexual expression.

It is very likely that many Christian churches and communities in Asia-Pacific countries are influenced by Augustine’s and Aquinas’ ideas of theology and ethics. Many churches adopt a ‘love the sinner, hate the sin’ attitude towards sexually diverse and gender variant people, see their efforts to fight for equal rights as evil (Tan 2014), encourage them to seek ‘counselling’ and embrace chastity (understood as celibacy) (W. Goh 2014). Consequently, they oppose same-sex behaviours (Catholic Bishops Conference of the Philippines 2013; New Zealand Kaniva Pacific 2015), invalidate procedures that can prevent the spread of HIV as sinful, and consider HIV infection as the result of gender and sexual ‘deviation’.

Nonetheless, theologies and ethics that value and include the experiences, knowledge and activities of sexually diverse and gender variant people are increasing (Farley 2008; J. N. Goh 2016). These theologies and ethics appreciate the ways in which such people see their sexuality and faith as compatible (Bong 2009; Luk 2015; Yip 2012). In these theologies and ethics, MSM and TG are considered as part of the diversity of creation (Hero 2012). Furthermore, thee theologies and ethics challenge heteronormative ideas of God, church, scripture, doctrine, human-divine relationships and non-heteronormative people (Long 2012; Meneses 2014; Siew 2015; Wong 2015). There are also numerous Christian leaders, groups and organisations that demonstrate greater affirmation and inclusivity towards all people, including sexually diverse and gender variant people through church services, and faith-building and social justice programmes (Free Community Church 2013; National Council of Churches in the Philippines 2016; Sriram 2015; United Church of Christ in the Philippines 2016).

3.3. Heteronormative theologies and ethics

The notion of heteronormativity is based on the belief that heterosexuality is the only acceptable and valid norm for sexual identity and practice. Nevertheless, it cannot be simplistically equated with heterosexuality. Instead, heteronormativity is a specific performance of ‘respectable’ heterosexuality, including the belief that the only valid and divinely-approved form of sex is ‘non-adventurous’ intimate relations between two people of opposite sex who are sexually-monogamous, deeply-loving, and in a long-term, officially-sanctioned commitment, for the purpose of reproduction.
Divine punishment
3.4. Divine punishment

There are some Christian communities that see HIV and AIDS as God’s way to punish and educate human beings for sexual ‘misconduct’ (Longchar 2011), including for MSM and TG. Nevertheless, many Christian institutions disagree with such a view. For instance, the Primates of the Anglican Communion made a definitive theological stand that HIV and AIDS are not consequences of divine punishment (Primates of the Anglican Communion 2002).

In response, affirming theologies of HIV and AIDS hold the idea that the body of Christ consists of the living and breathing bodies of all Christians. This is based on the logic that Christ is the head of his body, which are his followers (Colossians 1:18). Therefore, he takes on the hopes and sufferings of his followers. Such theologies believe that Christian churches and communities everywhere are all interconnected and are bound to assist one another (Nalini 2012; Van Wyngaard 2006).

These theologies are emphasise compassion and solidarity for all people, which reinforces the idea that to reach out to those who have HIV and AIDS is to reflect the mercy and loving acceptance of Christ and God (Dube 2002; A. S. van Klinken 2010). Moreover, the theological idea of the body of Christ provides a way to see PLHIV as created in God’s image (van Klinken and Phiri 2015), and who act as missionaries to other PLHIV and those who are HIV-negative (Senturias 1994). Through their meaning-making and appreciation of life, PLHIV are members of the body of Christ who demonstrate the gift of life more deeply and purposefully.

4. Findings and Discussion

The research findings revealed three main themes: (i) Varying institutional, communal and popular Christian attitudes towards sexual diversity and HIV; (ii) Diverse impact of institutional, communal and popular Christian attitudes towards sexual diversity on access to health services; and (iii) Assorted Christian teachings and strategies that affirm MSM, TG and access to health services. An important observation that emerged during the research process was that sexual diversity and HIV were often explained as interrelated issues.

“If there’s one thing that I know, there’s a recurring theme that God is there and God has a plan. That has shaped me as someone who has HIV”

HIV-Positive MSM, Singapore
4.1. Varying institutional, communal and popular Christian attitudes towards MSM, TG and HIV

Institutional Christianity in many parts of the Asia-Pacific sees itself as the absolute and highest authority in moral issues. Church hierarchies often have conservative or negative attitudes towards both heterosexual and homosexual ideas of sex. They are also often indifferent, ignorant or struggling in issues of sexual diversity and HIV.

The research reveals that institutional, communal and popular Christianity both condemn and support MSM, TG and PLHIV. Many Christian hierarchies have discriminatory and condescending attitudes towards MSM, TG and HIV-positive people. They also show conditional acceptance towards such people, which includes an attitude of ‘loving the sinner but hating the sin’. While some Christian hierarchies appear to accept MSM, TG and HIV-positive people, it is not uncommon for these people to be excluded from leadership roles in the community. Some are even ostracised by their Christian communities.

Christian hierarchies, communities and individuals often consider MSM, TG and HIV-positive people as sinful and destined for hell, unnatural, deviant, weak, immoral and having a bad influence on others. PLHIV are often thought of as being punished for gender and sexual non-normativity. They are also seen as going against Christ’s teachings, and disobeying or misinterpreting the bible. Consequently, Christian hierarchies would often encourage these people to repent or undergo therapy. MSM, TG and HIV-positive people are often seen as incapable or helpless in making good decisions for themselves. As such, Christian hierarchies provide little support to them and often dismiss their lived experiences.

4.2. The impact of institutional, communal and popular Christian attitudes towards MSM, TG and PLHIV on access to health services

Both Groups express concerns in access to health care in terms of treatment rather than prevention. Each Group expresses different perspectives of institutional, communal and popular Christianity on sexual diversity that impacts access to healthcare. For instance, on the one hand, there is a Christian TG activist who feels that Christian hierarchies appreciate her efforts through a community-based organisation to prevent the spread of HIV among sexually diverse and gender variant people. Consequently, she feels that her efforts to create awareness on issues of sexual diversity and sexual health services among people is her way of living out her Christian faith.

On the other hand, some research participants share their experiences of how Christian hierarchies, communities and individuals believe that HIV infection is a consequence of, or punishment for sexual and gender non-conformity. One HIV-Positive Christian MSM blames alcohol and recreational drug use for the unsafe sexual behaviour of MSM. At the same time, he names discrimination and stigmatisation by Christian communities as a major factor in preventing MSM from accessing HIV treatment.

Many HIV-positive Christian MSM who were interviewed feel the need to hide their serostatus in certain Christian communities as they do not want to be ostracised. They are also concerned that some Christian communities only want to ‘spiritualise’ HIV by saying that heaven awaits those who die from AIDS-related complications. Both Groups discover ideas of punishment, discrimination, stigmatisation, ostracisation and ‘spiritualisation’ as disempowering and discouraging for MSM and TG in terms of accessing health services.

“Through the story of Jesus living on earth as a marginalised person, and the way he stood up for the marginalised community, it helps me to be proud and speak up for myself”

HIV-Positive MSM, Hong Kong
4.3 Assorted Christian teachings and strategies that affirm MSM, TG, PLHIV and access to health services

The research findings reveal various church, theological and biblical teachings and strategies that can affirm and support MSM, TG and access to health services. Representatives from both Groups who were interviewed understand these teachings and strategies from the bigger perspective of love and inclusivity. For them, love and inclusivity exist in the relationship between God and human beings, and among human beings themselves. Furthermore, they see these teachings and strategies as the basic values of Christianity. They also see issues of MSM, TG and PLHIV as part of a larger issue of discrimination involving issues of self-representation, ethnicity, class, caste and religion in the Asia Pacific.

Therefore, they call on Christian hierarchies to cooperate more intensively with governments, non-governmental organisations and civil society movements that advocate issues of sexual diversity, gender variance and access to health services. They insist that churches should be more inclusive and compassionate towards sexually diverse and gender variant people. They feel that Christian hierarchies need to put more effort into addressing their traditional views on issues of gender and sexuality, to have a deeper integration of sexuality and spirituality in their teachings, and to address their own ideas of sex-negativity. They encourage Christian hierarchies to be guided by genuine love in issues of sexual diversity, gender variance and HIV. They also appeal to these hierarchies to follow the spirit, not the letter of the law in these issues.

Both Groups offer theological notions that they feel can support MSM, TG and access the health services. They underscore the importance of foregrounding the idea of sexuality—both normative and non-normative—as a divine blessing. They also feel that it is important to foster a spirit of solidarity between Christians on issues of sexual diversity, gender variance and HIV. The importance of queer and feminist theological perspectives that are non-patriarchal and non-heteronormative is also identified.

Both Groups look to the bible to affirm MSM, TG and access to health services. A very important image is that of Christ who reached out to help the marginalised of his time with unconditional and radical love. Thus, research participants from both Groups speak of the need for Christian hierarchies, communities and individuals to imitate the qualities, attitudes and teachings of Christ. They also see MSM and TG as part of God’s purposeful and diverse creation. One of the research participants, a theological and biblical educator, denounces heteronormative interpretations of the bible. She suggests alternative interpretations that are not prejudiced against sexually diverse and gender variant people.

Christian MSM and TG, including those who are HIV-positive, see a deep connection between their gender and sexual identities, serostatus and bodies with their sense of religion and/or personal spirituality. Although some initially thought that they were being punished, they eventually dismissed the idea of a condemnatory God. Instead, they see God as loving, accepting, assisting and accompanying their life journeys. They call on churches to show greater compassion and non-judgement, as churches have inherited Christ’s legacy to heal stigma and discrimination. Furthermore, they express their reliance on their faith as a source of ethics, guidance, grounding, empowerment and intimacy with God. They also express the joy they experience whenever they are unconditionally accepted in their Christian communities, or when they participate in church-related events as who they are.

Some Christian HIV-positive MSM position themselves as Christian role models, and identify with Christ and other biblical figures. They see themselves as people of dignity. Moreover, they understand their lives as important resources for Christian theologising, rather than being excluded altogether. Hence, they understand their serostatus as part of a divine purpose and a life mission. One HIV-positive Christian MSM describes his faith as a motivation for him to stay physically healthy.
Recommendations: Principles and Practical Steps
5. Recommendations: Principles and Practical Steps

5.1 Principles

“If you are able to give love, to bring forth peace to your brethren, and if you are able to accept people for who they are, then that is what matters most”
TG, Philippines

This section offers recommendations to move forward in addressing the intersecting issues of Christianity, sexual diversity and access to health services from two perspectives. Firstly, based on the research findings and informed by existing studies, this section offers two major principles that contain the qualities of radical inclusivity and love as envisioned by Jesus Christ, the founder of Christianity: (i) love seeking understanding; and (ii) listening from the heart. Secondly, this section suggests some practical steps that can be taken towards allowing these principles to be lived out concretely in the lives of people.

(a) Love seeking understanding

Christian hierarchies, communities and individuals need to embrace a courageous perspective of love seeking understanding. In this regard, there needs to be a deeper re-examination and understanding of Jesus Christ’s unconditional and wholehearted love. Church hierarchies must take the lead in setting an example of radically loving sexually diverse, gender variant and HIV-positive Christians. Love seeking understanding requires a willingness to learn more about human gender, sexuality and sex without prejudice. It necessitates a sincere desire to really understand the issues, needs and concerns of sexually diverse, gender variant and HIV-positive Christians.

(b) Listening from the heart

Following from love seeking understanding, Christian hierarchies, communities and individuals, and sexually diverse, gender variant and HIV-positive Christians need to forge sincere friendships. All parties involved need to enter into dialogue as equal partners in order to listen from the heart. This requires putting aside pre-conceived ideas of authority, truth claims and fixed ideas on both sides in order to allow for radical listening. This attitude follows the vision, teachings and example of Christ who truly saw, befriended, appreciated and loved the people with whom he lived and to whom he ministered during his lifetime.

Consequently, greater appreciation must be shown to the lived experiences of sexually diverse, gender variant and HIV-positive Christians. This includes a willingness to understand the connections that sexually diverse, gender variant and HIV-positive Christians have between their spirituality and sexuality. Hence, their life stories, wisdom, insights, experiences and interpretations need to be seriously taken into account in dialogue, theological formulations, scriptural interpretations and interpersonal relationships.
5.2 Practical steps

This discussion paper suggests the following practical steps, based on the aforementioned principles:

a. Provide more opportunities for ‘balanced’ and non-discriminatory education in issues on gender and sexuality, especially on sexual diversity, gender variance and HIV, in Christian churches and communities.

b. Create spaces where Christian churches and communities can dialogue with MSM, TG and PLHIV Christians as equal partners in a spirit of honesty and mutual respect.

c. Foster a spirit of listening to the stories of MSM, TG and PLHIV in churches without suspicion, discrimination or condemnation.

d. Take up the challenge of journeying with and supporting MSM, TG and PLHIV as part of church outreach without any ulterior motives.

e. Increase official church statements that denounce discrimination and violence towards MSM, TG and PLHIV.

f. Collaborate with schools, colleges and universities on issues of physical and cyber bullying of gender variant and sexually diverse children, teenagers and young adults as part of church outreach.

g. Include more MSM, TG and PLHIV in church ministries and leadership positions.

h. Encourage greater collaborations between Christian churches and MSM, TG and PLHIV in human rights and social justice initiatives.

i. Promote greater collaboration between Christian churches and MSM, TG and PLHIV in HIV awareness, care and treatment.

j. Identify experts who can facilitate discussions on alternative biblical and theological interpretations that support and affirm MSM, TG and PLHIV.

“As a prophet I need to be a voice to affirm that gay is OK, and HIV is not a punishment from God for being gay”
Church leader, Singapore
This discussion paper is based on a qualitative research project which used two methods of data gathering. The first method involved face-to-face interviews, either in person or via Skype, which was spread over approximately twelve interview hours. The second method used a qualitative questionnaire. Both the interview and questionnaire, which were free-flowing and open-ended, contained the same questions. Two Groups were invited to participate in the research project. Singapore, the Philippines, Tonga, India and Hong Kong were selected for participation in the research project, as these are countries in which Christianity has a strong influence on its people in issues of gender and sexuality.

Group 1 consisted of research participants who are knowledgeable in Christianity, gender and sexual diversity, and sexual health, especially HIV. They were interviewed or asked to respond to the questionnaire in their capacity as professionals, experts and/or spokespersons who are directly involved with sexually diverse and gender variant people at the grassroots level. The research participants in this Group included a representative from a youth commission, leaders of open and affirming churches and initiatives, a theological and biblical educator, and activists for gender, sexuality and sexual health rights. Group 2 comprised self-professed MSM and one TG who are practising Christians, including those who are HIV-positive. They were interviewed or asked to respond to the questionnaire on their lived experiences.

The research questions comprised three parts which sought knowledge from expert opinions and lived experiences. Part 1 investigated the attitudes of institutional, communal and popular Christianity towards the intersection of sexual diversity and HIV. Part 2 sought to understand how Christian teachings can improve or support the attitudes and perceptions of institutional, communal and popular Christianity towards MSM, TG and issues of HIV. Part 3 focused on the lived experiences of MSM and TG, including those who were HIV-positive. The research questions were also concerned with Christian attitudes in both supporting and undermining access to health services among MSM and TG.

The project took four months in 2016 to complete. February, March and April were spent on research design and implementation, including conducting interviews and disseminating questionnaires. In April and May, the research findings were analysed and explained through the use of a computer-assisted qualitative data analysis software. Interviews were successfully conducted with twelve research participants in the Philippines, Singapore and Tonga, while seven responses to the questionnaire came from Tonga, Hong Kong and India. There were twelve representatives from Group 1 and seven representatives from Group 2. Thus, the research project involved a total of nineteen participants.

The research project was unable to recruit clergypersons from mainstream churches due to a hesitance on their part to participate. As the research project adopted a method of recruitment by invitation, it had no control over the research participants who responded. Moreover, as the interviews were conducted in the English language, the project only drew participation from English-speaking research participants.
References


References (continued)


References (continued)

pastor-behind-petition-targeting-health-ministry150214/.


Note
We are united in our courage to advocacy issues that affect the lives of men who have sex with men and transgender people, including HIV, rights, health and well being.