



## Love in the time of homophobia

Homophobia is an ally of HIV

In Africa, homophobia remains a major obstacle to the fight against HIV/AIDS. We cannot hope to defeat HIV/AIDS in a context of prevailing homophobia. Maintaining social and familial ties is an essential component towards eradicating HIV/AIDS. However, key populations such as homosexuals, men who have sex with men (MSM) and transgender people face double stigmatization because of their sexual orientation or gender identity. In addition to suffering marginalization and sometimes violence linked to their sexual orientation or activity, they are also subject to stigmatization and rejection because of their HIV status. The statistical data available, though probably underestimated, is worrying.

[Studies in South Africa, Zambia, Malawi and Botswana have highlighted majority negative attitudes among healthcare staff towards key populations.](#) More specifically, this research revealed that men who have sex with men were twice as likely to be apprehensive about receiving medical care, and more than six times as likely to be refused services, compared to heterosexual individuals. These findings underline an alarming reality where members of these communities not only face barriers in accessing healthcare services, but are also victims of unfair discrimination and rejection by medical staff.

More alarmingly, many countries such as Uganda, Ethiopia, Nigeria and Tanzania have recently strengthened their discriminatory laws against men who have sex with men (MSM). On February 28, 2024, the Ghanaian Parliament passed a bill to punish homosexual practices and individuals supporting the rights of LGBTQI+ people. Penalties of up to five years' imprisonment could be introduced.

Winnie Byanyima, Executive Director of UNAIDS, stated in a [press release](#) that the eventual promulgation of this text would have serious repercussions on the fight against HIV/AIDS in Ghana:

“Approaches based on the inclusion of all people have been crucial to Ghana’s progress in the HIV response. To achieve the goal of ending AIDS as a public health threat by 2030, it is essential to ensure that everyone has equal access to essential services without fear, stigma or discrimination, and that life-saving HIV prevention, testing, treatment and care providers are supported in their work. [...] If adopted, it will impede access to vital services, weaken social protection and undermine Ghana’s development success [and] punitive laws such as this bill are proven to be an obstacle to the eradication of AIDS, and ultimately harmful to the health of all.”

It should be noted that funding requests or proposals from some of these countries deliberately exclude this population by now using the term “men at high risk of HIV transmission”. Similarly, individuals within the Country Coordinating Mechanism (CCM) or among secondary beneficiaries in several African countries exploit the issue of homosexuality for personal gain. When they are about to lose their seat or their status as an implementing actor (secondary beneficiary), they spread the idea among the population that the CCM, in partnership with the Global Fund, encourages homosexuality and deviant behavior. In particular, they imply that efforts to combat the pandemic favor men who have sex with men, to the detriment of other communities.

This double stigmatization, emanating from society, from the health sector itself and sometimes from those implementing Global Fund grants, creates a hostile environment that significantly hampers HIV/AIDS prevention and care efforts. Fear of stigma and discrimination often dissuades these key populations from seeking medical care, thereby delaying HIV testing and treatment. This is particularly worrying, as it contributes to the continued spread of the virus and a higher viral load within these communities. As revealed in its 2019 blogpost, Coalition Plus, the international AIDS network pointed out that, [“violence drives LGBTI people underground and prevents them from accessing the prevention and care services they need. As a result, 37.2% of men who have sex with men in Cameroon are living with HIV. In Yaoundé, the capital, the HIV prevalence rate among MSM climbs to 44.3%. According to available data, this is the most affected gay community in the world, after the Mauritians \(44.4%\) and the Senegalese \(41.9%\)”](#). In the case of gay men, the risk of acquiring HIV is 26 times higher than in the general population, while among transgender women, it is 13 times higher, as indicated in the [UNAIDS Global Report 2020](#). The findings of all these studies also underline the urgent need for a profound transformation within the healthcare sector to ensure a non-discriminatory and inclusive approach towards all communities, regardless of their sexual orientation or gender identity. [This requires increased awareness, in-depth training of healthcare staff and a review of institutional policies to promote welcoming and respectful environments.](#)

The fictional story of Iba and Fotso below offers an illustration of the grim statistics mentioned above.

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The setting sun set the sky a blazing red, while the village of Mabanda was shrouded in silence. But in Fotso's small house, the tension was palpable. The 25-year-old was clutching a blood test result in his hand, his eyes betraying immense fear. The verdict was clear: HIV positive.

Fotso was not alone. The scourge of HIV/AIDS was ravaging the village, striking men and women alike. But for men like Fotso, who loved men, the situation was even more complex. The weight of tradition and omnipresent homophobia condemned them to silence and shame, denying them access to care and prevention.

Fotso's destiny crossed that of Iba, a man in his thirties, marked by life and a look of sadness in his eyes. He too was a carrier of the virus, and lived in total secrecy. His family rejected him, calling him a "faggot", a "depso", a "bad spirit" and many other stigmatizing and hurtful words. Fear of rejection drove him into hiding, cutting himself off from the world, and letting his illness consume him.

Fotso and Iba fell in love, sharing the pain and isolation imposed on them by society. However, their forbidden romance was stifled by fear of the stigma attached to their sexual orientation. Homophobia, insidious and cruel, forced them to lead a hidden life, away from the glare of disapproving eyes. Together with a number of other men, they formed an invisible community, entrenched in the shadows, far from view and judgment.

Due to social hostility, stigma and discrimination towards LGBTQI+ people, they are often marginalized and excluded from health services. This exclusion has a significant impact on HIV prevalence in these communities, as they have limited access to information, prevention resources, testing, treatment and supportive care. In addition, laws criminalizing homosexuality in many African countries contribute to perpetuating this exclusion. These laws restrict the ability of LGBTQI+ individuals to access health services, exposing them to an increased risk of contracting HIV without adequate access to prevention, testing and treatment measures. In short, the stark reality was that these individuals were more likely to avoid health centers for fear of a double penalty: HIV-positive status and homophobia.

Discriminatory laws and disapproving looks made it difficult to discuss HIV/AIDS prevention specifically for the LGBTQI+ population. The silence imposed on gay men made them vulnerable to the virus, depriving them of vital information and access to health services.

HIV/AIDS, an omnipresent spectre in their lives, was spreading in the shadows. Prevention programs, supposed to reach all communities, were often blind to the reality of couples like Fotso and Iba. The injustice lay in the fact that the disease ignored prejudice and spread indiscriminately, affecting clandestine lovers and heterosexual couples alike.

Despite the risks, Fotso and Iba tried to navigate the winding alleys of their forbidden love. They had

heard about the efforts of the Global Fund and other organizations to eradicate HIV/AIDS in Africa, but they felt invisible, marginalized by a society that refused to accept their existence. What about those homosexual men who contract marriages with women, siring one or two children to satisfy their families and conform to tradition? This always ends up triggering dramas that could have been avoided if homosexual relationships were accepted without judgment.

In moments of stolen intimacy, Iba would whisper to Fotso that love was their strength. But the merciless statistics didn't care about the tenderness shared in the shadows. HIV prevalence rates among men who have sex with men in Africa remained high, reflecting the urgency of an inclusive response.

Fotso and Iba's battle was not simply against a deadly disease, but also against a system deeply rooted in intolerance. Their story, like so many others, illustrated the ongoing need to transform HIV/AIDS programs in Africa to include all voices, regardless of sexual orientation.

The setting sun in Mabanda bore witness to broken promises and fragile destinies. As Fotso and Iba stood hand in hand, gazing at the horizon, they knew that their love had the power to transcend barriers, but the reality of HIV/AIDS persisted as a relentless threat.

The fight against HIV/AIDS in Africa could not be won as long as homophobia continued to marginalize and deny certain communities access to care and prevention. Fotso and Iba embodied the hope of change, of a day when love would be stronger than fear, and the fight against HIV/AIDS would be a truly inclusive battle. It is imperative to combat the double stigma suffered by key populations because of their sexual orientation and HIV status. This requires concerted action to eliminate prejudice within the healthcare sector and society as a whole, creating the conditions necessary for an effective fight against HIV/AIDS in Africa.

The story of Fotso and Iba albeit fictional, reflects a lived reality: homophobia and seropositivity constitute a double punishment for thousands of people in Africa. It's high time things changed.

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