Homophobia and Africa's HIV epidemic

Attitudes to gay people are impeding the response to HIV and AIDS in Africa, **Bob Roehr** reports

umours of a gay wedding spark a riot at an HIV clinic in Kenya, closing it for two days; a pair of men who plan to wed are sentenced to 14 years' hard labour in Malawi; a law before the Ugandan parliament seeks to impose the death penalty for homosexual acts and would prosecute parents, colleagues, and healthcare workers for not immediately reporting people whom they think might be gay to the authorities.

This is the face of homophobia that is imperilling the fight against HIV and AIDS in Africa. UNAIDS director Michel Sidibé, like his predecessor Peter Piot, has been adamant about tackling homophobia. It is unacceptable that 85 countries still have laws on the books criminalising sexual activity between adults and seven reserve the death penalty for homosexual acts, he told journalists in New York City in March.

"We must insist that the rights of the minorities are upheld. If we don't do that . . . I think the epidemic will grow again. We cannot accept the tyranny of the majority," he said.

The response to AIDS should be based on a foundation of human rights and a scaling up of treatment, according to Jeffrey O'Malley, director of the United Nations Development Programme's HIV Group. The group is charged with developing and implementing a coordinated HIV policy across all UN agencies.

"Instead, we often have situations where laws and their arbitrary, inappropriate enforcement are increasing risk and vulnerability—thereby imposing formidable barriers to effective HIV responses for those most vulnerable and the general population," he says.

Even within countries with a generalised HIV epidemic, men who have sex with men are among the most deeply affected. They are 4-19 times

more likely to be infected with the virus than the general population. $^{\rm 1}$

Religious extremism

Religion has driven the backlash against gay people in Africa, most notably evangelical Christian pastors associated with Christian social conservative groups based in the United States. Two recent reports document those activities.²³

Although US evangelicals do not impose their views on their African colleagues, they nurture native homophobia by offering their organisational experience, messages that are already shaped and tested for maximum effect, and the veneer of pseudoscientific research—on cures for homosexuality, for example—to rationalise their beliefs. Most importantly, the churches, unlike mainstream Protestant churches, often do not require documentation and accountability on how donated money is spent.

Scott Evertz is the only openly gay person appointed by the Bush administration and had responsibility for domestic and, later, international AIDS activities. He says the administration had a disdain for science, which resulted in homosexuality and injecting drug use being divorced from HIV/AIDS. "Vulnerable populations quickly became set off to the side as a result of ideologies that drove opinions about how we would do prevention."⁴

Mr Evertz quotes one evangelical spokesman as saying, "AIDS has created an evangelical opportunity for the body of Christ unlike any other in history." He explains this is because large portions of the \$15bn President's Emergency Program for AIDS Relief (PEPFAR) were channelled through US Christian groups and their African protégés, even when they had no experience creating or administering HIV/AIDS programmes.²

P

UGANDA'S UN-SOCIAL WORKERS

Social workers have been among the strongest leaders in combating homophobia and integrating gays into society in much of the world, but not in Uganda. In late March the



AMES AKENA/REUTERS

National Association of Social Workers of Uganda (NASWU) issued an exhaustive statement on homosexuality⁸ that drew heavily on the work of the National Association for Research and Therapy of Homosexuality (NARTH), a group on the far right that promotes psychological treatment for people with "unwanted homosexual attraction."

The statement declared history's most famous sexual researcher Alfred Kinsey to be a fraud; chastised the American Psychological Association for playing politics when it lifted the classification of "disease" from homosexuality in 1973; asserted there is no genetic basis for homosexuality; supported repression and reparative therapy; and called for amendments to the Ugandan antigay bill to protect licensed counsellors from having to report gays to the authorities. However, it would tie their license to signing an agreement "not to dispense pro-homosexual advice to their clients."

The American Psychiatric Association voiced its concern about such discredited beliefs about homosexuality in 2006. "For over three decades the consensus of the mental health community has been that homosexuality is not an illness and therefore not in need of a cure. The APA's concern about the position's [sic] espoused by NARTH and so-called conversion therapy is that they are not supported by the science. There is simply no sufficiently scientifically sound evidence that sexual orientation can be changed. Our further concern is that the positions espoused by NARTH and Focus on the Family create an environment in which prejudice and discrimination can flourish."⁹





Clockwise from top: an antigay protest in Kampala, Uganda; married Malawians Steven Monjeza (left) and Tiwonge Chimbalanga before magistrates denied them bail; the Kampala rally; and priest Gideon Byamugisha with a petition rejecting Uganda's antihomosexuality bill

A seminar on "exposing the homosexuals' agenda" held in Kampala, Uganda, in March last year was the catalyst for mobilising support for draconian antigay legislation in that nation. "The US culture war had come to Africa with a vengeance," Kapya Kaoma, a Zambian Anglican priest and project director with the Boston based progressive think tank Political Research Associates, wrote of the seminar in his report on US conservatives, African churches, and homophobia.³

One of the principal speakers at the seminar was the American Holocaust revisionist and pastor, Scott Lively. He told the audience that legalising homosexuality was on a par with "molestation of children or having sex with animals . . . The gay movement is an evil institution whose goal is to defeat marriage-based society," a video on the ABC *Nightline* programme showed.⁵ His speech played on Ugandans' strong cultural sense of family and residual neocolonial resentment.

He also met with politicians, including David Bahati, who subsequently introduced the Anti-Homosexual Bill 2009.⁶ If enacted the bill will ban lesbian, gay, bisexual, and transgender organisations and institute the death penalty for gays, but not heterosexuals, who have sex with a person who is underage or while infected with HIV.

Uganda's well connected, media savvy pastor Martin Ssempa is among the most vocal advocates of the legislation. As part of his campaigning he showed his parishioners extraordinarily graphic gay pornography "to give evidence on what homosexuals do," according to the *Nightline* programme. Polling shows public support for the bill is as high as 95%.

International reaction

The legislation prompted a rebuke from the US president, Barack Obama, and the governments of many developed nations that supply almost a

third of Uganda's national budget. They threatened to cut aid over the antigay bill and unresolved issues of corruption. Even conservative Christian leaders in the US felt obliged to denounce it And on 13 April the US Sen

it. And on 13 April the US Senate foreign relations committee unanimously expressed its "unequivocal" opposition to the bill as not in keeping with the "universality of human rights."

"It will create a chilling effect on patients' willingness to seek HIV testing and prevention services and jeopardises the fragile gains Uganda has made in combating the AIDS epidemic," says Kenneth Mayer, an international HIV prevention researcher at Brown University, speaking for the US Center for Global Health Policy.

The effect would spread beyond the gay population because most gay men in Uganda marry women and have children.⁷

The Psychological Society of South Africa has called on Uganda to reject the legislation because there is no credible evidence that the measures called for in the bill would achieve the intended outcome of protecting young people. Instead it would result in "profound physical and psychological harms" to gays and lesbians.

The outside pressure generated a backlash within Uganda, with leaders vowing to stand up to what they called neocolonialism. The social workers union of Uganda created a "scientific"

ne US Uganda seem united in calling for foreigners to put pressure on the government not to pass the bill. They blame American conservative Chris-

justification for the legislation (box).

Kent Klindera coordinates HIV grants pro-

grammes for gay populations in Africa for the

US AIDS charity amfAR. He says gay activists in

tians "for instigating the whole situation."

Mr Klindera says activists have told him that if economic development and HIV funding is cut, "we get blamed and there is

even more of a witch hunt. But they are already trying to kill us, so go ahead, cut the funding." They compare the situation to that in apartheid South Africa, where long years of economic and other sanctions helped to bring down the oppressive regime.

The pressure seems to have had its effect and at press time it appears that the legislation will be dropped.

Malawi

A different situation has unfolded in Malawi, where news of a December "engagement party" for gay couple Steven Monjeza and Tiwonge Chimbalanga, who dresses as a woman, led to their arrest and a broader crackdown on other alleged homosexuals over gay marriage.

Both men were denied bail and remained in jail pending completion of their repeatedly delayed trial, though given the hostility of the community and the potential threat to their safety, perhaps it is more like protective custody.

Michel Kazatchkine, director of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, said, "The criminalisation of individuals based

"It will create a chilling effect on patients' willingness to seek HIV testing and prevention"

A law before the Ugandan parliament seeks to impose the death penalty for homosexual acts and would prosecute parents, colleagues, and healthcare workers for not immediately reporting people whom they think might be gay to the authorities

on their sexual orientation . . . drives sexual behaviour underground, where HIV can more easily spread. This ultimately affects the broader population."

Amnesty International has declared them to be prisoners of conscience and demanded their release. In the UK, 67 members of parliament have signed a motion declaring, "the criminalisation of consenting same-sex relations is a violation of human rights" and against the Malawi constitution. The pair were sentenced on 20 May to 14 years in prison with hard labour. The judge said that this maximum sentence was intended as a warning to others.

Malawi police also closed the Centre for the Development of People in Blantyre, which provides HIV testing, counselling, and outreach

RESPONSE OF FUNDERS



Some gay and AIDS advocates in Africa have called on the US and Europe to use the lever of development and HIV assistance to alleviate the wave of homophobia, but views vary between countries. Many AIDS advocates in the

developed world are reluctant to stop funding for HIV therapy because it is the equivalent of a death sentence, but this concern does not apply to other economic and military assistance to nations that discriminate against gays and lesbians.

Trade negotiations between the European Union (EU) and African, Caribbean, and Pacific (ACP) states were to include a provision of nondiscrimination on grounds of sexual orientation as part of renegotiations of the Cotonou Agreement intended to foster development in the ACP region. But EU Commissioner Andris Piebalgs dropped it to conclude negotiations on 19 March and a new agreement was signed.

That prompted a stiff rebuke from the co-presidents of the European Parliament's intergroup on lesbian, gay, bisexual, and transexual (LGBT) rights, Michael Cashman (pictured above) and Ulrike Lunacek. Mr Cashman said: "The Commission backed down in the face of governments that increasingly discriminate, imprison, torture, and kill people because of their sexual orientation. It is a dangerous signal that there is a hierarchy of rights: some will be defended, but others will not."

Ms Lunacek added: "His abdication is not only against European values, it also is harmful to LGBT people in ACP countries who are confronted with the notion of homosexuality being un-African—a notion proved wrong by historians and sociologists. The European Parliament will confront the Commission with this decision."



South African protests against the maximum 14 year prison sentence given to the two Malawians

to men who have sex with men. They claimed that the centre's prevention education materials were "gay pornography."

Gift Trapence, director of the centre, believes the ongoing events represent conflict within the government. He says the police seem to function above the law, although the ministry of health has endorsed men who have sex with men as a priority group for HIV prevention. The court seems to be caught in the middle, while the general population is both homophobic and resentful of outside interference. Mr Trapence closely followed the trial of Monjeza and Chimbalanga. He says, "If they are convicted, I think it will empower the police" to crack down on gay people. The international pressure is helping to protect the small gay community from retribution.

Meanwhile, the centre remains shut down and there are no HIV services for men who have sex with men. Malawi remains "a hostile environment" where gay and bisexual men are trying to keep a low profile.

Kenya

In Kenya, a riot over false rumours of a gay wedding closed the Kenya Medical Research Institute HIV prevention research clinic near Mombasa for two days in February. A local Muslim imam called for the clinic to be shut down because its clients included gay people, but clinic researcher Mary Mwangome, says "the mob was not really religious"; most were the sort of people who spend their days hanging around bus stops.

She acknowledges that the riot had a chilling effect; volunteers were slow to return to the clinic, "which made it difficult to continue doing work." She says social stigma remains a barrier to people at high risk getting the services they need. Mr Klindera adds that gay groups in Kenya have worked hard over the past few years to build strong relationships with AIDS groups representing women, sex workers, and people living with the disease, so they are part of a coalition. There are also better seroprevalence data than in other African countries, and government health officials realise that outreach to men who have sex with men is an important part of a national plan to combat AIDS.

In Kenya the local advocates have been clear, he says. They are saying, "Would you please let us take the lead here—we'll let you know if we need your help. We need a Kenyan response to what is going on, we don't want an international response, at the moment.' Which is great."

Mr Klindera hopes that Kenya might serve as a model for much of the rest of Africa. He says South Africa has a friendlier legal environment and several organisations for gay people, but it is not uncommon for Africans in other countries to say, "South Africa is too white, too European, that is why they have this gay marriage."

Despite the rise in homophobia in much of Africa, many see that as a sign of progress. Mr Klindera cites a deceased Zimbabwean activist who once told him, "The reason why we call it progress is that people are actually being noticed. Ten years ago gays and lesbians didn't exist; now we are going to jail, which means we exist, which means they are pushing back. And 10 years from now our rights will be here."

Bob Roehr is a freelance medical journalist, Washington, DC

BobRoehr@aol.com

Competing interests: None declared. Provenance and peer review: Commissioned; not externally peer reviewed. References are in the version on bmj.com Cite this as: *BMJ* 2010;340:c2245