



> Managing Editor



> Guest Editor

Access for all makes a lot of sense

Criminalising minority sexual practices, including arbitrary arrest and physical abuse by police and other forms of hostility from society, has enormous impact on the victims. Men who have sex with men (MSM) simply go underground and concurrently maintain heterosexual relationships to hide their homosexual identity, thereby exposing their partners to HIV.

Social stigma, discrimination and harassment, prevent sexual minorities from seeking medical services while homophobia leads to unlawful arrest, detention and extortion worldwide. Yet those practising same-sex are not responsible for the high HIV prevalence rates in communities; rather, it is the bigotry and legalised discrimination that drives them underground.

A UNAIDS survey found that most countries in Southeast Asia had no interventions for sexual minorities in their national HIV plans, with Thailand, for instance, allocating just one per cent of its budget to MSM, who account for 20 per cent of new infections.

HIV and AIDS programmes focus on heterosexual commercial sex, while marginalising sexual minorities, whose exposure to infection is reinforced by societal attitudes. They are denied their human rights and their right to health. Therefore, realising universal access to HIV prevention, care and treatment is hinged on implementing interventions that prioritise sexual minorities.

Let's undo this harm and make sense by ensuring access to prevention, treatment and care for all

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A group discusses sexual rights

Challenging the stigma of minority sexual practices

Early this year the United States finally endorsed the UN statement on human rights, sexual orientation and gender identity¹. This endorsement demonstrated the importance of this statement and the need to recognise the rights of people who engage in minority sexual practices. These minorities have struggled tirelessly for recognition of their rights in hostile, violent and often dangerous circumstances, with homosexuality still criminalised in over 70 countries, where penalties can be as severe as to include execution.

The religious, social and political backlash against people engaging in minority sexual practices has serious consequences for the human rights agenda. For example, a recent conference in Uganda restated the need for tighter and stricter legislation on homosexuality.² The International Gay and Lesbian Human Rights Commission (IGLHRC) has also reported an increase in hate crimes against the lesbian, gay, bisexual transgender and intersex community in Iraq, including the murder of two men last April³. It is alarming that even in the 21st century, we still need to justify and explain the importance of human rights for all citizens and to repeat that choosing one's sexual orientation is a human right.

A major challenge in supporting people who engage in same-sex practices in Africa is lack of research. This gap results from social stigma surrounding the issue and lack of political will to acknowledge the need to

include people who have sex with people of the same sex in programmes. Many African leaders have publicly expressed strong homophobic sentiments, to the extent that violence and abuse of people perceived to be practising 'abnormal' sex is condoned. For example, the oppression of the lesbian, gay, bisexual transgender and intersex community in Zimbabwe is widely acknowledged and documented. In spite of the efforts of Gays and Lesbians of Zimbabwe and the Sexual Rights Centre, homosexuality is still shrouded in silence and stigma in the southern Africa country.

Zimbabwean homophobia is also reflected by the exclusion of people who engage in minority sexual practices in the Constitution and the criminalisation of homosexuality. The inclusion of men having sex with men (MSM) in Zimbabwe's National HIV/AIDS Strategic Plan was significant; however, it was

followed by an immediate denial by the National AIDS Council that programmes would be undertaken with MSM.⁴ This shows that organisations of people who engage in minority sexual practices still have many hurdles to surmount before their rights are truly acknowledged and respected. Additionally, homophobia is gradually taking root in many African countries, resulting in regular reports of arrests, murders and attacks on the LGBTI community. In South Africa, Sizakele Sigasa, an official of Positive Women's Network, who was also a lesbian and gay rights activist, was tortured and murdered together with her friend, Salome Masooa, in 2007.

Definitions of sexuality and sexual orientation

Research conducted by Human Rights Watch and International Gay and Lesbian

Human Rights Commission indicates that in southern Africa, people have a more fluid understanding of sexuality, often preferring not to label themselves as 'gay' or 'homosexual', but rather perceiving the act of sex to be more important than the sex of the person with whom they are having intercourse. This perception of sexual identity, which is neither rigid nor static, has an impact on each individual's sexual development and demonstrates the importance of not labelling or stereotyping people based on their sexual orientation and sexual preferences. The need to understand sexuality, sexual relations and sexual orientation in a more flexible and less fixed way has challenged many conservative NGOs, especially HIV and AIDS service providers to reflect on their programmes and approaches.

As long as stigma and discrimination exists against those engaging in minority sexual practices, the development community will be unable to adequately respond to the HIV and AIDS pandemic, violence against women and human rights abuses.

Criminalisation of homosexuality

Criminalisation of homosexuality has far-reaching effects on sexual minorities and communities. Often defined as a crime against morality or against nature, it forces sexual minorities to go underground. They enter heterosexual relationships to hide their sexual identity, engaging in risky behaviour that further exposes them to violence and abuse. Social stigma against MSM and women who have sex with women (WSW) often prevents people from accessing medical services because of discrimination and harassment. The homophobia created by the criminalisation has led to unlawful arrest, detention and extortion.

In a recent Sexual Rights Centre workshop with counsellors, a participant commented that same-sex practices were the domain of the privileged and wealthy. This was only one perspective, but it concurs with research that suggests that homosexuality is associated with wealth and unlimited income and as a result, members of the LGBTI community are often victims of

extortion and financial exploitation. Participants at the workshop said that wealth and education were synonymous with exposure to Western ideas and lifestyles and that wealth entitled substantial privilege and it allowed people to behave as they pleased, with impunity.

Criminalisation of homosexuality hinders the ability of HIV and AIDS service providers to effectively address the needs of men and women who engage in minority sexual practices. HIV and AIDS service providers are not held accountable for their failure to include minority groups and high risk populations in their programmes because many service providers do not even have the most basic information and resources about these issues.

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HIV, AIDS and sexual minorities

The impact of suppressing one's sexual identity is significant and can have a devastating effect on individuals' psychological, physical and sexual well-being. The denial of freedom of sexual expression can result in barriers to accessing information and resources, appropriate and adequate services and care, increased vulnerability to violence and abuse and limited resources to address violations and injustices. One area of serious concern is the impact that homophobia has on the HIV and AIDS pandemic. According to AIDS-Free World, the homophobia caused by Jamaica's leaders criminalising homosexuality plays a major role in the AIDS epidemic. The barriers facing high-risk groups, including bigotry and 'legalised discrimination,' contribute to the continuation of the pandemic and prevent effective and meaningful interventions on HIV and AIDS. This is reiterated in a UNAIDS policy brief about MSM and HIV and AIDS which notes that "recognition of the rights of



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people with different sexual identities, both in law and practice, combined with sufficient, scaled up HIV programming” can lead to a successful and effective response to the pandemic.

The UNAIDS policy brief reflects on the broad group of MSM and mentions an important group: men who have sex with men in prisons. According to an International Gay and Lesbian Human Rights Commission report, sex in prisons is often coerced and violent in Africa as well as other settings. However, many governments refuse to give condoms to prisoners,

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exposing them to infection and increasing the risk of transmission into the wider community after release. A report about Canadian prisoners also notes the problem of drug users sharing needles thus perpetuating the spread of HIV and AIDS.

The forgotten groups

Another challenge in dealing with HIV and AIDS is the ignorance of other groups that are overlooked or experience dual stigma based on their orientation and gender such as lesbians and women who have sex with women. Many organisations are dismissive of the importance of working with lesbians, particularly on issues of HIV and AIDS and as a result, many lesbians and bisexual women are unable to access resources and information on the pandemic. Regardless of personal prejudices, this is a violation of women’s human rights.

Although lesbian women have lower HIV prevalence than heterosexual women, the rate amongst self-reporting South African lesbians was much higher than expected at between nine and 15 percent. Belief that lesbians are not affected by the pandemic is reflected, for example, in their exclusion from Zimbabwe’s National HIV/AIDS Charter,

although MSM are included. This exclusion does not only affect HIV and AIDS programming and services; it also impinges on women, many of who believe it is not necessary to use any form of protection during sex with their kind. As a recent International Gay and Lesbian Human Rights Commission report states: “No African women’s organisation is addressing the issue of female-female transmission of HIVas a result WSW may be the most ‘at-risk’ group of all, not due to biological susceptibility, but to sheer neglect.”

Many women in southern Africa are disadvantaged as society adheres to a patriarchal system that is oppressive and restrictive. For lesbians, the oppression is worsened by a rigid intolerance and misunderstanding of alternative sexualities. Although sexual minorities are not criminalised in South Africa, traditional codes and culture still control women’s bodily integrity and freedom to make decisions about their bodies. Lesbian women have experienced sexual violence, particularly rape, from men as ‘corrective’ procedures to force them to become ‘normal’.

According to a recent report published by ActionAid about corrective rape in South Africa, this form of sexual violence is about

teaching lesbians to be girls not men. The gender stereotypes that pervade many societies greatly impact on women’s liberty and freedom of expression. However, this

Lesbian women have experienced sexual violence, particularly rape, from men as ‘corrective’ procedures to force them to become ‘normal’

does not apply to women, who are fiercely judged by their sexuality and sexual expression. Women are labelled and ostracised if they step outside the boundaries of sexuality determined for them by culture. Lesbians are considered a threat to masculinity and an insult to male sexuality.

The categories for women are rigidly defined, rendering their opinion or preferences irrelevant. On the other hand men are expected to obey certain cultural rules of having children, but this does not restrict sexual experimentation and exploration. Although homosexual men are also coerced into heterosexual marriage, it is tougher for a woman to exert any independence or autonomy within the marital state and this is particularly so in the sexual relationship. Consequently, marriage is a much more confining and inflexible state for women than for men.



A group discusses sexual rights



Audience members discuss the issues in a play and share thoughts about sexuality

Adhering to strict gender norms is particularly complex for lesbians. Many women have separated or divorced their husbands, which carries a heavy stigma. Some women are forced into heterosexual relationships or motherhood. The Sexual Rights Centre works with sex workers in Zimbabwe, advocating for their rights. In these groups several women have disclosed that they are lesbians, although they engage in heterosexual sex work. A participant said that her mother had become suspicious that she was a lesbian. The mother insisted that her daughter gets a child to prove she was normal. As a result, the girl had unprotected sex with one of her clients and conceived. This illustrates that these norms are not always just enforced by men; on the contrary, women (aunts, mothers, sisters, mother-in-laws) also exert substantial pressure on young women to conform to a model of womanhood.

Sex workers, HIV and AIDS

Other at-risk groups are male sex workers who have sex with men, and lesbian sex workers who have sex with men. Sex work is a taboo subject in many countries. At a recent conference for African sex workers, it was argued that it was essential to decriminalise homosexuality in order to address the human rights of sex workers. The focus of HIV and AIDS programmes has often been on female sex workers, ignoring the needs of male sex workers. They are often centred on rehabilitation and curing a social ill. However, in order to address the needs of sex workers and particularly male

and lesbian sex workers, development programmes must approach sex workers in a non-judgemental and non-stigmatising way.

Programmes targeting sex workers also need to be aware of the different spaces occupied by sex work (indoor and outdoor), as well as the challenge of including ethnic minority groups in programming. The prostitution pledge of the US government and the increased funding to conservative religious groups under President George Bush seriously affected HIV and AIDS programmes working with sex workers and the LGBTI community. However, the approach of the new government under Barack Obama embraces the concept of human rights and the need to include these groups in HIV and AIDS programmes. Suppression and containment of people's sexuality will seriously hinder efforts to reduce HIV and AIDS spread. For as long

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as young girls engage in anal sex to avoid failing virginity tests or getting pregnant in southern Africa, as same-sex violence amongst the LGBTI community continues unnoticed, as women continue to be raped on the basis of their sexual orientation and as those who engage in minority sexual practices continue to be denied access to vital health services, stakeholders will never be able to tackle HIV and AIDS effectively.

In eastern Africa, programme responses for MSM in Uganda are compounded by the relative 'invisibility' of this population. Major obstacles to more targeted and relevant programmes for MSM include high levels of perceived and actual homophobia. Cultural and social norms that invoke 'morality' result in high levels of stigma and discrimination, and are perpetuated by those out to gain political capital. Although the Ministry of Health recognises that MSM are among the most-at-risk populations, sufficient resources are currently not devoted to MSM in the national programme. This may change in the

future; small-scale interventions are currently under way and consultations with 'MSM leaders' are in place.

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The road ahead

Sexuality and gender are becoming increasingly important issues for development agencies and activists. The inclusion and involvement of sexual minorities, new alliances being created to take an integrated approach to sexuality and increased lobbying and advocacy on sexual rights issues are significant steps to change behaviour and attitudes towards sexual minorities.

However, as NGOs working on issues of sexual rights, we still have many obstacles to overcome. We must lobby governments to understand the importance of sexual rights as fundamental to the realisation of all human rights. We must also ensure inclusion of all sexual minority groups at all levels of the political, social and civil processes. We must urgently challenge our leaders and hold them accountable for homophobic and violent language and work together to ensure that no exceptions are made to the call for universal equality, equity and human rights. ■

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