Elena Kelly

Mr. Phillips

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The LGBT Community and the HIV/AIDS Epidemic in Eastern Africa

Since the first reported case in the 1980s, HIV/AIDS has grown into one of the most prevalent diseases worldwide. Eastern and Southern Africa account for only 6.2% of the world’s population but over half of the world’s HIV-positive people (“HIV and AIDS in East and Southern Africa Regional Overview”). HIV/AIDS is disproportionally prevalent in the Lesbian, Gay, Bisexual, and Transgender (LGBT) community of Eastern Africa, for members of this community face unique challenges. As a marginalized population, they are subjected to harsh anti-homosexual laws and have inaccessibility to HIV/AIDS treatment. The persecution of LGBT individuals prevents HIV/AIDS in that community from being managed and therefore forms a barrier against eliminating HIV/AIDS from Eastern Africa overall.

 HIV/AIDS is becoming increasingly widespread in hard-to-reach populations such as the LGBT community. Studies by the International HIV/AIDS Alliance prove HIV/AIDS is more highly concentrated among homosexuals and that the “increased vulnerability and poor sexual health of [these individuals] is due to conservative legal, sociocultural, and religious contexts” (Wakabi). The anti-homosexual attitudes of their countrymen gives LGBT individuals difficulty in accessing treatment and prevention services (Saul). These mindsets run deep throughout East African governments, meaning HIV/AIDS relief services for the LGBT community are not these governments’ priority (Hagopian et al.). HIV/AIDS prevalence in the East African LGBT community is not the top priority of medical researchers either – HIV data surrounding the LGBT community is severely underreported and oftentimes inconclusive (Hagopian et al.; “Homophobia and HIV”).

 The homophobic attitude of most East Africans is reinforced by harsh, anti-homosexual legislation. As affirmed by journalist Nita Bhalla, “African countries have some of the most prohibitive, colonial-era laws against homosexuality in the world. Same-sex relationships are seen as taboo and are a crime… punishments [range] from imprisonment to death.” The East African nation of Tanzania is the prime example of a country with such legislation. In November of this year, the LGBT community in Tanzania went into hiding after regional commissioner Paul Makonda announced a crackdown on homosexuality (Bhalla). Tanzania has gone on a “gay witch hunt” (Bhalla). Anyone accused of being gay or of participating in same-sex relations is sentenced to up to thirty years in prison (Bhalla). Trapped in their own homes, afraid to walk the streets, HIV-positive LGBT individuals are unable to be diagnosed and attain treatment for their HIV.

 These harsh laws impact the fight against HIV/AIDS in more ways than one. East African countries depend heavily on donor support for their fight against HIV/AIDS, whether it comes from international organizations or from foreign governments (Kabaale). However, many of these foreign entities have condemned the actions of countries that persecute the LGBT community and have repeatedly cut off their aid in response. For example, when the government of Uganda approved a severe anti-homosexual bill in 2014, the country lost a $90 million loan from the World Bank meant to improve their health services. Several Northern European countries also cut off their aid in protest of the new law (“Uganda Anti-homosexuality Law Challenged in Court”). According to Olivia Kwagala Kabaale of the National Resistance Movement, “We [Uganda] have been depending on donor support for our HIV fight.” Uganda abolished the law a few months later, and many suspect it was due to the devastating impact of the loss of foreign aid for the country’s health services, including HIV/AIDS relief (“Uganda Court Annuls Anti-homosexuality Law”). The balance between LGBT-supporting foreign countries and the anti-homosexual legislation of the HIV-impacted countries they donate to is a delicate one, and when aid is revoked in protest of anti-homosexual laws, the loss of health service funding hurts the countries’ fight against HIV/AIDS.

 The availability of HIV/AIDS treatment and prevention services to the East African LGBT community fluctuates on a local level as well. The anti-homosexual laws in place in East African governments shut down pro-gay civil society organizations and HIV/AIDS programs (Bhalla). Oftentimes, if a local clinic treated or even diagnosed a homosexual person, it was quickly shut down by the government. Without access to treatment or prevention services, HIV-positive LGBT individuals, many who are undiagnosed, unknowingly spread the disease to their sexual partners, thus increasing the occurrence of HIV/AIDS in the LGBT community.

Unfortunately, many LGBT individuals who are able to receive a diagnosis continue to face challenges in their treatment process. Dr. Mokowa Blay Adu-Gyamfi reports that many HIV-positive LGBT individuals, though receiving antiretroviral therapy, suffer through what he calls “serious ‘mental torture’” when discrimination against them affects their health care and treatment processes. LGBT individuals in need of treatment are often too afraid to brave hostile clinic environments to start or continue treatment. Treatment includes taking antiretroviral drugs to slow the advance of the HIV virus (Sieff). Antiretroviral drugs allow its HIV-positive users to lead normal lives, but the improper administration of these drugs is very dangerous (Sieff). One cannot stop treatment once it is started because of what scientists call “viral rebound” – increasingly detectable levels of HIV in the person’s blood after almost undetectable levels (Sieff). When increasing numbers of HIV-positive LGBT individuals stop treatment for fear of homophobic retribution, their HIV/AIDS symptoms worsen, decreasing the number of productive members of society.

Anti-homosexual attitudes and legislation have been present in Eastern Africa since it was under European rule. Supporters of these harsh laws insist that they uphold a centuries long tradition. Nonetheless, the importance of outdated laws pales in comparison to the modern crisis of HIV/AIDS. Tradition dictates staunch belief in homophobia, but that homophobia is a barrier towards eliminating HIV/AIDS in the LGBT community. Laws based on this historical anti-homosexual belief must be adapted. Keeping them hinders progress toward eliminating HIV/AIDS.

If all HIV-positive LGBT individuals were able to be diagnosed and receive prompt, unbiased treatment, the spread of HIV/AIDS would be under more control. Unfortunately, the homophobic mindsets and harsh laws of East Africans make it very difficult to achieve that goal. However, the South African country of Zimbabwe has come up with a solution to elude the homophobia (Moyo). As part of an initiative that was started in 2016 to “ensure 90% of Zimbabweans know their HIV status by 2020,” Zimbabwe has created at-home HIV test kits and made them widely available in stores and health clinics (Moyo). Marginalized minorities such as members of the LGBT community are able to diagnose themselves and seek help privately, enabling them to dodge the anti-homosexual prejudice and discrimination present in hospitals and HIV/AIDS relief programs (Moyo). Implementing these at-home HIV test kits in East African countries is a solution that can be utilized even with homophobia still present in society.

Temporary solutions that skirt the homophobia are not effective enough to eliminate the widespread presence of HIV/AIDS in the LGBT community. Abolishing harsh anti-homosexual legislation and reestablishing access to treatment for HIV-positive LGBT individuals is the key to reducing and eventually eliminating HIV/AIDS from that population. As a journal from the National Center for Biotechnology Information neatly sums up, “Decriminalization of homosexuality creates a climate that can reduce HIV prevalence” (Hagopian et al.). Changing legislature and health care access will greatly assist in the fight against HIV/AIDS in the LGBT community. However, none of this can happen without first altering the homophobic attitudes of East African countries that holds so many in fear of persecution. Creating a more accepting societal view of LGBT individuals through education and public campaigns will make it much easier to address their needs (“Homophobia and HIV”). If HIV/AIDS can be managed in the LGBT community, then curbing the epidemic in Eastern Africa is an attainable goal.

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