Double stigma orientation and status: the chronicle of HIV/AIDS among gays and lesbians in Zimbabwe.

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Abstract

Zimbabwean laws are no disparate from those of most countries in the region with regards to criminalising same-sex relationships. However, the law, in itself, is not only the existent culprit in the politics of sex and sexuality, and there is very little evidence to indicate how powerful the law is in acting as a deterrent. This is because the laws are founded on a moral code, but they equally seek to impose a concept of morality on all citizens, not just so-called minority groups. For gays and lesbians in Zimbabwe, this breeds ripple effects on accessibility of public health facilities. Although many organisations, institutions and NGOs have cited the law as one of the reasons that makes it difficult to work on sexual rights, this article argues the abhorrent environment and the didactic morality of the leadership, among others, are the authentic reasons why individuals are not realising their health rights as sexual citizens, and are instead being actively vetoed from accessing as such. This detestable behaviour is born of patriarchal values and social systems that are propped up by laws, policy, the media and other institutions. Unless such issues are urgently addressed, the historical dream of completely curtail new HIV infections by 2030 will remain in idealism.

Key Words: public health, gays, lesbians, HIV/AIDS, Zimbabwe

Introduction

The campaign for universal human rights has gained full momentum in the contemporary society across the globe. Among the universal rights, include fundamental right to quality access to health. The question of gender identity in relation to access to basic human services, health included in Zimbabwe is greeted with prevalent dispute. There is little doubt that gays and lesbians live in politically charged environment in terms of their rights. Although recognition of single sex rights has gained tremendous recognition, in Zimbabwe such section of people are still caught in the chasm of social stigmatisation and discrimination. Homosexuality is increasing by getting unprecedented visibility in Africa but in Zimbabwe it is outlawed and remains mystified anonymity. Recent study by Gays and Lesbians Association of Zimbabwe (GALZ) reported that 50% of gays and lesbian in Zimbabwe are HIV/AIDS positive (Sunday Mail, 2015). Such rate is undeniably alarming and the study confirm a situation, if ignored can erode the government’s conceivable efforts in HIV management over the past decades. Same sex practice in Zimbabwe, like in most African countries is considered un-African and severe social malpractice. This
situation is extended to politics of health access where gays and lesbians remain invisible in utilising public health facilities. There is no triumph for same sex people who are HIV/AIDS positive as they face binary standards of social statuses; disease and sexuality discrimination.

The current speech by R. G Mugabe at the United Nations General Assembly 2015 on gays states that “we are not gays” indicates political salience against same sex rights in Zimbabwe. Though this has cultural and societal constructivism; stigma and dehumanisation against gays and lesbians continue to be heralded. Such state led homophobia is holding back potentially crucial strategies in arresting the HIV/AIDS pandemic in Zimbabwe (Mazamba, 2015). More perturbing is that; access to health becomes difficulty for gays and lesbians in the society as those in health care centres are not willing to discuss issues related to HIV/AIDS with families of same sex. While move to completely apprehend the spread of HIV/AIDS pandemic is on success story but certain section of people remain undetectable and isolated from fundamental public health infrastructure in Zimbabwe.

The president of the Republic of Zimbabwe, Robert Mugabe has described gays and lesbian as being “worse than dogs and pigs” (Mojo 2014; Newsday, 2014). More so, Section 78 (3) of the Constitution of Zimbabwe (2013) forbids relations or sexual intercourse between people of the same sex and men specifically. Mojo (2014) further notes that homosexuality has been used as a tool for political expediency. This aspect should also be scrutinised in relation to how the relationship between gender and health has had effects on the way people perceive certain phenomenon and in this case homosexuality in particular. Health rights are universal but the provisions of those rights are influenced by collective societal norms and values. The general perception of Zimbabweans towards homosexuality has been largely influenced by those people occupying influential positions including health sector. Thus the way homosexuality has been interpreted by people holding high public offices has cascaded down to the masses and in most cases the masses have interpreted homosexuality in the same way that was done by those who first interpreted it (Mabvurira, 2012). This has to a greater extent determined how homosexuality has come to be perceived. This has some repercussions on achieving equality in terms of health for lesbians and gays in society like Zimbabwe. Unless such public perception is modified, the idea of getting zero HIV infection will remain a masked dream in Africa.

**Methodology**

Deeper understanding of topics such as homosexuality requires research orientation such as institutional ethnography where the researcher become part of the target population and adopts the role of participant observation or observer as a participant. Adopting the above role in society like Zimbabwe is practically thorny due to the sensitivity and uncertainty surrounding gays and lesbians issues. Due to complexity of the topic, this article builds on existing literature and author’s experience to the topic under
investment. Thus the practical and philosophical background of the study was built upon available published sources including library and media sources. Since this literature review builds on preceding documents of a similar nature, sources from 2000 to 2015 has been given much attention. This is because agenda on homosexuality continues to gain much publicity and controversy in the today than in the past. Perspectives from LGBTI organizations such as GALZ in the Zimbabwe were also prioritised as a key source of data to emphasise the importance of voice and participation from LGBT people themselves in demanding and claiming their human rights such as access to health.

All sources used were acknowledged as part of academic and professional requirements. This was also done in order to avoid deviation from research or publication ethics that spell out that prejudicing of one’s original work without acknowledgement is an offence.

**Political and Socio-cultural Environment**

Same-sex acts remain prohibited in more than two-thirds of African countries and evidence suggests that Africans are among the least accepting of homosexuality in the world (Pew Research Centre, 2013). In Zimbabwe lesbians and gays do not fit into normative roles of identity and sexuality is rendered invisible and unintelligible to policy makers, health workers and community at large. In recent times there is increasing moral publicity of gays and lesbians in Zimbabwe, though an unprecedented increase in the visibility of same sex people is gaining momentum.

The literature confirms that lesbians and gays in Zimbabwe are still caught in the abyss of acute social exclusion. It also observed that such group of people hide their sexual orientation in fear of public persecution. More disquieting is that same sex people have maintained long distance with health centres in Zimbabwe. Therefore, they remain in risky situation in terms of new HIV/AIDS infections.

The legal environment for gays and lesbians in Zimbabwe is entirely inhospitable. This is taking place when country is putting recognisable efforts in improving health of all people. In Africa, South Africa is the only country in the region (and indeed, the continent) to afford people sexual orientation and gender identity (SOGI) rights. In all other countries in Southern Africa, homosexuality is illegal, either expressly indicated in the penal code, or according to common-law (Makofane, 2013). Therefore people in same sex relationships are criminalised without remorse. The legality of sexual rights in Zimbabwe is consciously or unconsciously denying such group of people access to public health. The situation is uncompromising to gays and lesbians who are HIV positive. It is both a trial and tribulation where HIV status is discriminated against and being a homo prosecuted.

Much of the violence and discrimination is directed at homosexual people in Africa. Such act or behaviour is never justified (Jacques, 2014). The idea of intimidating homosexuality acts stems from a lack of knowledge and understanding as well as a fear of the unknown. In many Southern African countries, gay men and other men who have sex with men (MSM) also have
female partners and lesbian and other women who have sex with women (WSW), also have relationships with men (Jacques, 2014, Madzamba, 2015, Matabeni et al, 2014). A health needs assessment has been recently conducted by 15 LGBTI organisations from Botswana, Namibia, South Africa, Lesotho, Swaziland, Mozambique, Zimbabwe, Zambia and Malawi, reaching over 2500 LGBT people in 27 locations (Langen, Odumosu & Ricardo, 2014). Results from this survey confirm – on a wide scale in the region – that LGBTI people have low uptake of HIV/STI testing, limited knowledge on safer sex practices, misconceptions about risk and risk-behaviours, difficulty accessing commodities such as dental dams, condoms and lubricants, limited ability to negotiate the use of protection, particularly in situations involving transactional sex. In the Zimbabwean context in particular, it is important to understand sexual orientation, gender identity, and behaviour as nuanced in the ways they align, or diverge, and how these may change over time to adapt to challenging contexts.

The criminalisation of same-sex practices in the majority of countries in Southern Africa results in a lack of targeted health and social welfare programs (Jacques, 2014). Even in South Africa, where same sex people enjoy equal rights, service delivery for such minority group can be extremely poor. Delayed entry into care, and fear of disclosure to health workers hamper access to health for same persons. Some suggest that a fore-fronted public health approach, with human rights language toned down, may help (Madzamba, 2015). Chief among those health challenges faced by same sex persons is the exacerbated vulnerability to HIV infections. Not solitary national HIV policy in the region targets WSW, despite evidence which shows that approximately 50% of gays and lesbians in Zimbabwe are living with HIV (News, 2015). Further, evidence shows that single sex individuals in the Zimbabwe have higher burdens of HIV than their heterosexual male peers, and the epidemic among MSM is getting worse while it is improving for the general population.

Sexuality and media in Zimbabwe

Homosexuality has been politicised and has received criticism right from the senior politicians and prominent religious leaders through media. Consequently, there are little or no state services available distinctively for lesbians and gays people in Zimbabwe. There are few organizations that help such group of people in Zimbabwe (Mabvurira et al, 2012). The police have disrupted the activities of the organization and LGBT people rarely seek its services for fear of prosecution (GALZ, 2015). Clark (2005) notes that LGBT people in Zimbabwe do not receive mail from GALZ or they do so under pseudonyms, they fear that the discovery of their homosexuality may jeopardize their jobs or subject them to arrest. The following shows some press releases highlighting the legal, political, social and cultural situation of gays and lesbians situation in Zimbabwe.

- We are not gays by president of the republic of Zimbabwe (news day, 25 September 2015)
- No gay rights in constitution (the Sunday mail, 18-24 July 2010)
- Sodomy a disgrace to Zim society (the Sunday mail, 28 march-3 April 2010)
- Outlaw homosexuality, Zimbabweans tell COPAC. (the herald 22 November 2011)
• Gays will be severely punished says president.( the herald 24 November 2011)

• Gay rights out of constitution.(the Sunday mail 26 February 2012)

• Mugabe attacks gays yet his journalist is one. (the Zimbabwean mail, 24 November 2011)

• Homosexuals have no place in Africa. (allafrica.com. 2 march 2012)

The experiences of same sex individuals are complicated by the context of heterosexists and homophobic society that creates barriers of subjugation, dehumanization and discrimination. This situation is perpetuated by diverse media publicity. Being a lesbian and gay implies living in a defined oppressed environment in a heterosexual society like Zimbabwe. Ingrained heterosexism and homophobia affects the lives of gays and lesbians in countless ways. There are serious negative effects on the health status of such group of people. The current public institutions operating under government operatives are remorseless to the needs of gays and lesbians in Zimbabwe, like elsewhere on Africa continent.

Double stigmatisation and status

Evidence from all across the region shows that delayed entry into care – or a lack of access to care altogether – is one of the biggest issues for gays and lesbians in terms of their right to health. One of the most commonly cited reasons is fear of stigma and discrimination. A further theme in the literature is the challenge then of disclosing one’s orientation or gender identity to health care workers in order to receive appropriate care. Double disclosure of sexuality and HIV/AIDS is very cumbersome and it is frequently avoided. Thus many HIV/AIDS positive gays are not willing to discuss their status for the fear of not getting sexual partners and fear of rejection. This intensifies panic among gays that professional confidentiality is guaranteed by counsellors who often divulge the secrets of gay community in Zimbabwe (GALZ, 2015). It can further argued that denial and stigma of being HIV positive and being a gay prompts them to succumb to HIV/AIDS scourge without disclosing their status for fear of rejection and chastisement from other members of the community. Criminisation of homosexuality, together with state led homophobia and dehumanisation of same sex practice in Zimbabwe has brought more harm than good as far as access to health is concerned.

The Future

Need to de-politicise homosexuality: This came after the realisation that some of the influences that were identified by the sources were in a way related to politics and political figures. Thus depoliticising homosexuality would result in health reforms that will be aimed at improving the lives of the marginalised sexual minorities that is the LGBT community. There is a need to shift in focus away from policy and law reform at the top and towards changing people’s attitudes on the ground. Many African governments are currently acting in good faith to the constituencies they represent, since the majority of Africans hold strong negative
attitudes toward homosexuality and do not believe it should be legal. A truly sustainable response will only be created when populations demand accountability from their governments; demand equal rights for all. This will further help government to achieve its health policy in a comprehensive way.

Demystifying homosexuality: Not much is known about the rights of gays and lesbians, and the little that is known, arguably lacks objective valuable substance in Zimbabwe. Thus the phenomenon of homosexuality still remains in mystery. Increasing peoples (including influential authorities) knowledge through educating them about what homosexuality is will make them to be harmonious and tolerant to each other even in accessing health services. This is most beneficial especially in health and other different settings. Embracing social diversity is key in accessing health facilities. The article revealed that Zimbabweans had different and subjective opinions regarding diverse aspects of homosexuality. Thus such variation signifies the need to embrace the diversities that obtain among the people. Ultimately, health reforms will result that benefits every sexual citizen without much discrimination based on sexual orientation or preferences.

The adoption of Public Health ahead of Human Rights Approach: There is promising evidence in the literature which examines the potential benefits of taking a public health approach to service provision for gay populations, rather than a human rights-based angle. In Zimbabwe, rights are assumed to be given to everyone but on qualified circumstances. Current public speeches portray that lesbians and gays’ rights are against Zimbabwean norms and values. Thus that strategies grounded on public health concerns and tone down sexual rights are perceived to bring successes as they can challenge legal and policy contexts in Zimbabwe. Health to all Zimbabweans on the bases of human requirement than right based approach can be best alternative in improving health status of the same sex individuals.

Conclusion

To date, same-sex acts remain outlawed in more than two-thirds of African countries and evidence suggests that Africans are among the least accepting of homosexuality in the world (Pew Research Center, 2013). The situation is cataclysmic for those who are HIV/AIDS positive as they face double sword in a society that is not prepared to accept same sex relations. At this point in time in Zimbabwe, there are pitiless expressions of homophobia and popular cultures that prefer to turn a blind eye to private matters around sexuality and access to public health. Homosexuality is the conception held by people, but quieted by taboo; it is identified, yet undeclared history. This is not to minimize the dangerous realities that many gays and lesbians face on a daily basis in Zimbabwe, but rather to appropriately contextualize the struggle for homosexuality human health rights in the society as one of setbacks in mitigating the spread of HIV/AIDS pandemic.
REFERENCES


