

Homophobia and HIV

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Introduction

What is homophobia?

Homophobia is "the irrational hatred, intolerance, and fear" of lesbian, gay, bisexual and transgender (LGBT) people.

These views are expressed through homophobic behaviours such as negative comments, bullying, physical attacks, discrimination and negative media representation.

As well as the actions of individuals, homophobia may be expressed through actions of the state, such as punitive laws, as well as other social institutions. Some LGBT people may internalise negative attitudes towards same-sex attraction, this is called self-stigma.

Homophobia and HIV

Homophobia continues to be a major barrier to ending the global AIDS epidemic.

The global HIV epidemic has always been closely linked with negative attitudes towards LGBT people, especially men who have sex with men (sometimes referred to as MSM); a group that is particularly affected by HIV and AIDS.

At the beginning of HIV epidemic, in many countries gay men and other men who have sex with men were frequently singled out for abuse as they were seen to be responsible for the transmission of HIV. Sensational reporting in the press, which became increasingly homophobic, fuelled this view. Headlines such as "Alert over 'gay plague'", and "'Gay plague' may lead to blood ban on homosexuals" demonised the LGBT community.

LGBT people face specific challenges and barriers, including violence, human right violations, stigma and discrimination. Criminalisation of same-sex relationships, cross-dressing, sodomy and 'gender impersonation' feeds into 'social homophobia' — everyday instances of discrimination — and both factors prevent LGBT people from accessing vital HIV prevention, testing, and treatment and care services.⁴ As a result, some LGBT people are unknowingly living with HIV or being diagnosed late when HIV is harder to treat.

Moreover, research has shown that men who have sex with men may exhibit less health-seeking behaviour and have greater levels of depression, anxiety and substance misuse because of stigma they face. For example, a study published in 2016 on men who have sex with men in China found that depression experienced by Chinese men who have sex with men due to community norms and feelings of self-stigma around homosexuality directly affected HIV testing uptake.

A global study in 2013 found that young men who have sex with men

experience higher levels of homophobia than older men who have sex with men, and also face greater obstructions to HIV services, housing and employment security. The loss of these forms of security often lead young men who have sex with men to adopt behaviour that puts them at risk of HIV (such as injecting drugs or exchanging sex for money).

Yet the percentage of young men who have sex with men who are able to access cheap condoms, information about how to prevent HIV and other sexually transmitted infections (STIs), HIV and STI treatment is extremely low. Nearly half of the study's young respondents who were living with HIV were not on antiretroviral treatment, compared to 17% of older respondents.

In 2014, MSMGF (the Global Forum on men who have sex with men and HIV) conducted its third biennial Global Men's Health and Rights Study of just under 5,000 men who have sex with men from countries across the world. The results, published in 2016, indicate significant gaps in HIV prevention and treatment for both HIV-negative and HIV-positive men who have sex with men. It found perceptions and experiences of sexual stigma and discrimination to be associated with lower access to HIV services and lower odds of viral suppression, which is when treatment has successfully reduced the level of HIV in someone's body to such a low level they are in good health and are unlikely to pass the virus on to someone else. Interestingly, participants in the study who reported higher levels of engagement with the gay community were significantly more likely to have had an HIV test and received the result; to have participated in HIV prevention programmes and, for those living with HIV, were significantly more likely to be retained in care, giving them higher odds of viral suppression.

Similarly, a study of men who have sex with men in Tijuana, Mexico found that self-stigma, or what the study describes as 'internalised homophobia' caused by cultural norms of machismo and homophobia, was strongly associated with never having tested for HIV, while testing for HIV was associated with identifying as homosexual or gay and being more 'out' about having sex with men. The study cites evidence of HIV-positive men who have sex with both men and women yet avoid affiliation with the LGBT community out of fear of homophobia. It argues that innovative strategies are needed to engage non-gay-or-bisexual-identifying men who have sex with men in HIV testing programmes without exacerbating experiences of stigma and discrimination.

A large proportion of men who have sex with men in both West and Central Africa and East and Southern Africa also engage in heterosexual sex, often with wives or other long-term female partners. For example, a 2015 study of men who have sex with men in Abidjan, Côte d'Ivoire found the most widespread sexual orientation among men who have sex with men to be bisexuality. The HIV epidemic among men who have sex with men is therefore interlaced with the epidemic in the wider population in these regions.

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