

Confronting homophobia in South Africa

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Ukwazana Program posters. Credit: Anova Health Institute

"Being gay is not a sickness or a choice." This is just one of the uncompromising messages in a bold poster campaign being rolled out by the newly launched Ukwazana Programme which works in the sprawling townships around Cape Town. Another of its messages reads: "We are all men, we are all African, some of us love other men."

The isiXhosa word Ukwazana translates as bringing people together: this is the mission at the heart of the program. Instigated by Health4Men (a project of the South African Anova Health Institute) working in partnership with the University of Cambridge Centre for Gender Studies, the campaign aims to reach out to the many [men](#) who are unable to be open about their sexuality and are therefore unable to access basic healthcare to prevent HIV/AIDS infection.

The plain-speaking posters are just a small part of a far broader project

designed to confront homo-prejudice, build social capital, and sensitise law enforcement and clinical staff about the health needs of township Men who have Sex with Men (MSM).

In developing messages and initiatives that speak directly to MSM, and challenge some of the deep-seated and destructive [prejudices](#) associated with homosexuality in Africa, the Ukwazana programme has drawn on research carried out by Cambridge University academic Dr. Andrew Tucker. For the past eight years, he has been working in Uganda and South Africa with gay communities affected by HIV/AIDS and [homophobia](#) – and in particular looking at gay men in deprived communities and uptake of healthcare provision.

Dr. Tucker, who helped to set up and currently consults on the Ukwazana Programme, had long seen the need for a more socially-orientated approach towards engaging MSM in places like Cape Town. As he explained, the provision of condoms and information is not enough to reduce HIV spread in places with gross social inequalities: “It is vital that the deep-rooted structural barriers that can limit health-seeking behaviour are also addressed.”

At Cambridge University, Dr. Tucker is the Deputy Director of the Centre for Gender Studies in the Department of Geography. His research focuses on understanding the diverse ways in which same-sex desire can become visible in different communities in Africa and explores ways of servicing often marginalised groups with health services. He was also a close friend of David Kato, the gay rights activist recently murdered in Uganda. At Dr Tucker’s invitation, Kato came to Cambridge in February 2010 to explain what it was like to be a gay man fighting a state which did not care for the HIV health needs of marginalised gay men.

“David Kato’s personal struggle as an individual and as a campaigner

drew attention to a complex set of challenges that besets the whole of Africa, causing untold misery. Many gay men remain unable to access HIV treatment and care.” said Dr. Tucker. “Attempts to import simplistic and patronising copies of Western rights into African cultures have created more problems. The role of the evangelical church in encouraging extreme views is yet another factor in the escalating fear and panic about homosexuality.”

South Africa is the only African country to have a constitution that protects sexual minorities and formally recognizes same-sex marriages. However, recent research by Dr. Tucker in the Cape Town region strongly suggests that [gay](#) rights are an exclusive privilege of the white and well-heeled – a small but high profile subset. He says: “If you’re well off you can live the kind of lifestyle that allows you to be yourself. Millions of men living in poverty in the townships suffer sustained discrimination and are thus unable to access the healthcare they so desperately need. Their needs are largely ignored.”

Dr. Tucker believes that homo-prejudice must be directly confronted to reduce discrimination, increase self-esteem, and encourage men to engage in health-seeking behavior. “Vast numbers of men in Africa remain isolated and therefore cut off from wider friendship support networks and access to health services. Many live out their lives bereft of love and, because of their extreme marginalisation from wider society, never receive the medical treatment now freely available to others,” he said.

Provided by University of Cambridge

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