

# **LGBTIQ Students' rights violation and its impact on combating HIV/AIDS**

## **Inaugural Lecture**

**Type of Presentation:** Inaugural lecture presented on 23 February 2017, at the University of South Africa

**Author:** Azwihangwisi Helen Mavhandu-Mudzusi

**Affiliation:** Department of Health Studies

University of South Africa

Pretoria

South Africa

**Email:** [mmudza@unisa.ac.za](mailto:mmudza@unisa.ac.za)

It makes sense to commence this lecture with a quotation from a great Global Icon, Nelson Mandela former President of South Africa which inspired me over the years, and still continues to do so.

*“After climbing a great hill, one only finds that there are many more hills to climb” (Nelson Mandela 2013).*

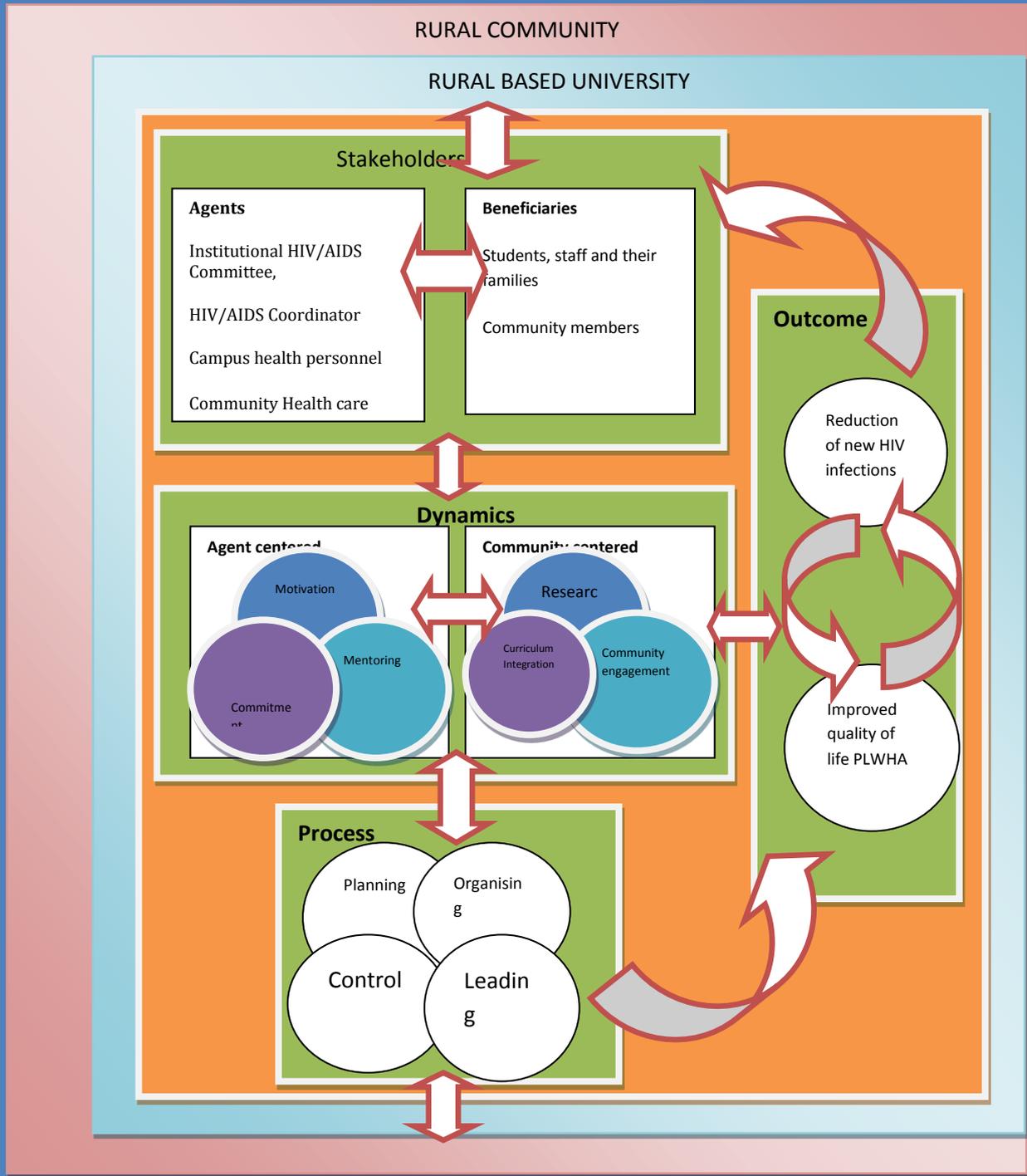
The words of Nelson Mandela are common in the language of HIV/AIDS and LGBTIQ, and at the same time, they are not limited or exclusive to the sexuality and gender academe. These words remind me of a critical period in my clinical and academic work in the field of HIV/AIDS.

In 2004, I started my clinical and academic career as the HIV/AIDS coordinator at the University of Venda: Limpopo province. I noted during this period, despite the adoption of preventive approaches, a steady increase in new HIV infections and death of staff and students from AIDS related conditions. These challenges

motivated me to question, as part of my doctoral studies, how HIV/AIDS is managed at a rural South African university. The findings of the doctoral study revealed several shortcomings in respect of the approaches used to manage HIV/AIDS. Examples of these include poor management of staff and students living with HIV and AIDS, inadequate HIV/AIDS education, and limited commitment of the university to support HIV/AIDS programmes (Mavhandu-Mudzusi 2011; Mavhandu-Mudzusi 2014a, Mavhandu-Mudzusi 2014b, Mavhandu-Mudzusi, Netshandama & Risenga 2014).).

These identified shortcomings led me to develop an HIV/AIDS management model for implementation at rural South African universities (Mavhandu-Mudzusi & Netshandama 2014).

*Figure 1: Management model for HIV/AIDS in a South African rural-based university*



The envisaged outcome of implementing this model was a reduction in HIV infection rates, and an improved quality of life for staff and students living with HIV and AIDS.

As part of the implementation of the model, I began the process of integrating HIV/AIDS into the University of Venda's curriculum. The rationale for this was to ensure that all students were provided with HIV/AIDS-related information in order to reduce the rate of new HIV infection. However, this intention was not realised.

A review of the statistics revealed that the number of students testing positive for HIV was on the rise. What also became clear was that a high percentage of students with disabilities were infected with HIV. While this presented a significant challenge or difficulty, it reminded me of the words uttered by Michael Jordan.

*“Obstacles don't have to stop you. If you run into a wall, don't turn around and give up, figure out how to climb it, go through it, or work around it” (Michael Jordan 2013).*

This reminder motivated me to engage in another HIV/AIDS –related study, with a focus this time on students with disabilities in rural universities.

The findings indicated a range of factors which might predispose students with disabilities to HIV infection. Examples of these included the university culture of initiation of first year students, inappropriate means of communication for raising HIV/AIDS awareness, students' socioeconomic status, sexual curiosity (How does it feel to have sex with abled/disabled student), and limited access to the HIV/AIDS unit (Mavhandu-Mudzusi, 2016a).

Acknowledging these predisposing factors, I undertook the task of adapting the HIV/AIDS policy and educational materials to large print and braille. Door-to-door HIV counselling and testing campaigns were launched in order to access those students who could not visit the HIV/AIDS units owing to mobility problems and workshops were specifically held for students with disabilities.

It is worth mentioning that some students who enrolled at the university were already infected with HIV. This discovery compelled me to commence a community engagement project that focused on HIV prevention among learners (at primary and secondary schools) in Limpopo Province. The aim of this project was to empower Life Orientation educators to offer contextually relevant HIV/AIDS information to learners using a participatory approach.

Through this community engagement project it became evident that poverty is among the primary reasons why certain learners engage in sexual activity at a very young age. (Figure 2 and 3).



*Figure 2: Examples of uniforms worn by learners*



Figure 3: The houses where some of learners stay

To mitigate the situation, in other words, prevent early sexual activity of learners with “blessers”, I entered into a partnership with a number of stakeholders, and provided material resources, such as clothes and uniforms.

The conviction grew in me that we could reach our goal of zero HIV infections, as we were not only focusing on the rural university community, but also on feeder schools for these universities. Little did I know that our small victories were just the beginning of the battle. It became apparent that an entire group of individuals was excluded from the available programmes. The group in question was the lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) community. The alphabet soup that is the acronym we are all familiar with extends further than just the word, and although we may be familiar with what the letters stand for, the subtle nuances of their actual meaning sometimes escape even the most learned amongst us. At this stage, it is prudent to unpack the acronym LGBTIQ, but I will commence with the concept of sexual orientation, as it underpins the ensuing discussions.

“*Sexual orientation* is the trait that predisposes a person to experience sexual attraction to other persons of the opposite sex (heterosexual or straight) or to people

of the same sex (homosexual/gay or lesbian), or to both sexes (bisexual) (Dembroff, 2016).

*LGBTIQ* is an inclusive acronym for those whose gender presentation does not conform to the norm, or who are convinced that their gender identity does not conform to the biological characteristics of their sex (Human Rights Watch, 2011).

*Lesbian* is the term used to refer to female-identified women involved in sexual or romantic relationships with other female-identified, transgender or intersex women (Human Rights Watch, 2009; 2011).

*Gay* is the term used for male-identified men who seek caring, supportive and sexual relationships with other male-identified, transgender or intersex men (Brouard & Pieterse, 2012).

*Bisexual* refers to female-identified women and male-identified men who seek caring, supportive and sexual relationships with other men and women, be they biologically male or female, transgender or intersex (Brouard & Pieterse, 2012).

*Transgender* persons live as a gender other than the gender assigned to them at birth (Human Rights Watch, 2011).

*Intersex* individuals were born with an anatomy or physiology that differs from contemporary ideals of the so-called “normal” male or female (Brouard & Pieterse, 2012).

*Queer* individuals are considered to be not adhere to typical gender or sexual orientation stereotypes (Dembroff, 2016).

It is now time to present a narrative to illustrate how I commenced work with LGBTI students. It was an ordinary workday at the HIV/AIDS unit at the University of Venda. A student came to this unit for HIV counselling and testing. A cursory check of the HIV pre-test form, which the student had completed, revealed the following under the section entitled: “Number of sexual partners”. The student had listed two females and one male as sexual partners. My question was: I see that you noted both males and females as sexual partners, what is your sexual orientation? The student replied:

*“To tell you the honest fact, I am a lesbian, however, since I came to this university, due to the way in which the rights of LGBTI students are violated, it is like we are not the citizens of South Africa. We are treated like dirt. We are called all the names, humiliated in public and even assaulted just for being who we are. The situation made me to just have a so-called boyfriend to disguise. But the truth is I don’t feel anything when I am with him. He bores me to death. I am also putting on dresses to convince people that I am a “real lady”. I am so uncomfortable.”*

I was shocked by the story narrated by the student, and I felt an urge to act or respond to the concerns revealed. However, I was unsure of where to commence my interventions. I remember the following quotation by Robert Maynard

*“Human rights rest on human dignity. The dignity of man is an ideal worth fighting for (Robert Maynard 1980).”*

As a result, I wrote a proposal for a collaborative project between the University of Venda and Volunteer Service Overseas and submitted it to the University of Venda Research Ethics Committee and was given ethical clearance to conduct the project. This project is entitled: *“Support, advocacy and care of lesbian, gay, bisexual, transgender and intersex (LG BTI) youth at selected universities in SADC region.”*

The aim of the project was to improve the quality of life of LGBTI students within inclusive and non-discriminatory universities and communities within Southern Africa.

To realise this aim, the project has a set of objectives. One of these objectives relates to conducting a situational analysis that involves a research study. As a result, I conducted a study on the attitudes of university students towards the LGBTI community (Mavhandu-Mudzusi & Netshandama 2013; Mavhandu-Mudzusi & Sandy 2015). The findings showed that the majority of respondents held negative attitudes toward LGBTI students. The following statements illustrates these negative attitudes.

*“I feel so disgusted and wish that they are skinned alive, more especially gays. I rejoice when I hear that lesbians are gang-raped or killed. They are against our community morals, they cause disgrace to our culture even*

*though they are given rights. This is UnAfrican. Ndi vhutudzi hezwi, I tou vha matula” (taboo and bad omen).*

*“They are demon possessed because this is against God`s will. God did not create Adam and Steve, but Adam and eve, that`s satanic”,*

These negative statements only offer one side of the story. To understand the other side of the story, I explored the experiences of LGBTI individuals at a South African rural-based university. The findings of the study were extremely tormenting. They showed that LGBTI students' human rights are violated in the university by both students and staff at different levels. The violations occur almost everywhere on campus including lecture halls, hostels, sports fields, cafeteria and even on social media (Mavhandu-Mudzusi 2014c; Mavhandu-Mudzusi & Ganga Limando 2014; ).

The violation of rights are in the form of exclusion in sports, denial of financial support, eviction from hostels, exclusion from discussion groups, name-calling, derogatory comments, threats of rape and killings, physical and verbal assaults (Mavhandu-Mudzusi 2014c; Mavhandu-Mudzusi & Ganga Limando 2015; Mavhandu-Mudzusi & Sandy 2015). It became apparent during this study that all the human rights of the LGBTI students were violated.

The violation of human rights of this population is inconsistent with the Bill of Rights in the Constitution of South Africa, which affirms the democratic values of equality, human dignity and freedom. The right to equality prohibits any discrimination on the grounds of belief, culture, race, gender, sex and sexual orientation, amongst others.

Based on the findings, there was an urgent need for tailor-made support and advocacy for LGBTI students. Taking into account my active involvement in advocating for the human rights of LGBTI people, my sexual orientation was questioned by colleagues at the university. I can recall a colleague at the campus health clinic telling me that:

*“At first we thought that you were HIV positive because you fight for the rights of people living with HIV. But now are you becoming a lesbian? Let me confess to you, I have requested the women prayer group of the church to pray for you in order to*

*stop this nonsense of supporting the LGBTI people.*” These attitudes made me think about what LGBTIQ students might be experiencing when they make use of these healthcare services. As a result, I conducted a study entitled

*“Citizenship rights, discrimination and stigmatisation of LGBTI students by health care services at a South African rural university”.*

The findings of this study indicated that health care services rendered at the campus health clinic were heterocentric (this means that they focussed solely on heterosexual people (Mavhandu-Mudzusi [in press])). The heterocentric approach used in the HIV/AIDS awareness campaign and sexual education programmes prevented the LGBTI students from accessing HIV prevention messages and protective materials, such as anal condoms, finger gloves and dental dams. This lack of LGBTIQ-focussed health services hindered LGBTIQ students from consulting health care practitioners. The heterocentric approaches are also evident in the areas of clinic forms, which students are often required to complete. These forms only have tick boxes for male and female, meaning they do not have an option for intersex individuals. The same applies to toilets – these are demarcated for either males or females, which leaves intersex and transgender individuals stranded.

What was also prevalent in health services at the university were heteronormative attitudes of health care personnel (Mavhandu-Mudzusi [in press])). Heteronormative attitudes relate to: The discrimination that LGBTIQ individuals face when accessing health care services. This indicates that if a person is not heterosexual, health care personnel may believe that the person is abnormal. The beliefs are often a function of a multitude of factors including religious, cultural, and professional background (Mavhandu-Mudzusi & Sandy 2015; Mavhandu-Mudzusi 2016b).

Starting with religious beliefs, practitioners, whose world view is based on Christianity often tend to discriminate against LGBTIQ individuals by citing Bible

verses which condemn homosexuality. With these beliefs, “non-heterosexuality” is considered a sin, satanic or demonic.

Health care professionals, whose world view is shaped by cultural beliefs and practices, may perceive being non-heterosexual, and gender non-conforming as an illness, attributable to sorcery or witchcraft. Thus, it is frequently perceived by these health professionals as a taboo and /or omen (*matudzi matula*). The perception of non-heterosexual as *matudzi matula* calls for the need to deconstruct this concept to generate insight into reasons why LGBTIQ individuals are often discriminated against in our communities. A study was then conducted that critically examined this concept of *matudzi matula*. The study conducted was entitled: “Deconstructing *matula* (taboo): A multi-stakeholder narrative about LGBTI” (Netshandama, Mavhandu-Mudzusi & Matshidze [in press])

The study provided significant insight into the LGBTI community from a Vhavenda point of view, and clarified a range of misconceptions related to the LGBTIQ individuals. It must be stated that there are other health care practitioners who consider being non-heterosexual, and gender non-conformity as a mental disorder. Such perceptions are more often than not influenced by their professional training. Thus, this group of professionals are more likely to refer LGBTIQ individuals for psychological and psychiatric assessment and intervention.

Being confronted with such condemnation and discrimination, based on professional socialisation, cultural or religious beliefs, can be intimidating for the LGBTIQ individuals who visit health care facilities where they expect practitioners not only to adhere to the constitution of South Africa, but to adhere to their professional oath or pledge of service to mankind. Such discriminatory experiences deter LGBTIQ students from accessing much-needed campus-based healthcare services, including those related to HIV and AIDS.

Acknowledging the discussion thus far, it is clear that the LGBTIQ students’ human rights are violated at health care facility level, by the very health care professionals.

The discriminatory attitudes demonstrated by healthcare professionals are not surprising, as nurse academics involved in training nurse managers, nurse educators, community health nurses, and public health practitioners, also display negative attitudes toward LGBTIQ people.

Arguably, although LGBTI individuals are considered one of the key populations by the South African National AIDS Council (SANAC) in relation to prevention of the HIV pandemic, health care professionals are more likely to focus on the provision of care and support to other key populations, such as truck drivers, migrant workers and homeless individuals.

*The question now arises, how do LGBTI students survive in such a situation where they are marginalised and ostracised from all angles?*

The responses to these questions are embedded in a study I conducted, and the outcomes of which are reported in both an article and a book chapter (Mavhandu-Mudzusi 2016b; Mavhandu-Mudzusi [in press b]). I highlight in these publications diverse sexual practices, which LGBTIQ students engage in, in an attempt to be “seen as straight” and to avert stigma and discrimination. Examples of these practices include:

- *Sharing sexual partners* amongst support group members (if one partner is HIV positive, there is the possibility of infecting the entire group).
- Engaging in *concurrent sexual relationships*, where individuals have heterosexual relationships (with a trophy partner) in public, while privately having the partners of their choice based on their actual sexual orientation;
- Engaging in “*quickie*” or “*microwave sex*” which is done very fast and in any convenient location (including toilets) to avoid missing out on a sexual opportunity. They are at pains not to be discovered. These types of sexual encounters, which are mainly unplanned, include engaging in *unprotected sex*, which can cause partners to be infected with HIV.

- *Forced parenthood:* Women requesting seed (having sex) among acquaintances in order to fall pregnant or men donating sperm in order to become a father, just to prove that they are “straight”.

The abovementioned activities help to maintain the façade of being heterosexual, yet it increases the risk of HIV infection and transmission. Sadly, as long as LGBTI individuals’ rights are violated, they will continue to engage in sexually risky behaviours, which will make reaching a zero HIV infection rate an impossible mission. I felt like just throwing a towel. Then I remembered the following quote by Anna Eleanor Roosevelt (1981-1962):

*“It is better to light the candle than to curse the darkness”*

And Nelson Mandela’s quote:

*“For to be free is not merely to cast off one’s chains, but to live in a way that respects and enhances the freedom of others” (Nelson Mandela 2013)*

Given that violations of human rights can be attributed to a multitude of social structures, social reconstruction is necessary to create a society that is prepared to inculcate and restore human rights values that are congruent with South Africa’s new democracy, I developed the *Advocacy, Care and Support model for LGBTIQ students in SADC universities*.

*Figure 5: Advocacy, Care and Support model for LGBTIQ students in SADC universities.*



The model's four-pronged approach involves LGBTIQ individuals, the university community, the higher education sector and society, and is within the context of the Constitution of South Africa and National HIV/AIDS strategic plan. The model outlines the recommended actions to take at all levels.

- *LGBTIQ individuals*: individual counselling, making referrals to a psychologist in cases of severe emotional distress, initiating support groups for LGBTIQ individuals, advocating for appropriate room allocations for transgender individuals, and conducting HIV/AIDS workshops for LGBTIQ students with a focus on their specific needs.
- *The university community* Raising awareness through dialogue, seminars, round table discussions, debates, sensitization workshops, radio talks, unisex

bathrooms, the registration of LGBTIQ student structures and infusing gender and sexual diversity in the curricula.

- *The higher education sector*: special journal issues and books devoted to challenging heteronormativity in SADC countries, conference presentations, research indabas and seminars; cross-sexual and cross-gender sports such as REABAPALA.
- *Society* (the nation at large can be sensitized through radio talks, community indabas, workshops with religious and traditional leaders, dialogues with community leaders, in order to deconstruct existing taboos.

This model is not just a theoretical construct but has practical utility as it has been used in a number of universities in South Africa, including other universities in SADC countries. It is used to empower LGBTIQ students in the context of raising their awareness about their human rights, and providing access to HIV/AIDS related materials. Added to this, the model is used to raise awareness among members of university communities of LGBTIQ issues, and how this population can be effectively supported. It is worth noting that the model has been recommended by Higher Education HIV/AIDS programmes to be implemented in South African Universities and Association of African Universities

### **Concluding remarks**

For the country to eradicate HIV/AIDS and reach the envisioned 'Zero HIV infection, a new level of 'Zero' stigma and discrimination' towards LGBTIQ students should be reached. Department of Higher Education and Further training should ensure that the institutions of higher education address stigmatisation and discrimination towards LGBTIQ individuals and ensure that HIV/AIDS programs on campus also cater for the LGBTI student population.

Finally:

*"Success does not lie in 'results", but in 'efforts'. 'Being' the best is not so important, 'Doing' the best is all that matters."* (Pravin Shrestha 2011).

## References

- Brouard, P. & Pieterse, J. (2012) 'Two steps forward, one step back: equality and sexual orientation in South Africa 2009-2011', in *South African Human Rights Commission Report. Commentaries on Equality: Race, Gender, Disability and LGBTI Issues*, Braamfontein: South African Human Rights Commission.
- Dembroff, R.A. (2016) "What is sexual orientation?" in *Philosophers' Imprint*, 16, 3, 1-26.
- Human Rights Watch (2009) *Together, Apart. Organizing around Sexual Orientation and Gender Identity Worldwide*, United States of America: Human Rights Watch.
- Human Rights Watch. 2011. "We'll Show you you're a Woman". *Violence and Discrimination against Black Lesbians and Transgender Men in South Africa*. United States of America: Human Rights Watch.
- Mavhandu-Mudzusi, A.H. (2011). Development of a management model for HIV/AIDS in a South African rural based university: a case study of the University of Venda, Limpopo Province. PHD Thesis. University of Venda. Thohoyandou.
- Mavhandu-Mudzusi, A.H. (2014a). Management of Staff and Students Living With HIV and AIDS in a South African Rural-Based University. *Studies of Human Ecology*, 47 (3): 209-217.
- Mavhandu- Mudzusi, A.H. (2014b). The needs and expectations of staff and students living with HIV and AIDS in a South African Rural University. *African Journal of Nursing and Midwifery*, 16 (2):30-43.
- Mavhandu-Mudzusi, A.H. (2014c). Experiences of lesbian, gay, bisexual, transgender and intersex students regarding sports participation in a South African rural based university. *The African Journal for Physical, Health Education, Recreation and Dance*, 20. (2:2):710-720.
- Mavhandu-Mudzusi, A.H. (2016a). Factors that predispose South African rural university students with disabilities to HIV infections. *African Journal for Physical Activity and Health Sciences* 22, (1:2), 182-194.
- Mavhandu-Mudzusi, A.H. (2016b) Citizenship rights, discrimination and stigmatisation of LGBTI students by health care services at a South African rural-based university. *AGENDA*. 107:104-111.

- Mavhandu-Mudzusi, A. H. (In Press a) Impact of stigma and discrimination on sexual wellbeing of LGBTI students in a South African rural university. *South African Journal for Higher Education*.
- Mavhandu-Mudzusi (in Press). Parenthood as a means of surviving heterosexism for queer youth in the Vhembe District, Limpopo Province. In Morrison, T., Lynch, I. & Reddy, V. (eds). *Queer Kinship*. Unisa Press. South Africa.
- Mavhandu- Mudzusi, A.H. & Ganga-Limando, R.M. (2014). Being Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) students in a South African university: Implications for HIV prevention. *African Journal of Nursing and Midwifery*, 16 (2):125-138.
- Mavhandu-Mudzusi, A.H. & Netshandama, V.O. (2014). Management model for HIV/AIDS in a South African rural-based university. *The African Journal for Physical, Health Education, Recreation and Dance*, 20 (2:1):372-388.
- Mavhandu-Mudzusi A.H., Netshandama, V.O & Risenga, P.R. (2014). HIV/AIDS education in a South African rural-based university in the Limpopo Province. *The African Journal for Physical, Health Education, Recreation and Dance*, Supplement 1 (1):188-201.
- Mavhandu-Mudzusi, A.H & Sandy, P.T. (2015). Religion-related stigma and discrimination experienced by lesbian, gay, bisexual and transgender students at a South African rural-based university. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*. DOI: 10.1080/13691058.2015.1015614.
- Mavhandu-Mudzusi, A.H. & Sandy, P.T. (In Press) Human Rights Violation: its impact on the mental well-being of LGBTI students in a South African rural-based University. *South African Journal for Higher Education*.
- Netshandama, V.O., Mavhandu-Mudzusi, A.H. & Matshidze, P. (In Press) Deconstructing matula (taboo): A multi-stakeholder narrative about LGBTI, gender stereotype and culture. *South African Journal for Higher Education*.