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# Homosexuality and HIV/AIDS, Case of the HIV Excellency Center, Lubumbashi University, DR Congo

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## Abstract

Homosexuality is not accepted in most African countries. This is also the case of the DR Congo, in the African context dominated by the belief and practice of the religious morality and the customs of our venerated ancestors. The objective of this study is to demonstrate the vulnerability of men having sex with men (MSM) to HIV/AIDS in our area. An observation was conducted at the Excellency Center of Lubumbashi University, where four MSM from the open community have been followed up for two years. Their adherences to treatment, clinical and biological history, and their integration have been reviewed. It results that the majority of MSM is hiding behind bisexuality and only few of them openly self-identify as such and having access to available care services.

**Keywords:** Homosexuality; MSM; HIV; AIDS; Vulnerability

## Introduction

In the last 10 years, homosexuality has significantly evolved in urban areas, essentially in terms of self-identification and self-esteem. Nonetheless, rejection and discrimination still prevail in Africa where the general norms, beliefs and customs are strongly unfavorable to the practice of homosexuality [1]. In Democratic Republic of Congo located in the heart of the Central Africa dominated by the Bantu culture, homosexuality is viewed negatively, which brings about the stereotype that homosexuality is caused by the lack of manhood, witchcraft and bad spirit, the search of fortune and power.

The African homosexual community is profoundly affected by HIV infection, and studies show significantly higher prevalence among men having sex with men (MSM) compared to the general population. In Senegal, 21.7% MSM were HIV infected versus 0.7% among the general population, 40% in MSM compared with 6.1% on average in Kenya [2].

For the international organization Lesbian and Gay Association (ILGA) [3], 23 African countries have declared homosexuality as illegal. The same source states that among 84 countries with legislation formally prohibiting homosexuality, 38 are in Africa [4]. Stephen O Munay and Will Roscoe have published a study tracing back homosexuality in the cultural history of black African communities in the past, and based on ethnological documents, these two researchers acknowledge that several forms of homosexuality have existed on the continent [5].

The aim of this study is to demonstrate that MSM in our community constitute a key population (key-pop) whose vulnerability to HIV/AIDS is proven; to outline the challenges encountered by MSM when seeking care in a society governed by homophobic norms and customs.

## Methods

Our study was conducted at the University of Lubumbashi, Center of Excellence at the Sendwe Hospital from March 2016 to January 2018. Four MSM living with HIV were followed from their enrolment into care up to this day. Data pertaining to their adherence and clinical progress were collected. It should be noted that the Center of Excellence currently has 4311 patients of whom 67 representing 1.55% are MSM. Socio-demographic data such as age, gender, level of education and occupation are also described. We have reviewed their mode of life emphasizing on their spirituality, social integration and interaction within the general community.

## Results

Our study reviews four MSM whose age ranges from 20 to 47 years. They are recruited in our structure which has currently 4311 patients, 38% of whom are men and 62% of women. Our study's participants live in the city of Lubumbashi; they were unemployed at the time this study was conducted. The average age is 34 years, with university level achievement in terms of

education, two of them live in town and come from rich families and the other two live on the periphery and come from modest families. All four patients are adherent and compliant to the

treatment; their viral load is undetectable. They are clinical stable, and are on first line antiretroviral regimen (**Table 1**).

**Table 1:** Socio-demographic data keys pop (MSTT); The average age is 34 years.

Age	Nationality	Profession	Civil status	Level of study	Suburb	Viral Load	Therapeutic line
20	Congolese woman transgender	Student	Single	Student	Lubumbashi	Undetectable	TDF+3TC+EFV
47	Congolese woman transgender	Liberal	Single	Graduated	Katuba III	Undetectable	TDF+3TC+EFV
33	Congolese woman transgender	Student	Single	Graduated	Annex	Undetectable	TDF+3TC+EFV
39	Congolese woman transgender	Liberal	Single	Licensee	Lubumbashi	Undetectable	TDF+3TC+EFV

## Discussion

Homosexuality experience in our environment is characterized by two types of communities constituted by: the secret groups of MSM for which members are mostly from the elite class, authorities and the wealthy society. This group is highly prone to stigmatization and do not identify itself as homosexual. The open group made up by citizens of the medium and poor social rank, who publicly display their sexual identity without embarrassment or fear of being indexed.

The secret group is constituted by men who are engaged into heterosexual relationships, and at the same time engage also into homosexual relationships, usually with men from the open group [5]. In the African context, exclusive homosexuality is far rarer. In Senegal for example, it concerns just less than one quarter of the MSM, despite the use of convenience sampling that would tend to over-represent exclusive homosexuals. This may be explained in part by the high prevalence of "permanent bisexuality" among MSM, in a context where homosexuality is condemned by law, where there is considerable social discrimination against homosexuality, strong social and religious pressures to marry and have children, and only embryonic special interest organizations [6]. Homosexuality has always been viewed as part of mysticism in our society, and the study of some ancestral practices demonstrate that in the Sanga people in the province of Katanga, homosexuality was associated to ritual practices for the sake of power [5].

The association between mystical and homosexual practice has led some people to misinterpret same sex relationships in the society mostly constituted by Christians, homosexuality is considered as sexual immorality. Therefore, homosexuality is viewed as a sin which is condemned and prohibited. In other circumstances, demoniac influence constitutes the reason explaining why people engage into same sex relationships. This can be compared to the Haitian voodoo practices claiming that only men possessed by sirens are attracted to other men, gay men revered to a voodoo goddess convinced that she is responsible for their sexual orientation [5].

In January 2004, the Anglican Church of DRC formally requested the other churches to condemn homosexuality;

Cameroon took the lead in 2005 [4], because it is considered as a plot against family and marriage instituted by God. In 2005, American evangelists (family life New York) in Kampala considered same sex relationship abnormal and described its causes and ways of preventing and treating this practice [7].

The open community consists of young people from modest families, rarely from wealthy families, they display their sexual orientation in the society, practice small jobs for survival and they are involved with many sexual partners in exchange of money, these young people prostitute themselves in most cases, their earning ranges from \$50 to \$200. They describe their clients to be mostly the authorities or wealthy personalities requesting their services as part of ritual practices, and/or for sexual pleasure. In both cases, the pecuniary aspect remains the primary motivation for the young MSM.

An illustrative and very informative case is presented through this questionnaire with a MSM from the Center of Excellence, he is 26 years old, infected for 9 years, he lives in a couple with a bisexual partner, he is from a family of many children with the father being a pastor.

### Q/ At what age do you notice your sexual orientation and interest for same sex people?

A/ There is no age to become gay, from the very early childhood I was always pushed to behave like a girl and even in small children's games, I always played the role of mother, it's as if that feeling was innate.

### Q/ Age of first sex with a man?

A/ From the age of 11, I started to be attracted by men of the same sex, and the circumstances of life made me share my room with my boy cow in, with whom I had the first sex without ejaculating.

### Q/ How did you accept this state?

A/ No. Because from the age of 12 to 15, I have suffered greatly in myself, because of the treatment of homosexuals in my environment.

**Q/ Who is the first person you spoke to for the first time?**

A/ After a preaching to my father's church, including homosexuality, I decided to confess to the speaker of the day who was otherwise friend with my father, unfortunately our interview ended with sexual intercourse. It was my first sexual intercourse with an adult, in which I had my first ejaculation and I was 15-year-old.

**Q/ How did you react after this act?**

A/ It had become a habit for the pastor who wanted me at all times. Since he was regularly attending my family, I was afraid that my family would discover my new direction and saw the advanced age of my father and all the risk he could run if he knew, I made the decision to leave or better flee my family for Rwanda.

**Q/ What is the treatment of homosexuals in Bukavu?**

A/ Ah, it's terrible! Once they discover your homosexuality, you're treated as a witch, a possessed, and responsible for any misfortune that can happen in your family, and with the risk of seeing your hands amputated.

**Q/ Once in Rwanda, how did you survive?**

A/ I had to prostitute myself, and it was too hard for me; until the day I met an Indian subject that offered to live with him as a couple. And, he would agree to pay for me the studies. But in this relationship, I lived some things that were sometimes unacceptable because he had made me a subject of sexual pleasure and giving me to his friends for money.

**Q/ How did you manage to come back to RD Congo and more specifically in Lubumbashi?**

A/ After a proposal to continue my studies in Canada by the Indian subject, I met a representative of an organization called RANBOW fighting against sexual discrimination in Rwanda, who persuaded me to leave the Indian subject and that organization made me know that the prostitution was paying better in DR Congo, specifically in Lubumbashi and put me in touch with the gay representative of Lubumbashi who accepted me.

**Q/ And how did you find gay life in Lubumbashi?**

A/ In Lubumbashi, it's better compared to the previous places where I lived, because here everyone takes care of his life and there is less and less attention to what the other is doing.

**Q/ What category of clients/partners do you have?**

A/ Corporate executives, officials politicians and friends of my age.

**Q/ How do your partners/clients proceed to convince you?**

A/ They say that they have not had the opportunity to express clearly their true sexual orientation, following the stigmatization of homosexuals. While most of them are married men with children. They find the opportunity with me or us to express their homosexuality clearly, justifying the fact that it is happening in hiding. Let's point out that many of them regret having been married.

**Q/ What are the modalities for having sex with a man?**

A/ For me, my prices vary from \$ 50 to more. But I can also do it free of charge when I am the one who is doing.

**Q/ What are the difficulties encountered in your business?**

A/ The biggest difficulty is the wearing of condom and the risk of being surprised by the partner's wives, something that has happened more than once.

**Q/ Currently with who are you in relationship?**

A/ I live with a man 57 years old, married and father of 5 children with who I have been for 5 years. He bought me a compound in which I live up to this day and curiously my plot is close to his wife's and I don't complain too much, he takes good care of me, and has good projects for the future. Let's point out that this situation has already created a lot of trouble with his wife and both families. But this man has always taken my defense in any situation.

**Q/ In relation to HIV, how do you think you were infected?**

A/ Probably in Rwanda, in the period I lived with the Indian subject.

**Q/ How did you know you were infected?**

A/ Just in Rwanda, after my meeting with one of Ranbow's representatives: that brought me to the test that was positive. What was too troubling for me was that these people helped me accept my condition and started my antiretroviral treatment.

**Q/ How do you live homosexuality and HIV?**

A/ Since I've been in Lubumbashi, I have met a doctor of the UNILU Center of Excellence who always helps me with advices, how to protect myself and how to protect others.

**Q/ And how do you do to avoid infecting others?**

A/ I have a large stock of lubricant that I use before all sexual intercourse and condoms for those who accept.

### Q/ Is your partner aware of your HIV status? If so, how did he react and what is his behavior after the announcement?

A/ Yes he knows it since a year ago, he had withdrawn for 3 months then, he contacted me himself; he is seronegative 3 times while we performed the test.

However, we observe that the African situation is changing, different studies on homosexuality have been carried out for decades, but have been relatively discrete. The issue of male homosexuality in Africa was only recently placed on the international agenda in the context of the fight against AIDS [8].

Let's also point out another phenomenon "Mukala or Mukonfya in vogue in our community", it is an assistant to do everything, but whose main role is to have sex with the wife of the house, the husband being attracted by other men, the husband promotes and manages infidelity of his wife, in return, the woman regularly receives gifts to preserve the harmony of the couple.

Homosexuality in our community is a sure way for HIV infection; the stigma is growing, the use of condom poses problems because of insufficient stock, the lack of the appropriate lubricating gel, the multiplicity of partners, the prostitution of young homosexuals, bisexuality which is also a cause of the multiplicity of sexual partners. Homosexuality is lived in a domestic or private sphere; it is neither hidden nor claimed in our community.

In DRC there are no militant movements of gays, active in the fight against HIV/AIDS, for fear of stigma and popular homophobia. The country's HIV programs focus mainly on the heterosexual, forgetting that many Congolese youth today can be bisexual [7].

The precariousness of the socio-economic situation also pushes many heterosexual young people to prostitute themselves as young bisexuals and homosexual so; it is true that DRC has a prevalence of 4% and the most affected age group is between 20 and 29 years [9]. Some data have been made available in our country, including the National HIV Council which in 2006, after a study of 17,000 men listed 79 homosexuals; AmoCongo in the same year out of 9,736 HIV-positive men tested 22% were homosexuals [10].

It must be said that it is very difficult to do these large studies because of the non-existence of special meeting places of homosexuals whether it is in Lubumbashi, the second largest city in the country or in Kinshasa, our capital, famous for its vibey places.

In 1993, several homosexuals from Likasi and Lubumbashi were arrested kidnapped and heavily whipped by order of provincial authorities; they spent nearly a month in Kasapa prison.

In 2005 during the popular referendum of the constitution, some politicians have sown a lot of confusion around the article on marriage which is otherwise clear because it states that "Every individual has the right to marry the person of his choice, of the opposite sex and start a family, for politicians", this article

was unclear and gave homosexuals the right to marry, with the help of evangelicals and other moral persons, they went so far as to call the constitution immoral and ask the population to vote against.

It is in this homophobic and stigmatizing context that homosexuals in the DRC are hiding behind bisexuality, in Kinshasa they have created a secret coded language, Kipopo, the name given to West Africans during the colonization, brought to Kinshasa, Leopold city at this time by the Belgian to work there, they used a neologism to express freely without fear of being understood [5,11].

The four adults we present in our observation were recruited to the Center of Excellence in a project that aims to search among discriminated and vulnerable communities for people infected with HIV, key pop; Following the information collected from homosexuals in the open community, we come to unravel the mystery of the secret community that includes the most infected people, because most often bisexual and having multiple partners, the homosexuals of this community are exposed to HIV more than other categories.

They do not express their sexual identity and live a difficult bisexuality with partners of the opposite sex just for the pleasure of the community. This difficulty in living one's sexuality is common everywhere in Africa where the discrimination is strong, rare are some authors who dared brave the stigma and to speak about it in the literature, like Raktoson in Madagascar, Sami in Togo to recite that those [12-14].

In Western countries, homosexuality has evolved in a micro social context and despite the sexual restrictions imposed by HIV infection, sexual freedom, increased social tolerance, marriage for all, have made these countries overcome the identity crisis to shift to a relationship with a recreational base, thus imposing a transversal sociability between homosexuals and heterosexuals [15]. It must also be said that homophobia is still non-negligible in the Western world.

In fact, associations like AIDES, created in 1984, helped to combat sectorisation, discrimination and stigmatization of the disease, in the first place the sick, then the "pédès sick"; this association, Aides by its Universalist choice allowed a large mobilization, especially in other groups and communities those gays, unlike the USA and England where the initiatives remained intra-community [16].

## Conclusion

The stigma attached to HIV infection has left an indelible mark in our environment, and the homosexual community is not spared, already indexed, as mystical, ritualistic, in a social context strongly influenced by the religious, the habits and customs. The Center of Excellence provides holistic care despite difficult working conditions, in a context of political and social homophobia, recruiting MSM is not easy, and the issue is important, talk about the tolerance and respect due to each individual to live his life and his choice because stigma and silence kill.

## Contribution of the Subject

Our subject questions the behaviour of MSM in society and its involvement in the fight against HIV/AIDS.

- It is obvious that the Congolese are not ready to accept sexual orientation, especially LGBTI.
- It is time for health professionals to transcend their opinions and emotional considerations and thus apply to all appropriate care.

## Limitations of the Study

MSM are assimilated to occultists, witches and are subject to urban violence with the blessing of government, as noted in the article, in some cities, genital organs and body parts are amputated; In this context of homophobia that we worked on at the Center of Excellence on the subject, only 4 MSM came to take drugs and participated openly in various activities of the center. The others are followed up by our psychologists at the Center of Excellence since they did not want to contact concerning the current study. This study shows to the world that MSM are in DRC and many are infected; HIV Support structures such as the Center of Excellence must work hard to counter discrimination and stigma in our community.

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