

## **Exclusion of Sexual Minorities in Sexual Health Education in Zambia**

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### **Abstract**

**Background:** Sexual health interventions against sexual contraction and transmission of HIV in most developing countries such as Zambia, are often biased towards heterosexual sexual health interventions. This act tends to exclude minority sexual groups such as men who have sex with men whose existence could affect the transmission and spread of the virus. This paper therefore sought to present an analysis of the exclusion of sexual minorities in sexual health education interventions in Zambia.

**Methods:** This paper employed a desk-based-research study and relied mainly on the review of secondary data in form of Ministry of Health (MOH) and National Aids Council (NAC) strategic documents and scholarly journals, articles and research papers relevant to the topic.

**Results:** A knowledge gap on sexual health education exists amongst the sexual minority groups in the few studies assessed. This can be attributed to the fact that the Zambian society is believed to be heterosexual with most interventions adopting a heterosexual stance towards sexual health education. Limited thought to the sexual health concerns of men who have sex with men in Zambia can be attributed to criminal laws against acts of homosexuality, societal disdain for acts of a non-heterosexual nature, and religious teachings against acts of a non-heterosexual nature. Lack of consideration of sexual minorities and their sexual activities may have serious effects on their sexual health knowledge levels and sexual practices.

**Conclusion:** Legal, societal and religious opposition must be addressed to enable open public discussion and debates on the design of more representative sexual health education.

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**Keywords:** Sexual contraction and transmission of HIV, Sexual Minorities, Men who have sex with men, risk perception, Criminalisation

## **Introduction**

Topics on sexual minorities such as men who have sex with men (msm) has often been met with a lot of resistance in several countries (Lane and Ersson, 2006). To avoid social disdain from wider society, homosexually active men engage in secret acts of such same sex relations. Beyrer et al., (2012) noted the term men who have sex with men (msm) as being used by men who feared being labelled homosexual or bisexual. Plummer referred to such men engaged in hidden homosexually acts as being engaged in “personalized homosexuality” (Plummer, 1975 cited in Giddens and Sutton, 2009, p.586). These groups of msm though sexually active remain hidden from larger society and are overlooked in sexual health education and interventions. With gender often underpinning most of the epidemiological models used in describing HIV and AIDS (Dowsett, 2003), a heterosexual analysis of the spread of HIV in societies has overshadowed critical thought towards the effects or contribution of sexual minorities in the prevalence of HIV in a country especially in cases where there are strict laws controlling issues of sexuality and sexual orientation.

In the case of Zambia, a heterosexual analysis of the prevalence and incidence of HIV has weakened critical thought of the patterns of sexual contraction and transmission of HIV amongst possible sexual minorities in the country. The Zambia Demographic Health Survey over the years reported a drop in the HIV prevalence levels of the age group between 15 to 49 years of age with the of 2001- 2002 report having the prevalence level at 16%; 2007 – 2008 at 14%; and most recently the 2013 – 2014 report at 13%. Great disparities were noted between gender that gave more claim to the existence of a heterosexually active society, the difference in gender for the age group 15 to 49 had the 2001 - 2002 report stating a 18% HIV prevalence rate for females and 13% for males; 2007 to 2008 report had 16% for females and 12 % for males and; the 2013 to 2014 report had 15% for females and 11% for males (Central Statistical Office [Zambia], Central Board of Health [Zambia], and ORC Macro, 2003; Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc, 2009; Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International, 2014). In response to the disparity in HIV prevalence between the sexes, Dowsett (2003)

provided some possible reasons for such vulnerability by women to HIV as due to two factors, these were, firstly due to their biological nature (women became infected more easily during vaginal intercourse than men). Secondly, a structural nature, women's almost universally unequal access to social and economic resources, which often led to powerlessness, greater poverty and inequality, and their consequences (possible sexual violence and resort to sex work for income).

Though there has been a drop in the prevalence rate of HIV in Zambia over the years, one would have hoped that after a 13 (2001 to 2014) year period of fighting against the sexual contraction and transmission of HIV much more significant drops in percentages would be noted. It is not clear why there is inertia in the reduction of the prevalence rate given several interventions which are in place to curb the scourge. It is further worth noting that some researchers such as Barker and Ricardo (2005) have argued that most men in Sub Saharan Africa (in which Zambia is located) are less likely than females to seek out HIV tests from health centers and so, lesser chances of obtaining a more accurate picture on the difference in HIV prevalence levels between the sexes.

This paper therefore seeks to present an analysis on the exclusion of sexual minorities in sexual health education and interventions in Zambia. For some time, the government and other stakeholders have put up a vicious fight against HIV/AIDS which has seen some significant reduction in the prevalence rate over a period of ten years. Like it has been stated earlier, it is not clear yet how much of a contribution sexual minorities such as the msm have made towards the overall country HIV prevalence and infection rate. This analysis reviews literature pertaining to this topic from Zambia perspective.

### **Research Methodology**

This paper employed a desk-based-research study and relied mainly on the review of various documents including key Government of Zambia reports (published and unpublished) and other policy related literature. The Ministry of Health (MOH) and National Aids Council (NAC) strategic documents and reports were of significance in this study as well as some scholarly journals, articles and research papers relevant to the topic were consulted. This literature was not only restricted to Zambia, but it also included literature from other parts of the world which focused on the topic under discussion in this paper.

### **Sexual identities and the risk of HIV infection**

HIV is contracted in several ways but of major focus and concern of this writeup is that of the sexual contraction of HIV. To understand possible modes of transmission of HIV through sexual interactions an understanding of the manner of sexual relations is required and so understanding of sexual identities is essential. Centerwall and Laack (2004) were cited by Thomsen

(2007, p. 17) as having defined sexual identity as, “a person’s ability to be attracted to or fall in love with the opposite or same sex.” A heterosexual identity has one attracted to the opposite sex; homosexual identity is attracted to the same sex; and a bisexual sexual identity has one attracted to both their sex and opposite. With the Zambian society believed to be heterosexual, most interventions have thus adopted a heterosexual stance towards preventing the spread of HIV through sexual interactions. Existence of other possible sexual identities that could affect the transmission and spread of the virus are given little or no importance.

### **Limited thought on sexual minorities in Zambia**

Cornwall (2006) noted that the existence of HIV and AIDS had helped open public discussion on issues of sexuality, but openness to the depth of various types of sexuality (more specifically sexual identities in the case of Zambia) and their associated risks in sexual contraction and transmission of HIV has not often been as open in some societies’ sexual health education efforts especially in societies where the law does not allow free expression of other sexual identities. In 2010, the main mode of contraction of HIV in Zambia according to the National AIDS Council (NAC) was unsafe sexual intercourse amongst adults, which accounted for 90% of all cases recorded in the country at the time. Analysis of such cases revealed 37% to arise from couples in which one of the sexual partners was practicing “casual heterosexual intercourse” with other persons besides their sexual partner, 34% from cases in which both persons in sexual relationship practiced “casual heterosexual intercourse” with persons besides their sexual partner, 21% resulting from sexual partners practicing “mutual monogamy,” persons engaged in sexual acts with sex workers accounted for 4% and men having sexual intercourse with fellow men (msm) accounted for 1% (National Aids Council: 2010, p. 9).

Important to note that the National AIDS Council (2014), however, stated that a better understanding of the msm population was needed together with their types of sexual practices and sexual networks before a more accurate assessment of their impact on the prevention of sexual contraction and transmission of HIV in the country could be made. In trying to understand the reasons for limited statistics on sexual minorities in some countries, Harvey (2012) argued a bias by national governments in Southern Africa in reporting matters of sexual activities amongst sexual minorities as such groups are often stated not to exist in society and if they did, were stated not to be large in numbers thus not having any significant impact on overall HIV prevalence (Harvey, 2012 cited in Meer, Lunau, Oberth, Daskilewicz and Muller, 2017).

## **Concerns over the lack of attention to the sexual health concerns of msm in Zambia**

Lack of acceptance of sexual minority groups in a society presents major challenges in addressing issues of sexual health education and interventions appropriate for such groups (Caceres, 2005 Cited in Caceres, et al., 2008). A concern with existence of different sexually active sexual identities in society, is the difference in the manner of sexual interactions occurring between same sex partners (anal intercourse) and heterosexual partners (vaginal intercourse) which come with their own health risks in terms of sexual contraction and transmission of HIV (Scheibe, et al., 2017). Brown et al., (2011) further argued that challenges in lack of acknowledgement of such different sexual identities in society often leads to inability of health care staff to adequately plan sexual health interventions relevant to the prevention of sexual contraction and transmission of HIV amongst sexual minority groups.

A further concern with the Zambian society is a lack of knowledge of the actual numbers of sexual minority groups such as msm in the country. The last known estimation of the numbers of msm in Zambia was given by the Data Lounge (1998) who argued the existence of 500, 000 msm in the country (The Data Lounge, 1998 Cited in Immigration and Refugee Board of Canada, 2003). Whether the number has increased, reduced or remained constant over the years is unknown as matters of homosexuality are illegal in Zambia and so open talk of such is a discussion not openly engaged upon. Of concern in relation to the nation's fight against sexual contraction and transmission of HIV is the extent to which such sexual minority groups may affect the nation's sexual health education intervention efforts in fighting against sexual contraction and transmission of HIV in society. A 2004 study in Zambia by Zulu (2004) on 3000 msm revealed 70% to believe HIV could not be contracted through anal sexual intercourse. Study further revealed 50% of those interviewed to be engaged in some form of bisexual sexual relations. Study had been conducted in the towns of Lusaka, Livingstone, Ndola, Kitwe and Nchelenge (Zulu, 2004 Cited in Mulenga, et al., 2009). This was an open society type of study; exact details of how such groups were identified was not stated.

Disapproval of acts of same sex sexual relations has created an environment of intimidation by powerful heterosexual groups in society towards minority sexual groups (Caceres, et al., 2008, p.14), exerting some form of power over (control) them and any form of sexual health intervention consideration by policy makers towards their cause. Such an imbalance of power when trying to assess the plight of sexual minorities was evident in the following online media report. Tumfweko (2013) reported on 3rd March, 2013 that a local foundation by the name of Dettle Resources foundation had gone

to great lengths in trying to argue out the need for persons with sexual orientations different from that of wider society to be considered as human being and thus accorded the opportunity to equal rights of good health, education, employment and protection by the state from threats both internal and external to the nation. The Home Affairs Minister at that time, Edgar Lungu went to the extent of asserting the organisations intentions were monetary motivated. The organisation later that year, cancelled its attempts (Tumfweko, 2013).

A major setback on the concerns of sexual minorities was further evident in the following online media report. Sakala (2013) on 16th April, 2013 published an article on Zambia Reports titled “New Zambian Constitution to Ban Homosexuality” in which the Zambia Information and News Services (ZANIS) had reported the National Constitution Commission to have resolved to ban “anti-social practices such as homosexuality... from being practiced in Zambia.” In relation to rights against discrimination, the commission recommended that a technical committee further withdrawal gays and lesbians from being guaranteed such rights as was provided under Article 29 of the draft constitution that stated, “a person has the right not to be discriminated against, directly or indirectly on any grounds including birth, race, sex, origin, colour, age, disability, religion, conscience, belief, culture, language, pregnancy, health, marital, ethnic, tribal, social or economic status” (Sakala, 2013). This showed the application of dogmatic reasoning, “defensive cognitive closure” (Johnson, 2009, p. 147) in shutting out possible consideration of sexual identities different from that of a heterosexual society.

## **Why are issues of sexual minorities overlooked in Zambia?**

### **a) Criminal laws against acts of a non-heterosexual nature**

Possible reasons for the neglect of such sexual minority groups can be argued to be due to the Zambian laws which are clear regarding sexual acts of non- heterosexual manner. The Zambian Penal Code Chapter 87, Sections 155 to 158 define homosexuality, an “act of gross indecency” and a felony. Warn that promotion of acts of homosexuality would be regarded as a “felony” and would attract punishments of “15 years to life imprisonment” (Zambia Penal Code Act, Chapter 87, (n.a)). In Africa, 38 countries have non-heterosexual laws carrying prison terms. Worth further noting that 4 of the 38 nations further prescribe the death penalty for individuals found to be engaged in such non-heterosexual sex practices (Amnesty International UK, 2018).

In May, 2013 the Human Rights Watch (HRW) released an article title, “Zambia: Stop Prosecuting People for Homosexuality”. The article was in reaction to the arrest of two men found to be engaged in same sex relations. Upon arrest, medical anal examinations were performed to determine if there was indeed some form of same sex sexual relations between the two men

(HRW, 2013). Legal, societal and religious reactions to the existence of the couple was one of contempt at their sexual acts. Matters of human rights regarding the medical examinations performed on them were not considered a problem as their same sex behavior was illegal in the country and against the sexual morals of society. Such reactions to the existence of a sexual identity differing from that of heterosexual nature showed societal application of “intolerance to ambiguity” (Johnson, 2009, p.141), a dogmatic form of reasoning that safe guards society against the fear of something unknown or in this case, a sexual identity considered a threat to a heterosexual society.

Howard Becker’s (1963) Labeling theory may be used to show that no act is intrinsically criminal but the interaction between societal deviants and non-deviants is what often leads to the formulation of norms of what may be defined as criminal. Definition of acts of criminality are often made by those in power and supported by formulation of laws by relevant legal institutions (Crossman, 2013). Weeks (2000) argued that the labeling of non-heterosexuals as sexual deviants tended to act as a “mechanism of control” in which firstly, a clear distinction was made between what was deemed acceptable and unacceptable sexual behavior and second, placed a line of segregation between the deviant and non-deviant. The case of the two men arrested in Kapiri Mposhi in 2013 for having same sex sexual relations though proving some existence of same sex relations in the Zambian society was considered immoral as it went against the norms of heterosexuality. The HRW (2013) article titled “Zambia: Stop Prosecuting People for Homosexuality” noted a religious leader by the name of Bishop Edward Chomba as having argued the most appropriate way to deal with such immoral behavior was death. In terms of dogmatic reasoning, a “rigid certainty” (Johnson, 2009, p.152) was applied, the belief in sexual relations only being biological possible between a man and women over rid the fact that not all sexual interactions were engaged upon for matters of reproduction. Issues of sexual pleasure that led to sexual behaviours beyond the norms of heterosexual nature are not considered.

In reference to matters of sexuality, the dominant sexual identity often takes other sexual identities as deviants. This is evident in the case of heterosexuals outlawing acts of non-heterosexuality which leads to exclusion of such groups in policy, planning and decision-making processes. Barry (1998) stated exclusion of minority groups to conflict with “equal opportunity” and further result in possible denial of effective participation of those excluded in politics (society). Criminalization of same sex acts hinders policy thoughts on prevention of sexual contraction and transmission of HIV amongst sexual minority groups and thus neglects the possible spread of HIV from infected sexual minority groups such as msm, to the wider population due to acts of bisexuality (Gruskin and Ferguson, 2007).

## **b) Societal disdain for acts of a non-heterosexual nature**

Weeks (2000) raised an important observation when he stated certain aspects of sexuality were seen to be more common in some societies and not others. People are often raised in such a manner as to understand heterosexual sexual relations as natural acts of sexual intercourse and homosexual sexual relations as unnatural. Some societies have further often applied gender norms in prescribing sexual relations as only appropriate between a man and a woman (Jolly, 2000). Kangaude (2015) makes mention of how in Malawi amongst the Chewe ethnic group, boys and girls undergo initiation ceremonies in which they are taught culturally acceptable forms of behavior, of which aspects of heterosexuality are emphasised. Biological justifications for prescription of sexual acts as either natural or unnatural are further made with the assumption that the sexual organs of the body quite clearly determine the manner of approved sexual relations (Weeks, 1986). Rossenblum and Travis (2003) noted that in the North American society same sex relations were regarded as a social problem on the mere basis of their inability to achieve the reproductive function. Existence of such same sex relations were further argued to be a threat to the morality of society as they went against the societal traditionally accepted heterosexual relations. In some extreme cases, social disdain for same sex relations is so strong that mere accusation of men being labelled as homosexual might lead to threats to their lives. For instance, In January, 2011, a Ugandan gay activist by the name of David Kato, was killed after having won a lawsuit against a local magazine that had labelled him as gay and demanded for his execution (Gentleman, 2011 Cited in Altman, et al., 2012).

Many African states agree with biological justifications for sexual intercourse to be restricted between a man and woman and have gone so far as to state acts of same sex relations to be a Western behavior and unafrikan (Thoresen and Cook, 2011 Cited in Altman, et al., 2012). In Nigeria for instance, as is with several other African countries, single men are often viewed with suspicious if they remained unmarried for a long period of time with their manhood further brought into question (Social Sciences and Reproductive Health Research Network, 2001 Cited in Barker and Ricardo, 2005). African beliefs in acts of same sex relations as being unafrikan are so strong with wide societal resentment to talk of the existence of acts of same sex relations in society (Altman, et al., 2012). In 2013, Paul Kasonkomona, a human rights activist appeared on MUVI TV, a local television station in Lusaka, Zambia, and brought out the need for the country to consider the possibility of existence of sexual minorities in the nation and thus assess their existing numbers and how best the nation could handle their existence in light of concerns such as human rights on their part and health concerns such as HIV prevention from a larger national sexual health point of view. He was



arrested immediately after the broadcast (MUVI TV, 2013). The current situation from the Zambian perspective is limited to that of correction of sexual minorities by way of legal prosecution and social disdain. This is evident in reports by Stephaine (2013) that had noted the Zambian government to have called on religious bodies to fight against all forms of positive talk on same sex relations in the country. Views and concerns of such sexual minorities are not positively considered (Stephaine, 2013 Cited in Libati, 2013). The Zambian society has in a way applied dogmatic reasoning and “compartmentalized” (Johnson, 2009, p.162) aspects of sexual minorities in the fight against sexual contraction and transmission of HIV in the society. A number of Societies further apply “mores” and “sanctions” to ensure that members conform to acceptable acts of sexual practice consistent with that of a heterosexual nature (Summer, 1956 Cited in Macionis, 2003, p.70). By placing sexual minorities in a box, society has lessened the significance of their existence, minimized their consideration in sexual health policy and most importantly handled fears of acknowledging their actual existence in a society believed to be heterosexual.

In the few cases where same sex relations may be acknowledged, it is often in times of separation of men from women for long periods of time. Cases like prison settings, military confinement and all boys boarding schools (Kiama 1999, Barker and Ricardo, 2005). Giddens and Sutton (2009) cited (Plummer, 1975) as having referred to such same sex relations as a situated activity. In Zambia some prison studies conducted between September 2009 and February 2010 by the Prisons Care and Counseling Association (PRISCCA), the AIDS and Rights Alliance for Southern Africa (ARASA), and Human Rights Watch (HRW) interviewed 246 prisoners, 8 former prisoners, 30 prison officers, and conducted facility tours at six prisons throughout the central corridor of Zambia. Sexual activity between male inmates was seen to be common, involving both consensual sex between adults, and relationships where sex was traded by the most vulnerable in exchange for food, soap, and other necessities not provided by the prison. Rape was also discovered to occur (HRW, ARASA, PRISCCA, 2010 cited in Libati, 2013).

### **c) Religious arguments against acts of a non-heterosexual nature Yet to be worked on**

Religious teaching such as that of Christianity speak and preach of acts of a non-heterosexual nature in a manner that incites fear of spiritual condemnation of sexual minorities. Leviticus 20 verse 13 reads, “if a man lies with a male as with a woman, both of them have committed an abomination; they shall surely be put to death; their blood is upon them.” Giddens and Sutton (2009) noted that in terms of Christianity the commonly accepted place for

sexual interactions was within the family with the stated purpose for such sexual relations being reproduction. Hence, the Christianity support for biological assertions of sexual interactions being meant solely to be between a man and a woman.

In 1991 Zambia was declared a Christian nation by the second republican president, president F.T.J Chiluba. Christian values and principles thus play a prominent role in the lives of people and operation of some government policies, such as policies on sexual health education. Turley (2013) on 23rd April, 2013 wrote an article titled “Wynter discontent: Justice Minister declares no room for gays in Zambia.” In the article, Turley (2013) noted the Justice Minister to have argued Zambia to be a Christian nation with acts of same sex relations being a foreign practice to the nation. He further accused some international organisations of funding local non-governmental bodies to open public talk of gay rights in the nation. An act which his government would not tolerate. Stephaine (2013) argued that the lack of clear separation between politics and religion in Zambia tended to affect the government’s responsibility of governing and acting in a manner that sought the greater, holistic good of the nation.

## **Theoretical understandings of societal address of sexual identities.**

### **a) Social pathology viewpoint**

The Social pathology viewpoint provides a suitable understanding of the heterosexual societal response to the existence of sexual minorities. Rubington and Weinbery (2011) note the social pathology viewpoint as applying an analogy of society (social) as a living (biological) organism with the sum of its parts all contributing towards the health and moral sexual stability of the whole organism. In the case of a sexual identities, a heterosexual society such as Zambia is said to be healthy when all members conform to such a sexual identity, existence of non-heterosexuals can thus be said to be a threat to the overall health and functioning of the society. Sexual minorities such as msm are thus viewed as possessing sexual values and norms that differ from that acceptable to a heterosexual society and are thus seen as an illness that needs to be treated before they affect the sexual morality of the wider society (Rubington and Weinbery, 2011). Society thus approves of forms of institutional stigma aimed at containing such behavior.

Favourable conditions for the development of sexual minorities in society are argued to have arisen through uncontrolled population growths and technological advancements. The media through the internet, uncensored movies, music and entertainment are often argued to be points of exposure of members of society to different sexual behaviours and practices in the wider global environment. Lack of appropriate socialization by agents of socialisation such as the family, school, law enforcements agencies, religion

and media are thus argued to be reasons for the growth of such sexual minorities such as msm in a society believed to be heterosexual (Rubington and Weinbery, 2011).

### **b) The exchange perspective**

With several assertions made on which is the acceptable form of sexual intercourse, it is important to note claims under the exchange perspective as argued by Kallman (1952) that people are born “sexually amorphous” without any inclination to being heterosexual or homosexual (Kallman, 1952 cited in Rosenblum and Travis, 2003, p.190), but overtime as stated by Freud lose their “polymorphous perversity” (sexual neutrality) due to the responses (positive or negative) they receive from their society on which form of sexual identity is morally acceptable. Society is often argued to promote sexual identities that conform to functions of reproduction and so individuals engaged in sexual acts of a heterosexual manner are promoted, and acts of same sex relations are forbidden with social mores and legal sanctions enforced as a way of deterring them (Rosenblum and Travis, 2003, Ibid). This perspective helps us to understand the overall thought process involved in the arrival of a sexual identity deemed to be morally acceptable to society. The use of rewards and punishments further shows acknowledgement of differing sexual identities in a society and the actions taken to control the undesirable sexual identities.

### **c) The interactionalist viewpoint**

Both the social pathology and exchange viewpoint from a social functionalist perspective, provide a macro analysis for society’s justification in controlling sexual morality towards a sexual identity deemed acceptable to the majority. But as Parrillo (2005) notes from the interactionalist viewpoint, the more sex minorities, such as msm, began to interact amongst themselves and discover other individuals open to sexual acts and practices different from that of the sexual majority, they develop an approval of a sexual identity based on their own individual experiences and interactions. A self-identity and concept conforming to their personal sexual preference and not imposed by society arises (Macionis, 2006). Though society labels such sexual minorities as sexual deviants to shame them, such labels provide a form of identification to a sexual preference outside the social norms of heterosexuality. Such individuals thus develop sex careers, identifying with same sex identities or bisexual identities and thus in the process question the overall societal imposition of heterosexuality on all people in society regardless of sexual identity preference (Parrillo, 2005). Concern to the Zambian society is that though laws exist against acts of non-heterosexuality, msm exist and over time develop sexual careers which may have sexual health implications not only for such minority groups but overall society as well. This is due to the fact that

stigma against such minority groups pushes them into hibernation which may have a direct implication on how they access certain services in various communities including health services.

### **Major limitation of current heterosexual health education practices on the sexual rights of sexual minorities**

Riley and Baah-Odoom (2010) noted Catania, et al. (1994, p. 600) to have referred to the Aids Risk Reduction model in arguing it to place strong need on individuals identifying and associating their sexual behaviours and practices as risky and thus considering possibility of change, which in time leads to active steps towards achieving desired levels of change. Dixon-Mueller, Germain, Fredrick and Bourned (2009) argue enlightenment of sexually active persons on their sexual rights to be an essential aspect of sexual health interventions. A major lesson in sensitization of sexually active people is on their sexual rights in knowing the HIV status of people with whom they may be sexually active, but in the case of heterosexual societies such as Zambia, such emphasis is restricted to heterosexual partners much to the disadvantage of sexual minorities. Lack of consideration of sexual minorities and their sexual activities has serious effects on the sexual health knowledge levels of sexual minority groups in knowing and exercising sexual rights in their sexual interactions with same sex partners. Such a discrepancy in knowledge levels was evident in a Zulu (2004) study on 3000 msm in Zambia. Msm not engaged in bisexual sexual relations were found to have had limited knowledge levels on preventive measures against sexual contraction of HIV with only 21% stating condom use as a form of prevention, while those engaged in heterosexual acts had 88% stating condom use as a preventive measure (Zulu, 2004 Cited in Mulenga et al., 2009).

### **Conclusion**

The Zambian society, like many developing societies in Southern Africa is not open to sexual identities falling outside the norms of heterosexuality. The negative efforts of which are expressed in national laws, societal resentment and religious teachings that denounce sexual behaviours and practices of a non-heterosexual nature, which in turn affect any positive sexual health policy response towards the cause of sexual minority groups such as men who have sex with men. The exchange perspective shows clearly how members are taught to conform towards what is considered by heterosexual groups as sexually moral behavior and practice. Though arrests and imprisonments of sexual minorities found to practice non-heterosexual sexual interactions acts as a deterrent against unacceptable sexual behaviors, such legal sanctions may also contribute to the growth of hidden sexual minority groups whose sexual behaviours and practices remain unchecked. As

noted from the interactionist perspective, the more sexual minorities interact amongst themselves, the more they come to accept their sexual identities and practices. In the wake of HIV and AIDS and the 2010 revelation by the Zambia National Aids Council that 90 percent of HIV contractions occur through sexual intercourse, concern should arise in establishing just how much of an effect sexual minority groups such as men who have sex with men have on the overall Zambian HIV prevalence rates. To objectively consider the existence and effects of sexual minorities on the national fight against sexual contraction and transmission of HIV; legal, societal and religious opposition must be addressed. Open public discussion and debates on representative sexual health education needs to be established and promoted without fear of negative sanctions being imposed on those found to advocate the plight of sexual minority groups.

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