



# Sexual stigma and symbolic violence experienced, enacted, and counteracted in young Africans' writing about same-sex attraction



Kate Winskell\*, Gaëlle Sabben

Hubert Department of Global Health, Rollins School of Public Health, Emory University, Atlanta, GA 30322, USA

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## ABSTRACT

There is growing recognition of the health disparities faced by sexual minority populations and the critical role played by sexual stigma in increasing their vulnerability. Experienced, anticipated, and internalized, stigma based on sexual orientation reduces access to HIV/STI prevention and treatment services among African men who have sex with men and has been linked to compromised mental health, risk-taking, and HIV status. It is likely that similar processes undermine the health of sexual minority African women and transgender and non-binary people. There is a need for increased understanding of both the contextual factors and the cultural meanings, or symbolic violence, that inform sexual stigma and harmful stigma management strategies in contexts that are culturally and socio-politically oppressive for sexual and gender minorities. Using thematic data analysis and narrative-based methodologies, we analyzed narratives and essays on same-sex attraction contributed by young people aged 13–24 from ten African countries to a Spring 2013 scriptwriting competition on HIV, sexuality, and related themes. Submitted by 27 male and 29 female authors, the texts were written in response to a prompt inviting participants to “Tell a story about someone who is attracted to people of the same sex”. We analyzed the ways in which sexual stigma and its effects are described, enacted, and counteracted in the texts. The data provide insights into the social and symbolic processes that create and sustain sexual stigma in the context of broader transnational discourses. The data shed light on psychosocial challenges faced by sexual minority youth and identify both rhetoric, stereotypes, and discourse that devalue them and representations that counteract this symbolic violence. We share our findings in the hope they may inform education and communication programming as part of multi-level efforts to improve the health and human rights of sexual minority populations in sub-Saharan Africa.

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## 1. Introduction

Sexual stigma, or homophobia, not only defies fundamental principles of human rights and social justice: a growing body of literature documents its negative impacts on health outcomes for sexual minority men and women (e.g., [Hatzenbuehler et al., 2014](#)). Within the context of sub-Saharan Africa, there is increasing evidence of the HIV-related health disparities faced by men who have sex with men (MSM) and their epidemiologic importance has informed a recent upsurge in attention paid to the HIV-related needs of this population. MSM in Africa are 3.6 times more likely to be HIV-positive ([Beyrer et al., 2012](#)). Increased biological

vulnerability accounts for some of this elevated risk, with the probability of HIV transmission per act of unprotected anal intercourse eighteen times higher than that during unprotected vaginal intercourse ([Beyrer et al., 2012](#)). However, there is also growing recognition of the critical role played by sexual stigma and its internalization by MSM ([Smith et al., 2009](#)). Experienced, anticipated, and internalized, sexual stigma reduces access to healthcare services and relevant prevention information for MSM and has been linked to compromised mental health, risk-taking, and HIV status ([Anderson et al., 2015](#); [Fay et al., 2011](#); [Risher et al., 2013](#); [Rispel et al., 2011](#)). While recent literature has focused on sexual minority African males on account of their higher risk of HIV infection, literature on the health impacts of structural stigma in other contexts ([Hatzenbuehler and Link, 2014](#)) suggests that similar processes are also likely to compromise the mental and physical health of sexual minority African women and transgender and non-binary people.

\* Corresponding author.

E-mail addresses: [swinske@emory.edu](mailto:swinske@emory.edu) (K. Winskell), [gaelle.sabben@emory.edu](mailto:gaelle.sabben@emory.edu) (G. Sabben).

Growing attention to sexual stigma and its negative impact on the health and human rights of affected populations comes in the context of increasing visibility of same-sex sexual attraction, identity, and practices in the social, religious, and political spheres in sub-Saharan Africa in recent years, including the emergence of aggressive anti-gay rhetoric and action from politicians and religious figures (Makofane, 2012; Sandfort and Reddy, 2013). While national and sub-national experiences differ (Awondo et al., 2012; Currier, 2012; Reid, 2013), colonial legacies, anxieties over neo-colonialism, sovereignty, and globalization, and transnational religious movements provide a common fuel for such homophobias (Epprecht, 2013).

Complementing scholarship from within public health, a growing body of anthropologically-informed studies offer holistic insights into the lived experience of sexual minority Africans, contextualizing sexual stigma within a range of personal, local, global and historical forces (e.g., Epprecht, 2006; Gaudio, 2009; Lorway, 2015; Reid, 2013). This rich literature engages primarily with an adult population and there is a need to better understand how African sexual minority youth experience sexual stigma and the cultural factors that shape those experiences.

Public attitudes and related social representations inform the personal experience of sexual stigma and it seems likely that, with time, they will exert increasing influence on policy. However, little is known about how young Africans, a demographic cohort that will be increasingly central to processes of social change, make sense of sexual diversity. It is, therefore, important to better understand how heterosexist ideology is received, processed, and reproduced by a general youth population and how, in some cases, it is counteracted.

This paper draws on a distinctive form of data: creative narratives and essays submitted by young Africans to a scriptwriting competition on HIV, sexuality, and related themes. The texts were written in response to a prompt inviting participants to “Tell a story about someone who is attracted to people of the same sex”. In light of this elicitation, this manuscript is framed above all in terms of same-sex attraction (SSA) rather than sexual orientation, identity, or behaviour. We use the term “same-sex attraction” with circumspection, in acknowledgement of its limitations and tensions. While it has the advantage of clearly referencing the prompt to which participants in the scriptwriting competition responded, the term has its own baggage: it has been employed in reparative framings of homosexuality as it incorporates potential for transitory SSA and hence supports the rhetoric of “cure” (Hackman, 2013; Valentine et al., 2013). The fact that SSA is not an identity or self-labelling category that implies affiliation to a global social movement of lesbian, gay, bisexual, and transgender (LGBT) people is nonetheless appropriate for a study that seeks to understand youth sense-making contextually as it may accommodate more of the diversity of sexual and gender expression and self-identification in sub-Saharan Africa. In critiquing the terms MSM and WSW (“women who have sex with women”), Young and Meyer (2005) called for “more textured understandings of sexuality that do not assume alignments among identity, behavior, and desire” (p.1144). Such an approach is a means to create “intellectual space for alternatives to mainstream, White gay explanatory frameworks” (Petchauer et al., 2008, p.4) for same-sex attraction and aligns more closely with queer perspectives on sexuality (Valentine et al., 2013). Some ethnographic studies have indeed described SSA in sub-Saharan Africa as distinct from mainstream Western models (Gaudio, 2009; Reid, 2013), resistant to categorization by means of the globalized LGBT lexicon (Thomann and Corey-Boulet, 2015), and less identity-driven than fluid, contextual, and relational (Nyeck and Epprecht, 2013).

In this paper, we analyze the ways in which sexual stigma and its

effects are described, enacted, and counteracted in the youth-authored creative texts. Our objective is to identify contextual factors that inform experience of sexual stigma and cultural meanings that undergird sexual stigma with a view to informing education and communication programming as part of multi-level efforts to address the psychosocial and health-related needs of sexual and gender minority populations and engage with representations that devalue them.

### 1.1. Theoretical background

Herek (2007) has proposed a multilevel framework for conceptualizing sexual stigma, which he understands as a cultural phenomenon with structural (“heterosexism”) and individual manifestations, including enacted, felt (also known as “anticipated”), and internalized stigma. Sexual stigma is differentiated from stigma based on factors such as race or ethnicity by the fact that sexual minorities can choose to whom they wish to reveal their sexual orientation, which is often not immediately apparent. A further distinguishing characteristic is the fact that sexual stigma has tended not to be universally regarded as undesirable or inappropriate. In a heterosexist environment, sexual minority individuals are rendered invisible by the presumption that everyone is heterosexual. Non-heterosexual behaviour is presumed to be abnormal, unnatural, and inferior; it requires explanation and may be considered to warrant discrimination and aggression (“enacted stigma”). As with other forms of stigma, friends and family members of sexual minority individuals may be subjected to “secondary” or “courtesy stigma” by association (p.909, drawing on Goffman, 1963). Anticipating stigma, sexual minorities may conceal their sexual identity (“anticipated stigma”). Some heterosexuals may also adapt their behaviour in order to avoid being labelled homosexual, for example, by changing their self-presentation or even enacting sexual stigma against others in order to prove they are not homosexual (thereby buttressing hegemonic masculinities). Heterosexism and enacted stigma may be internalized as warranted by sexual and gender minority individuals (as “internalized stigma”) and by heterosexuals (as sexual prejudice).

While HIV-related stigma has been addressed in education and communication efforts to such an extent that it is now widely understood to be politically incorrect across much of Africa, this is not true of sexual stigma, which remains widespread, largely unchallenged, and indeed politically sanctioned in many countries. We sought to complement Herek’s social psychological framing of stigma with broader perspectives from social and political theory (Parker and Aggleton, 2003), including critical medical anthropology. This allowed us, like Thompson et al. (2013), to focus on how social, cultural, and moral processes create stigmatizing conditions in the everyday lives of marginalized people. We sought to better understand both the social and symbolic processes that perpetuate sexual stigma by placing particular emphasis in our analyses on (1) ‘the unique social and cultural processes that create stigma in the lived worlds of the stigmatized’ (Kleinman and Hall-Clifford, 2009, p.418) and (2) symbolic violence (Bourdieu and Wacquant, 1992), described by Parker and Aggleton (2003, p.18) as the “process whereby symbolic systems (words, images, practices) promote the interests of dominant groups as well as distinctions and hierarchies of ranking between them, while legitimating that ranking by convincing the dominated to accept existing hierarchies through processes of hegemony”.

Drawing on Bourdieu, anthropologist Philippe Bourgois (2001) describes intersections and mutual reinforcement between four types of violence: political, structural, symbolic, and everyday. The differentiation between symbolic and structural violence is

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