

Homophobia in HIV and AIDS Education

Imagine the following: While giving a basic HIV presentation to a class of high school students, a health educator says, "Homophobias and babies are innocent victims of this disease." Although the teacher doesn't mean to imply that gay men and IV drug users deserved to get sick — she truly feels sorry for all people with AIDS — she also knows that infection is preventable. She proceeds to describe methods of transmission, including "homosexual intercourse," and in a spirit of concern for the students warns them, "Anyone can get AIDS." Her remarks frighten a young man in the class, who whispers to his friend, "the faggots and druggies with AIDS should be shot so that the rest of us don't die." Hearing this statement, a third young man feels his stomach turn over; he's suspected for years that he is gay, but he is more determined than ever not to let anyone know about his secret feelings.

Blaming the victim, misinformation, fear, and denial are not unique to HIV education; they are common manifestations of homophobia, which is deeply ingrained in this society. Most of us were given inaccurate and highly prejudiced information about homosexuality as children. As adults, some of us have tried to find accurate information and overcome our prejudices, but the culture in which we live perpetuates the inaccuracies and prejudice. Therefore, it should come as no surprise that homophobia is present in HIV education; sadly, homophobia can keep young people from learning critical information.

Overcoming any type of prejudice requires a great deal of work and time. Above all, it requires a commitment to study and act. This pamphlet offers guidelines for overcoming homophobia in HIV and AIDS education.

Some Guidelines for Overcoming Homophobia in HIV and AIDS Education

1. Use clear, accurate, and precise language when describing sexual behaviors.*

For example, some educators refer to anal intercourse as "homosexual intercourse." This is imprecise and inaccurate; "homosexual intercourse" could refer to oral or anal penetration, and it denies that many heterosexuals engage in anal intercourse and many gay men never engage in anal intercourse. Although it may be difficult for some of us to be so explicit, "anal intercourse" is preferable to "homosexual intercourse;" similarly, "penal-vaginal intercourse" is preferable to "regular" or "normal intercourse" or simply "having sex."

Also, be aware that comments about anal intercourse could have homophobic overtones. Many health educators begin a discussion of anal intercourse by saying, "The anus wasn't meant for sex." While the intent of this statement may be to explain the anatomical reasons why HIV infection can occur during anal intercourse, the implication is that anal intercourse is abnormal or bad. That could lead someone to conclude that only abnormal or bad people, i.e., gay men, engage in anal intercourse. It would be more accurate to simply describe how the virus passes from semen through tears in the lining of the rectum.

*The term "HIV and AIDS education" is used broadly here, to designate any methodology and audience where the purpose is to stop new infection and encourage compassion and care for those already infected.

2. Recognize that people engage in a broad range of sexual activities, without judging certain activities as abnormal or bad.

Many people assume that normal sexuality activity is synonymous with penile-vaginal intercourse (PVD). In fact, there is no such thing as normal sexual activity; rather, there is a full range of diverse, normal sexual experiences. One way to recognize a broad range of sexual activities between people is by using personal examples. For example, a female educator could say, "If my mouth were to come into contact with vaginal secretions ..." and in the next sentence say, "If I swallowed semen ..." This may or may not reflect the presenter's true sexual orientation or behaviors, but it gives the audience a broader perspective about sexuality and can be extremely effective.

3. Assume that all sexual orientations are represented in your clients, students or audience.

When discussing sexual partners, try using gender-free terminology. You might substitute the words "lover" or "partner" for "husband", "wife", "boyfriend", or girlfriend." The use of neutral language acknowledges a broad, diverse range of sexual feelings and expressions. It also helps establish some safety -- and acceptance -- for students who do engage in sexual contact with same-gender partners.

4. Use educational materials which assume that the world is full of people of all sexual orientations.

Design materials that include same-gender couples, and lesbian and gay youth. If you

use role-playing or case studies, be sure to include lesbian, gay, and bisexual characters. In this case, intentionally using gender-specific terminology that is inclusive of gay, lesbian, and bisexual people will challenge heterosexist assumptions.

5. Deal positively with clients', students', and audiences' misinformation and fears. Do not blame them for their feelings or for what they do not know. Remember that homophobia is learned and that HIV is frightening.

Even when it is of a homophobic nature, the misinformation put forward by someone can be used to educate them and others. For example, a student may raise her hand and very matter-of-factly ask, "My dad says that only gays and druggies get this virus. Is that true?" Such misinformation can be explored in a respectful manner. Fears can also be acknowledged and explored. When people reveal their discomfort with homosexuality, reassure them that diversity sometimes makes us uncomfortable at first, and that most of us have had experiences with becoming more accepting of that which initially made us afraid.

6. Respond to homophobic comments with interventions that encourage critical thinking skills.

If someone insists that gay men should be quarantined to protect public safety, ask questions that might clarify the assumptions that underlie such comments. For example, you might ask, "Knowing what you know about HIV transmission, would quarantine be effective and acceptable to

people?" Or, "You realize that unprotected anal and penile-vaginal intercourse is a transmission route for HIV. Should all people, including heterosexuals, who engage in such behavior be locked up or quarantined?"

7. Help others accept responsibility for their own behavior rather than allowing them to blame others.

For example, a girl may express her fear of becoming infected through sexual contact by a "homosexual boy who lies." Help her accept responsibility for her own actions by asking her how she can protect herself through safer sexual practices. This is an opportunity to stress personal responsibility in stopping transmission, rather than placing blame on one's partner or questioning whether one can entirely trust what one's partner says about his or her sexual history.

8. Give credit to lesbian and gay people for their effective response to HIV.

Nearly every teaching situation affords the opportunity to point out how effectively lesbian and gay people reacted to HIV. It was, by and large, lesbians and gay men who initiated and created effective support networks for people with HIV infection and immediately developed educational programs in order to prevent the spread of HIV.

9. Ask yourself if your clients, students, or audiences see you as a "safe" person with whom they can discuss concerns and questions about sexual orientation and sexual expression.

Acknowledging the courage of lesbian and gay men, discussing the struggles that gay men and lesbians face because of HIV, having referrals available for those who are questioning their sexual orientation, and simply mentioning same-gender sexual activity in a casual and non-condemning manner are all ways in which safety and trust can be built. Educators who affirm lesbians and gay men will be trusted and sought out.

10. Ask yourself, "How does homophobia impact my life? What are the homophobic attitudes which I might hold? How might I behave in homophobic ways?"

When educators can recognize prejudices in themselves and understand the ways in which they are affected by homophobia, then they will be more successful in helping others overcome their homophobia.

Teaching people the facts about HIV is fairly easy; confronting the beliefs that get in the way of behavior change is both difficult and scary. However, to ignore the beliefs that lead to blaming the victim, misinformation, fear, and denial is to ignore our responsibility as educators. We can choose to challenge such beliefs directly, and, in the process of doing so, provide support and affirmation.

Additional Resources

The following materials are available from the Campaign to End Homophobia, PO Box 819, Cambridge, MA 02139. Write to us for information about ordering.

"Affirming Sexual Diversity: An Interactive Model for AIDS Educators"—resources to help HIV educators integrate an understanding of homophobia into their existing HIV education efforts. Includes informa-

tion about homophobia and its connection to AIDS, tools for developing self-awareness, and techniques for addressing homophobia while educating about HIV. Written by Diane Benjamin and the Gay and Lesbian Community Action Council of Minneapolis.

"A Guide to Leading Introductory Workshops on Homophobia"—includes background information, techniques, and activities so that someone with little experience as a facilitator can successfully lead introductory workshops on homophobia. The content focuses on homophobia as a form of oppression. Written and edited by members of the Campaign to End Homophobia.

"Opening Doors to Understanding and Acceptance"—lesson plans for the more experienced workshop leader. The content focuses on the experience of being lesbian or gay and the nature of sexuality, particularly homosexuality. Written and compiled by Kathy O'bear.

"I think I might be a lesbian... now what do I do?" and "I think I might be gay... now what do I do?" pamphlets for young people who are questioning their sexual orientation. Written with the help of young lesbian women and gay men, these pamphlets are very affirmative in tone. Includes information on what it means to be lesbian or gay, identifying one's sexual orientation, telling other people, sexual activity, and finding other lesbian women and gay men.

"Homophobia", a pamphlet providing detailed information about homophobia. Answers the questions "How do you recognize homophobia in yourself and others?" "How does homophobia hurt heterosexuals?" "What are the causes of homophobia?" and "Can homophobia be cured?"

"Homosexuality, Heterosexism, and Homophobia", detailed notes on lectures and activities for a two hour presentation, by Ray Myers.

"The Connections Between Homophobia and the other Isms", a pamphlet which offers guidelines for exploring the connections between homophobia and racism, classism, anti-semitism, ableism, and sexism.

Written by Bev Wright, Randy Yates, and Cooper Thompson. Thanks to all the people—known and unknown to us—who have thought about, talked about, and written about HIV and the connections between HIV and homophobia.

Produced by the Campaign to End Homophobia, a network of people working to end homophobia and heterosexism through education. We believe that education about homophobia and heterosexism is most effective when done in connection with other oppressions, and realize that other forms of oppression are always present in our work. Therefore, in the context of our work to end homophobia and heterosexism, we are committed to recognizing and exploring alternatives to oppression based on race/ethnicity, physical or mental ability, class, age, sex, and religious or spiritual beliefs.

Membership in the Campaign is open to any individual or organization which supports our goals. Members receive reduced fees on educational materials, conferences, and other programs; an opportunity to be listed with the Homophobia Educators Referral Service; a subscription to Empathy, a journal for persons working to end oppression based on sexual orientation; and the satisfaction of supporting this important work. For information about the Campaign, or for copies of this pamphlet, write us at PO Box 819, Cambridge, MA 02139, or call us at 617-868-8280.

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