International Journal of Engineering, Management and Humanities (IJEMH)
Volume 6, Issue 5, Sep.-Oct., 2025 pp: 93-100 ISSN: 2584-2145 www.ijemh.com

The Loud Silence on HIV/AIDS Health Care for LGBTQ Students in South African Universities: A Perspective

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Date of Submission: 11-09-2025 Date of Acceptance: 22-09-2025

Abstract
Access to sufficient healthcare services constitutes a fundamental human right that ought to be available to every individual, irrespective of their sexual orientations and gender identities. Nonetheless, students who identify as Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) frequently encounter distinct challenges and obstacles in their pursuit of vital healthcare services. The barriers hindering LGBTQ students from accessing healthcare in South African universities, particularly in rural areas, include discrimination, stigma, and a lack of awareness regarding their specific health needs, compounded by an unwelcoming and non-inclusive environment. In spite of an abundance of modern literature, South Africa lags behind in its efforts to tackle the needs of the LGBTQ community and the challenges posed by HIV/AIDS. Consequently, universities in South Africa exemplify the broader societal dynamics in which they exist. The pervasive silence surrounding the health care experiences of LGBTQ students in South African universities, particularly those living with HIV/AIDS, warrants critical examination. This analysis explores the intricate challenges related to healthcare access for LGBTQ students living with HIV/AIDS in rural universities in South Africa and how universities can promote better health outcomes and contribute to the broader fight for the LGBTQ rights. It illuminates the barriers currently in place and suggests practical strategies to improve healthcare accessibility for this marginalised group within educational environments.

Keywords
LGBTQ Students, HIV/AIDS, Healthcare, Human Rights, Universities, Marginalised Communities

I. Introduction

The silence surrounding HIV/AIDS health care for LGBTQ students in universities is a significant public health concern that reflects broader societal attitudes towards sexual health, stigma, and allocation resources for marginalized communities. This issue has attracted increasing attention in the past and continues to do so as the unique challenges encountered by LGBTQ students continues to grow. As a result, calls have been made that implementing comprehensive, rights-based, people-centered HIV responses in institutions of teaching and learning is essential for achieving the United Nations Sustainable Development Goal 3 (SDG-3) of ending the HIV epidemic by 2030 [5]. Ironically, recent research shows that most transmissions in Africa are among heterosexual individuals with limited mention of the marginalized communities such the LGBTQ population [20; 25]. This actually draws attention to the the existing gap that LGBTQ population is not fully represented in accessing the right to adequate health care due to lack of segregated data leading to disparities among the LGBTQ populations. Moreover, though research shows that assessments of HIV Knowledge, Attitudes, and Practices (KAP) are crucial in managing and preventing the spread of HIV/AIDS and evaluating the effectiveness of preventive strategies however, a few KAP surveys have been conducted among students [19]. Further to this, regardless of a majority of these studies reporting significant rates of misconceptions about HIV transmission, negative attitudes, risky behaviors and practices, still there is a dearth of scholarship on access to health care for LGBTQ students living with HIV/AIDS. For the purposes of this paper, the abbreviation LGBTQ will be utilized to represent the lesbian, gay, bi-sexual, transgender, and queer/questioning populations.

Writing within the South African context propose that the full benefits of access to health care means the opportunity to identify healthcare needs, to seek health care services, to reach, to obtain or use health care services by everyone [22]. Whereas, The preface on the National Strategic Plan for HIV, TB and STIs in South Africa for 2023-2028 reads as follows:

"The National Strategic Plan (NSP) for HIV, tuberculosis, and STIs for 2023-2028 comes at an important time as South Africa approaches Agenda 2030 and will be expected to account for pledges made to eliminate HIV/AIDS and

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tuberculosis as public health concerns. South Africa is one of the United Nations member nations that has committed to the objective of improving the quality of life for all its citizenry and is a signatory to key local and international declarations on HIV and TB, and it is time for ordinary South Africans to experience the full benefit of these commitments".

The preamble above carries with it promises of meeting the right to adequate access to health care of citizenry. Moreover, it is also supported by a host of laws that South Africa has committed at regional and international level. Further, South Africa boasts of its inclusive and progressive Constitution which prohibits discrimination based on sexual orientation and legalizes same-sex marriage, while Section 27 of the Bill of Rights states that everyone has the right to have access to healthcare services. However, human rights and dignity of LGBTQ population remains on the periphery. These disparities point to a dearth of specialized workers and services which remains problematic [2]. Similar problems have also been noted in universities that marginalization of the LGBTQ population subsists particularly access to health care for those living with HIV/AIDS. Though this is an important issue that intersects with a variety of factors including social stigma, mental health, health care services availability and sexual health education, research shows that holistic and customized methods for LGBTQ sexual well-being, as evidenced by [13] remains in dearth.

According to [27] the LGBTQ community continues to face numerous challenges, including social stigma, homophobic violence (particularly corrective rape), and high HIV/AIDS infection rates. Despite, the Bill of Rights emphasizing the right to access to health for everyone, HIV infection among students continues to be an ongoing concern with calls for knowledge of HIV/AIDS, risk behaviors, and HIV prevention education being advocated for [23, 25]. For instance, report by UNAIDS revealed that globally, on a daily basis, more than 4000 individuals between 15 years and older become infected with HIV, with 27.5% of those aged 15 to 24 respectively [37]. Further to this, it is estimated that the overall HIV prevalence rate is approximately 13,9% among the South African population with the total number of People Living With HIV (PLWHIV) being estimated at 8,45 million in 2022 [36] For adults aged 15–49 years, an estimated 19,6% of the population is HIV positive, of which a majority of these falls under the cohort of students [36]. Research by [2] shows that though the HIV response has experienced a reduction in new infections and AIDS-related fatalities; nonetheless, minimal advancement has occurred over the previous decade, presenting a risk of recurrence as the largest ever generation of young people age into adolescence and adulthood. Though the public sector provides healthcare to the majority of the population, however it is grossly understaffed and lacks skilled workers. This system creates significant disparities in access to healthcare, resulting in unequal treatment for LGBTQ community [27].

According [14] stigma remains the major hurdle to healthcare access for LGBTQ individuals, leading to feelings of shame and isolation. For instance, students living with HIV/AIDS may experience body image concerns, unpleasant emotions, low self-esteem, and, particularly at the university level, impaired thinking, learning, memory, and focus, leading to mental health breakdown [2]. Research done in South Africa by scholars such as [10] and [8, 14] in Israel, strongly recommended that teaching and learning institutions have a role to play to protect LGBTQ students as they continue to experience discrimination, homophobia, and abuse from both peers and faculty. As a result, there remains a gap in how LGBTQ students that are living with HIV/AIDS navigate barriers hindering access to health care due to campus environments that remain volatile due heterosexism and cisgenderism [4, 11].

1.1. Access to health care for LGBTQ students in universities

According to [21] access to health care for LGBTQ students means the opportunity to identify healthcare needs, to seek health care services, to reach, to obtain or use health care services in university spaces with a focus on acceptability; availability and accommodation; affordability; appropriateness of the health care services. However, LGBTQ students continue to face stigma and are designated as outsiders necessitating expulsion for the community's sense of well-being [15; 16]. Thus, even though [14] use the word queer to challenge normative norms and inquiry into the present and as a critical space that pushes the boundaries of what is embraced as normative the status quo subsists in teaching and learning institutions. For instance a need for educational initiatives within universities to address the gap in awareness and knowledge regarding HIV/AIDS among students has been highlighted. But who gets to talk about access to health care of LGBTQ students in South African Universities who are affected by HIV/AIDS and how their rights have been violated at they continue

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to be invisibility where it matters. Of course as mandated by the laws and policies, everyone, regardless of their gender or sexual orientation, should have the basic human right to get quality medical treatment but LGBTQ students frequently encounter distinct obstacles and hurdles when attempting to obtain vital healthcare services.

South African LGBTQ students, particularly those in rural areas, continue to face numerous obstacles when trying to get medical treatment, including an unwelcoming and non-inclusive campus climate, prejudice, and a general lack of knowledge about LGBTQ health issues. The situation is worsened by societal beliefs whereby being LGBTQ remains a taboo and is viewed as a disease that needs to be cured due to strong patriarchal cis-heteronormative environment and values among Africans [30]. Even though scholars such as Hendricks and [34] have proposed that there is need to "to queer both 'sexuality' and 'Africa,' by letting them speak to one another and engage in a productive relationship", the problem is that issues of sexualities and diversity remain on the periphery. Calls have been made that looking at what queer means in Africa may be the antidote. Stella Nyanzi in her essay Queering Queer Africa says to be queer in Africa means an "open invitation to all of us opposed to essentialist patriarchal heterosexist heteronormative binary configurations of sexual orientations and gender identities"[26]. This may lead to redress on the challenges that LGBTQ students encounter which exacerbate their mental health.

Scholars such as [28] also propose that there is need to overcome reductive and essentializing discourses by acknowledging, foregrounding, and reclaiming that there exist multiple manifestations of queerness in African cultures and societies. But, [33] posit that, to date there remains global variance in acceptance of LGBTQ population, with most African states showing widespread rejection. Thus, it is these essentialist, patriarchal practices which are deeply en-grained in society that breed heterosexual practices which cascade to teaching and learning institutions. In the process dimensions of homophobia and transphobia that hinders acceptance, access and a sense a belonging to LGBTQ population subsists [21; 28]. These views are supported by early research written within the Netherlands context titled Amsterdam by [17], p.87 that "acceptance of LGBTQ community is no more than skin deep and that the general attitude in Amsterdam as elsewhere is heterosexual as such expectations of someone's sexual preference will always be heterosexual and rarely in a homosexual direction".

1.2. Barriers of Access to Health Care for LGBTQ Students in Universities

Access to health care for LGBTQ students living with HIV/AIDS in South African Universities faces numerous challenges stemming from societal, institutional and individual factors. The stigma and discrimination which LGBTQ students encounter in campus healthcare system is often related to their sexual orientation and this impedes their ability to receive sufficient healthcare while seeking necessary medical assistance in South African universities [24]. Religious and cultural norms concerning homosexuality as exhibited with the society and healthcare professionals have been noted to present obstacles for gender-queer population and this affects all aspects of how one navigates institutions of higher education. At the centre of this debate are university leadership and healthcare professionals who are said to be under-trained hence being LGBTQ is viewed as not fitting into the normative.

To date there remains global variance in acceptance LGBTQ population, with secular and more affluent countries demonstrating greater acceptance while in Africa widespread rejection is evident [33]. A study conducted in South Africa, Zimbabwe, Uganda, Kenya, revealed that the LGBTQ community continue to encounter prejudice, antagonism, and restricted access to medical care in and out of teaching and learning institutions [18]. Limited research that has specifically concentrated on the right to adequate health care for LGBTQ students with a focus HIV/AIDS, is the reason why there is a lack of data on the experiences and health consequences LGBTQ students encounter. Institutions of teaching and learning are a reflection of the communities in which they are located, and South African institutions are no different.

Examining the challenges faced by LGBTQ students living with HIV/AIDS particularly in rural universities in South Africa needs immediate attention. There has been surprisingly little discussion of the unique healthcare needs of LGBTQ students at rural universities in South Africa, despite the disturbing statistics of HIV/AIDS prevalence among this demographic, many LGBTQ students still encounter prejudice and do not have access to what they need. Hence, this perspective

does not only seek to better understand healthcare access and experiences of queer students in South African universities, it also challenges universities in how they look at and understand the lived experiences of LGBTQ students living with HIV/AIDS.

For instance, full range of appropriate health services offered to LGBTQ students should not be viewed as a static or binary outcome that is either present or absent, but should be contextualised and viewed as a continuous process subject to ongoing measurement and quality improvement [9]. Reason being, among the several unmet health requirements that the LGBTQ community face, hostility and denial of medical attention remains common. Therefore, along with increased training and awareness of health personnel in universities, more targeted services remain critical if access to healthcare is to improve. [28]. These views resonate with the emerging findings of a ground breaking project in 2024 by Chitsamatanga and Matebeni in one of the rural universities in South Africa titled "Breaking BarriersTowards Queer Inclusivity?'A research report on the experiences and perceptions on LGBTQ inclusion in a rural university in South Africa". One of the major finding was that LGBTQ students cited lack of access to unique health care needs and how this led to mental anxiety when one needs to seek care related to their sexual orientation or gender identity.

The problem is that universities remain heterosexual spaces and as such HIV transmission in these teaching and learning tends to be relegated to the margins because of the unique health requirements that LGBTQ student need. Agreed, there may be gaps in treatment and support services for people living with HIV/AIDS as a direct result of the public sector's healthcare professional deficit. But the question is, what steps have been taken to redress issues of diverse genders and sexualities which affect healthcare access? The work of [6] which views gender as an ongoing performance and unveils the underlying beliefs that cement certain patriarchal practices which feed to our knowledge base concerning binary categories based on masculinity and femininity traits should be applied when offering health care services to the LGBTQ students. Butler's work advances how individuals particularities should be valued though multiplicity of gender identities and move away rewarding and encouraging some individuals and activities, while punishing and suppressing others [31; 32]. As such I tap into this theory as it is about disrupting the normative and looks beyond the concerns or unique needs of the queer students but works as framework that can be used by universities to re-imagine and re-image the importance of inclusion and diversity. As a result, LGBTQ students are negatively impacted by the cycle of inequality that already exists in terms of access to healthcare and educational opportunities. This is worsened by the reductive and existentialist discourses that remain evident in teaching and learning spaces. There is need to overcome reductive and existentialist discourses by acknowledging, foregrounding, and reclaiming that there exist multiple manifestations of sexualities and genders in African cultures and societies [28]. Thus, it is these existentialist, patriarchal practices that cascade to teaching and learning institutions and need to be challenged. This means, being cognizant of the heterogeneous dimensions of homophobia that exist in different spaces that hinder acceptance and access to sense a belonging to LGBTQ students [28]. Research also shows that numerous universities still lag behind in providing sufficient education and access to Pre Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP), a crucial tool in HIV prevention Antiretroviral Therapy (ART). Moreover, mental health support that specifically looks at offering counselling services that are sensitive to the experiences of the LGBTQ students as well as support groups to share experiences and build community remain questionable, hence the gaps in access to healthcare services for HIV/AIDS prevention and treatment. While there is a wave of LGBTQ scholarship that has been written about the lived experiences of the LGBTQ students in universities in terms of promoting diversity and inclusiveness there are reports of a shortage of access to adequate health services for the LGBTQ population in South Africa [23]. According to [25] specific data available on the accessibility of health care particularly, mental health services for LGBTQ students remains questionable. This is evidenced by research that societal rejection, violence, and internalized stigma, death idealization, sexual harassment and HIV/AIDS and the policing of the bodies in public spaces such as health care facilities affect LGBTQ students' mental health [27].

As a result, LGBTQ students are more likely to delay or avoid medical care due to stigma, and to report poor overall health [12; 27]. Further to this a lack of inclusive scholarship addressing LGBTQ health issues in South African universities particularly the health sciences faculties remains in dearth due to a highly gendered discourse [3]. The paucity of and necessity for research focused on

health of LGBTQ students who are living with HIV/AIDS drives towards immediate redress on providing adequate access of health care for LGBTQ students that is affirmative and inclusive. Muller, bemoans that institutional aggression that results in human rights abuses, and hetero-normative practices enforced by medical staff exacerbates the already existing problems [25]. This is despite the guidelines given by one of the mother bodies of higher education in South Africa, The Department of Higher Education and Training (DHET) that there is need of redress of homophobic, and trans-phobic tendencies that place the needs of the LGBTQ students on the periphery [1; 37]. Moreover, though it is mandatory for a university in South Africa to have a Student Affairs unit that houses different services and programmes meant to foster on going care and health services for there is scanty information that looks at how LGBTQ students fit into these programmes particularly those living with HIV/AIDS. Calls have been made that universities need to look at the unique needs of LGBTQ students and the challenges that they encounter which exacerbate their mental health issues due to under-representation. Therefore, how do universities, especially in rural setting in South Africa perceive and comprehend the real-life experiences of LGBTQ students coping with HIV/AIDS, while simultaneously aiming to gain a better understanding of the healthcare access and experiences of these students? Yes, students may have a good understanding of the HIV/AIDS epidemic, but participate in risky sexual practices, as such, students' access to a comprehensive range of health services shouldn't be seen as a yes/no proposition, but rather as an ongoing process that can be measured and improved upon.

Perhaps, the antidote lies in universities focusing on comprehensive sexual education as a sense of urgency and structure through SexEd workshops and LGBTQ inclusive curriculum [7]. These workshops should not be a tickbox exercise. Instead, they should be customized such that they cover sexual health content and sexual health services which promote diversity by exploring and challenging societal norms and structures that marginalize other students while aiming to create a more inclusive and accepting environment [29]. For instance, a full range of appropriate health services offered to queer population should not be viewed as a static or binary outcome that is either present or absent, but should be contextualized and viewed as a continuous process subject to ongoing measurement and quality improvement [9]. Methods of critique to challenge traditional modes of thought are needed to disrupt normalization and resistances against dominant ideologies such that the lived realities of oppressed individuals, and their unique experiences and different identities can be better understood. Thus, it remains imperative to look at how queer individuals always have to navigate heteronormative culture and engage in oppressive activities because of being treated as “others”. It is this otherness that [26] says it needs to be voiced out because silence has cost lives, for the muteness about same-sex practice has extended devastatingly, to a muteness about prevention, care and treatment of the LGBTQ community.

II. Conclusion and Way Forward

Readiness of the universities in catering for the specific needs of all students regardless of their genders and sexualities as prescribed in the NSP for HIV/TB/STIs for 2023 to 2028 in preparation for the Agenda 2030 is a critical factor in fostering and inclusive, and diversified environment. the intersection of sexual health status and sexual identity presents to the LGBQT student very distinct barriers that require customized resources, policies and programmes. Though there is evidence in some of the South Africa universities that have made notable strides in establishing wellness clinics and units however the degree of preparedness, accessibility and availability of adequate health care still varies. Interventions such as early exposure of campus healthcare workers to LGBTQ students during their training are crucial to boost clinical confidence, improve patient experiences, and create a more inclusive citizenship and healthcare environment. The absence of competencies related to sexual and gender minority health topics in the education of healthcare professionals exacerbates the situation, highlighting the urgent need for inclusive curriculum reforms that looks at LGBTQ scholarship. Therefore, critical need for a multi-faceted approach to enhance healthcare accessibility for LGBTQ students in South African universities remains critical due to the predominant heterosexual composition of university communities that perpetuate stigmatization and discrimination against LGBTQ students, resulting in mental health challenges and impacting their overall well-being. Interventions such as early exposure of campus healthcare workers to queer students during their training are crucial to boost clinical confidence, improve patient experiences, and create a more inclusive citizenship and healthcare environment. The absence of competencies related to sexual and

gender minority health topics in the education of healthcare professionals exacerbates the situation, highlighting the urgent need for inclusive curriculum reforms that looks at queer scholarship. Additionally, the discussion emphasizes the significance of closing the existing gaps in literature, practice guidelines, and policies related to LGBTQ healthcare within the South African context to ensure inclusive and accommodating healthcare services for LGBTQ students.

Abbreviations

AIDS Acquired immunodeficiency syndrome
ART Antiretroviral Therapy
DHET Department of Higher Education and Training
HIV Human Immunodeficiency Virus
KAP Knowledge, Attitudes, and Practices
LGBTQ Lesbian, Gay, Bisexual, Transgender, and Queer
NSP National Strategic Plan
PEP Post Exposure Prophylaxis
PLWHIV People Living with HIV
PrEP Pre Exposure Prophylaxis
STI Sexually Transmitted Infections
TB Tuberculosis

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