



LUND UNIVERSITY
Faculty of Social Sciences

Graduate School

Course SIMVO7

Master of Science in Development Studies

Term: Spring 2017

Major: Political Science

Supervisor: Catarina Kinnvall

**Is it enough to ‘add homosexual men
and stir’?¹ The significance of
materialism in HIV prevention in the
Global South.**

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¹ See Westendorf 2013

Abstract

Given the HIV/AIDS peak in the 1980s, Uganda has been hailed as a success story after having dramatically decreased the infection rate in the 2000s. However, the country's HIV/AIDS rate has started to increase again in recent years. At the same time, homosexual males represent a key population whose needs must be taken into account if the pandemic is to be eradicated. Therefore, the thesis focuses on the material HIV prevention needs and establishes how material-redistributive justice regarding HIV prevention for homosexual males in Uganda can be comprehended and framed. The research will apply a basic content analysis of four current HIV/AIDS strategies affecting Uganda. The thesis applies theoretical concepts from the field of feminist materialism, queer studies and postcolonialism and provides three main arguments. Firstly, it is argued that the four HIV/AIDS strategies are highly heteronormative since they disregard homosexuals' particular HIV prevention needs. Secondly, it follows that these strategies perpetuate the existence of homosexual males as bare life according to Agamben's theory of the space of exception. And thirdly, the theoretical concept of sexual citizenship can be conceptualised as a useful advocacy tool to campaign for justice in terms of both sexual rights and material sexual health tools.

Keywords: HIV/AIDS, homosexual, Uganda, materialism, sexual citizenship

Word count: 19.989

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List of abbreviations

AHB	Anti-Homosexuality Bill
AIDS	Acquired Immune Deficiency Syndrome
BCA	Basic Content Analysis
HIV	Human Immunodeficiency Virus
LGBT	Lesbian Gay Bisexual Transgender
MARP	Most-at-risk population
MSM	Men who have sex with men
NGO	Non-governmental organisation
PEPFAR	United States President's Emergency Plan for AIDS Relief
UAC	Uganda AIDS Commission
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
US	United States
WHO	World Health Organization

1. Introduction

1.1 Overview of the history of HIV and the context of homosexual men

Although the origins of the ‘Human Immunodeficiency virus’ (HIV) lie in Kinshasa, Congo, where the virus was transferred from chimpanzees to humans in the 1920s, it used to represent a little known virus since the pandemic as it is known today has only emerged in the mid-1970s (AVERT 2017a; WebMD 2017). From the viewpoint of the Global North, HIV was officially discovered in 1981 after five homosexual men were diagnosed with a rare lung infection and other uncommon infections as side-effects of the ‘Acquired Immune Deficiency Syndrome’ (AIDS) (AIDS 2016a; GSSC date unknown). The virus spread fast and by 1985 all continents reported cases (AIDS 2016a: 1-5; AVERT 2017a). Generally, it is estimated that the number of people living with HIV was between 100.000 and 300.000 in 1980 and approximately 33 million in 1999 which has risen to 36.7 million in 2015 (AVERT 2017a; AIDS 2016b). Out of the 36.7 million HIV-positive people worldwide, approximately 25.5 million live in sub-Saharan Africa, making it the continent that is most affected by the virus (AVERT 2016)². Notably, HIV and HIV-related illnesses represent the leading cause of death in sub-Saharan Africa (Africa Check 2014). There is also a divide within the continent since the vast majority of cases, namely 19 million, live in eastern and southern Africa while 6.5 million live in the western and central part (AVERT 2016; AVERT 2017d).

In 1987 the first antiretroviral drug was accepted by the Food and Drug Administration in the US but it was only in the year 2000 when UNAIDS, the

² Data from 2015/2016

WHO and other international organisations discussed price reductions for antiretroviral drugs with five pharmaceutical manufacturers for the Global South³ (AVERT 2017a; AIDS 2016a: 9-10). In the same year, HIV received more attention as it was incorporated in the Millennium Development Goals alongside Malaria and Tuberculosis (AVERT 2017a). Importantly, the Doha declaration was published one year later which confirmed the right of states in the Global South to produce their own generic medicines for major health problems (AIDS 2016a). In the following years, two large anti-HIV partnerships were formed, namely the Global Fund to fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief (PEPFAR), both initiatives having played an important role ever since (AIDS 2016a: 10-17). In 2013, UNAIDS stated that new HIV infections have decreased by more than 50% in 25 developing countries and the amount of people who receive antiretroviral treatment has risen by 63% in the previous two years (AIDS 2016a: 15). Most importantly, the UN agreed on the Sustainable Development Goals in 2015 which, amongst others, aims at halting the pandemic of AIDS by the year 2030 (AVERT 2017a; UN 2017).

It is crucial to note that at the 20th International AIDS Conference in 2014, it was emphasised that a "one-size-fits-all approach" might be unhelpful to drastically reduce HIV-infections given the specific preventive requirements, amongst others, for most-at-risk populations (MARPs)⁴ (AIDS 2016a: 16;

³ The term 'Global South' refers, generally speaking, to poorer countries while the term 'Global North' refers to richer countries (GSSC date unknown; SUSSC date unknown; RGS date unknown). 'Global South' will be used interchangeably in the thesis with the other terms 'developing countries' and former 'colonised countries', however, I will mostly refer to the 'Global South' as it is considered more empowering (GSSC date unknown; SUSSC date unknown; RGS date unknown).

⁴ The term most-at-risk population and key population will be used interchangeably since both refer essentially to the same groups of people (WHO 2013b; UNAIDS 2015c: 8, 31; HIV Gov 2017).

UNAIDS 2015c: 8, 31). The term MARPs includes, amongst others, "... men who have sex with men, transgender people, people who inject drugs and sex workers" as well as sex workers' clients and prisoners (WHO 2013b; UNAIDS 2015c: 8, 31). The 2016 UN High-Level Meeting's resolution on HIV/AIDS has been criticised for not sufficiently underlining the importance of focusing on MARPs (AIDS 2016a; The Guardian 2016c).

Having said this, although anyone could contract HIV through sexual intercourse, blood transfusion or during birth, the virus is especially prevalent in certain key populations⁵ such as men who have sex with men (MSM)⁶ (HIV Gov 2017; WHO 2013b; MSMGF 2016). According to the Global Forum on MSM & HIV, MSM in developing countries are 19 times more likely to be infected with HIV than other citizens and they also make up 10% of all yearly newly acquired infections worldwide (MSMGF 2016). The increased HIV rate among MSM worldwide is due to a number of biological, behavioural, legal and cultural factors (AVERT 2017c; Very well 2017; New Zealand AIDS Foundation, date unknown; AVERT 2017b). An important biological reason is that the virus is passed at a much higher rate during anal sex than vaginal sex as the tissue of the anus is more sensitive and and thus breaks more easily which makes it likelier for the virus to enter the body (AVERT 2017b; New Zealand AIDS Foundation, date unknown).

Despite the fact that it has been known since the beginning of the pandemic that MSM represent a key group, widespread discrimination prevents LGBT people from accessing prevention and treatment services (AIDS 2016a;

⁵ The term most-at-risk population and key population will be used interchangeably since both refer essentially to the same groups of people (WHO 2013b; UNAIDS 2015c: 8, 31; HIV Gov 2017).

⁶ The literature on HIV prevention mostly uses the term men who have sex with men (MSM) because it is more comprehensive as it refers not only to gay men but also other (heterosexual and bisexual) men who have sex with men irrespective of whether they also have sex with women (UNAIDS 2015b: 33). However, I will use the terms MSM and homosexual males interchangeably, thus both terms refer to males who engage in sexual activities with other men.

AVERT 2017b). A study in Uganda has found that if a homosexual man discloses his sexual orientation during a doctor's consultation, for example when asked how he contracted HIV, he might no longer receive any medical help (Wanyenze 2016: 6-10; Musinguzi et al. 2015: 6). Crucially, due to widespread stigma and criminalisation, many governments do not collect reliable information about the context of HIV among LGBT communities and the result is a lack of information regarding the number of people who have access to treatment (AIDS 2016a; AVERT 2017b; MSMGF 2016). With this in mind, according to a 2014 report by UNAIDS, only 14 out of 45 states in sub-Saharan Africa provided some level of financing for HIV-positive MSM, however, only 2 out of these 14 countries provided domestic funding, a process that is a result of and also perpetuates the abuse that MSM are exposed to (MSMGF 2016; AIDS 2016a; AVERT 2017b; Wandel 2001: 370-381).

While the global anti-HIV movement has come a long way thanks to biomedical innovations such as antiretroviral therapy as well as widespread awareness campaigns, research shows that MSM worldwide are still disproportionately affected since they face significant barriers to access health services (IAPAC 2014; MSMGF 2016: 1-8; International HIV/AIDS Alliance 2015). One country that is of interest in this regard is Uganda (Independent 2014; BBC 2014; AVERT 2017c; UNAIDS 2014a). Given that the overall HIV-rate has been increasing recently even though Uganda used to be regarded as a success story in terms of HIV prevention, this shows how crucial it is to continue analysing the HIV-field in this country, especially among MSM (The Guardian 2008; Kuhanen 2008: 301-320; Relief Web 2016; IRIN 2012; AVERT 2017c). Not only does Uganda record a large number of HIV-positive people as it affects 7.1% of its citizens, what is more, approximately 13.7% of MSM are infected and their situation has become particularly discriminatory in recent years due to challenges in the country's legal system which I will explain in chapter three (TRFN 2011;

Global Fund 2016: 3; AVERT 2017f; Independent 2014; BBC 2014; WITW 2015; AVERT 2017c; UNAIDS 2014a). Consequently, Uganda represents an important country to investigate from the perspective of HIV prevention.

As a consequence, it is critical to establish in what ways MSM in Uganda experience sexual health discrimination and how their conditions could be improved (MSMGF 2016: 1-8; International HIV/AIDS Alliance 2015). Particularly, it is of utmost importance to critically engage with international and national HIV strategies affecting Uganda in order to examine to what extent they take into account the situation and the material needs of MSM (AVERT 2017a; IAPAC 2014; MSMGF 2016: 1-8; International HIV/AIDS Alliance 2015). This reason for this is that only when their needs as well as other key populations' needs are met can HIV strategies be successful (AVERT 2017a; IAPAC 2014; MSMGF 2016: 1-8; International HIV/AIDS Alliance 2015). Furthermore, it is crucial to outline conceptual tools on how the context of MSM in Uganda can be interpreted and how to appropriately advocate for MSM within HIV prevention (Agamben 1998: 10-165; Fraser 2013: 161-193; Richardson 2017; Zebracki 2013).

Therefore, the thesis' analysis will be guided by the following research question:

How can advocacy for redistributive justice for homosexual males within HIV prevention strategies be understood and framed?

Having presented an overview of the history of HIV and the context of MSM in Uganda, the following part of the introduction will demonstrate the research question, previous research and the thesis' contribution to research. Thereafter, I will explain the methodological framework in chapter two and the theoretical framework in chapter three. Chapter four which will illustrate the case study group will be followed by the analysis in chapter five and a conclusion in

chapter six⁷.

1.2 Research question and argument

As the previous part on the history of HIV and the context of homosexual males in Uganda has indicated, the material reality is crucial for HIV prevention (Colebrook 2008: 52-84; Ayoola et al. 2013: 90-96). Especially MSM frequently lack access to material resources that are necessary for HIV prevention (AVERT 2017b; AVERT 2017c; Ayoola et al. 2013: 90-96; SMUG 2015).

Therefore, the thesis' main research question is:

How can advocacy for redistributive justice for homosexual males within HIV prevention strategies be understood and framed?⁸

Two sub-research questions that will guide the analysis are:

To what extent do HIV prevention strategies implemented in Uganda conform to heteronormativity?

How can advocacy for redistributive justice for homosexual males in terms of HIV prevention be framed?

In order to respond to the main research question, the analysis will be divided into two parts on the basis of the sub-research questions. The first part will relate to the question 'To what extent do HIV prevention strategies

⁷ It is important to point out that I will frequently use the personal pronoun 'I' throughout the entire thesis because I believe that it shows a higher level of reflectivity and demonstrates a clearer writing style (The PhD consultancy 2014).

⁸ As the research questions indicate, the thesis will look at the realm of HIV *prevention* measures and not at aspects that are part of AIDS *treatment*. The term HIV describes the virus itself whereas AIDS is a sexual disease that results from HIV and it should be noted that not everyone who acquires HIV develops AIDS (NHA 2017).

implemented in Uganda conform to heteronormativity?'. I will analyse the 'National HIV and AIDS Strategic Plan 2015/2016 – 2019/2020' by the Uganda AIDS Commission (UAC), the 'Global Health Sector Strategy on HIV 2016 – 2021 – Towards Ending AIDS' by the WHO, the 'On the Fast-Track to End AIDS 2016-2021' by UNAIDS and the 'PEPFAR Country/Regional Operational Plan COP/ROP Guidance 2017' by the US (UAC 2015; WHO 2016; UNAIDS 2015a; USDS 2017). The UAC guidelines represent a national document whereas the PEPFAR strategy is bilateral and the WHO and UNAIDS strategies are multilateral (UAC 2015; WHO 2016; UNAIDS 2015a; USDS 2017). Assessing these HIV strategies is of particular importance given the fact that they are part of an international array of public health policies on HIV which have a considerable impact on diverse actors such as governments, non-governmental organisations, faith-based organisations and public-private partnerships in Uganda (NAM 2005; Peters & Pierre 2009: 1-3; Gowlland-Debbas 2011: 243-255; UNAIDS 2009; AVERT 2017e). The HIV strategies will be examined by using basic content analysis and the concepts of heteronormativity, intersectionality and material feminism (Drisko & Maschi 2015; Fraser 2013; Nygren et al. 2015; Lutz 2012: 1-22). And the second part will be concerned with the question 'How can advocacy for redistributive justice for homosexual males in terms of HIV prevention be framed?' which will be answered by engaging with the theoretical frameworks of bare life, framing and sexual citizenship (Richardson 2017; Zebracki 2013; Wilson 2009; Fraser 2013; Agamben 1998: 10-165).

The thesis will show that the collective HIV response that is being implemented in Uganda by the UAC, PEPFAR, UNAIDS and the WHO is highly heteronormative because it does not sufficiently grasp the preventive measures necessary for the situation of homosexual males (Relief Web 2013; The East African 2013; Bourne et al. 2016: 47-75; Musinguzi et al. 2015: 5-10; Nygren et al. 2015: 418-427). Hence, the situation of homosexual males in Uganda can be

comprehended as “bare life” according to Agamben’s theory of the “space of exception” (Agamben 1998: 10-165; Evans & Reid 2014: 38-65). Consequently, I will argue that advocacy for redistributive justice, the significance of having a reliable access to sexual health tools, for homosexual males in Uganda should be framed in terms of sexual citizenship (Fraser 2008; Fraser 2013: 129-180; Ayoola et al. 2013: 90-96; Richardson 2017; Zebracki 2013). The argument is based on the notion that sexual citizenship can be applied as a comprehensive concept that includes both the recognition of sexual rights as well as the redistribution of sexual health tools (Fraser 2008; Fraser 2013; Richardson 2017; Zebracki 2013; Nygren et al. 2015: 418-427).

1.3 Current state of research

Research on the spread of HIV in sub-Saharan Africa is extensive (Tadele & Kloos 2013; AVERT 2017c; AVERT 2017d; Wanyenze 2016: 6-10; Musinguzi et al. 2015: 6; Ayoola et al. 2013: 90-96; MSMGF 2016: 1-8; RoSA 2015). Generally speaking, it is estimated how many people contract the virus every year and which countries represent the primary locations (AVERT 2016). Furthermore, it is well-established what type of prevention and treatment strategies are to be pursued in order to decrease the number of HIV-positive people (AVERT 2017c). It is proven that condoms are the most effective preventive tool (WHO 2017a; NYT 2015; The Balance 2017). Aside from condoms, recent studies have also paved the way for newer means of prevention such as pre-exposure prophylaxis and male circumcision (WHO 2017c; AIDS 2016c; WHO 2017b). Pre-exposure prophylaxis refers to the act of taking antiretroviral drugs before engaging in sexual intercourse (WHO 2017c). In addition, it has also been proven that safe medical male circumcision significantly diminishes the risk of spreading the virus and consequently, the risk of infection is lowered by 60% for men engaging in

vaginal sex (WHO 2017b).

Although the medical-material side of HIV research, namely the improvement of anti-HIV medical devices, is very important, this process represents only one step in the global HIV-response (AVERT 2017c; WHO 2017c ; Colebrook 2008: 52-84; Hekman 2008: 93-104; Edenheim 2016: 284, 286-287). While this step is related to medical science, social science studies examining the sexual health approach and to what extent different groups of people have equal and reliable access to HIV medical care are invaluable (AVERT 2017c; AVERT 2017e). Notably, scholars such as Philpott have researched on how to improve the aspect of behaviour change in HIV prevention so as to ensure that people engage in safer sex if they indeed have access to sexual health tools (Philpott, Knerr & Boydell 2006: 23-30). A significant project in this regard is the “Pleasure Project” in which the authors map ways of how to connect sexual health with sexual pleasure (Philpott, Knerr & Boydell 2006: 23-30). For example, they argue that the use of male and female condoms should be eroticised and that HIV campaigns should focus on the message of pleasure instead of fear (Philpott, Knerr & Boydell 2006: 23-30). In addition, research has shown that access to effective prevention and treatment services and tools depends on a number of factors such as the country, geographical location within the country (urban or rural), gender and sexual orientation (Imrie et al. 2013: 71-73; NCBI 2007; NCBI 2010; AVERT 2017e; Musinguzi et al. 2015: 2-10). Significantly, studies carried out on MSM in Uganda demonstrate that this community suffers essential barriers to HIV services (Wanyenze et al. 2016: 1; Musinguzi et al. 2015: 2-10). Namely, the authors emphasise problems such as the criminalisation of homosexuality, which makes it dangerous for patients to disclose their sexual preferences, health care personnel's lack of knowledge about MSM as well as the lack of access to MSM-tailored health services (Wanyenze et al. 2016: 1; Musinguzi et al. 2015: 2-10). While the study by Wanyenze focuses on the general lack of access suffered by MSM,

research by Musinguzi investigates the reasons for the inconsistency of condom usage among the case study group (Wanyenze et al. 2016: 1-16; Musinguzi et al. 2015: 2-10). The author underlines different factors that lower condom use such as alcohol, misinformation, better payment without condoms for male sex workers and, importantly, a lack of reliable access to lubricants and a lack of high-quality condoms designed for anal sex (Musinguzi et al. 2015: 2-10).

Linking the current state of research with the thesis' research question and argument, it is important to highlight the fact that successful HIV prevention among MSM in Uganda would need to include two different aspects. On the one hand, MSM need to have sexual rights, namely recognition, in order to safely access sexual health services without being discriminated (Fraser 2008: 1-27, 105-110; IAPAC 2014; MSMGF 2016: 1-8; IPPF 2008: i, 10-22). And on the other hand, it is crucial to highlight that MSM also need to have a reliable source for HIV prevention tools that are of particular importance for them as will be outlined in the analysis (Glam 2012: 1-17; SMUG 2015; Musinguzi et al. 2015: 2-10). In other words, one deals with certain medical technologies, hence with material reality (IAPAC 2014; MSMGF 2016: 1-8; Hekman 2008: 93-104; Sullivan 2012: 301; Edenheim 2016: 284, 286-287; Grosz 2010: 152). In light of this notion, the thesis' research becomes highly relevant as it is concerned with both aspects.

1.4 Contribution to research

Having presented the current state of research on HIV prevention, it is relevant to note that the thesis contributes to three research fields. Firstly, I claim that the thesis' research is of particular importance for the field of political science because analysing HIV strategies touches upon the role of and relations between the state and international actors in the global health field (Lehmann 2002; TGIG 2016; MSMGF 2016: 1-8; AVERT 2017e; Harman 2009: 353-365). In this regard,

the research also deals with other issues such as the sovereignty of nation-states, accountability and decision-making power (Windfuhr 2005; Vandana & Potter 2014: 25, 135, 196, 245-256-576'; AVERT 2017e; Harman 2009: 353-365). In addition, the thesis makes an important contribution to the area of development studies because developing countries, particularly in Africa, are the ones experiencing the highest rates of HIV and the analysis is hence important since the pandemic has a considerable impact on a continent's social and economic development (WHO 2017d; AVERT 2016; RoU 2014: vi; Global Fund 2016: 3). Furthermore, another field that I will contribute to is that of Queer and LGBT studies which is significant as MSM frequently experience severe discrimination in the healthcare sector and in states in sub-Saharan Africa, particularly in Uganda, which has experienced a rise of homophobia during the last couple of years (Wanyenze et al. 2016: 1-16; AVERT 2017b; AVERT 2017c; Ayoola et al. 2013: 90-96; Global Issues 2013; The Guardian 2015a; Kaoma 2012; Smith 2016: 232-235; Corber & Valocchi 2003; Currier & Migraine-Géorge 2016). Having presented the introductory chapter, I will outline the methodological framework.

2. Methodological framework

The methodological framework is based on a case study within which a basic content analysis and a theoretical analysis by means of critical theories will be carried out. In the following, I will give an overview on the case study and the basic content analysis.

2.1 Case study

The overall methodological approach in this thesis is the case study (Scholz & Tietje 2002). On the one hand, the analysis is based on a quantitative analysis due to the application of basic content analysis (Scholz & Tietje 2002: 9-12; Drisko & Maschi 2015). On the other hand, it involves a qualitative analysis as I will apply theories from the field of queer studies, feminism, materialism and postcolonial studies (Lehmann 2002; Fraser 2008; Fraser 2013; Scholz & Tietje 2002: 9-12; Spivak 1990: 1-49; Nygren et al. 2015). It can hence be stated that the approach is an embedded single case study (Fraser 2008; Scholz & Tietje 2002: 9-12; Drisko & Maschi 2015).

The underlying motivation is both intrinsic and instrumental given that while it is important to comprehend the case for its own sake, that is to say to improve the situation of MSM in Uganda, it is also crucial to analyse the inclusion of homosexual males in order to evaluate the overall effectiveness of HIV policies (Scholz & Tietje 2002: 11-12; AVERT 2017a; UN 2017; MSMGF 2016: 1-8). Beyond the investigation of the case study itself, the purpose of the analysis is to chart a possible way forward on how to solve the issue at hand which represents an important part in case study research according to Hammersley and Gomm (Hammersley & Gomm 2009: 3-7).

One important characteristic of a case study is to clarify its boundaries

and it is therefore crucial to point out that the thesis' case study focuses on homosexual male adolescents and men in Uganda as part of the HIV strategies (Stake 2009: 23-24; UAC 2015; WHO 2016; UNAIDS 2015a; USDS 2017). As is typical for case studies, explaining the context often involves "thick descriptions" leading to a deep rather than broad analysis (Gomm et al. 2009: 3-4, 8-9, 14-15). Examining the case means that I engage with a number of theories in order to investigate to what extent the four HIV strategies incorporate homosexual males (Lehmann 2002; Stake 2009: 24-25; Gomm 2009: 10-11). It is important to be aware that although inferences based on case study research cannot be strictly generalised, they can nevertheless lead to highly relevant general conclusions (Gomm 2009: 7-10). As Schofield emphasises, one has to "... distinguish[es] between generalizing to what is, to what *may be*, and to what *could be*"⁹ and hence the conclusions I draw do not necessarily show what *must be* the case in other settings but, rather, they display *what could or might be* the case in other countries too (Gomm et al. 2009: 9-10).

2.2 Basic content analysis

I apply a basic content analysis (BCA) on the HIV strategy papers by the UAC, UNAIDS, WHO and the US in order to answer the first sub-research question 'To what extent do HIV prevention strategies implemented in Uganda conform to heteronormativity?' (UAC 2015; WHO 2016; UNAIDS 2015a; USDS 2017). I use this method to find out, firstly, in what ways homosexual men and adolescents as a group are included and secondly, in what ways HIV strategies emphasise material HIV prevention needs that are of particular importance for this key population¹⁰ (Drisko & Maschi 2015: 21-50; Musinguzi et al. 2015: 2-10).

⁹ Italic is original.

¹⁰ The basic content analysis will be facilitated by using the online computer programme Dedoose

Notably, I choose to apply a BCA instead of an interpretive or qualitative content analysis because I am interested in finding out what terms the documents use to refer to MSM and to material sexual health devices that are of particular relevance for MSM (Drisko & Maschi 2015: 25-29, 59-77, 82-118). Although it is not a straightforward process to clearly distinguish between different forms of content analysis due to many similarities, both interpretive and qualitative content analysis are commonly used to assess latent content for which the researcher needs to interpret the data in order to code it while basic content analysis is more appropriate for my purpose since I analyse manifest content to examine what terms are used and how often they occur (Drisko & Maschi 2015: 21-24, 58-59, 82). Indeed, in basic content analysis, "...there is a strong and clear equivalence between the words [...] [one] stud[ies] and the meanings these words convey" and it is commonly applied to investigate the application of policies and regulations (Drisko & Maschi 2015: 28-31). Importantly, BCA is very useful for this thesis' research as it is often applied "... to empirically document a perceived social problem and as evidence from which to abductively advocate for change" (Drisko & Maschi 2015: 19-22).

The research design is descriptive, cross-sectional and observational in nature (Drisko & Maschi 2015: 32-34). It is descriptive because the terms that will be studied in the documents are systematically categorised and it is observational since the research is carried out on texts and not on human subjects and hence the research process does not influence any participant behaviour (Drisko & Maschi 2015: 25-26, 32-34). Likewise, the research represents a cross-sectional design in contrast to a longitudinal design because I examine a chosen sample at a specific point in time (Drisko & Maschi 2015: 32-34). In addition, I apply a purposive sampling procedure as is characteristic for BCA because it allows me to choose

(SocioCultural Research Consultants 2017).

the most comprehensive documents that enable me to respond to the research question (Drisko & Maschi 2015: 38-39).

Importantly, there are two steps that have influenced the sampling process. Firstly, according to Fraser's argument on "misframing", which will be further explained in the next chapter, it is crucial to go beyond national boundaries to seek justice and hence to apply a post-Westphalian justice approach that takes into account non-national actors as well (Fraser 2008: 1-114; Fraser 2013: 190-206). Her argument is applicable to the case of health issues in Uganda because this field is not only influenced by national actors and policies but especially by the policies of international stakeholders (Fraser 2013: 190-206; RoU 2014: vii, 19, 34-38, 40, 57). Consequently, the research focuses on the national HIV response by the Uganda AIDS Commission as well as three other HIV strategies by international actors (Fraser 2008: 12-21; Fraser 2013: 190-197). And secondly, the criterion was to find a sufficient number of international actors that have published updated guidelines on the global agenda against HIV and thus purposive sampling has led to the decision to focus on the UAC, the WHO, UNAIDS and the US because these are, amongst others, the main actors that have shaped the anti-HIV work in Uganda (Drisko & Maschi 2015: 38-39; RoU 2014: vii, 19, 34-38, 40, 57). However, it is important to be aware that while the UAC, WHO and UNAIDS documents represent HIV strategies, the PEPFAR document is, in fact, a "Country/Regional Operational Plan" and therefore differs in the sense that it is much more specific in nature (UAC 2015; WHO 2016; UNAIDS 2015a; USDS 2017: 1-19). Consequently, even though a number of similarities and differences among these HIV strategies will be emphasised, the aim is not to strictly compare them but to rather see them as a whole since all four strategies influence the HIV field (Stake 2009: 24-25; RoU 2014: vii, 19, 34-38, 40, 57). This choice is in line with case study methodology since Stake emphasises in relation to the case study method that "Comparisons are implicit rather than

explicit” (Stake 2009: 23-25).

Similarly, it is important to take into account the quality criteria of BCA based on its positivist epistemology (Drisko & Maschi 2015: 28-31, 45-50). It can be claimed that the applied BCA shows an inherent persuasiveness or face validity given that the conclusions which will be drawn are based on literal content and the likelihood of having opposing views on the categorisation is thus very low (Drisko & Maschi 2015: 44-47). Correspondingly, the research also scores high on the criterion of internal validity because the documents are publicly available texts that have not been influenced in any way by my research (Drisko & Maschi 2015: 41-43). In spite of the fact that the BCA involves only one researcher and hence inter-rater reliability, indicating whether different researchers would code the material in the same way, cannot be established, trustworthiness is still high because I go through the coding procedure twice and the coding process is very transparent as I present coding definitions for categories and sub-categories (Drisko & Maschi 2015: 36, 45-48, 88, 91-93, 106-108)¹¹. In view of the purposive sampling procedure, it must moreover be pointed out that one cannot make any claim of transferability to other HIV actors in Uganda such as Danida (Denmark’s development cooperation) or Irish Aid (Drisko & Maschi 2015: 38-40, 96-100; RoU 2014: 56-57; UAC 2015: 50; Danida, date unknown). However, I claim that this does not inhibit the research process in any way and the research findings are nevertheless significant because the examined HIV strategies belong to large actors with a significant financial impact (UAC 2015: 50; Gomm 2009: 7-10).

Although Drisko mentions that researcher reflexivity in BCA, in contrast to qualitative content analysis, is uncommon, it is important to raise awareness of four issues (Drisko & Maschi 2015: 53-56). Firstly, although some authors argue

¹¹ Please find the coding definitions for the categories and sub-categories in the coding manual (table 1) in the appendix.

that word frequency does not always equal importance, other scholars such as Zhang & Wildemuth and Stemler do highlight that word counts can be of significance (Schreier 2013: 3-4; Zhang & Wildemuth 2005: 2, 9; Stemler 2001: 2-3; Bengtsson 2016: 10). In view of this discussion, analysing word counts is meaningful because they show how much organisations such as the WHO and the UAC prioritise, for example, female condoms and lubricants (Zhang & Wildemuth 2005: 2, 9; Stemler 2001: 2-3; UAC 2015; WHO 2016; GLAM 2012: 1-5; Musinguzi et al. 2015: 5-10). Furthermore, one could question why I choose to analyse four general HIV strategy guidelines when I could have selected HIV guidelines focused specifically on homosexual males such as the “Technical Brief: HIV And Young Men Who Have Sex With Men” by the WHO which might have resulted in more positive findings regarding the inclusion of homosexuals’ particular HIV prevention needs (WHO 2015; Musinguzi et al. 2015: 5-10). While it is important to analyse these papers, I argue that examining general HIV guidelines is significant because they are supposed to be comprehensive and they should pay equal attention to all populations that are at risk of acquiring HIV (WHO 2016: 7; UAC 2015: i). As the WHO strategy puts it, it is significant to provide “... *comprehensive* long-term care to *all* people living with HIV ...”¹² (WHO 2016: 7). In other words, it is relevant to find out to what extent the strategies fulfil the stated role. Moreover, as has already been touched upon, the choice to focus on one national, one bilateral and two multilateral actors’ HIV strategies does certainly decrease not only the amount of data but also the ability to draw broader conclusions for the entire field of HIV/AIDS (UAC 2015; WHO 2016; UNAIDS 2015a; USDS 2017: 1-19; Gomm 2009: 7-10). Also, even though the four documents present important analytical objects in their own right, they are not entirely independent of each other since, for example, the WHO strategy

¹² The words in italic are my choice.

refers to the UNAIDS document (WHO 2016: 8, 11, 15; Drisko & Maschi 2015: 37-40). Having presented the methodological framework, the following chapter will demonstrate the theoretical framework.

3. Theoretical framework

The analysis is based on theories from the fields of queer studies, feminism, materialism and postcolonial studies. These fields are of importance for the thesis' research purpose because while the first three fields enable me to analyse the material inclusiveness of HIV strategies, the field of postcolonial studies complements the analysis by adding an awareness of power relations (Sullivan 2012: 301; Edenheim 2016: 284, 286-287; Hartcourt 2009: 12-20; Mohanty 2003: 19-20, 40, 141; UNAIDS 2012: 3). In other words, it provides for an awareness of Uganda's dependency on international organisations and the Global North for the campaign against HIV (Sullivan 2012: 301; Edenheim 2016: 284, 286-287; Hartcourt 2009: 12-20; Mohanty 2003: 19-20, 40, 141; UNAIDS 2012: 3).

3.1 Heteronormativity and intersectionality

Having established the aim to analyse to what extent HIV strategies influencing Uganda include a consideration for MSM, a concept that is of importance is that of heteronormativity (Herz & Johansson 2015: 1009-1018; Nygren et al. 2015: 418-427). This perspective was developed in the 1990s and originated in the field of gender and queer research (Herz & Johansson 2015: 1009). It argues that heterosexuality has a far-reaching influence on society and hence people who do not strictly adhere to this kind of sexuality experience oppression and live at the societal margins (Herz & Johansson 2015: 1009-1013; Nygren et al. 2015: 418-428). In other words, heteronormativity describes the normalisation of heterosexuality which thus impacts all aspects of society such as politics, culture and economics (Herz & Johansson 2015: 1009-1013). For instance, the scholar Wittig has argued that eliminating heteronormativity would

further the liberation of women given that heterosexuality does not only describe a form of sexuality but an entire societal system that influences what kind of people occupy which positions of power (Herz & Johansson 2015: 1010-1014; Nygren et al. 2015: 419-421). The concept is relevant for my research given the fact that HIV strategies can only be successful if they are inclusive of all kinds of sexualities and it becomes hence important to analyse if and in what ways a HIV strategy complies with heteronormativity (Knight et al. 2012: 441-446; Seale 2009: 84-89; UNAIDS 2015a: 25).

Another essential theory is that of intersectionality which was originally developed by Crenshaw but which has since been advanced by various scholars (Lutz 2012: 1-22). While heteronormativity concentrates on the notion of sexual identity, the analytical lens of intersectionality is broader and argues that although many people have one primary community that shapes their view of themselves, "... their social location is concretely constructed along multiple, if mutually constitutive, intersected categories of social power" (Yuval-Davis 2012: 161). Even though other scholars such as Bhavnani and Cooper prefer to use the terms "configurations" and "social dynamics", these perspectives all highlight the notion that the intersection of different identities, for example gender, sexuality, race, ethnicity and class, influences an individual's position of power in society (Yuval-Davis 2012: 157-165; Lutz 2012: 1-22). But the wide interpretation and applicability of this concept also entails points of critique such as the notion that it is too vague and that examining social categories means relying on unstable and constructed ideas (Villa 2012: 171-174).

Even though the concept of intersectionality has a number of drawbacks, it is nevertheless significant for the forthcoming analysis (Yuval-Davis 2012: 161-162). While both heteronormativity and intersectionality allow me to analyse sexuality within HIV strategies, intersectionality makes it possible to look at the micro-level within a group's sexual identity, namely to see the different social

positions and identities within the category of MSM in Uganda (Yuval-Davis 2012: 161-162). For example, looking at the intersection of class, it is often the case that leaders of social movements advocating for recognition, such as Kasha Nabagesera of the Ugandan LGBT movement, come from an educated and wealthier background in comparison to other LGBT people (Yuval-Davis 2012: 161-162; CNN 2017). This must be kept in mind in relation to the case study group because medical resource distribution could vary among MSM in Uganda since their class background influences whether they have the means to buy sexual health tools (Yuval-Davis 2012: 161-162; CNN 2017; Musinguzi et al. 2015: 5-8). In short, applying both theories will lead to a more comprehensive analysis of the case study. Having mentioned the issue of resource distribution, the theory of feminist materialism will further develop this point in question.

3.2 Feminist materialism and Fraser's triangular framework

Feminist materialism has its roots in Marxist theory according to which "... we need to see matter, not as a mere epiphenomenon of spirit, but as itself active in relation to spirit: spirit's relation to matter is not one of mastery but of dynamic interaction" (Colebrook 2008: 60-68). The Marxist perspective analyses the intersection between materiality and the history of labour and argues that one needs to be aware of how material conditions affect lives in order to achieve some level of freedom (Colebrook 2008: 60-68). Feminist materialists advance this perspective by focusing on other intersections such as gender and race (Hekman 2008: 86-102; Tepe-Belfrage & Steans 2016: 303-318). Feminist materialists criticise the tendency of poststructuralism to ignore the importance of material reality and its influence on gender relations, in other words, to be "matter-phobic" or "antibiology" (Hekman 2008: 93-104; Sullivan 2012: 301; Edenheim 2016:

284, 286-287). In line with this perspective, it is Butler's theory of Gender Trouble that has frequently been the point of intense debates as many feminist materialists disapprove that her theory lacks the importance of biology as it is unable “ ... to transcend the linguistic paradigm” (Edenheim 2016: 287-298; Colebrook 2008: 68). Although the new wave of feminist materialism is faced with critique by scholars such as Sullivan who disapproves of the unclear definition of materiality, I claim that the theory has potential to further a critical analysis regarding sexuality and HIV strategies (Sullivan 2012: 300, 304, 310).

An important scholar who has contributed to the field of feminist materialism is the feminist philosopher Nancy Fraser (Fraser 2008; Fraser 2013). Fraser has written extensively about the relation between feminism, neoliberalism and justice in a globalised era (Fraser 2008; Fraser 2013). Having a socialist feminist background, she demonstrates how the focus of feminist movements has shifted over the decades and criticises the current feminist movement, and new social movements generally, for solely emphasising the recognition of human rights while neglecting the importance of the redistribution of material wealth in order to decrease discrimination and achieve social justice (Fraser 2008: 105-114; Fraser 2013: 1-16). She argues that second wave feminism included an underlying critique of economic inequality whereas third wave feminism lost this critique due to the influence of capitalist forces that altered the movement's focal point from economic politics to cultural politics (Fraser 2008: 105-114; Fraser 2013: 1-16, 211). To put it another way, there is a “broader cultural shift from the politics of equality to the politics of identity ...” which means that the centre of attention is more the value of difference than the achievement of economic justice (Fraser 2013: 1-10). Fraser does not argue that the politics of recognition has lost its purpose but she stresses that feminist politics must include an aim for recognition as well as a strong sense for redistribution, that is to say economic equality (Fraser 1997: 281; Fraser 2013: 145-180).

In addition to the concepts of recognition and redistribution, Fraser also highlights the importance of framing (Fraser 2008: 18-114). Examining the field of social justice in a globalised world, she argues that justice processes that are based on the national jurisdiction are problematic since many of today's injustices involve different states, hence social justice can often not be achieved unless the international arena is taken into account (Fraser 2008: 1-27, 101-114). Fraser calls this problem "misframing" (Fraser 2008: 18-114). While it used to make sense to locate justice claims at the national, or Keynesian-Westphalian, level, this is no longer the case (Fraser 2008: 10-16). Due to globalisation, injustices increasingly happen at an international scale involving different national and regional jurisdictions and thus, justice claims need to be rearranged along "postwestphalian framing" (Fraser 2008: 1-27). Consequently, Fraser labels her framework of recognition, redistribution and framing a three-dimensional theory of justice (Fraser 2013: 13-14; Fraser 2008: 16-114).

However, her framework is far from ideal and criticism needs to be taken into account. For example, Honneth argues that one cannot clearly distinguish between recognition and redistribution struggles since the source of all injustices are "moral" injuries whose source is always the lack of recognition (Fraser 2013: 7, 23, 53-54; McNay 2008: 271-293). Indeed, Honneth states that all social justice struggles "... including those over economic distribution, are variants of a fundamental struggle for recognition ..." (McNay 2008: 271). However, in spite of this criticism, I agree with Fraser that distinguishing between cultural and economic injustices makes sense because one cannot frame economic inequality solely as a "moral" injury (McNay 2008: 271-273; Fraser 1997: 281; Fraser 2013: 1-10, 175-180). At the same time, Fraser's perspective does not easily lend itself to an analysis of social struggles that cannot be neatly compartmentalised into recognition and redistribution issues (McNay 2008: 272). However, I agree with Fraser in stating that the current focal point on recognition is the result of an

overemphasis on culture and identity whereby the significance of economic inequality might get out of sight (Fraser 2013: 1-10, 145-180; McNay 2008: 283). The consequence is the perpetuation of material inequality (Fraser 2013: 1-10, 145-180; McNay 2008: 283).

Feminist materialism and specifically Fraser's triangular framework are very important because the theory can be applied to an examination of both the recognition and the redistribution aspects of HIV strategies from the perspective of homosexual males living in Uganda. Applying this perspective is very important because anti-HIV efforts should not only be inclusive of different population groups but they should also be aware of materiality (Fraser 2013: 179; UNAIDS 2015a). In other words, while ensuring the recognition of sexual rights of MSM is important to reduce the rate of HIV, it is also necessary to look at the role of sexual health tools that MSM need to protect themselves against HIV (IPPF 2008: 16-21; MSMGF 2016: 1-3; GLAM 2012: 1-17). Despite the fact that the field of feminist materialism is primarily based on feminist movements, the insights are nevertheless relevant for the context of homosexual males since an analysis from the perspective of gender, sexuality and materiality is crucial (Fraser 2013: 3-211). Having presented the field of feminist materialism, I will explain below in what ways postcolonialism, Agamben's theory of bare life and sexual citizenship are useful for the thesis' research (Spivak 1990: vii).

3.3 A perspective on homosexual males in the Global South

Postcolonial research is interested in the relationship between the Global South and the Global North or, more specifically, between former colonised countries and colonising countries (Mohanty 2003: 1-44, 141, 167, 229-235; Bhaba 2004: 8-18, 30, 54-55, 246). Postcolonial research also involves analysing

the field of international development as a structure that connects the Global South and North (Ziai 2012: 4-21; Sylvester 1999: 703-719; Simon 2006: 10-17). In this regard, scholars often argue that international development perpetuates developing countries' dependency on the Global North since they highlight that development actors are interested in governing the bodies of the poor (Ziai 2012: 4-21; Sylvester 1999: 703-719; Hartcourt 2009: 12-60, 163-165). Consequently, it is important to keep in mind that international development policy frequently perpetuates "... sexist and racist imperialist structures ..." and therefore Spivak is right in highlighting that "... the idea of a neutral dialogue ... denies history, denies structure, denies the positioning of subjects" (Mohanty 2003: 19-20, 40, 141; Harcourt 2009: 18-20; Spivak 1990: vii). At the same time, it is crucial to bear in mind that texts and discourses are created within and perpetuate certain power relations (Crick 2016: 12-17; ODI 2007: 1-4; Graham 2011: 663-672). Therefore, applying the perspective of postcolonialism leads to an awareness of the power relations between the Global North and Uganda given the country's dependence on development aid and it thus means to analyse in what ways HIV strategies take into account the different geographical, political, economic, social and sexual contexts of people at risk of contracting HIV (Harcourt 2009: 18-20; Spivak 1990: vii; UNAIDS 2015a: 14; Mohanty 2003: 1-44, 141, 167, 229-235; UNAIDS 2012: 3; UAC 2015: 50). Taking the postcolonial concern one step further, I claim that Agamben's theory of bare life and the space of exception is useful to interpret the specific situation of the case study group (Agamben 1998: 10-165).

In his book "Homo Sacer: Sovereign Power and Bare Life", Agamben advances a biopolitical analysis of the relation between the sovereign state and human bodies in which he introduces his concepts of the "space of exception" and "bare life" (Agamben 1998: 10-165). He argues that while states mostly aim at upholding the principle of non-killing, they also create spaces of exception in

which the killing of certain groups of people is permitted (Agamben 1998: 75-86; 126-144). He differentiates between two ways of killing, namely “homicide” and “sacrifice”, the latter describing a form of religious killing (Agamben 1998: 79-90). However, the concept of bare life represents an in-between category because it characterises “those who can be killed but whose deaths are not seen as sacrifices” (Sylvester 2006: 67). To put it differently, in view of these spaces of exception, Agamben describes those killed as a representation of bare life (Agamben 1998: 8-45). Therefore, the theoretical concepts of the space of exception and bare life are useful for explaining which bodies are recognised by the state and the international community (Agamben 1998: 1-165). While Agamben developed this approach based on European cases of Nazism and Fascism in connection with concentration camps, I argue that his concept is useful to get a deeper understanding of the situation of homosexual men and adolescents in Uganda regarding HIV prevention (Agamben 1998: 1-12). While postcolonialism and the notion of bare life enable one to understand the severity and precariousness of homosexuals’ situation, the theory of sexual citizenship becomes highly relevant as it can help to envision a future advocacy strategy for LGBT groups (Wilson 2009: 73-79; MSMGF 2016: 1-8; Independent 2014; BBC 2014).

The concept of sexual citizenship has been advanced in the field of queer studies since the 1990s as a development of the framework of citizenship (Wilson 2009: 73-79). According to Pieterse, sexual citizenship is “...a network of rights and privileges associated with the juxtaposition between an individual’s sexual practices and/or identity on the one hand, and the sexual arrangements that the State endorses and enforces, through both overt and more subtle means, on the other” (Pieterse 2015: 482; Richardson 2017; Zebracki 2013). In this regard, Plummer emphasises a “sociology of intimacy” and argues not only that peoples’ intimate lives are very much influenced by the public sphere but, importantly, that

“the public may become more personal and the personal become more public” (Plummer 2003: x, ix-16). Plummer examines the relationship between the intimate part of citizenship and the sphere of medicine for which he argues that bodies are increasingly medicalised through the development of medical tools that shape the experience of one's intimate life (Plummer 2003: 26-32; Hartcourt 2009: 1-55). Examples are the morning-after-pill and Viagra (Plummer 2003: 26-32). It is Plummer's examination of the relation between the public sphere, the medicalisation of bodies and the sexual side of citizenship that is highly valuable for the forthcoming analysis of HIV strategies (Plummer 2003: 1-16, 26-32, 70-146; Zebracki 2013; Smith 2016: 232-235; Hartcourt 2009: 1-55). Similarly to Fraser's emphasis on the notion of framing, Plummer also highlights the necessity to look at the global sphere (Fraser 2013: 189-196; Plummer 2003: 23, 120). His analytical lens enables me to analyse the relation between particular HIV prevention tools that are pointed out in the strategies, representing the medical sphere, and homosexual men and adolescents, representing intimate citizens (Smith 2016: 232-235; Plummer 2003: 1-120). It will be illustrated that my interpretation of sexual citizenship is based on the prior analysis using postcolonialism and the concept of bare life since the notion of sexual citizenship is primarily relevant for the Global South (Musinguzi et al. 2015: 2-10; Ayoola et al. 2013: 90-96; Zebracki 2013; Wilson 2009). Having presented the theoretical framework, the next chapter is dedicated to an illustration of the case study context.

4. Case study on homosexual males in Uganda

Since decades, Uganda has been frequently linked with the global HIV pandemic (AVERT 2017c; Kuhanen 2008). Since the 1980s when 30% of its citizens were infected with the virus, the country has been in the spotlight of the disease (The Guardian 2008; Kuhanen 2008). Despite the high infection rate, Uganda has been hailed as a role model for its successful approach of decreasing the HIV rate thanks to efficient prevention and treatment approaches (The Guardian 2008; Kuhanen 2008: 301-320). However, this trend has been reversed and the rate of HIV-positive citizens has been increasing in recent years (Relief Web 2016; IRIN 2012; AVERT 2017c). According to a 2016 report by the Global Fund, 7.1% of the country's population are infected with HIV, thereby representing 5% of the global amount of people living with HIV (AVERT 2017f; Global Fund 2016: 3; TRFN 2011)¹³.

Highlighting this negative trend is crucial to emphasise the importance of asking why Uganda's HIV prevention has not continued to produce the desired results (HV/Aids KMCC 2013). I argue that it makes sense to investigate the intersectionality of the HIV response, especially regarding MSM as they require specific attention as a key population (AVERT 2017c; The Guardian 2017; Yuval-Davis 2012: 157-165). Indeed, research suggests that 13.7% of Ugandan MSM are infected with HIV which is almost twice the rate of the average population (TRFN 2011). While researching HIV prevention in relation to MSM is important by itself, the problem is bigger (AVERT 2017b). Many homosexual men are married and regularly engage in sexual intercourse with their wives given the fact that

¹³ Data from 2014/2015

homosexuality is illegal and stigmatised and that heterosexual marriage is the prevalent norm in Ugandan society (AVERT 2017b; Hladik et al. 2016: 1478-1487). Consequently, having a high HIV rate among MSM also puts other population groups such as women and children, as they can become infected during birth, at risk (AVERT 2017b; The Guardian 2017; Hladik et al. 2016: 1478-1487).

It is crucial to underline a few factors that shape the context of the case study population. Homosexuality has been illegal in Uganda since the enactment of the 1950 penal code which prescribes life imprisonment for people who are engaged in homosexual acts while the attempt to have homosexual sex is punished by 7 years of imprisonment (The Guardian 2014; EC date unknown). This criminalisation exists alongside stigma, emotional abuse and physical as well as sexual violence (MSMGF 2015; MSMGF 2016). Consequently, Uganda belongs to a group of 72 or 76 states, depending on the categorisation, where LGBT sexual activity remains punishable by imprisonment or death (EC 2017; Anti-gay laws 2016; Independent 2016).

However, the situation for homosexuals in Uganda has become increasingly worse since 2009 (HRF date unknown). In that year, the Member of Parliament Bahati introduced the Anti-Homosexuality Bill (AHB) (Independent 2014; BBC 2014; WITW 2015). It punishes homosexuality by life imprisonment and, importantly, forces all people to report any homosexual person or homosexual activity to the police (The Guardian 2015a; The Guardian 2014; EC date unknown). The AHB was signed in February 2014 by president Museveni and even though it was rescinded by Uganda's constitutional court a few months later because the parliament did not ensure an adequate quorum at the time the bill was passed, the impact of the AHB has nevertheless persisted (The Guardian 2014a; The Guardian 2014d; The Guardian 2015a; The Guardian 2016a). Although data on hate crimes against LGBT people in Uganda is not officially

gathered, it is widely argued that this bill fuelled the previously existing homophobia and has led to increasingly widespread emotional, physical and sexual violence against homosexuals including arrest, “correctional” rape and murder (HRF date unknown; The Guardian 2014; BBC 2014; EC date unknown; New Internationalist 2015; Kaoma 2012). One of the most high-profile cases of discrimination happened in 2011 when a Ugandan tabloid asked for the execution of homosexuals and published a list with names of homosexuals living in Uganda, one of them being the high-profile gay rights activist David Kato who was subsequently murdered (The Guardian 2016a).

Researchers such as Kaoma, who has closely studied the phenomenon of American right-wing Christianity in Africa, argue that the AHB is a direct consequence of the radicalisation of Ugandans by a few American pastors who organised open gatherings in Uganda in 2009 (Kaoma 2012; New Internationalist 2015). Despite the fact that the influence of right-wing American Christianity had not started that year but earlier, the meetings that were held in 2009 were very popular and some researchers suggest that they have led to an increase of homophobia among the citizens (Kaoma 2012; New Internationalist 2015; Independent 2014). Moreover, these American pastors have also funded Bahati, the MP who introduced the AHB, as well as radical Ugandan pastors such as Martin Ssempe and together they have spread the view that homosexuality is a Western phenomenon and that it threatens African values (Kaoma 2012; New Internationalist 2015; The Guardian 2014c; The Guardian 2015a). Unsurprisingly, research has proven that homosexuality is as much part of Ugandan and African history as it is part of Western history (Rao 2015: 1-10; Blevins 2011: 51-60; The Guardian 2014c).

Having demonstrated how the context for homosexuals in Uganda has worsened in recent years, it is significant to look at relevant international legal frameworks (EC date unknown). The Universal Declaration of Human Rights,

which Uganda has signed, does not specifically recognise the right to sexual orientation (AI 2017; UN 2008; UN 2015; ACHPR 2017c). However, the field of human rights is certainly not static but changes over time, allowing for the inclusion of LGBT rights through the application of certain articles such as article 5 (“freedom from violence and torture”) and article 19 (“Rights to Expression, Opinion and Association”) (AI 2014: 1; AI 2017; UN 2015). Besides, a group of LGBT experts established the “Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity“ in 2006 which serves as a guideline for the use of international human rights law against the discrimination of LGBT people (AI 2014; AI 2017). Additionally, focusing on human rights law in sub-Saharan Africa, it is significant to bear in mind that although the original 1986 African Charter on Human and Peoples' rights does not explicitly protect the right to sexuality, the African Commission has later published guidelines on how to implement the charter as it mentions in article 38 that states have the duty to take measures against the discrimination on grounds of sexuality (ACHPR 2017a; ACHPR 2017b). Having explained the case study of MSM in Uganda, the next chapter will present the analysis.

5. Analysis

The following section will present the analysis and is divided into two parts based on the sub-research questions. The first part will examine the heteronormativity of the HIV guidelines (Herz & Johansson 2015: 1009-1013). The second part will conceptualise the context of homosexual males in Uganda from the perspective of Agamben's theory as a basis for demonstrating in what ways the theoretical approaches of framing and sexual citizenship can be used to advocate for the improvement of the situation of homosexual males in Uganda (Agamben 1998: 10-165; Fraser 2013: 161-193; Richardson 2017).

5.1 The heteronormativity of HIV strategies

According to the 1948 Universal Declaration of Human Rights and the 1966 International Covenant on Economic, Social and Cultural Rights, which were both ratified by Uganda, every person has the right to health (OHCHR 2008a: 1, 22; OHCHR 2008b: 11-12; OHCHR 2017). Uganda has the obligation "... to take steps [...] with a view to achieving progressively the full realization of the rights recognized in the present Covenant ..." such as the right to health which includes prevention and treatment measures against HIV/AIDS (AVERT 2017c; OHCHR 2008a: 21-23; OHCHR 2008b: 11-12; OHCHR 2017). Importantly, this obligation must be maintained without discriminating against any group of people (OHCHR 2008a: 7-8, 21-23). At the same time, it is crucial to recall Fraser's triangular framework with which she reminds one, despite the fact that the campaign for recognition remains crucial, to not lose sight of the significance of redistribution as well as framing (Fraser 2008: 16-27; Fraser 2013: 161-193).

In view of the right to health on the one hand and the importance of looking at redistributive justice on the other hand, it becomes highly relevant to

examine to what extent HIV prevention strategies affecting homosexual adolescents and men in Uganda take into consideration their material sexual health needs (UAC 2015; WHO 2016; UNAIDS 2015a; USDS 2017; IRIN News 2013; GLAM 2012: 1-5). The relevance of investigating HIV strategies is clear from the focal point of poststructuralism (Wandel 2001: 370-381; Howarth 2013: 130-149). Even though explaining in detail the complex institutional framework by which HIV strategies are usually implemented is beyond the scope of the thesis, it must be emphasised that analysing the language of discourse is important (Bajunirwe et al. 2016: 1-6; Sustain Uganda 2017; Wandel 2001: 370-381; Howarth 2013: 130-149). As pointed out by Giddens, using a particular kind of language helps to maintain a specific discourse which, in turn, has an impact on reality (Wandel 2001: 370-381; Howarth 2013: 130-149). Indeed, discourses in society shape and contribute to the consolidation of social contexts and institutions and it is thus valuable to assess the language of HIV strategies (Wandel 2001: 370-381; Howarth 2013: 130-149).

Before presenting the results of the basic content analysis, it is necessary to clarify what are, in fact, the particular material HIV prevention needs that MSM have. While male condoms are an important preventive tool for both heterosexual and homosexual people, the difference is that homosexual males can only safely use male condoms with some sort of lubricant (Ayoola et al. 2013: 90-96; Beyrer et al. 2012: 424-431). Although one could point out that some MSM do use male condoms without applying a lubricant, this does not change the fact that it must not be recommended from a health perspective because utilising male condoms for anal sex without lubrication frequently leads to the breaking of the condom as the anus does not produce the same kind of bodily fluids as a healthy vagina which would prevent the condom from breaking (Ayoola et al. 2013: 90-96; WHO 2012: 1-2; IRIN News 2013; GLAM 2012: 1-5). The condom's usefulness as a HIV prevention tool decreases substantially if it breaks (IRIN 2013; GLAM 2012:

1-5). As a result, it can be claimed that providing lubricants together with male condoms to MSM is not only an option, but is of equal necessity if HIV strategies aim to succeed (GLAM 2012: 1-5; Ayoola et al. 2013: 90-96; Romijnders et al. 2015: 1-11).

Furthermore, as an advisory note by the WHO emphasises, lubricants should have different pH-levels depending on whether they are used for vaginal or anal intercourse (WHO 2012: 4). However, not only is there a worldwide lack of male condoms, but there is also a significant scarcity of lubricants within HIV prevention (GLAM 2012: 1-4; Relief Web 2013; The East African 2013; Shelton 2001: 139). According to a survey carried out by the Global Forum on MSM & HIV, only 10% of people who live in low-income states declare that it is easy for them to receive free lubricants (IRIN News 2013). As a result, many homosexual men in the Global South who may be able to access male condoms but not lubricants use common oil-based household products such as butter, oil or body cream instead (IRIN News 2013; SMUG 2015; Ayoola et al. 2013: 90-96; WHO 2012: 2). But most male condoms are made out of latex and latex is incompatible with oil-based products (WHO 2012: 2; WHO 2013a; USAID 2015). As a consequence, “evidence suggests that using incorrect lubricants contributes significantly to increased rates of breakage and slippage” which, in turn, significantly decreases the safety of condoms (WHO 2012: 2; IRIN News 2013; GLAM 2012: 1-5). In addition, some homosexual males use female condoms because they are already lubricated and because they are often made out of a non-latex material and can hence be used with oil-based household products (CNN 2010; SMUG 2015; K4Health date unknown). The NGO Sexual Minorities Uganda assumes that approximately 40% of Ugandan homosexual men choose this option (ILGA 2010; SMUG 2015)¹⁴. There does not seem to be a reason why

¹⁴ Even though it is evident that a large amount of MSM resort to female condoms, it is important

MSM should not use female condoms, however, it is problematic that female condoms are not widely available (IRIN 2009; OBO 2014; UNFPA 2017a; SMUG 2015). Thus, it cannot be established how often MSM do in fact use female condoms (IRIN 2009; UNFPA 2017a; SMUG 2015).

The coding manual has been applied to the HIV strategies by the UAC, WHO, UNAIDS and PEPFAR^{15 16}(UAC 2015; WHO 2016; UNAIDS 2015a; USDS 2017). It is important to be aware of the actors' financial differences. For the HIV response in Uganda in 2014/2015, the UN agencies, including the WHO and UNAIDS, provided between US\$ 14.1 million and US\$ 15.3 million, the Ugandan government provided between US\$ 42 million and US\$ 50.5 million and the PEPFAR agency contributed between US\$ 323.4 million and US\$ 324 million (UAC 2015: 50; RoU 2014: 56). Despite the financial differences, all four actors play an important role in the Ugandan HIV field (UAC 2015: 50; RoU 2014: 56). The following section will present the results of the basic content analysis.

5.1.1 Key populations and men who have sex with men

I will investigate to what extent homosexual adolescents and men are specified. There are three important observations. Firstly, despite the fact that the UNAIDS document does fairly well in comparison to the other strategies, the term

to handle the number with care as the organisation SMUG does not indicate the source of the information.

¹⁵ The coding manual (Table 1) and the coding application table with the results (Table 2) can be found in the appendix.

¹⁶ It is significant to know that in the case of the first three documents, the coding manual has been applied to the entire texts and in the case of the HIV strategy by PEPFAR, it has been applied to the entire text except for the appendix J "Case Examples Of Best Practices For PEPFAR Programs" because it shows a list of formerly funded projects and does not give any HIV prevention instructions and is therefore deemed irrelevant for the research purpose (UAC 2015; WHO 2016; UNAIDS 2015a; USDS 2017: 335). The coding process includes image descriptions, tables and charts but excludes bibliographic references.

“key population” is much more widely used than the more specific term MSM (UNAIDS 2015a: 3, 10; UAC 2015; WHO 2016; USDS 2017). The term “key population” refers to “...groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response” (UNAIDS 2015a: 113) which commonly includes “... people living with HIV [...] [and] men who have sex with men, transgender people, people who inject drugs and sex workers and their clients ...” (UNAIDS 2015a: 113). In the case of Uganda, the definition additionally includes fishing communities, soldiers, long-distance truck drivers and boda-boda taxi-drivers (UNAIDS 2015a: 113; UAC 2015: 5-10). While using the common term key population for these groups might make sense in order to emphasise their importance as part of HIV policies, it is also possible that it might neglect the specific needs of homosexual males (UNAIDS 2015a: 113; UAC 2015: 5-10, Independent 2014; BBC 2014). Taking on the perspective of intersectionality, one could interpret it as if all key populations have the same needs and policy-makers could pick and choose just few of the key populations to concentrate on (Yuval-Davis 2012: 157-165; UNAIDS 2015a: 113; UAC 2015: 5-10, Independent 2014; BBC 2014). Especially in the case of the UAC strategy, one could argue that there is a risk that the few references represent a loophole and might allow for decreasing the attention on MSM given the specific context of Uganda where homosexuality is criminalised (UAC 2015: 5-10; The Guardian 2014; EC date unknown; HRF date unknown; Independent 2014; BBC 2014; WITW 2015). Consequently, I claim that the trend to rather use the term key population and less the term MSM shows a heteronormative tendency because it disregards homosexuality (Herz & Johansson 2015: 1009-1013; Nygren et al. 2015: 418-427).

Secondly, another interesting trend is that while the terms key populations and MSM are used to varying extents, the picture looks very different when it comes to the young members of both groups (UNAIDS 2015a: 3, 10; UAC 2015;

WHO 2016; USDS 2017). Only two strategy papers by the WHO and UNAIDS mention the significance to focus on the young members of key populations although it must be emphasised that the WHO paper only provides one reference in contrast to UNAIDS which specifies it five times (WHO 2016: 34; UNAIDS 2015a: 28, 85, 104). Correspondingly, the younger members of MSM are only brought up in two strategies, namely by UNAIDS and PEPFAR (UNAIDS 2015a: 114; USDS 2017: 263). One could positively highlight the UNAIDS strategy for referring to young MSM six times which stands in stark contrast to the other documents (UNAIDS 2015a: 100-114). Though, it is important to pay attention to the context in which the group is mentioned (Drisko & Maschi 2015: 21-24, 58-59, 82). One reference is part of the definition of MSM and the other five references are part of specific HIV strategy guidelines for ‘Western and Central Europe’, ‘North America’ and ‘Asia and the Pacific’ (UNAIDS 2015a: 88-89, 100-101, 104-105, 114). Hence, the group of young MSM was neither brought up within the general HIV prevention guidelines nor in the strategies for Africa which logically bears negative consequences for young MSM in Uganda (UNAIDS 2015a: 92-93). However, UNAIDS says that the definition of MSM already includes young males and one could therefore claim that it might not matter that the younger members of both groups are not specifically mentioned as often (UNAIDS 2015a: 114). However there are three points that show that this claim is invalid (UNAIDS 2015a: 114). First of all, the other three strategies do not explain that the terms key population and MSM always include their younger members and one cannot but assume that these terms do not inevitably comprise younger males (UNAIDS 2015a: 114; UAC 2015; WHO 2016; USDS 2017). Secondly, the fact that these documents do sometimes mention young key populations and young MSM, even though the terms do apparently already include the younger members, shows that there is a difference between stating “men who have sex with men” or “young men who have sex with men” (UNAIDS

2015a: 14-16, 28, 56, 100, 104, 114; UAC 2015: 5-10). And thirdly, it is crucial to note that there seems to be a difference between young MSM and adolescent MSM (UNAIDS 2015a: 28, 56). It is not entirely clear who exactly is considered young, however, it seems to also include homosexual males in their early twenties according to the UNAIDS strategy and thus it is not clear to what extent adolescents are part of this category (UNAIDS 2015a: 14-16, 28, 56, 100, 104). Out of all four documents, only the UNAIDS strategy refers specifically to adolescent key populations, not adolescent MSM though (UNAIDS 2015a: 28, 56).

As a consequence, the evidence clearly shows that all HIV strategies fail considerably when it comes to the inclusion of young MSM and young key populations and by the term ‘young’ I mean young people in their twenties as well as adolescents. One can therefore argue that this proves the heteronormative structure of the HIV guidelines (Herz & Johansson 2015: 1009-1018; Nygren et al. 2015: 418-427). While all documents frequently refer to adolescents as a vulnerable group as part of HIV prevention, it must be emphasised that as long as the documents do not specifically deal with homosexual adolescents, this group remains largely ignored from a policy-making perspective (UNAIDS 2015a: 10-28; WHO 2016: 10-16; Nygren et al. 2015: 418-427).

In addition, it is also relevant to examine how often the documents use the terms “same-sex sexual relation”, “sexual orientation” and “sexual diversity” (UNAIDS 2015a: 18, 64, 90, 94; USDS 2017: 41; UAC 2015: 15). The difference between these three references is that the first specifically refers to homosexuality whereas the other two terms are broader and include sexual relations to any sex according to the UNAIDS definition (UNAIDS 2015b: 42). Only one document has used the term “same-sex sexual relation” in contrast to “sexual orientation” and “sexual diversity” which were brought up in three strategies (UNAIDS 2015a: 18, 64-65, 94; UAC 2015: 15; USDS 2017: 41, 182). Although I have no intention

to criticise the use of the terms “sexual orientation” and “sexual diversity” since it could be positive to have a broad definition that includes different sexualities, it must be emphasised that the term “same-sex sexual relation” is more specific and clearer which could be seen as more useful for the inclusion of homosexual adolescents and men (UNAIDS 2015a: 18, 64-65, 94; UAC 2015: 15; USDS 2017: 41, 182). Here one could use the same criticism that has been highlighted before regarding key populations, that is to say applying a broader definition might mean that it is easier to ignore the group of homosexual males in countries such as Uganda where homosexuality is illegal (Independent 2014; BBC 2014; WITW 2015). As a result, seeing that the term “same-sex sexual relation” is far less used shows that these documents prefer to remain broad when it comes to referring to certain sexual behaviours and sexual groups (UNAIDS 2015a: 18, 64-65, 94). They correspondingly perpetuate a heteronormative structure which insufficiently addresses HIV prevention for homosexual adolescents and men (Herz & Johansson 2015: 1009-1013).

5.1.2 Male and female condoms and lubricants

Having investigated the inclusion of homosexual males, I will now analyse the sub-categories that are related to material HIV prevention needs, namely male and female condoms and lubricants. There are two important issues that need to be raised. Even though one could claim that the term condom has been used quite often in all four documents which is positive, it is problematic that the condom’s material has not been specified (UAC 2015: 8-15; WHO 2016: 14-33). Why does this represent a problem? Because one can assume that most male condoms that are distributed are manufactured out of latex and, as mentioned before, many homosexual males use oil-based household products as lubricants which deteriorate latex condoms, hence lowering the condoms’ effectiveness in

preventing HIV (WHO 2013a; Warner 2012: 4-6; IRIN News 2013; Ayoola et al. 2013: 94-96; WHO 2012: 2; GLAM 2012: 1-5). For example, non-latex condoms composed of the material polyurethane are compatible with oil-based lubricants (YSK 2017; AL 2017; WHO 2012: 3; Bourne et al. 2016: 48). Therefore I claim that on the one hand, the principal composition of condoms should be specified in HIV strategy papers and, on the other hand, latex as well as non-latex condoms should be promoted (YSK 2017; AL 2017; WHO 2012: 3; Bourne et al. 2016: 48). Knowing that there is a significant lack of lubricant distribution on the part of international organisations and MSM in Uganda find it difficult to access lubricants, I argue that disseminating more polyurethane condoms might increase the safety of sexual intercourse because oil-based household lubricants do not deteriorate those (Bourne et al. 2016: 47-75; Musinguzi et al. 2015: 5-10; GLAM 2012: 1-5; IRIN 2013; YSK 2017). Since the HIV strategies do not specify the condoms' principal material, one can hence assume that these are common latex condoms (Bourne et al. 2016: 13; Nygren et al. 2015: 418-427; WHO 2004; UAC 2015: 8-22; WHO 2016: 32-35; UNAIDS 2015a: 12, 93-112; USDS 2017: 120-238). This clearly evidences the existence of heteronormativity since latex condoms are more useful for heterosexual people who mostly do not rely on lubricants as much as homosexual males do (UAC 2015: 8-22; WHO 2016: 32-35; UNAIDS 2015a: 12, 93-112; USDS 2017: 120-238; Bourne et al. 2016: 13; Nygren et al. 2015: 418-427; WHO 2004).

Furthermore, it was indicated only very few times that the documents promote male as well as female condoms (UNAIDS 2015a: 45-60; UAC 2015: 16, 22; WHO 2016: 32-50; USDS 2017: 131, 254). As one can see from the table, there is a noticeable contrast between the amount of times the term condom was used and the amount of times male and female condoms were mentioned (UNAIDS 2015a: 45; USDS 2017: 39, 354). I argue that this is problematic for homosexual males in Uganda because they use male and female condoms and

HIV strategies should indicate that both are equally important for them (USDS 2017: 138; SMUG 2015; Musinguzi et al. 2015: 4). In fact, almost half of Ugandan MSM use female condoms but when the documents solely use the term condom, the general assumption implies that only male condoms are referred to since they are much more prevalent and culturally normalised (ILGA 2010; SMUG 2015; WHO 2013a; Warner 2012: 4-6). Even the booklet ‘UNAIDS guidelines’ does not further define whether the term condom implies male or female condoms or both (UNAIDS 2015b). As a matter of fact, “... only 1.3 percent of the condoms purchased by international donors and distributed globally are female condoms” (OBO 2014; UNFPA 2017a). It is thus interesting to emphasise that the lack of references of female condoms cannot only be seen as negative for women from a gender perspective, as might be relatively obvious, but it is also negative for MSM from an intersectional perspective (GI 2004; SMUG 2015; Jönsson et al. 2012: 68-70; Yuval-Davis 2012: 157-165; Smith 2016: 232-235).

Additionally, it is also important to analyse to what extent the distribution of lubricants is prioritised (Musinguzi et al. 2015: 9-10; GLAM 2012: 1-5). Based on the above-presented analysis, I assert that lubricants are as important for homosexual males as male condoms (Musinguzi et al. 2015: 9-10; GLAM 2012: 1-5). It is substantial to underscore that while the UAC strategy does not mention the word “lubricant” at all, the other three strategies do not fare much better (UNAIDS 2015a: 12, 45, 57-58; UAC 2015). For instance, UNAIDS addresses the importance of condoms 35 times in contrast to lubricants which are only mentioned four times out of which two times are dedicated to general HIV prevention and MSM while two mentions address people who inject drugs and female sex workers (UNAIDS 2015a: 12, 45, 57-58). The PEPFAR strategy continues this trend by stating in the paragraph on ‘Adult Care and Support’ “Assessment of sexual activity and provision of condoms (and lubricant) and risk

reduction counselling ...” (USDS 2017: 259). Thus, although the PEPFAR strategy mentions lubricants, it is obvious that they are not deemed as important as condoms by putting the word into parenthesis (Graham 2011: 663-673). Besides, none of the strategy papers define what sort of lubricant they promote which is important since they should have different pH-levels depending on whether they are intended for vaginal or anal sex (UNAIDS 2015a; UAC 2015; WHO 2016; USDS 2017; WHO 2012: 4). Hence, not specifying what sort of medical tool people should have access to leaves room for uncertainty.

At the same time, it is important to be aware of the context. It is worth nothing that, for instance, the former WHO HIV strategy 2011-2015 and the former UNAIDS HIV strategy 2011-2015 did not include lubricants at all in their guidelines which suggests that the contemporary guidelines have been improved from the perspective of intersectionality (WHO 2011; UNAIDS 2010; Hennessy 2000: 21, 32-53; Yuval-Davis 2012: 157-165)¹⁷.

Another issue that is problematic is the use of the terms ‘vulnerable and key populations’ (Yuval-Davis 2012: 157-165; UAC 2015: 10-21; WHO 2016: 13, 32, 44; UNAIDS 2015a: 19, 28, 33, 73; USDS 2017: 72, 181, 107, 120). Having scrutinised all four HIV guidelines, it is interesting to note that the texts mostly use the term “vulnerable populations” or “vulnerable groups” whenever they refer to children, adolescents, young women and families and they use the term “key populations” or “Most At Risk Populations” whenever the texts deal with MSM, sex workers, prisoners and people who inject drugs (UAC 2015: 10-21; WHO 2016: 13, 32, 44; UNAIDS 2015a: 14-19, 28, 33, 37, 73; USDS 2017: 72, 181, 107, 120). Although there are a few exceptions, for example in the UNAIDS strategy and the PEPFAR strategy, observing this tendency is crucial because it appears as if the guidelines divide priority populations into two groups (UNAIDS

¹⁷ For another study focusing on materialism and resources within HIV prevention see Jamieson & Kellerman 2016.

2015a: 113; USDS 2017: 128). I argue that those who can be put into a heterosexual framework such as young married women and children are grouped together as “vulnerable populations” while those that deviate in any way, for example in relation to their sexuality and other kinds of behaviour, are categorised under “key populations” (Herz & Johansson 2015: 1009-1013; Yuval-Davis 2012: 157-165; UAC 2015: 10-21; WHO 2016: 13, 32, 44; UNAIDS 2015a: 14-19, 28, 33, 37, 73; USDS 2017: 72, 181, 107, 120). As a consequence, this is highly heteronormative since there is no obvious reason why women and children should be classified into one group and homosexual males into another given the fact that, for example, children also have different HIV prevention needs than women (UNAIDS 2015a: 10-11; Herz & Johansson 2015: 1009-1013; Yuval-Davis 2012: 157-165).

All in all, using basic content analysis as a method has revealed that while the current HIV strategies of the UAC, WHO, UNAIDS and the US differ, they all exhibit a lack of attention to the importance of homosexual males, especially adolescents, as well as lubricants and female condoms (UNAIDS 2015a; UAC 2015; WHO 2016; USDS 2017). Responding to the first sub-research question ‘To what extent do HIV prevention strategies implemented in Uganda conform to heteronormativity?’, it is important to highlight that the current strategies are deeply heteronormative at the expense of Ugandan homosexual males’ health and, as a matter of fact, their female partners’ and children’s health too (USDS 2017: 126; Lakshya Trust 2011). Applying Fraser’s concept, it means that the strategies fail both in terms of recognition and, particularly, in terms of redistribution of material sexual health tools (Fraser 2013: 1-14; Fraser 2008: 16-114). By including homosexual men to some extent while failing to emphasise the significance of female condoms and lubricants, the message seems to be ‘add homosexual men and stir’ because while it appears as if the guidelines pay attention to MSM, this is very superficial since their material health needs are not

sufficiently taken into account (Westendorf 2013: 456-470; Fraser 2013: 1-45). I therefore argue that the strategies' heteronormativity has real material consequences as regards to the amount of male condoms, female condoms and lubricants being distributed in Uganda (Relief Web 2013; The East African 2013; Bourne et al. 2016: 47-75; Musinguzi et al. 2015: 5-10; GLAM 2012: 1-5; IRIN 2013; YSK 2017). If international organisations as well as the national institution neglect the case study group and their specific HIV prevention needs, then these policies most likely will have a material impact (Wandel 2001: 370-381; Howarth 2013: 130-149). These policies influence which groups of people are prioritised and which sexual health tools are emphasised and distributed (Buse et al. 2012: 128-147). For instance, although there seems to be little research so far on exactly how much the lack of lubricants hurts HIV prevention, which itself is evidence for heteronormativity, it is only logical to conclude that its absence does decrease the impact of prevention strategies (Nygren et al. 2015: 418-427; IRIN 2013; ILGA Europe 2007).

5.2 Advocacy for redistributive justice for homosexual males

After having established the heteronormativity of the HIV strategies, the following chapter will apply Agamben's theory of bare life, Fraser's concept of framing and the notion of sexual citizenship to demonstrate how an advocacy for redistributive justice for homosexual males can be formulated.

5.2.1 Space of exception and bare life

As has been outlined in chapter three, Agamben's theory is highly useful for exploring the relation between a sovereign and human bodies and I will apply

his concepts of the “space of exception” and “bare life” in order to theorise the situation of male homosexuals in Uganda (Agamben 1998: 10-165; Sylvester 2006: 67; Colebrook 2008; Fraser 2008; Fraser 2013). Abstracting the situation of the case study’s population is valuable because it illustrates the consequences of HIV guidelines’ lack of inclusion of MSM and is useful to generate a way forward.

Agamben argues that the sovereign, such as a government, creates a space of exception which refers to a “state of emergency” (Gregory 2006: 406-408; Agamben 1998: 138, 166; Infanti 2006: 30). Due to this state of emergency, the sovereign can extend her powers by suspending the rule of law, often in relation to a specific group of people (Infanti 2006: 35-56; CLT 2015; Gregory 2006: 406-408; Agamben 1995: 114-119; Agamben 1998: 138, 166). A widespread example of people who constantly live in a space of exception are refugees (Agamben 1995: 114-119). I argue that the space of exception as a concept is applicable to the case study (Gregory 2006: 406-408). Interpreting the situation of homosexuals, the Ugandan government can be said to have produced a space of exception because it criminalises homosexuality, frames it as an attack on African values and hence the campaign against homosexuality is regarded as a necessity (Smith 2004: 115; Gregory 2006: 406-408; Agamben 1995: 114-119; Agamben 1998: 138, 166; Kaoma 2012: ii-20; The Guardian 2014a; The Guardian 2014d; The Guardian 2015a; The Guardian 2016a). Not only has the state criminalised homosexuality in general, but it has also tried to introduce harsher penalties in 2014 whose discussion is not finished yet since members of parliament still plan to re-enact the proposed law (Gregory 2006: 406-408; Agamben 1998: 138, 166; The Guardian 2014a; The Guardian 2014d; EC date unknown; Johnson 2015: 709-726).

In this regard, another concept that is presented is bare life, namely the life that exists within the space of exception (Agamben 1998: 75-90; 126-144;

Sylvester 2006: 67; Infanti 2006: 33). To distinguish between bare life and political life, Agamben avails himself of the Greek terms “zoē” and “bios” which refer to “natural, reproductive life” and “a qualified form of life” respectively (Agamben 1995: 114-119; CLT 2015; Smith 2004: 115). In contrast to bios which is life that is recognised by the state, bare life, or zoē, describes how certain human beings lack any recognition and protection by the state and can therefore be physically violated or even killed (Agamben 1995: 114-119; Agamben 1998: 75-90; 126-144; Sylvester 2006: 67; CLT 2015; Gregory 2006: 409-411; Butler & Spivak 2007: 37). I argue that the situation of MSM in Uganda is highly comparable to bare life or zoē because MSM do not only lack the recognition of sexual rights but are even criminalised (Agamben 1998: 75-90; 126-144; Sylvester 2006: 67; The Guardian 2015a; The Guardian 2014; BBC 2014). Underlining that sexuality is an inherent part of being human, they are not allowed to *be* and as a consequence, their existence as a political human being, a Ugandan citizen, becomes illegal (Agamben 1995: 114-119; Agamben 1998: 32-90; Infanti 2006: 27-56; Smith 2004: 123). MSM are not bios but zoē which is proven by the widespread violence that homosexual men face in Uganda with widespread impunity for the perpetrators (Agamben 1995: 114-119; CLT 2015; Smith 2004: 115; HRF date unknown; The Guardian 2014a; BBC 2014; EC date unknown). Following Agamben’s thought, Ugandan MSM might be able to claim sexual rights based on international human rights declarations, however, if they do not have sexual rights as citizens, then they are “... destined to die” (OHCHR 2008a: 21-23; OHCHR 2008b: 11-12; OHCHR 2017; IPPF 2008; Agamben 1995: 114-119). Consequently, the fact that the national HIV strategy by the UAC is highly heteronormative as it represents a lack of recognition for MSM and their particular material sexual health needs comes as no surprise as it seems to be in line with their legal status (UAC 2015; Agamben 1998: 10-165; Gregory 2006: 405-408; The Guardian 2014a).

What is important to emphasise is that Uganda's failure to include homosexuals in the national HIV policy and to disregard them as full political human beings belongs to the sphere of politics (Agamben 1995: 114-119; Agamben 1998: 133-135; Infanti 2006: 27-56). However, the relation between international actors' HIV strategies and the case study population is not truly political but can be said to belong to the sphere of humanitarianism (Agamben 1995: 114-119; Agamben 1998: 133-135; Infanti 2006: 27-56). The difference is that humanitarianism, in contrast to the political sphere, can interpret people only as bare life and not as political subjects (Agamben 1995: 114-119; Agamben 1998: 133-135; Infanti 2006: 27-56). As a result, Agamben emphasises that humanitarian organisations mostly preserve the very abuse of power they should fight against and I therefore argue that the international HIV strategies by the WHO, UNAIDS and the US contribute to and perpetuate the Ugandan space of exception by also being highly heteronormative (Agamben 1995: 114-119; Agamben 1998: 133-135; Infanti 2006: 27-56; Sylvester 2006: 67-72; Gregory 2006: 405-410). Even though the international HIV strategies emphasise the importance of homosexual men for the eradication of HIV more often than the UAC, they mostly fail to point out the sub-group of homosexual adolescents and, importantly, they do not sufficiently underline a material distribution of sexual health tools (UAC 2015; WHO 2016: 15-40; UNAIDS 2015a: 3-10; USDS 2017: 40-234; Colebrook 2008: 52-84). Moreover, Agamben underlines that while this space of exception is at first an exception, it becomes, in fact, the rule (Gregory 2006: 405-406; Sylvester 2006: 68-69; Smith 2004: 115; Agamben 1995: 114-119). This notion is true as regards to the case study because the international guidelines, in spite of the fact that they show some differences, are all heteronormative which means that such discrimination against MSM becomes normalised by both national and international actors (Gregory 2006: 405-406; Sylvester 2006: 68-69; Infanti 2006: 30).

Generally speaking, I argue that MSM can be regarded as bare life within a space of exception and the violence is perpetuated by the HIV guidelines' failure to render sufficient assistance that would enable MSM to avoid getting infected with HIV (Agamben 1998: 75-90; 122-144; Sylvester 2006: 67-72; IRIN 2013; AVERT 2017c). Importantly, I claim that the lack of assistance can be seen as a type of violence because it adds to the case study group's insecurity, suffering and AIDS-related deaths (Agamben 1998: 122; AVERT 2017b; IRIN 2013; Evans & Reid 2014: 38-65). As Agamben points out "If there is a line in every modern state marking the point at which the decision on life becomes a decision on death, and biopolitics can turn into thanatopolitics¹⁸, this line no longer appears today as a stable border dividing two clearly distinct zones" (Agamben 1998: 122). Here Agamben emphasises a very important point, namely that it can be quite unclear at what point a state's action or non-action leads to death (Agamben 1998: 122; Sylvester 2006: 67-72).

Applying Agamben's concepts allows me to theorise the precariousness and vulnerability that MSM are exposed to in relation to the HIV pandemic due to the discrimination of health strategies (Agamben 1995: 114-119; AVERT 2017b). As a result, it becomes clear how important it is to find ways to advocate for justice (Fraser 2008; Fraser 2013). In view of the failure of both the national political sphere as well as the international humanitarian sphere to apply an intersectional approach to MSM and HIV strategies, the following analysis will propose to utilise sexual citizenship as a type of world citizenship to frame future advocacy (Agamben 1995: 114-119; Agamben 1998: 133-135; Zebracki 2013; Wilson 2009; Kakabadse & Kakabadse 2009). The notion of sexual citizenship relies on the international political sphere and not on humanitarianism according to which Ugandan MSM could be comprehended as world citizens with sexual

¹⁸ The term thanatopolitics refers to a "politics of death" (Murray 2006: 195).

rights (Zebracki 2013; Wilson 2009; Agamben 1998: 133-135; Kakabadse & Kakabadse 2009). Before applying the approach of sexual citizenship, the forthcoming section will examine in what ways Fraser's theoretical framework can be useful to conceptually advance the quest for justice (Fraser 2008; Fraser 2013; Richardson 2017).

5.2.2 The importance of redistribution and framing for justice

The thesis has so far shown that both the recognition of sexual rights as well as the redistribution of sexual health tools are important for seeking justice for MSM in HIV prevention (Fraser 2008: 1-27, 105-114; IPPF 2008: 10-22). The following analysis will focus on Fraser's last triangular piece, namely framing (Fraser 2008: 1-27). The term framing refers to the act of setting boundaries within which justice processes take place (Fraser 2008: 1-27). Two injustices that can occur when it comes to setting boundaries are identified, namely misrepresentation and misframing (Fraser 2008: 1-27, 105-114). I will first deal with the concept of framing before presenting the notion of representation.

It is relevant to know that there are two kinds of framing practices, namely affirmative and transformative framing (Fraser 2008: 1-27). While the first adheres to the Westphalian state-territorial boundary, thus defining the state as the boundary for justice processes, the latter asserts that, although it is not per se against the state-territorial principle, a post-Westphalian approach is needed in certain contexts since many injustices today occur across state borders (Fraser 2008: 1-27; Fraser 2013: 200-217). As a matter of fact, Fraser criticises the frequent designation of boundaries for legal action based on territorial nation-states because non-territorial actors such as international financial institutions or international corporations can easily slip through the justice system (Fraser 2008: 1-27, 105-114).

Applying these notions to the case study, I consider it to be important to use both in order to seek justice (Fraser 2008: 1-27; Fraser 2013: 200-217). Affirmative framing is useful to focus on the injustice committed by the UAC since it deals with national boundaries (Fraser 2008: 1-27; Fraser 2013: 200-217). Similarly, the transformative approach would enable one to seek justice regarding bilateral and multilateral HIV partnerships with the WHO, UNAIDS and the US since this principle directs attention to the international level (Fraser 2008: 1-27; Fraser 2013: 200-217). This argument is based on the fact that both the national and international actors have the responsibility to contribute to decreasing the rate of HIV and therefore need to be made accountable to the heteronormativity in their guidelines (UAC 2015: i-4; WHO 2016: 7-14; UNAIDS 2015a: 39-85; USDS 2017: 27-50; Herz & Johansson 2015: 1009-1018; Nygren et al. 2015: 418-427). In other words, affirmative and transformative approaches to framing help to understand that in order to achieve sufficient recognition and redistribution, both the state of Uganda as well as international actors need to be held accountable for their lack of regard for male homosexual adolescents and the lack of material HIV prevention tools (Fraser 2008: 1-27; Fraser 2013: 200-217).

Having presented in what ways the framing approach is useful, it is also essential to look at the concept of representation that explains who can seek social justice (Fraser 2008: 1-27; Fraser 2013: 200-217). While misrepresentation describes the exclusion of certain groups of people, for instance due to their race or gender, from formally seeking justice, Fraser's approach of ordinary-political representation is important since it highlights that everyone should be able to interact on an equal level (Fraser 2008: 1-27, 105-114; Fraser 2013: 196-210). Indeed, I agree with the "all-affected principle" according to which "... all those affected by a given social structure or institution have moral standing as subjects of justice in relation to it" (Fraser 2013: 202). Applying this approach, it becomes clear that justice needs to be achieved for homosexual men as well as homosexual

adolescents (Fraser 2008: 1-27; Fraser 2013: 196-210; Yuval-Davis 2012: 157-165). Indeed, it is crucial to apply an intersectional approach as it pays attention to not only the sexuality but also the age of justice claimants (Fraser 2013: 196-210; Yuval-Davis 2012: 157-165). Knowing that adolescent homosexuals are widely neglected in the HIV strategies, this form of discrimination can be referred to as ageism, meaning discrimination against people based on their age (Ayalon & Tesch-Römer 2017: 1). Hence, it is critical to be aware of ageist discrimination when locating the group of justice claimants as regards HIV prevention (Ayalon & Tesch-Römer 2017: 1)¹⁹.

5.2.3 Sexual citizenship as an advocacy tool for justice in HIV prevention

After having interpreted Ugandan MSM as bare life and argued that the approach of framing is significant to advance social justice, I will employ the theory of sexual citizenship to conceptually frame how to advocate for justice (Agamben 1998: 10-165; Richardson 2017; Zebracki 2013; Wilson 2009). Sexual citizenship can be seen as a useful concept to frame efforts to decrease the heteronormativity of HIV guidelines (Richardson 2017; Plummer 2003; Wilson 2009). Improving the inclusiveness of HIV guidelines would positively affect the bare life suffered by MSM and thereby advance HIV prevention (MSMGF 2016).

Before applying the theory of sexual citizenship, it is necessary to be aware of the field of sexual rights (Zebracki 2013; Wilson 2009; IPPF 2008). The notion to conceptualise Ugandan homosexual males as justice claimants is based on the right to health as well as sexual rights (OHCHR 2008a: 21-23; OHCHR 2008b: 11-12; OHCHR 2017; IPPF 2008). Sexual rights represent an evolving

¹⁹ For a similar study on the labelling of groups and HIV prevention technologies based on content analysis, see Peters 2013.

concept in the field of human rights (IPPF 2008: i, 10-22; UN Free & Equal, date unknown). Importantly, various actors have created different interpretations of sexual rights in relation to the Universal Declaration of Human Rights (IPPF 2008; IWHC date unknown). For instance, according to the International Planned Parenthood Federation, article 1 to 10 are important for sexual rights such as the right to equality, liberty, privacy and health (IPPF 2008: 16-21). With this in mind, it must be pointed out that out of the four strategy papers that were analysed, only the UNAIDS strategy mentions the importance of sexual rights (UNAIDS 2015a: 3, 11, 61, 63). Although advocacy for sexual rights is absolutely fundamental in order to achieve better HIV prevention guidelines that fully include homosexual males and their needs, it is not enough (IPPF 2008: 16-21). To put it differently, it can be claimed that having sexual rights partially loses its meaning if it is not complemented by an adequate access to material sexual health tools such as male and female condoms and lubricants that enable one to prevent contracting sexually transmitted diseases (Wilson 2009: 81-83; Colebrook 2008: 52-84). As a result, I put forward the idea of advocating for sexual citizenship in order to improve redistributive justice regarding sexual health tools (Richardson 2017; Zebracki 2013).

The concept of sexual citizenship has existed since the 1990s as an advancement of the theory of citizenship (Wilson 2009: 73-74). Sexual citizenship describes the interaction between peoples' sexual identities as well as practices and the sexual rights that are granted by the state (Pieterse 2015: 482). This theoretical framework has often been applied to analyse and promote the recognition of rights that are important for LGBT people (Wilson 2009: 73-80; Richardson 2017: 209-211). Despite the fact that some scholars have used sexual citizenship to provide a materialist reading, it seems that it is more often used to analyse aspects of recognition rather than redistribution (Colebrook 2008: 52-84; Richardson 2017: 208-220; Wilson 2009: 73-80; Zebracki 2013: 785-787).

In view of this, I argue that the theory of sexual citizenship needs to be expanded in order to examine sexual rights on the one hand and materialist aspects, namely access to tools to practice safe sexuality, on the other hand (Colebrook 2008: 52-84; Richardson 2017: 208-220; Wilson 2009: 73-80; Zebracki 2013: 785-787; IPPF 2008; Fraser 2013: 178-185). Essentially, sexual citizenship could be used to combine the analysis of both cultural and socialist politics regarding sexuality (Richardson 2017: 208-220; Wilson 2009: 73-80; Fraser 2013: 1-58, 160-175). As a matter of fact, this idea seems to be supported by Fraser (Fraser 2013: 178-185). Even though she argued in an earlier reading that discrimination based on sexuality belongs to the category of misrecognition, she provided an updated interpretation in her later work according to which most kinds of oppression, including those based on sexuality, are forms of misrecognition as well as maldistribution (Fraser 2013: 178-185). Moreover, given the fact that international HIV guidelines belonging to the humanitarian sphere have failed MSM, the idea of citizenship invokes the political sphere and sexual citizenship could be comprehended as a form of world citizenship (Agamben 1995: 114-119; Richardson 2017: 208-220; Wilson 2009; Kakabadse & Kakabadse 2009). This means that Ugandan homosexual males could be interpreted as world citizens on which basis they could refer to the international community in order to advocate for their inclusion in HIV prevention (Agamben 1995: 114-119; Richardson 2017: 208-220; Plummer 2003; Kakabadse & Kakabadse 2009: 24-48).

In addition, it is important to examine the idea of sexual citizenship in the light of neoliberalism (Yuval-Davis 2011: 1-61, 170). Fraser presents the argument that the recognition of human rights fits well within a neoliberal paradigm because emphasising the importance of recognition does not challenge neoliberal values (Yuval-Davis 2011: 161; Fraser 2013: 1-50, 217-222). However, she argues that the idea of redistribution, the focus on economic equality,

essentially challenges the neoliberal approach and the idea of the free market (Yuval-Davis 2011: 161; Fraser 2013: 1-20, 142-178). Therefore, it could be argued that the proposed concept of sexual citizenship which emphasises redistributive justice challenges neoliberal values because it is rooted in the economic sphere and emphasises a certain level of state control over the production and distribution of sexual health materiality (Colebrook 2008: 52-84). Importantly, looking at the international level and comparing the Global South and the Global North, sexual citizenship enables one to question the way sexual health tools are currently produced and distributed given the fact that it does not fulfil the needs of MSM in Uganda (Musinguzi et al. 2015: 2-10; Glam 2012: 1-17, AfY 2011; GI 2003).

Furthermore, having presented the importance of framing as well as sexual citizenship, these concepts should be combined in order to be effective. As a result, framing enables one to use the notion of sexual citizenship to advocate for justice in a post-westphalian approach (Fraser 2008: 1-27; Fraser 2013: 200-217; Richardson 2017: 208-220; AVERT 2017e; UAC 2015: 50). Hence, I argue that Ugandan homosexuals can argue for sexual citizenship towards the UAC based on their legal citizenship status (UAC 2017; Kalu 2009: 11). And secondly, one must advocate for sexual citizenship towards bilateral actors such as the US and multilateral actors such as the WHO and UNAIDS based on the normative notion of “social membership [...] and inclusion” (Kalu 2009: 11; Fraser 2013: 189-208).

5.2.4 A postcolonial perspective on sexual citizenship

The argument becomes even more significant when interpreted from a postcolonial perspective (Hartcourt 2009: 39-165; Mohanty 2003: 1-42; Spivak 1990: vii-12, 18-19, 72). Postcolonialism refers to a field of study that, amongst others, critically analyses today’s relations between former colonised and

colonising countries and presents the critique that these relations are inherently unequal (Mohanty 2003: 1-44, 141, 167, 229-235; Bhaba 2004: 8-18, 30, 54-55, 246; Spivak 1990: vii). Correspondingly, it is important to know that sexual health tools such as condoms and lubricants are more or less widely accessible in the Global North whereas this is not the case in the Global South (Wanyenze et al. 2016; Musinguzi et al. 2015: 2-10; Glam 2012: 1-17, AfY 2011; GI 2003). Not only do many people lack the means to buy HIV prevention tools but, irrespective of one's economic status, these tools are widely inaccessible since facilities depend on donations from international aid actors and frequently run out of supplies (Wanyenze et al. 2016; Musinguzi et al. 2015: 2-10; Business Daily 2011; The Guardian 2003, The New York Times 2005). For example, Uganda requires approximately 240 million to 283 million condoms per year, however only between 80 million and 120 million are actually provided (Relief Web 2013; The East African 2013; The New York Times 2005).

Being aware of the widespread lack of sexual health supplies, it is therefore crucial to advocate for sexual citizenship by the Ugandan state as well as international actors (GLAM 2012: 1-4; Relief Web 2013; The East African 2013; Shelton 2001: 139). However, drawing on a postcolonial point of view, this argument might be regarded as a dilemma. It could be claimed that advocating for a sufficient amount of donations of sexual health tools from international actors would perpetuate Uganda's already existing dependency on international aid (Moyo 2009: 1-5; Devex 2011; DI 2014; Business Daily 2011; The New York Times 2005; Mohanty 2003: 231; Spivak 1990: 1-49). To put it differently, campaigning for sexual citizenship by international organisations could be interpreted as the perpetuation of a material dependency in the name of sexual rights (Valdes & Cho 2011: 1569; The Guardian 2003, The New York Times 2005; IPPF 2008; Moyo 2009: 1-5). Following up on this thought, it might appear better, for instance, to increase Uganda's decision-making role by campaigning that the

government receives more financial aid (Mohanty 2003: 1-250; Spivak 1990: 1-49; Moyo 2009: 1-5; Devex 2011). In such a case, the national government would decide itself to what extent the money should be spend on sexual health tools, thereby strengthening the accountability to its citizens to some extent (Global Issues 2013; OECD 2011). However, I argue that while it might seem better from a postcolonial focal point, it might lead to worse results from an intersectional viewpoint given the homophobia of the Ugandan government (Mohanty 2003: 1-250; Global Issues 2013; The Guardian 2015a; Lutz 2012: 1-22). It is therefore highly doubtful if solely focusing on a government that is homophobic would lead to an improved supply of material tools that are of particular importance for homosexual males. As a consequence, campaigning for sexual citizenship while using the framing approach becomes valuable because it enables one to hold both the Ugandan state as well as international actors accountable (Mohanty 2003: 1-250; Global Issues 2013; The Guardian 2015a; OECD 2011; Fraser 2013: 189-208). Although it is important to ensure that the Ugandan state fulfils its sovereign responsibility and is accountable to its citizens in the long-term, it must be underlined that in view of the current political situation, advocating for sexual citizenship primarily by international actors seems to provide a more promising way forward for homosexual citizens (Global Issues 2013; The Guardian 2015a; Yuval-Davis 2012: 157-165). In addition, the idea of sexual citizenship as a category of world citizenship could be criticised since the latter idea is based on vague notions of global human rights which might become meaningless as the international community lacks an effective mechanism to enforce them (Chandler 2003: 332-347; Kakabadse & Kakabadse 2009: 24-48). Indeed, Chandler emphasises that the universal rights framework creates a dependency on the international community which is not able to solve this dilemma (Chandler 2003: 332-347). While I am aware of this critique, I argue that my proposal of sexual citizenship focuses on the long-term development of a global rights framework

which might, at some point in the future, either improve the already-existing International Criminal Court or create an instrument to enforce human rights such as sexual rights more efficiently (Chandler 2003: 332-347; Kakabadse & Kakabadse 2009: 24-48; Galvao-Teles 2017: 62-71; Colojoara 2016: 54-65; IPPF 2008: 16-21).

In the light of these facts, it is important to contemplate what the feminist philosopher Grosz puts forward, namely that “Freedom is thus not primarily a capacity of mind but of body ...” (Grosz 2010: 152). Having demonstrated the HIV strategies’ lack of regard for material HIV prevention tools and being aware of the frequent lack of such tools in Uganda and other countries in the Global South, Grosz’ statement can be interpreted as a message to pay considerable attention to the materiality determining sexual health and sexuality in general (Colebrook 2008: 52-84; Grosz 2010: 152; GLAM 2012). This materiality ultimately influences which human beings are able to prevent infections and get to live and which bodies get infected and suffer as a result of HIV/AIDS (Colebrook 2008: 52-84; Grosz 2010: 152; GLAM 2012). Although campaigns for sexual rights as well as calls for increased condom supplies to countries in the Global South do exist, the framework of sexual citizenship would conceptually fuse those two advocacy fields (SMUG 2016; Relief Web 2013; The East African 2013; The New York Times 2005). As a matter of fact, sexual citizenship would argue that both sides belong together and that one cannot advocate in favour of LGBT rights without equally advocating for a just distribution of sexual health tools to homosexuals in the Global South (SMUG 2016; Relief Web 2013; The East African 2013).

Despite the above-mentioned argument, it is important to remember that improving HIV strategy papers represents only one step. Whether the case study group will enjoy improved access to sexual health tools certainly depends on a number of other factors as well (Global Issues 2013; OECD 2011). It is of utmost

importance to keep in mind which countries have the resources (such as rubber), professional know-how and technology to create and advance a sexual health industry which allows them to produce commodities such as condoms and lubricants instead of relying on international donors' imports (The Guardian 2003; The Guardian 2015b; Forbes 2016a; Forbes 2016b; Business Daily 2011; The New York Times 2005). In addition, applying a dependency theory perspective, it is not only necessary to ask which countries have the financial means to buy HIV prevention tools (Lim 2014; Musinguzi et al. 2015: 2-10; Business Daily 2011; The Guardian 2003, The New York Times 2005). In fact, another key point is the influence and decision-making power of the global pharmaceutical industry which produces and sells essential sexual health products at such high prices that they become unaffordable for most developing countries (Cottingham & Berer 2011: 69-79). Although these are important issues to further explore, they are beyond the scope of the thesis.

6. Conclusion

In the following, I will present a summary of the key findings before giving some concluding remarks on the thesis' broader relevance. As has been noted in chapter one, many bilateral as well as multilateral initiatives have been established during the last decades with the aim of reducing and eventually eliminating HIV/AIDS worldwide (AIDS 2016a; AIDS 2016b). Even though the overall rate of new HIV infections has been declining in recent decades, it must be emphasised that the rate of new infections in Uganda has increased lately (The New York Times 2012; AVERT 2017c). This shows that despite the positive gains that were made in relation to anti-HIV efforts, the success has not been sustained and it is hence crucial to keep improving this field (IRIN 2012; The New York Times 2012; AVERT 2017c). In fact, the worldwide HIV pandemic is far from being solved as 1.8 million people got newly infected in 2016 alone (UNAIDS 2017: 1). At the same time, new HIV infections are not distributed evenly among different countries and population groups but they are especially prevalent in African states and among MARPs such as homosexual males (AVERT 2016; AVERT 2017c).

Hence, the thesis set out to answer the main research question 'How can advocacy for redistributive justice for homosexual males within HIV prevention strategies be understood and framed?' which has been partitioned into two sub-research questions, namely 'To what extent do HIV strategies implemented in Uganda conform to heteronormativity' and 'How can advocacy for redistributive justice for homosexual males in terms of HIV prevention be framed?'. The analysis has been carried out on the HIV strategies by the UAC, WHO, UNAIDS and PEPFAR which all play a crucial role in Uganda (UAC 2015: 50; WHO 2016; UNAIDS 2015a; USDS 2017). The thesis used a theoretical framework based on the theories of heteronormativity, intersectionality, feminist materialism,

postcolonialism, sexual citizenship and a methodological framework based on case study research and basic content analysis.

Consequently, the analysis has produced three main results. Firstly, it has been argued that all four HIV guidelines perpetuate anti-HIV efforts that are heteronormative (Herz & Johansson 2015: 1009-1013; Nygren et al. 2015: 418-427). By grouping MSM together with other key populations such as drug users and migrants and by separating them from so-called vulnerable populations such as young women and children do the strategies create a dynamic that discriminates between those who deviate from a socially accepted heteronormative ideal and those who fit into the heteronormative ideal (WHO 2016; UNAIDS 2015a; Herz & Johansson 2015: 1009-1013; Nygren et al. 2015: 418-427; Yuval-Davis 2012: 157-165; Independent 2014; BBC 2014). As a result, this type of categorisation where MSM are grouped under key populations might neglect the particular needs of homosexual males (WHO 2016; UNAIDS 2015a; Herz & Johansson 2015: 1009-1013; Nygren et al. 2015: 418-427; Yuval-Davis 2012: 157-165). Additionally, the analysis has highlighted the lack of attention to homosexual male adolescents as a group that needs particular consideration given their age-related vulnerability. Moreover, it has been pointed out that the strategies lack attention to female condoms and although three out of four HIV guidelines do mention the importance of lubricants, the fact that lubricants are not prioritised is highly problematic (USDS 2017; WHO 2016; UNAIDS 2015a). Since the use of male condoms is only safe for anal sex if a lubricant is applied, the guidelines must mention the importance of lubricants as often as they highlight the necessity of condoms for HIV prevention if the strategies truly aim at being inclusive and effective (Musinguzi et al. 2015: 9-10; GLAM 2012: 1-5; IRIN 2013). In this regard, it is worth repeating how important the postcolonial perspective is (Mohanty 2003: 1-42; Spivak 1990: vii-12, 18-19, 72). Since Uganda as a developing country is highly dependent on donors' imports of sexual health tools,

HIV strategies' discourse on material prevention plays a crucial role (Colebrook 2008: 52-84; Barad 2008: 120-154).

The thesis' second main result focuses on the way homosexual males in Uganda can be conceptually interpreted. On the basis of Agamben's theoretical framework, it has been argued that one can conceptualise homosexual males in Uganda as representing "bare life" because they live in a "space of exception" (Agamben 1998: 10-165). Regarding the homophobia of the Ugandan political sphere, the case study group cannot only be seen as representing bare life from the perspective of the recognition of sexual rights (Agamben 1998: 10-165). In fact, what the concept shows is that Ugandan male homosexuals live very precariously because they do not only lack sexual rights but, importantly, access to sexual health material resources like many populations in the Global South (Bourne et al. 2016: 47-75; Musinguzi et al. 2015: 5-10; GLAM 2012: 1-5; Wanyenze et al. 2016). Providing a thorough interpretation by using Agamben's theory is important because it shows not only the severe impact of HIV strategies' lack of intersectionality but it also visualises the significance of referring to the political sphere, instead of humanitarianism, in order to achieve justice (Agamben 1995: 114-119; Agamben 1998: 133-135).

Additionally, the third part went further and argued that given the redistributive injustice, advocacy for justice should be framed as sexual citizenship which can be seen as a type of world citizenship (Richardson 2017; Zebracki 2013; Kakabadse & Kakabadse 2009: 24-48). As has been emphasised, the concept of sexual citizenship would refer to the international community and can be used for two purposes (Kakabadse & Kakabadse 2009: 24-48). While it can help to advance advocacy regarding sexual rights of LGBT people in Uganda, applying sexual citizenship in order to raise awareness of the particular material HIV prevention needs of homosexual adolescents and men is highly important (Richardson 2017; Zebracki 2013; GLAM 2012: 1-5). In fact, the framing

approach and sexual citizenship could create a way to frame advocacy from both the point of view of recognition as well as redistribution (Fraser 2008: 105-114; Fraser 2013: 1-16). Therefore, I consider that the recognition of sexual rights is insufficient if it is not accompanied by a reliable access to material HIV prevention tools for homosexual males in developing countries (GLAM 2012: 1-5). All in all, proving in what ways HIV guidelines fail is very important because the pandemic can only be eradicated if the contexts and needs of all population groups, especially key populations, are sufficiently taken into account (AVERT 2017c; WHO 2016: 7; International HIV/Aids Alliance 2015).

Having summarised the main arguments of the thesis, I will present a number of concluding remarks. Although the thesis has focused on homosexual males in Uganda as a case study, the findings can be generalised to some extent as has been pointed out in the methodological framework (Gomm 2009: 7-10). It is important to bear in mind that three out of the four HIV guidelines that were examined are international and do therefore influence homosexual males in many other countries as well (UNAIDS 2015a; WHO 2016; USDS 2017). Furthermore, the thesis' critique of the lack of access to HIV prevention tools is certainly not only the case for homosexual people but concerns many people living in the Global South (GLAM 2012: 1-5; UNFPA 2017b; CNN 2013). In addition, it is crucial to note that homosexual women are frequently left out when it comes to sexual health strategies (The Guardian 2016b; GSD 2012). In spite of the improbability of homosexual women becoming infected with HIV through sexual intercourse with females, they do remain at risk for other sexually transmitted diseases which seems to be widely disregarded and more research as well as action is needed in this regard (NAM 2017b; The Guardian 2016b; GSD 2012). As a result, the thesis' critique of material injustice in terms of HIV prevention is widely applicable to other population groups and not only regarding HIV but also as regards to other sexually transmitted diseases (NAM 2017b; The Guardian

2016b; GSD 2012). On the whole, by researching the relation between MSM and HIV prevention, the thesis has contributed to the field of sexual and reproductive health and rights which includes the perspective of LGBT people (ILGA Europe 2007; PAI 2014; Hadi 2017: 64-68).

Adopting a larger materialist perspective on HIV prevention tools, it is substantial to conduct further research that would pose relevant questions to various adjacent academic fields such as economics, international trade and sustainability studies (Colebrook 2008: 52-84; Barad 2008: 120-154). Namely: Who grows the plants that produce natural latex and other resources necessary to create sexual health tools such as condoms (Forbes 2016a; ANRPC 2014)? Who has the technology and the professional know-how to produce silicone that can be used to manufacture lubricants (Technavio 2016; SIMTEC 2017)? Where are the companies located that manufacture sexual health tools (Forbes 2016a; CNN 2016; South China Morning Post 2003)? Which countries have the largest industries of sexual health tools (Forbes 2016a; CNN 2016; South China Morning Post 2003)? Which countries and regions have the necessary infrastructure to efficiently transport the products which need to be stored at specific temperatures (WHO 2010a: 103)? Additionally, from the perspective of sustainability, where are sexual health tools discarded and can the resources be recycled in any way (The Guardian 2015b)? From a postcolonial point of view, these questions are highly important given that, for example, there are only two condom factories on the African continent and both are located in South Africa which thus perpetuates African states' dependency on international donors (CajNews Africa 2016; USPIKED 2015; Mohanty 2003: 19-20, 40, 141; Harcourt 2009: 18-20).

In conclusion, given the fact that the HIV pandemic has not been eliminated so far, it remains important to analyse in what ways the HIV field can be improved. Therefore, based on the analysis provided above, I argue that the combination of framing and sexual citizenship could be applied by, for example,

LGBT non-governmental organisations in the Global South and the Global North to frame their advocacy strategy (MSMGF 2016: 1-8; ILGA Europe 2007).

Appendix

Table 1. Coding manual

Category: homosexual men, below: sub-categories

	<i>Explanation</i>	<i>Example</i>
➤ <i>Key populations</i>	This sub-category is used when the text refers to key populations (KP) or Most-At-Risk-Populations (MARPs).	“HIV prevalence among key populations (KPs) is comparatively higher than the general population.” (UAC 2015: vii)
➤ <i>Key populations and their young members</i>	This sub-category is used when the text refers to key populations and the young members of key populations.	“Reaching and engaging adolescent and youth members of key populations is especially critical, since they face additional barriers to services.” (UNAIDS 2015a: 56)
➤ <i>MSM (men who have sex with men)</i>	This sub-category is used when the text refers to MSM, gay men or homosexual men (assuming that it refers to the adult population).	“Those disproportionately affected by HIV epidemics in all regions, including in high-burden settings, have been identified as: men who have sex with men, people who inject drugs, sex workers, transgender people and prisoners.” (WHO 2016: 29)
➤ <i>MSM and their young members</i>	This sub-category is used when the text refers to both adult and young/adolescent MSM.	“Men who have sex with men are the only key population that has not experienced a decline in new infections. Especially concerning, the number of young men who have sex with men aged 20–24 years diagnosed with HIV has nearly doubled between 2004 and 2013, and increased by 83% among those aged 15–19 years.” (UNAIDS 2015a: 104)
➤ <i>Same-sex sexual relation</i>	This sub-category is used when the text refers to same-sex sexual	“Criminalization of adult consensual same-sex relations is a human rights violation, and

	relations.	decriminalization of same-sex relations can reduce vulnerability to HIV infection.” (UNAIDS 2015a: 64)
➤ <i>Sexual orientation and diversity</i>	This sub-category is used when the text refers to sexual orientation and diversity (the meaning is broader than same-sex sexual relations).	“Fortunately, GOU issued a statement guaranteeing universal access to HIV services, which falls under the general health service provision with freedom from any form of discrimination, independent of sex, gender, sexual orientation, age, race, ethnic origin, social class, religion, and mental or physical disabilities.” (UAC 2015: 15)
Category: condoms		
➤ <i>Condoms</i>	This sub-category is used when the word condom is mentioned without any further specification.	“Prevention activities should be evidence-based, such as pre-exposure prophylaxis (PrEP) for those at high risk of HIV acquisition, condom distribution, voluntary male medical circumcision (VMMC) for HIV-negative young men, and HIV treatment for all adolescents and young adults identified as HIV-positive.” (USDS 2017: 120).
➤ <i>Male and female condoms</i>	This sub-category is used when the text refers to both male and female condoms.	“Services related to the procurement, distribution and marketing of male and female condoms and condom-compatible lubricant.” (USDS 2017: 254)
➤ <i>Male condoms</i>	This sub-category is used when the text refers to male condoms only.	“Condom promotion, including innovative marketing and private-sector partnerships, is also insufficient, with experts estimating that, for each male condom procured at US\$ 0.03–0.06, another US\$ 0.20 should be invested in creating demand and in distribution.” (UNAIDS 2015a: 58)

➤ *Female condoms*

This sub-category is used when the text refers to female condoms only.

“Opportunities to realize the potential of such critical interventions include: reducing the cost of female condoms; revitalizing condom marketing approaches; and expanding distribution through diverse services and marketing outlets.” (WHO 2016: 32)

Category: lubricants

➤ *Lubricant*

This sub-category is used when the text refers to lubricants.

“Funding for condom and lubricant procurement is now provided centrally for all countries via the USAID Commodity Fund.” (USDS 2017: 220)

Table 2. Coding application

<i>Below: sub-categories/ right: HIV strategies (total amount of pages)</i>	<i>UAC (70 pages)</i>	<i>WHO (49 pages)</i>	<i>UNAIDS (114 pages)</i>	<i>PEPFAR (323 pages)</i>	<i>Totals</i>
<i>MSM (men who have sex with men)</i>	6	7	42	23	78
<i>MSM and their young members</i>	0	0	6	3	9
<i>Key populations</i>	37	21	90	93	241
<i>Key populations and their young members</i>	0	1	5	0	6
<i>Same-sex sexual relation</i>	0	0	5	0	5
<i>Sexual orientation and diversity</i>	2	0	8	3	13
<i>Condom</i>	15	10	30	53	108
<i>Male condom</i>	0	0	1	0	1
<i>Female condom</i>	0	2	0	0	2
<i>Male and female condom</i>	2	6	4	9	21
<i>Lubricant</i>	0	3	4	13	20
<i>Totals</i>	62	50	231	198	

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