

What Lessons Can We Learn from the HIV/AIDS Era about Ensuring Health Policy Meet the Needs of Gay People?

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Abstract: The HIV/AIDS era has witnessed considerable discrimination against gay men and exposed the underlying issue of familization of health policies. As the milieu constantly change over times, health policies catering the needs of family does not necessarily meet the needs of individuals. For instance, when viewing family as a unit, it held family members liable for certain duties, while easing the role of the state. It is important to recognize the needs of different population, mental health issues of sexual minorities as well as the intersectionality of inequalities that put certain group in an even more vulnerable stance. The essay illustrates the issue with health policies for gay men in the HIV/AIDS period and proposes recommendations for future policymakers by analysing peer reviewed papers on lessons learnt from the HIV/AIDS era.

Keywords: health policy, HIV/AIDS, defamilization

1. Introduction

Health policies that cater for the needs of gay people have often been disregarded. The population is thought to be the most susceptible during the HIV/AIDS era, therefore the longstanding unsatisfying health policies reach a high. The spread of discrimination against gay people in the HIV/AIDS era has shown the needs of gay people are somehow uncommon and governments are not doing enough to cater for the needs of the population. The lessons learnt from the HIV/AIDS era indicates the importance of valuing fewer common needs of different population, the importance of defamilization of social policy, mental health issues of sexual minorities group brought by discrimination as well as the intersectionality of inequalities that make gay people further disadvantaged. Moreover, gay people's negative and marginally discriminatory experience points to the value of recognising the needs of marginalised groups in order to attain social welfare equality. The essay illustrates the issue with health policies for gay men in the HIV/AIDS period and proposes recommendations for future policymakers by analysing peer-reviewed papers on the subject.

2. Lessons Learnt from the HIV/AIDS Era

2.1. Policies should Cater the Needs of the LGBTQ+ Group

The less common needs of gay people should be catered and the relevant measures of protection, infrastructure and resource availability should be built. In the HIV era, the needs of gay people are often neglected, specific needs are not met and supports are not enough. For instance, according to the Centres for Disease Control and Prevention (CDC) of the United States, anal sex is deemed as the highest-risk sexual behaviour and one of the main ways of transmission of HIV [1]. However, the vaccination rate against HIV found that among the HIV-infected population in the United States, only 42% are vaccinated as a result of limited awareness and lacked infrastructure [2]. The vaccination rate demonstrates how there is much space for improvement and how the present infrastructure does not adequately serve gay people. Hence, when making health policies, the specific needs brought by the sexual activities of gay people should not be neglected while enhancing the infrastructure for resource allocation. Besides HIV, gay people are more vulnerable to other diseases related to receptive anal intercourse, which can be less common in the general population. The stratified analysis suggests that receptive anal intercourse has the primary role in anal HPV transmission, and the use of a condom does not have protective effects against high-risk HPV [3]. Thus, gay people are often exposed more to HPV and anal cancer. Some improvements have been achieved as a result of the lessons learned during the HIV/AIDS era. For instance, HPV 9-valent vaccines are believed to be effective prevention of anal cancer and are part of the NHS vaccination programme offered routinely in England for a student in year 8 [4,5]. Through making the vaccine offered routinely in the NHS programme, the availability of resources and awareness have been improved compared to the HIV era regarding considering the needs of gay people respectively but also improving the health of all populations through vaccination. The approaches toward prevention against diseases associated with high-risk sexual activities have been enhanced as a lesson from the HIV era. However, it should be encouraged that global advancements continue.

2.2. The Importance of Defamilizing the Health Policy

The defamilization of health policy is needed to meet the needs of gay people. In the HIV/AIDS era, families rather than individuals are the focus of most areas' health policies. Nowadays, though it is still illegal for heterosexual couples to get married in many countries and regions, in countries where same-sex marriage is legalised, there is a continuous inclining trend for same-sex couples to get married. For instance, after the legalised same-sex marriage nationwide in the United States in 2015, 49 per cent of cohabiting gay couples were married in 2016 and the population of LGBT is predicted to double by 2060 [6]. But during the major AIDS/HIV outbreak in the 1980s, same-sex marriage is not legalised in the United States nationally [7]. For instance, welfare states with policies to suit the traditional family forms and rely heavily on the family as a provider of welfare and social services back then does not meet the needs of gay people, in particular, older gay people as the traditional dependency relationship is highly unlikely to apply to them [8]. It also shed light on the issue of cohabiting couples, regardless of gender, who get less welfare as a result of not getting married. By focusing primarily on the requirements of the majority of families, the diversity of relationships should not be ignored. The transformation of family forms should not be neglected; hence welfare and health policy should be defamilized. The defamilization of policies and welfare reduces care and responsibilities between family members which increases the relief from dependency relationships brought by gender and intergenerational policies [9]. The family structure is continually evolving as a result of societal development, yet enhancing personal welfare will always be comparatively efficient since different families are always constituted by individuals. Through defamilization policy,

the emphasis of healthcare and welfare on gender, marriage and children are shifted to a less significant role, putting gay people in a less disadvantaged position as many of them are not raising children and not performing the gender-stereotyped role. Members of the family are given fewer moral obligations when the role of the family in healthcare is removed and it allows individuals to have healthcare in their own right, instead of the moral duty of their family members. Health policies should relieve the responsibilities of interdependence between family members and provide equal access and responsibilities for all individuals without gender, intergenerational or sexual orientation constraints.

2.3. Mental Health Issues Arise from Discrimination

Due to discrimination and exclusion toward gay people, mental health policies are needed to meet their needs. Discrimination and negative impacts on the mental health of gay people have longstanding and persist today. The HIV/AIDS epidemic worsens the mental health situations of gay people, in particular older gay people who have experienced the HIV/AIDS epidemic. Nearly all older gay men alive today have been impacted in some way by HIV/AIDS with threats posed by the stigmatisation of HIV and homophobia [10]. This illustrates the extent of the devastation done to gay people's mental health at that time. Research evidence shows LGBT people experienced more minority stress and live under stigma, prejudice and discrimination in a stressful social environment which causes mental health problems [11]. Even when the HIV/AIDS epidemic ends, the mental health of gay people remained a severe issue. This raises the issue of weak mental health among the sexual minorities population and health policies targeting the needs of sexual minorities should be valued. According to the CDC of the United States, discrimination and rejection by friends and family all have negative consequences on gay people's mental health because of the limitation of access to high-quality health care while adding to poor mental health and poor coping skills and increasing suicidal attempts [12]. Hence, more health policies catering for the mental health of sexual minorities should be made and implications against discrimination and homophobia should be strengthened to prevent minority stress.

2.4. Intersectionality of Inequalities

Gay people with HIV are strongly correlated with high unemployment and financial difficulties due to discrimination. They were more exposed to the inequalities due to the lower SES. Sexual minorities often experience more discrimination during each stage of their life. Discrimination against gays and lesbians in hiring persists within the OECD countries, with gay people facing more discrimination than lesbian people [13]. The discrimination against sexual minorities has made this population more financially disadvantaged. Moreover, research finds gay men, bisexuals and men who have sex with men that live with HIV were 12 per cent less likely to be employed and 9 per cent more likely to experience financial difficulties than those without HIV [14]. Thus, HIV does not only the health conditions but also the financial condition of gay people as these individuals suffered from inequality as a result of job discrimination. As a result, even if medical treatment is available, it may not be inexpensive or insured for this particular group of individuals. Future health policy should make healthcare affordable and available to people, in particular to sexual minorities. To prevent future unfair conditions for the population of sexual minorities, policies against discrimination in the workplace should also be enhanced.

3. Conclusions

To conclude, besides catering for the general population, future health policies should target to address the needs of gay people which might not be common in the general population. It is important

to take into account the demands of each group and the makeup of the overall population. Each group can suffer from particular challenges that are not common in other groups, whether healthcare policies can cover and be efficient in these categories can be extremely vital to providing good quality healthcare to all people with equal access. The makeup and composition of families today may alter significantly from those of the past due to the ongoing physical and social development of society. The defamilization of policies is vital to meet the changing social structure as more families nowadays are not 'traditional' anymore. In order to better ensure the rights and access to healthcare for all citizens, policymakers should replace family duty with individual access. By doing so, it does not only guarantee access to healthcare for each individual, but it also allows for state supervision and planning from a macro level. Nowadays, there is a lot of talk about mental health because people are beginning to recognise how serious mental health issues may affect someone's well-being. As gay people are more vulnerable to discrimination, the mental health of the population should be valued and paid greater attention to. Discrimination can be found frequently in daily lives, and how the government approaches social issues can be important as it affects the well-being of its citizens both physically and mentally. The government must take this issue seriously since changing societal norms, people's views and beliefs and dealing with prejudice may be difficult and time-consuming. Existed inequalities and discrimination against gay people in all disciplines may lead to worse SES for gay people. It is important to consider how disparities overlap. Hence, the lessons can be learnt that the structure of policies catering to sexual minorities and in particular those with disadvantaged backgrounds should be improved and policies should target to prevent people to be more disadvantaged as a result of discrimination.

References

- [1] Centers for Disease Control and Prevention. (2016, February 29). *HIV/AIDS among gay and bisexual men*. Centers for Disease Control and Prevention. Retrieved May 13, 2022, from <https://www.cdc.gov/msmhealth/HIV.htm#How>
- [2] Crum-Cianflone, N. F., & Wallace, M. R. (2014, August). *Vaccination in HIV-infected adults*. *AIDS patient care and STDs*. Retrieved May 13, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4117268/>
- [3] Wong, I. K. J., Poynten, I. M., Cornall, A., Templeton, D. J., Molano, M., Garland, S. M., Fairley, C. K., Law, C., Hillman, R. J., Polizzotto, M. N., Grulich, A. E., & Jin, F. (2022, March 1). *Sexual behaviours associated with incident high-risk anal human papillomavirus among gay and bisexual men*. *Sexually Transmitted Infections*. Retrieved May 13, 2022, from <https://sti.bmj.com/content/98/2/101>
- [4] Stier, E. A., Chigurupati, N. L., & Fung, L. (2016, June 2). *Prophylactic HPV vaccination and anal cancer*. *Human vaccines & immunotherapeutics*. Retrieved May 13, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4964669/>
- [5] NHS. (2019, May). *HPV vaccine overview*. NHS choices. Retrieved May 13, 2022, from <https://www.nhs.uk/conditions/vaccinations/hpv-human-papillomavirus-vaccine/>
- [6] Eckart, K. (2017, April 13). *Married LGBT older adults are healthier, happier than singles, study finds*. *UW News*. Retrieved May 13, 2022, from <https://www.washington.edu/news/2017/04/13/married-lgbt-older-adults-are-healthier-happier-than-singles-study-finds/>
- [7] Nall, R. (2021, October 12). *A history of HIV and AIDS in the United States, from 1981 to 2021*. *Healthline*. Retrieved May 13, 2022, from <https://www.healthline.com/health/hiv-aids/history>
- [8] Neyer, G. (2021, June 11). *Chapter 2: Welfare State Regimes, family policies, and family behaviour*. *Elgar Online: The online content platform for Edward Elgar Publishing*. Retrieved May 13, 2022, from <https://www.elgaronline.com/view/edcoll/9781788975537/9781788975537.00009.xml>
- [9] Lohmann, H., & Zagel, H. (2015, December 29). *Family policy in comparative perspective: The concepts and measurement of familization and defamilization*. *Journals of European Social Policy*. Retrieved May 13, 2022, from <https://journals.sagepub.com/doi/10.1177/0958928715621712>
- [10] Rosenfeld, D. (2018, February 19). *The AIDS epidemic's lasting impact on gay men*. *The British Academy*. Retrieved May 13, 2022, from <https://www.thebritishacademy.ac.uk/blog/aids-epidemic-lasting-impact-gay-men/>
- [11] Meyer, I. H. (2003, September). *Prejudice, social stress, and Mental Health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence*. *Psychological bulletin*. Retrieved May 13, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/>

- [12] Centers for Disease Control and Prevention. (2016, February 29). *Stigma and discrimination affects gay and bisexual men's health*. Centers for Disease Control and Prevention. Retrieved May 13, 2022, from <https://www.cdc.gov/msmhealth/stigma-and-discrimination.htm>
- [13] Flage, A. (2019, September 13). *Discrimination against gays and lesbians in hiring decisions: A meta-analysis*. *International Journal of Manpower*. Retrieved May 13, 2022, from <https://www.emerald.com/insight/content/doi/10.1108/IJM-08-2018-0239/full/html?skipTracking=true>
- [14] Dean , L. T., Nonyane, B. A. S., Ugoji, C., Visvanathan, K., Jacobson, L. P., & Lau, B. (2020, December 1). *Economic burden among gay, bisexual, and other men who have sex with men living with HIV or living without HIV in the multicenter AIDS cohort study*. *Journal of acquired immune deficiency syndromes (1999)*. Retrieved May 13, 2022, from <https://pubmed.ncbi.nlm.nih.gov/33136741/>