



**COUNTERING
MISINFORMATION
ABOUT**



LGBTQ+ COMMUNITIES

This brief sets out common and misleading narratives about LGBTQ+ people, and how to address and challenge these claims using lived realities and evidence. It draws on insights from advocates and partners across Africa working on HIV and human rights and members of the Frontline AIDS Digital Advocacy Working Group.

Common false claims portray LGBTQ+ people as 'un-African,' 'Western,' or representatives of a 'foreign agenda' - as well as a threat to children, family values, and national identity. Others depict LGBTQ+ identities as sinful, demonic, or linked to disease, particularly HIV. This reinforces stigma and discrimination, and makes it harder for people to access services.

Frontline AIDS developed this 'quick-bite resource', drawing on insights from its Digital Advocacy Working Group, a range of community organisations across sub-Saharan Africa, and our partners working at the intersection of HIV and human rights. To inform this work, we conducted a small survey with partners, with feedback from approximately 15 respondents working in diverse geographical and political contexts across East and West Africa.

Partners across the network report that these myths are not random: they are circulated by [anti-rights groups](#) with a deliberate agenda, and are doing real harm. In Ghana, a hotline coordinator reported that many callers "hesitate to openly share their concerns or seek help because they fear being stigmatised." In Uganda, a partner described people being afraid to report violations or freely access health services. Across the region, there is 'very strong organising around family values' - a calculated framing designed to make discrimination look like protection.

Some partners also highlighted misconceptions that LGBTQ+ people are inherently promiscuous or undeserving of basic rights such as family life, healthcare, or safety. Overall, these narratives seek to delegitimise LGBTQ+ existence, presenting it as "unnatural" or imposed by a "progressive," "liberal" agenda. This leads to exclusion and violence against LGBTQ+ communities.

Counteracting misinformation requires conflict sensitivity. These issues have become 'hot button' topics in large part

because of culture wars campaigns [exported from the US](#) and amplified on social media feeds across the world.

Anti-LGBTQ+ disinformation is [deliberately designed to provoke emotional responses](#) - fear, anger, and disgust - rather than engage evidence-based facts, and to exploit existing attachments to community identity and religious affiliation. This is why straightforward fact-correction often falls short. Telling people that anti-gay laws are a colonial-era imposition, or that same-sex relations have a long and widespread history, might not land: people may simply not believe it, or will insist it is wrong regardless.

Appealing to cultural identities and shared values can be an effective counter-strategy, but it needs to be done with care. While profiling gay priests or other LGBTQ+ community figures can work for some audiences, it also carries the risk of appearing as the kind of 'promotion of gay values' that anti-rights campaigns use to stoke fear. The goal is not to preach to the converted. It is to **find common ground** with people who may need some convincing that sexual orientation and gender identity are inherent aspects of who we are.

A note on terminology

This resource uses both "LGBTQ+" and "queer". LGBTQ+ is used as the preferred inclusive acronym in most contexts, but *queer* appears - particularly in historical and cross-cultural references - because the identities captured by the LGBTQ+ acronym are categories largely shaped by Western social and political movements. Many cultures have long histories of gender diversity and same-sex relations that predate and exist outside that framework, and *queer* allows for acknowledgement of this without imposing labels that may not reflect how those communities understood themselves. As *queer* has historically been used as a slur and its reclamation is not universal, readers should always be guided by the preferences of the communities they work with.

THE RESOURCE AIMS TO:

- Deepen understanding of how information, narratives, and misinformation shape the HIV response today.
- Support collective learning and action, in solidarity with communities whose lived realities are too often misunderstood, misrepresented, or erased.



HOW TO DO IT

Some of the typical claims reported to Frontline AIDS are listed below, along with suggestions on how they can be countered. In all cases, be guided by what works best for your audience.



CLAIM 1

Homosexuality is 'Western', alien to Africa, or a neocolonial import

How to counter:

Homosexuality and gender diversity are universal and have a long history across the world. So too does homophobia, which has often been at the root of deliberate efforts to erase records of homosexuality in different contexts and cultures.

Homophobia, not homosexuality, is the real colonial import.



There are numerous accounts of queer identities in African history, including same-sex relations among Victorian-era Ugandan kings, same-sex marriages in precolonial Congo, and cross-dressing practices in South Africa that shocked Jesuit missionaries. The laws most commonly used to criminalise homosexuality across the continent are not African in origin but colonial-era imports. Since 1861, a law known as Section 377 prohibited same-sex sexual activity across the British Empire, imposed in places that had no previous laws governing personal sexuality — including Uganda and Cameroon — as well as in countries with long histories of thriving LGBTQ+ communities.

African anti-gay or 'anti-gender' campaigns have been funded by US Christian conservative and 'evangelical' networks since at least the late 1990s. They provide training, literature, and contacts to well-funded evangelical movements. It is deeply ironic that queer African history is being erased by disinformation campaigns funded largely by US groups.

Countering this myth still needs to be done with sensitivity. Partners across East and West Africa report that the 'foreign agenda' framing is among the most persistent and difficult narrative to challenge — not least because it has been deliberately amplified through organised anti-rights campaigns, [regional conferences](#), and social media. A historical counter-argument alone may not be enough. Meeting people on the terrain of values — dignity, community, Ubuntu, a Southern African philosophy meaning "humanity towards others" — is often more effective.

CLAIM 2

An LGBTQ+ lifestyle is sinful, cursed, demonic, or 'forbidden' for reasons of faith

How to counter:

Reconciling faith with gender identity or sexual orientation can be a deeply personal and difficult journey. For audiences of faith, it is important to approach this with sensitivity, acknowledging the sacred texts, traditions, and beliefs that guide people's lives — not dismissing them.

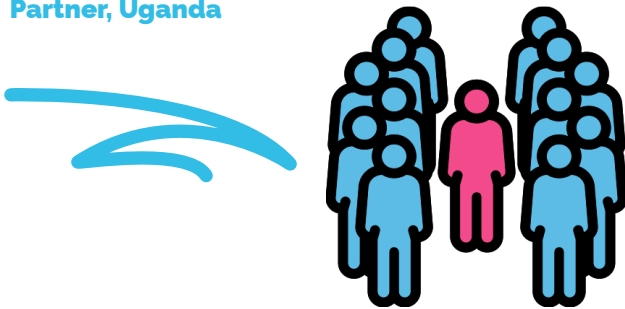
Many religious leaders and communities have found ways to affirm LGBTQ+ identities while remaining grounded in faith. They highlight that the central teachings of their tradition — compassion, care, love for one's neighbour - call on followers to embrace all people without discrimination. Stories of LGBTQ+ individuals who are people of faith, including priests, pastors, and imams, can be particularly powerful. As the Global Interfaith Network on LGBT+ Lives has stated, 'religious belief should never be used to justify violence or discrimination.'

For audiences where religious framing dominates, partner voices from within those communities tend to carry more weight than external arguments. Consider the words of a project participant in Frontline AIDS' [REACH programme](#): "People think queer Ghanaians are reckless or irresponsible. But I can be a responsible big brother, a reliable worker — and wear heels."



PEOPLE FEAR BEING OPEN ABOUT THEIR IDENTITY, FEAR TO REPORT VIOLATIONS, AND FREELY ACCESS HEALTH SERVICES.”

Partner, Uganda



CLAIM 3

Being queer is an illness or disease

How to counter:

Sexual orientation, gender identity, and expression are natural aspects of human diversity. The World Health Organisation and every major medical authority is clear on this. But simply citing expert consensus may not be enough for audiences whose value system is rooted in community or traditional identity rather than scientific authority.

The more effective approach is **storytelling**. Show the lives of queer people across history. Highlight the contributions of LGBTQ+ people to communities in the here and now - as family members, health workers, scientists, teachers, writers. Show healthy, positive, ordinary queer lives and create space for open conversations about the real difficulties LGBTQ+ people face in communities. Personal testimonies from people living with HIV and LGBTQ+ individuals sharing their lived realities are from among the most resonant counter-strategies identified by partners.

Messaging should focus on the shared human right to safety, dignity, respect, and access to inclusive, evidence-based healthcare.

CLAIM 4

LGBTQ+ people spread HIV

How to counter:

HIV is a **public health issue**, not a moral one. Anyone can be affected.

LGBTQ+ people are more likely to be affected by HIV because of **stigma, discrimination, and barriers to healthcare** — not because of who they are. The basics still matter: HIV is transmitted through specific behaviours, such as unprotected sex or sharing needles, not through a person's sexual orientation or gender identity. HIV risk comes from exposure, not identity.

When people can **access healthcare without fear of judgement or persecution**, they are far more likely to prevent transmission and thus increase access to treatment. Inclusive, evidence-based interventions — condoms, PrEP (Pre-Exposure Prophylaxis), HIV testing, antiretrovirals, reduce HIV risk for everyone. Criminalisation and exclusion do the opposite: they push people away from services and increase vulnerability.

It is also worth highlighting the science of U=U (Undetectable = Untransmittable). People on effective antiretroviral therapy (ART) who maintain an undetectable viral load [cannot sexually transmit HIV](#). This directly counters the idea that LGBTQ+ people are vectors of disease and shows that treatment protects both individuals and communities.

CLAIM 5

LGBTQ+ people destroy marriages and threaten children, families, and traditional values

How to counter:

Claims about LGBTQ+ people threatening families are rarely based in evidence. They are rooted in ideology, and should be approached carefully.

Directly confronting them can entrench rather than shift positions; finding common ground is usually more effective.

Start from shared values: love, loyalty, safety, and the wellbeing of children. There are families across the world with loving queer parents or who are providing support to their queer children. They all embody exactly what family values are meant to mean.



Research shows that children raised in queer families fare the same as children raised in heterosexual families, just as other children do in supportive environments. Sharing personal stories of LGBTQ+ families helps humanise the issue in ways that statistics alone cannot.

Ironically, families and marriages often break down precisely because of the stigma and lack of understanding that surrounds queer identities. Support, not exclusion, is what protects families.

Where anti-rights actors make false claims that LGBTQ+ people are a risk to children, it can be powerful to redirect: abuse of children is a problem across all areas of society, and often involves those in positions of authority and social esteem. Children deserve genuine safeguarding — not campaigns that scapegoat queer people while leaving real threats unaddressed.

CLAIM 6 LGBTQ+ rights advocacy promotes homosexuality and recruits children and young people

How to counter:

Sexual orientation and gender identity are inherent aspects of who people are. They are **not learned, chosen, or taught**. Once audiences understand this, the 'recruitment myth' begins to fall away. Personal stories and lived experience are often the most effective way to get this across.

In contexts where diverse gender identities have been repressed or outlawed, communicators should be aware that change takes time as illustrated by the 'change curve'. Concerns that individuals would be recruited into becoming homosexual is one of the fears that often surfaced, even in places that have adopted more inclusive laws. Acknowledging those fears, rather than dismissing them, creates space for a more genuine conversation.

The common ground is clear: everyone wants children to be safe, healthy, and able to flourish. Rights advocacy is about securing safety, dignity, acceptance and access to health care and education for everyone in our communities.



Supporting LGBTQ+ rights **protects children, families, and communities from stigma, discrimination, and violence**. It does not encourage anyone to 'become' queer. Inclusive advocacy strengthens social cohesion by promoting respect for human diversity and the wellbeing of all.



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