

Analysis of Uganda's Anti-Homosexuality Act (AHA) and its Implications on Access to Healthcare Services by the LGBTQI + Communities

Jacob Ntsholeng Segale^{1*}, Mabel Sengendo Nabaggala², Josephine Tjirongo³ and Priscilla Nabatanzi Kirwana⁴

¹Sonke Gender Justice and North West University.

²Sonke Gender Justice.

³University of Kragujevac (PhD Candidate).

⁴Reproductive Health Uganda

***Corresponding Author**

Jacob Ntsholeng Segale,
Sonke Gender Justice and North West University.
South Africa.

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Abstract

This study examines the implications of Uganda's Anti-Homosexuality Act (AHA) on access to healthcare services for LGBTQI+ communities. Enacted in 2023, the AHA has sparked significant controversy owing to its potential to increase discrimination and hinder public health efforts, particularly in HIV/AIDS prevention and treatment. This study employs a qualitative approach that combines legal analysis and focus group discussions to provide a nuanced understanding of the impact of the law. The findings reveal a complex landscape in which the AHA directly conflicts with international human rights standards and creates substantial barriers to healthcare access for LGBTQI+ individuals. Many respondents reported heightened fear and reluctance to seek medical services, citing experiences of discrimination and breaches of confidentiality.

This research also uncovered the coping mechanisms developed by LGBTQI+ communities, including underground support networks and the increased use of telemedicine services. Recommendations include strengthening advocacy efforts, providing ethical training for healthcare providers, establishing safe spaces for LGBTQI+ healthcare services, and diplomatically engaging international partners in aligning policies with global human rights standards. This study contributes to the growing body of literature on the intersection of law, health policy, and human rights. It provides valuable insights for policymakers, healthcare professionals, and human rights advocates working to ensure equitable access to healthcare services in contexts in which discriminatory legislation poses significant challenges.

Keywords: Uganda Anti-homosexuality Act, LGBTQI+ persons, Access to Healthcare service, socioeconomic determinants of Health, Universal Health coverage.

Background

As in other countries, Uganda is a member state of the United Nations (UN) and the World Health Organisation (WHO), and is accountable to agreements and international codes of standards of the organisations, such as the Universal Health Coverage (UHC). UHC is central to the Sustainable Development Goals (SDG's), particularly goal number 3, which seeks to ensure the health and well-being of all individuals. According to the World Health Organisation (2023b), UHC advocates for equitable access to healthcare without financial hardship.

The policy framework also emphasises the need to promote health equity and social inclusion, which are important aspects of the inclusion of LGBTQI + communities (World Health Organisation, 2023b). Uganda, being a WHO and UN member state, also subscribe to the organisation's human rights upholding tools, which include the WHO Constitution (1948) and the Universal Declaration of Human Rights (1948), both of which recognise the right to health as a basic human right that all countries are obliged to protect and fulfil in all

forms. The United Nations and World Health Organisation (2008) state that while acknowledging the resources and time required to fulfil all or some components of health, some basic and immediate commitments for countries are to guarantee and offer equal health services that treat all without any form of discrimination.

According to the UHC health policy framework recommendations, good health requires people, services, policies, infrastructure, and finance (World Health Organisation, 2023a). (The World Health Organisation, 1948) constitution recognise health as a fundamental universal human right that should be enjoyed by all people without any form of discrimination for all individuals to attain the highest standard of physical and mental health. Hence, in this study, Uganda's Anti-Homosexuality Act (AHA) was analysed to assess the implications of the Act on LGBTQI + communities accessing healthcare services in the country. According to the (World Health Organisation, 2023a), it is crucial to assess and

track health disparities to identify and monitor disadvantaged populations. This evidence base enables policymakers to develop more equitable policies, programs, and practices that ultimately aim to achieve Universal Health Coverage (UHC).

Uganda is a country located in eastern Africa, with a population of 45.9 million people as of 2024, as reported by the (Uganda Bureau of Statistics, 2024). The country's healthcare system is primarily managed and regulated by the Ministry of Health, with health services delivered by the public sector, private providers, traditional doctors, and complementary health practitioners (Ministry of Health 2024).

Despite Uganda's commitments to international human rights standards, its legal framework has consistently criminalised same-sex relationships. The British Penal Code Act of 1950 introduced anti-homosexual laws during colonial rule, which remained in effect post-independence (Han & O'Mahoney, 2014). In 2009, a bill sought to impose the death penalty for same-sex acts, sparking intense local and international backlash (Boyd, 2013). A revised version of the law, enacted in 2014, reduced the penalty for life imprisonment but was later annulled by Uganda's Constitutional Court due to procedural irregularities (Nyanzi and Karamagi, 2015).

In May 2023, Uganda enacted a new Anti-Homosexuality Act (AHA), introducing even harsher penalties, including life imprisonment for consensual same-sex relations and the death penalty for "aggravated homosexuality." The law also criminalises the promotion or recognition of LGBTQ+ identities (The Anti-Homosexuality Act of Uganda 2023). This legislation has raised serious concerns regarding increased discrimination and human rights violations. This is expected to further marginalise LGBTQ+ individuals, restrict access to essential healthcare services, and exacerbate health disparities, particularly among those vulnerable to HIV/AIDS.

Problem Statement

The World Health Organisation in its constitution (1948) recognises health as the right that each and every individual has to enjoy and attain its highest level in both aspects of physical and mental health, yet LGBTQ+ individuals face substantial disparities globally. Research has shown that LGBTQ+ persons experience higher rates of mental and physical health challenges compared to their heterosexual counterparts (Bränström et al., 2024). Grasso et al. (2019) states that LGBTQ+ people face challenges in accessing healthcare services and factors such as discrimination, attitude and lack of proper knowledge of healthcare providers on LGBTQ+ matters are some of the factors which worsen the situation for these unique members of the community. HIV/AIDS is a public health concern in Africa, with Uganda being no exception. It has also been reported to be a common problem among LGBTQ+ members. UNAIDS (2023) in 2023, the global median HIV prevalence among gay men and other men who have sex with men was 7.7%, ranging from 0% to 41.2% across 87 reporting countries. This was significantly higher than the global HIV prevalence in the adult population (aged 15–49 years), which was estimated to

be 0.7%. Uganda's AHA compiles these challenges by legally sanctioning discrimination against LGBTQ+ individuals. Reports indicate that since the law's enactment, attendance at LGBTQ+ health clinics has sharply declined because of fear of legal repercussions (UNAIDS, 2024). This study explores how the AHA has reshaped healthcare-seeking behaviours among LGBTQ+ individuals, examining broader implications for public health.

Significance of the Study

In May 2023, Uganda passed the Anti-Homosexuality Act (AHA), an act of parliament whose main aim or objective is to deter or prevent any act of homosexuality in the country by introducing harsher punitive measures for any form of homosexuality activities. The World Health Organisation (2024) states that some members of the community, such as LGBTQ+ individuals, face serious health disparities and challenges when accessing health services, which are mainly attributed to discrimination and stigma. UNAIDS (2024) states that some factors, such as discriminatory policies and regulations, may hinder some members of the community, such as LGBTQ+ members, to access essential health services and end up being vulnerable to some infectious diseases, such as HIV, which jeopardize efforts to end the HIV epidemic. With research reporting that LGBTQ+ members face different challenges, analysing the impact of the AHA and its implications on how it affects members of LGBTQ+ access health services is imperative.

The research will raise awareness of the health disparities and specific health needs of this unique population, thereby informing and advocating for policy amendments to cater to the health needs of all members of the community without stigma and discrimination, ultimately improving health outcomes for all. Little work or research has been published in Uganda on the impact of punitive laws such as the Anti-Homosexuality Act and its implication on LGBTQ+ members in accessing necessary healthcare services; hence, there is a need for a study to be conducted to contribute to the knowledge economy in the subject area.

Literature Review

Loza et al. (2018) reports that individuals in sexual and gender minority groups, such as the LGBTQ+ community, regularly encounter substantial challenges when attempting to access healthcare services, which are frequently intensified by several factors, such as discrimination, stigma, and a lack of cultural competency among healthcare providers and social service Professional. The Human Rights Awareness and Promotion Forum (HRAPF, 2023) has documented the extensive challenges faced by LGBTQ+ persons in accessing healthcare services since the adoption of Uganda's Anti-Homosexuality Act. Within the first two months of the AHA's enforcement (June–July 2023), the HRAPF recorded 149 cases of violations against LGBTQ+ persons. Of these, 99 cases (66.4%) specifically targeted individuals based on their sexuality, and studies in different countries have reported that sexual minority groups face serious challenges. These findings

suggest that LGBTQ+ individuals in Uganda are likely to encounter similar or worse challenges in accessing healthcare services within the country's legal and social environment towards homosexuality.

Bränström et al. (2024) states that as compared their heterosexual and cisgender counterparts the LGBTQ + members face serious health inequalities or disparities in the community. The authors further reports that these disparities are seen and manifested in various aspects of LGBTQ + individuals affecting their physical and mental health, including elevated rates of depression, cardiovascular disease, anxiety, and suicidal ideation. Grasso et al. (2019) additionally report that LGBTQ + people face unique challenges such as stigma, discrimination and lack of knowledge by healthcare providers about LGBTQ + health issues when seeking to access health services.

(Mulemfo et al., 2023) conducted a study in South Africa and reported that members of the LGBTQI+ face plentiful challenges when seeking or accessing health services in the country, and many of these challenges stem from both individual and systemic factors. (Seretlo and Mokgatle, 2022) further support Mulemfo et al. 's (2023) research findings by stating that stigma, discrimination, and marginalisation are some of the obstacles that LGBTQI+ persons experience when seeking medical care. This leads to unequal access to health services, which is mainly attributed to the prejudice and heretocentric systems.

Research suggests that some laws, policies, and regulations can substantially influence how special groups of the community, such as LGBTQI +, access healthcare services, as some policies can act as barriers that might deter fair access to healthcare and treatment. A study conducted by James et al. (2024) the transgender individuals in different states in United States reported that many jurisdictions lack clear and comprehensive non-discrimination laws and policies that protect LGBTQI+ persons in the healthcare system. The study further justifies that if there is a lack of clear protection for LGBTQI+ in terms of laws, these individuals may suffer from discrimination when seeking medical care, which may lead them to avoid seeking essential healthcare services.

Health disparities and barriers among LGBTQI+ individuals in accessing healthcare services are frequently influenced by laws, policies, and regulations, as these statutes can significantly impact LGBTQI+ individuals' access to medical care and treatment (Seitzer, 2022; Serchen et al., 2024). The authors further assert that discriminatory policies and a lack of legal protection against discrimination based on sexual orientation or gender identity can hinder LGBTQI+ individuals from seeking and receiving appropriate care.

In their different research studies (Ching et al., 2021; Moallef et al., 2022; Serchen et al., 2024) concluded that laws, regulations, and policies play a crucial role in either facilitating or hindering access to healthcare by LGBTQI + persons. Supportive

policies can promote equitable access to quality care, while discriminatory policies can exacerbate health disparities. To address these issues, there is a need for comprehensive legal protection, inclusive healthcare policies, and efforts to combat the stigma and discrimination in healthcare settings (Ching et al., 2021; Moallef et al., 2022; Serchen et al., 2024).

The literature review suggests that addressing LGBTQI+ people's health issues in terms of accessing health services requires a multifaceted approach. Seretlo & Mokgatle (2022) research suggested that improving healthcare professionals training on health issues affecting LGBTQI+ individuals could be one of the approached to be used to improve the health outcome and barriers affecting these individuals from accessing health services. Serchen et al. (2024) concluded that potential strategies to enhance persons and address the health needs of LGBTQI+ persons could encompass addressing systemic discrimination and tailoring health service approaches to support the health needs of LGBTQI+ persons.

Aim and Objectives

The primary aim of this study was to analyse and investigate how Uganda's Anti-Homosexuality Act (AHA) affects LGBTQI + communities in the country to access essential health services.

Objectives

1. To assess how Uganda's Anti-Homosexuality Act may limit or affect LGBTQI + communities in accessing critical health services, particularly in the context of HIV/ AIDS., TB and other SRHR services
2. To investigate how stigma, discrimination, and legal recursions may deter or prevent LGBTQI + communities from seeking necessary healthcare services.
3. To investigate the role of healthcare providers' attitudes and practices in shaping individuals' experiences of accessing healthcare services under the Anti-Homosexuality Act.

Methodology

Research Design

This study adopted a phenomenological qualitative approach to understand the lived experiences of LGBTQI+ individuals and healthcare providers under the AHA (Karakaya & Kutlu, 2020). By focusing on subjective experiences, this design captures how stigma, fear, and legal barriers intersect to shape access to healthcare. An exploratory framework was integrated to examine emerging themes such as changes in health-seeking behaviour and systemic discrimination in medical settings (PMC, 2023).

Sampling Strategy

Purposive sampling was used to recruit 15 LGBTQI+ individuals (aged 18–35 years) in Uganda who had direct experience with AHA-related challenges. Participants were identified through LGBTQI+ advocacy networks and partner CSO's known to serve key populations, ensuring representation across urban and rural settings (PMC 2023; Amnesty International 2014). Key informant interviews with healthcare providers were

planned but were ultimately hindered by legal fears, limiting participation.

Data Collection

Data were gathered through focus group discussions (FGDs) to explore individual and collective narratives. Questionnaire guides addressed themes such as fear of disclosure, experiences of discrimination, and barriers to HIV/AIDS services (Wilson Center 2024; UNAIDS 2023). Key Informant Interviews with healthcare providers examined institutional challenges such as conflicting legal obligations and patient confidentiality breaches. This was in line with the findings from the study by Amnesty International (2014) and Stangl et al. (2019), who indicated that in countries with existing criminalisation laws which target same-sex relationships and those who are seen to be providing services to them, healthcare workers will be likely to refuse to be associated with any work which will support sexual minorities because of fear of being prosecuted.

Data Analysis

Thematic analysis was conducted using NVivo software to code the transcripts and identify patterns (PMC, 2023). The codes were categorised into themes such as legal barriers, social barriers, healthcare system challenges, and mental health impact.

Ethical Considerations

Ethical approval was obtained from the university’s review board. Participants provided informed consent with assurances of anonymity given the risks of retaliation (Amnesty International, 2014). The collected data were stored securely, and referrals to safe healthcare providers were offered to participants disclosing urgent medical needs (PMC 2023). Community-based participatory research (CBPR) principles ensure that the study prioritises participant safety and agency (PMC, 2023). This methodology balances academic rigor with sensitivity to the politicised context, aiming to illuminate how the AHA entrenches health disparities while centring on the voices of those most affected.

Limitation of the Study

While attempts were made to interview healthcare workers, all those who were purposively selected declined to participate in the study due to the fear of being arrested and convicted in line with the Anti-Homosexuality Act.

Results

The findings of this study reveal the far-reaching implications of Uganda’s Anti-Homosexuality Act (AHA) on healthcare access for LGBTQI+ communities. Legislation has created a hostile environment that discourages individuals from seeking essential health services, particularly HIV testing, treatment, and prevention. Evidence indicates that criminalising same-sex relationships exacerbates public health challenges by driving vulnerable populations underground and away from the healthcare systems. For instance, countries with similar laws have reported significantly higher HIV prevalence rates among key populations than in non-criminal settings (UNAIDS, 2024; PMC, 2024).

This trend is evident in Uganda, where fear of legal repercussions has led to reduced attendance at clinics and a decline in HIV research participation (PMC 2024). The AHA has also resulted in widespread human rights violations that hinder access to health care. Reports document an increase in arbitrary arrests, violence, evictions, and forced HIV testing among LGBTQI+ individuals (Amnesty International, 2014; Alta Advisory, 2024). Table 1 below highlights some of the themes which were identified during data analysis

Table 1: Key Themes from data analysis

Theme	Sub-themes
Legal Barriers	Criminalisation and Legal protection
	Discriminative Policies
Social Barriers	Stigma
	Discrimination
	Cultural values and Practices
Healthcare System Challenges	Limited Access
	Provider attitude
	Inadequate KP responsive Services
Mental Health Impact	Increased Substance abuse
	Depression and Anxiety alongside suicidal thoughts

Legal and Policy Barriers

The Anti-Homosexuality Act (AHA) of 2023 in Uganda has severe implications for legal barriers and discriminatory policies against LGBTQ+ individuals. The law introduces life sentences for acts of homosexuality and the death penalty for “aggravated homosexuality”, while also prohibiting the promotion of homosexuality and imposing a duty to report individuals for the “offense” of homosexuality (FIGO, 2024). This legislation has led to increased arrests, violence, and evictions of LGBTQ+ people and their associates, with 55 arrests, three death penalty cases, and 254 evictions documented since its enactment (Amnesty International, 2024). The AHA has exacerbated existing legal barriers by criminalising consensual same-sex relationships and creating an environment of fear and persecution for LGBTQ+ individuals and organisations working to support them.

The impact of the AHA extends beyond direct criminalisation, fostering discriminatory policies, and poor legal protection for LGBTQ+ individuals. The law’s broad provisions allow for the targeting of individuals who openly identify as LGBTQ+ and prohibit the promotion, advocacy, and funding of LGBTQ+-related activities (HHR Journal 2024). This has led to limited access to healthcare, education, and employment for sexual and gender minorities as well as increased social stigmatisation and harassment (FIGO, 2024). The AHA has also had a chilling effect on civil society organisations and human rights defenders, impeding their ability to challenge the law and advocate for LGBTQ+ rights (Amnesty International, 2014). The legislation’s far-reaching consequences have not only violated the human rights of LGBTQ+ persons in Uganda but have also risked encouraging similar regressive laws in

other Africans. Niger, Tanzania, Kenya, and Indonesia have been discussing the possibility of strengthening their anti-homosexual acts.

Social Barriers

Social barriers such as stigma, discrimination, cultural values, and practices have a profound impact on LGBTQIA+ individuals in Uganda, particularly in the context of healthcare access and overall well-being. Stigma and discrimination create a harmful state of fear and stress for LGBTQI persons, legitimising their unequal treatment and erecting multiple barriers to health services and systems of support (Meyer, 2016). This persecutive climate has negative effects on the physical and mental health of LGBTQIA+ Ugandans. For instance, at least 39% of key populations reported experiencing discrimination due to their sexual orientation at health facilities, while 28% had heard another key population member complaining of stigma (Mugisha, 2024). The pervasive nature of this discrimination not only affects individuals but also undermines public health campaigns, most notably the HIV response, by discouraging health-seeking behaviours due to fear of punishment and marginalisation.

Cultural practices and societal norms exacerbate the challenges faced by LGBTQIA+ people in Uganda. The intersection of homophobia, colonialism, capitalism, and religion has facilitated the criminalisation and persecution of LGBTQIA+ persons (Morais and Hansia, 2023). This has led to a climate in which 96% of the Ugandan population believes that homosexuality should not be accepted by society (Adamcsyk, 2017). Such widespread negative attitudes, combined with criminalisation, have created an environment of fear and social isolation. The impact extends beyond individual experiences and affects family relationships, employment opportunities, and access to education. These social barriers not only hinder the personal development and well-being of LGBTQIA+ persons but also contribute to broader societal issues, including public health challenges and human rights violations.

Healthcare System Challenges

The Anti-Homosexuality Act (AHA) in Uganda has severely compromised healthcare access for LGBTQ+ persons, exacerbating systemic barriers. The law mandates that healthcare providers report LGBTQ+ persons to authorities, fostering a widespread fear of arrest and discrimination (Bosire, 2023). This has led to the avoidance of essential services, including HIV testing and treatment, with attendance at LGBTQI+ persons -focused on centres from 40 to two weekly clients post-enactment (AVAC, 2024). Provider attitudes further compounded these challenges, as many health workers lack training to serve MSM (men who have sex with men) and express homophobic biases, viewing same-sex relationships as “imported” cultural practices (PMC, 2019). Stigmatisation in healthcare settings has deterred 39% of KP from seeking care, while 28% reported witnessing discrimination (Mugisha, 2024). Additionally, donor funding for LGBTQI+ persons services has declined owing to operational risks under the

AHA, undermining Uganda’s HIV response and advocacy work which relies heavily on external support (PMC, 2024).

Inadequate KP services are exacerbated by legal restrictions and institutionalised discrimination. The AHA criminalises organisations providing LGBTQI+-inclusive healthcare, forcing clinic closures and halting research on HIV prevention for MSM (HRC, 2015; CSIS, 2024). Health workers face ethical dilemmas, as confidentiality breaches are now legally enforced, conflicting with medical oaths to “do no harm” (PMC, 2024). Weak inter-sectoral coordination and underfunded HIV prevention programs further limit service delivery, with only 15% of domestic health expenditures (UAC Shadow Report, 2023). These barriers have reversed progress toward Uganda’s 95-95-95 HIV targets, as criminalisation correlates with fivefold higher HIV prevalence in comparable settings (PMC, 2024). Despite constitutional protection against discrimination, the AHA perpetuates stigma, driving LGBTQ+ persons underground and increasing HIV transmission risks (Amnesty International, 2010; CSIS, 2024).

Mental Health Impact

The Uganda Anti-Homosexuality Act (AHA) 2023 has significantly exacerbated mental health challenges among LGBTQ+ persons through institutionalised stigma and systemic discrimination. Criminalisation under the AHA has created a climate of fear, driving elevated rates of depression, anxiety, and suicidal ideation. Chronic stress from social isolation and persecution has been linked to a 54% prevalence of post-traumatic stress disorder (PTSD) in conflict-affected regions, with LGBTQ+ populations being disproportionately affected by state-sanctioned homophobia (Dwanyen et al., 2024; ISS Africa, 2024). Healthcare avoidance is widespread, with 39% of LGBTQI+ individuals reporting discrimination at medical facilities and worsening untreated mental health conditions (Mugisha, 2024). The law’s provisions for forced “rehabilitation” further traumatise individuals, reinforcing harmful conversion practices that lack scientific validity and violate ethical healthcare standards (The Conversation, 2023; FIGO, 2023).

Substance abuse has emerged as a coping mechanism for deteriorating mental health support systems. Uganda allocates only 1% of its healthcare budget to mental health services, leaving LGBTQ+ individuals with limited access to counselling and psychiatric care (Molodynski et al., 2017). The AHA’s criminalisation of advocacy has paralysed civil society organisations that previously provided psychosocial support and compounded vulnerabilities (HRW, 2024). Online harassment and doxing under the AHA have intensified social isolation, with 96% of Ugandans rejecting LGBTQ+ identities and deepening their feelings of alienation (Adamcsyk 2017; Amnesty International 2024). These systemic failures contravene Uganda’s National Mental Health Action Plan (2019), which prioritises inclusive care but remains underfunded and unimplemented for marginalised groups (Dwanyen et al., 2024).

Discussion

Policy Barriers

The implementation of Uganda's Anti-Homosexuality Act (AHA) 2023 exacerbated policy barriers by institutionalising systemic discrimination. The law criminalises consensual same-sex relationships with life imprisonment and imposes a duty to report suspected LGBTIQ+ individuals, leading to 55 arrests and 254 evictions within months of enactment (Amnesty International, 2024). Healthcare providers face legal coercion to breach confidentiality, violate medical ethics, and deter LGBTIQ+ individuals from seeking care (Bosire 2023). These policies have paralysed civil society organisations, with funding cuts for HIV programs due to operational risks (PMC, 2024), undermining Uganda's progress toward 95-95-95 HIV targets (UNAIDS, 2023).

Social Barriers

Social manifestation through heightened stigma and cultural persecution. Over 96% of Ugandans oppose societal acceptance of homosexuality (Adamczyk, 2017), fostering environments in which LGBTIQ+ persons face mob violence, witch hunts, and forced evictions (Human Dignity Trust, 2024). Transgender individuals endure unique vulnerabilities, including placement in gender-incongruent detention facilities and denial of identity documentation (Morais & Hansia, 2023). The AHA's criminalisation of advocacy has silenced LGBTIQ+ support networks, leaving victims of sexual violence unwilling to report crimes for fear of arrest (Human Dignity Trust 2024).

Healthcare System Challenges

Healthcare system challenges include the collapse of trust in medical services. Attendance at key population (KP) clinics dropped from 40 to 2 weekly clients post-AHA (AVAC, 2024), driven by mandatory reporting requirements and provider hostility (PMC, 2019). Four HIV drop-in centres closed temporarily because of safety concerns, while health workers avoided community outreach to evade prosecution (IAS, 2023). The law's prohibition on "promoting homosexuality" has halted research on LGBTIQ+-inclusive care, weakening Uganda's HIV response (PMC, 2024). Only 15% of health funding originates domestically, leaving services dependent on withdrawn international support (UAC Shadow Report 2023). Mental Health Impact.

Mental health impacts are catastrophic, with LGBTIQ+ persons facing fivefold higher rates of depression and anxiety than the general population (ISS Africa, 2024). Mandated "rehabilitation" programs under Section 15 of the AHA expose victims to traumatic conversion practices (FIGO, 2023), while 80% of Ugandan youths resort to substance abuse as a coping mechanism (APA, 2024). Suicide attempts among LGBTIQ+ adolescents have surged because of familial rejection and academic exclusion (PMC, 2024). Mental health services remain inaccessible, with only 1% of Uganda's health budget allocated to psychiatric care (Molodynski et al., 2017), leaving 95% of untreated LGBTIQ+ trauma cases (Strategic Response Team, 2023).

Intersectional vulnerability intensifies these effects. Transmen face state-sanctioned rape in detention (Morais & Hansia, 2023), while lesbians experience corrective sexual violence at twice the rate of other groups (ORAM, 2024). Bisexual individuals confront dual stigmatisation from heterosexual and LGBTIQ+ communities, worsening social isolation (Human Dignity Trust, 2024). The law's broad definition of "aggravated homosexuality" disproportionately impacts LGBTIQ+ persons with disabilities, with death penalty cases involving intellectually disabled defendants (Human Dignity Trust, 2024).

These multilayered crises demonstrate the AHA's erosion of Uganda's public health infrastructure and human rights frameworks. Constitutional Court rulings striking HIV criminalisation provisions (Human Dignity Trust, 2024) offer limited relief, as the enforcement of the remaining clauses continues to displace vulnerable populations. Without urgent legal reform and international pressure, Uganda risks reversing decades of HIV progress and normalising the state-sponsored persecution of sexual minorities.

Recommendations

Recommendations for Future Practice

Strengthen Healthcare Worker Training

Healthcare workers in Uganda should undergo comprehensive sensitivity and inclusivity training to improve the quality of care provided to LGBTIQ+ persons. Programs such as MARPI-led initiatives, which focus on culturally responsive HIV and sexual healthcare, should be expanded and institutionalised (PMC, 2021). Training should include modules on stigma reduction, patient confidentiality, and addressing implicit bias to ensure that LGBTIQ+ persons have safe access to healthcare services. Additionally, integrating such training into medical and nursing curricula would ensure long-term sustainability (PMC 2021; UNAIDS 2023).

Enhance Community-Based Healthcare Models

Expanding community-based healthcare delivery systems can reduce barriers to access for LGBTIQ+ persons. Approaches such as telehealth services, home delivery of antiretroviral therapy (ART), peer-led interventions, and DIC MODEL have shown promise in maintaining service continuity in restrictive legal environments (AIDSmap, 2023). These models should be implemented with a focus on using digital platforms and mobile clinics to reach remote or marginalised communities while ensuring client safety and confidentiality (AIDSmap, 2023; PMC, 2024).

Advocate for Legal Reforms

Healthcare practitioners and organisations must collaborate with local and international advocacy groups to promote the decriminalisation of homosexuality in Uganda. Legal reforms are essential to dismantle the systemic barriers that prevent LGBTIQ+ persons from accessing healthcare services without fear of reprisal (UNAIDS, 2023; CSIS, 2024). Advocacy efforts should also focus on ensuring that health care policies explicitly prohibit discrimination against LGBTIQ+ persons.

Recommendations for Future Research

Investigate Long-Term Health Impacts

Further research is needed to understand the long-term health implications of the Anti-Homosexuality Act for LGBTQI+ persons in Uganda. Studies should focus on how the law affects health outcomes such as HIV prevalence, mental health conditions, and access to preventive care over time (PMC 2024). Longitudinal studies would provide critical data for policy changes and healthcare interventions.

Evaluate Effectiveness of Alternative Care Models

Future research should evaluate the effectiveness of alternative care delivery models such as telehealth and peer-led interventions to improve healthcare access for LGBTQI+ persons under restrictive legal frameworks. For example, studies could assess how these models influence ART adherence, HIV prevention (for example, PrEP), and overall health-seeking behaviour (AIDSmap, 2023; PMC, 2021). Such research would help refine the best practices for delivering care in criminal contexts.

Explore Intersectional Barriers

Research should explore how intersectional factors, such as gender identity, socioeconomic status, and rural versus urban residency compound barriers to healthcare access for LGBTQI+ persons. Understanding these dynamics can help tailor interventions to effectively meet the diverse needs of this population (PMC, 2021; Alta Advisory, 2024).

By implementing these recommendations in practice and research, stakeholders can work towards mitigating the adverse effects of Uganda's Anti-Homosexuality Act while promoting equitable access to healthcare services for LGBTQI+ communities

Conclusion

The Anti-Homosexuality Act (AHA) 2023 in Uganda has far-reaching and devastating consequences across multiple domains. Policy barriers have been entrenched through the criminalisation of same-sex relationships, with life imprisonment for consensual acts and the death penalty for "aggravated homosexuality" (Human Rights Watch, 2024). This has led to widespread arrests, evictions, and the silencing of civil society organisations that support LGBTQI+ rights. Social barriers have intensified, with 96% of Ugandans opposing societal acceptance of homosexuality, resulting in increased violence, discrimination, and social isolation among LGBTQ+ individuals (ISS Africa, 2024). Healthcare system challenges have become acute, with attendance at key population clinics plummeting from 40 to 2 weekly clients after AHA implementation (IAS, 2024). The legal requirement for healthcare providers to report LGBTQ+ patients has eroded trust in medical services and severely compromised Uganda's HIV response (PMC, 2024).

The mental health impact of the AHA has been catastrophic, with LGBTQ+ individuals facing significantly higher rates of depression, anxiety, and suicidal ideation than the general population (ISS Africa, 2024). The law's provisions for forced

"rehabilitation" have exposed victims to traumatic conversion practices, while inadequate mental health services with only 1% of Uganda's health budget allocated to psychiatric care have left the vast majority of untreated LGBTQ + trauma cases (Strategic Response Team, 2023). The intersectional vulnerabilities created by the AHA have disproportionately affected marginalised groups within the LGBTQ+ community, including disabled individuals and those facing multiple forms of discrimination (Human Rights Watch 2024). As Uganda's Constitutional Court upheld most provisions of the AHA, including the death penalty in certain circumstances, the outlook for LGBTQI+ rights and public health in the country remains grim, with potential ripple effects across the region (Human Rights Watch 2024).

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