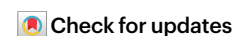


# Cultural competence must not leave anyone behind



**C**ultural competence is a comprehensive understanding of cultural norms. In academic research, it refers to expanding one's horizons by learning more about the context, history, culture, beliefs, and socio-economic and political realities of the studied individuals<sup>1</sup>. In health research, cultural competence may help to prevent inequalities in access to health services<sup>1</sup>. However, cultural competence must be more than just understanding dominant cultural norms. For it to contribute to more equitable health research, cultural competence must also include an understanding of internal cultural variation and minoritized groups. For example, LGBTQ+ people are 'invisibilized' in some societies in Africa in terms of dominant cultural norms, but recognizing their identities would lead to better, more-equitable health research.

As recently as 2023, 32 countries in Africa criminalized homosexuality, and four punished same-sex consensual sexual activity with the death penalty. Although the legacies of colonialism and the prominence of certain religions in the region have a role in anti-LGBTQ+ sentiment, another plausible contributor is tension between characteristically African values and individual differences<sup>2</sup>. For instance, a view of the individual–community relation captured in the maxim that 'the community is before the individual' can pressure individuals to suppress sexual orientations that conflict with communal perceptions of acceptable practices<sup>2</sup>. Those who do not comply may be perceived as cultural traitors, social misfits or sexual predators.

Governments and communities have an important role in the erasure of LGBTQ+ health issues in research agendas in Africa<sup>2,3</sup>. LGBTQ+ individuals are routinely silenced and punished by social sanctions, stigma, human rights violations and legal codes, which exacerbate health injustices. Some harmful practices include 'corrective rape', torture, denial of services, and physical and psychological violence by the public, health professionals and police officers<sup>2,4,5</sup>. In Ghana, for example, LGBTQ+ youth had a higher prevalence of self-harm and higher alcohol and substance



use rates than heterosexual youth<sup>4</sup>; and in Nigeria, a lack of family protection to LGBTQ+ persons is associated with negative psychosocial outcomes such as anxiety, and suicidal thoughts and attempts<sup>6</sup>. Additionally, as the Global Fund, UNAIDS and PEPFAR have stated, anti-homosexuality legislation – as is the case in Uganda – could negatively affect the country's HIV response, as well as other aspects of health (such as mental health). Stigma and discrimination are documented barriers to access to treatment and prevention services among LGBTQ+ persons in Uganda, and an earlier Tanzanian ban on the distribution of lubricant (an important HIV prevention tool) negatively affected vulnerable communities.

Even in the face of discrimination, individuals may and do still value their cultural identities, finding ways to combine their cultural identity with their gender and/or sexual orientation. This illustrates how dominant cultural norms can be interpreted in multiple ways within communities, and how varied cultural identities can emerge.

Given these challenges, it is crucial to find strategies to make LGBTQ+ persons visible in health research. As intracultural differences and variations in dominant cultural norms may remain invisible even as researchers develop

the cultural humility and self-awareness required for cultural competence, more is needed to ensure and sustain awareness of intracultural differences. This is especially so as such differences may be actively obscured by formal structures such as governments as well as informal structures such as families.

When the identities of LGBTQ+ individuals are invisible, identifying how and what practices affect their health becomes difficult. Researchers must therefore develop mechanisms for accessing the voices of all relevant individuals in the community. These mechanisms should involve a human rights framework that limits outcomes involving homophobic violence (such as the criminalization of LGBTQ+ people and prohibition of their freedom of expression and assembly), in combination with communal practices that are familiar to and recognized by the relevant subjects as important for the legitimacy of communal decisions (such as *baraza*, *indaba* and *imbizo* in the case in some parts of Africa). *Baraza*, *indaba* and *imbizo* are African dialoguing institutions that are designed to unmute the voices of different sections of communities and are often used in problem-solving, conflict resolution and peacebuilding. These institutions are grounded on the humanistic

values of community development, social cohesion and healing<sup>7</sup>.

Researchers should implement these strategies with cultural humility and an openness to understanding that LGBTQ+ individuals may have complex cultural identities. A robust and nuanced cultural competence requires researchers to cultivate a sustained curiosity and appreciation of cultural systems, intra-cultural variations and their expressions in a range of sexual and gender orientations<sup>5</sup>. We do recognize that researchers may also face risks if seen to be working against a country's dominant practices, such as having their research sites disrupted or being arbitrarily arrested<sup>8</sup>. Nevertheless, our recommendations pertain to the kinds of attitudes and opportunities that researchers cultivate, where these can inform adopting research methodologies that enable the discovery and comprehension of heterogeneity in communities<sup>9</sup>.

To conclude, fostering cultural competence may help to avoid the imposition of bias from researchers' own cultures. Nonetheless, this does not prevent taking cultures as

homogenous wholes and thereby neglecting internal – often silenced – voices, which can affect the health outcomes and well-being of those in great need. As researchers expand their cultural horizons, they should seek and understand different viewpoints within their communities of study and enhance mechanisms for communication to ensure equitable health access for the most vulnerable members of these communities.

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## Competing interests

The authors declare no competing interests.