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"They May Hide and Avoid Coming to the Clinic": Healthcare Providers' Perspectives on Ghana's Human Sexual Rights and Family Values Bill and Its Implications for Health Policy and HIV Service Delivery

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Abstract

Ghana's Parliament passed an amended version of the Human Sexual Rights and Family Values Bill in 2026, expanding legal restrictions on LGBTQ identities, relationships, advocacy, and support. While concerns have been raised about the legislation's implications for healthcare access and HIV service delivery, little is known about how healthcare providers (HPs) understand the Bill or perceive its implications for healthcare delivery. This qualitative study explored HPs' understanding of the Bill and its implications for healthcare access, HIV service utilization, and healthcare delivery. In-depth interviews were conducted with 20 HPs from public and private healthcare facilities in the Greater Accra Metropolitan Area, Ghana. Interviews were audio-recorded, transcribed verbatim, and analysed using inductive thematic analysis. Four interrelated themes emerged. Participants generally understood the Bill through public discourse, relying primarily on social media, news reports, religious institutions, and community discussions. They emphasized that healthcare should remain accessible regardless of an individual's sexual orientation, gender identity, or legal status, framing care as a professional responsibility and fundamental right. Participants also anticipated that criminalization could discourage LGBTQ persons from accessing HIV- and STI-related services by increasing fears of exposure, discrimination, and legal repercussions. Finally, they expressed uncertainty about whether providing healthcare, referrals, counselling, or support to LGBTQ persons could expose them to legal consequences. These findings suggest that the Human Sexual Rights and Family Values Bill has implications beyond the regulation of LGBTQ identities, extending to healthcare delivery, HIV service utilization, and health system functioning. The study highlights the importance of considering the health system consequences of major legislative reforms and providing healthcare workers with clear implementation guidance when policies have implications for healthcare delivery.

Key Message

1. Many healthcare providers had not read Ghana Human Sexual Rights and Family Values Bill and instead relied on public discourse to understand its contents, highlighting the importance of effective policy communication and stakeholder engagement during the development and implementation of major legislative reforms.

Introduction

In May 2026, Ghana's Parliament passed an amended version of the Human Sexual Rights and Family Values Bill 2025, a landmark piece of legislation that seeks to further criminalize LGBTQ identities, relationships, advocacy, and support within the country. [1], [2] The passage of the bill follows recent legislative developments in Uganda and Senegal, positioning Ghana among a growing number of African countries that have enacted or strengthened legal restrictions targeting sexual and gender minorities and LGBTQ advocacy.[3], [4], [5] Although introduced as criminal legislation, the bill also represents an important health policy development because it has the potential to shape the legal, institutional, and social environments within which healthcare is delivered. As a result, public health practitioners, human

rights organizations, and international agencies have intensified their concerns regarding the potential consequences of criminalization for health, healthcare access, HIV service delivery, and the functioning of health systems.[3], [4], [5], [6], [7], [8]

Ghana's amended Bill extends beyond the criminalization of same-sex sexual relationships to include penalties for the promotion, advocacy, funding, and support of LGBTQ activities.[2] Under the legislation, same-sex sexual conduct and gender reassignment procedures are punishable by fines and imprisonment of up to three years, while offenses related to the promotion, advocacy, sponsorship, funding, or organizational support of LGBTQ activities carry prison sentences ranging from three to ten years.[2] The Bill also places obligations on individuals to report suspected violations, generating significant debate regarding their implications for civil liberties, freedom of expression, and access to essential services.[2] These provisions extend the potential influence of the Bill beyond criminal law into areas that may affect healthcare practice, public health programmes, civil society engagement, and the delivery of services for populations disproportionately affected by HIV.

Moreover, the Bill emerges within a broader social context characterized by pervasive stigma and discrimination against LGBTQ persons in Ghana. Public hostility, harassment, family rejection, housing insecurity, blackmail, arrests, violence, and barriers to healthcare among sexual and gender minorities have been well-documented.[9], [10], [11], [12], [13], [14], [15], [16], [17], [18], [19], [20], [21] These concerns are important in the context of HIV prevention and treatment especially across sub-Saharan Africa where LGBTQ populations experience a disproportionate burden of HIV and face substantial barriers to accessing healthcare services.[22], [23] For instance, in Ghana, HIV prevalence among gay, bisexual, and other men who have sex with men (GBMSM) is estimated at approximately 18%, substantially higher than the national adult prevalence of 1.7%.[24], [25] Such disparities have raised concerns that expanded criminalization may further exacerbate existing vulnerabilities and deepen barriers to healthcare access, HIV service utilization, and social support.[6]

Health policies and legal environments are well-recognized as structural determinants of health because they shape the conditions under which people seek, access, and receive healthcare.[26] Criminalization is one example of such a structural determinant of health, operating through pathways that reinforce stigma, legitimize discrimination, increase fear of disclosure, and discourage engagement with healthcare and HIV-related services.[27], [28], [29], [30] Across multiple settings, restrictive legal environments have been associated with reduced uptake of HIV testing, delayed treatment seeking, lower retention in HIV care, poorer mental health outcomes, and increased vulnerability to violence among sexual and gender minorities.[11], [19], [29], [30], [31], [32], [33], [34] Criminalization may also undermine public health efforts by driving communities underground, reducing trust in healthcare institutions, and limiting access to HIV prevention services, including condoms, lubricants, pre-exposure prophylaxis (PrEP), and community-based outreach programs.[35], [36], [37], [38] In Ghana, where same-sex sexual relations are already criminalized, many LGBTQ persons report avoiding law enforcement and, in some cases, healthcare settings even when they experience harassment, assault, or blackmail due to fears of further victimization, exposure, discrimination, or legal repercussions. [9], [10], [11], [12], [13],

[14], [15], [16], [17], [18], [19], [20], [21], [39] These findings suggest that the effects of criminalization extend beyond formal legal sanctions and may influence healthcare utilization, patient-provider interactions, and broader health system functioning.

In such restrictive environments, supportive individuals and institutions play a critical role in mitigating the health consequences of stigma and criminalization.[21], [40], [41], [42], [43] Access to affirming social networks, community organizations, and non-judgmental healthcare services has been associated with improved healthcare utilization, HIV prevention uptake, treatment adherence, and overall well-being among sexual and gender minorities.[16], [18], [44], [45] Among these supportive actors, healthcare providers (HPs) occupy a particularly important position. As frontline providers of the HIV prevention and care continuum, HPs often serve as gatekeepers to healthcare access and are instrumental in shaping patients' experiences within health systems.[18], [40], [44], [45], [46] Their attitudes, knowledge, and clinical practices can either facilitate engagement in care or reinforce barriers to service utilization.[18], [40], [44], [45], [46], [47] In contexts where criminalization and social stigma persist, HPs may also find themselves navigating tensions between professional obligations, personal beliefs, institutional policies, and legal requirements.[48]

Despite growing concern regarding the health implications of Ghana's Human Sexual Rights and Family Values Bill, existing scholarship has primarily focused on its constitutional validity, human rights implications, and potential psychological and societal consequences.[6], [7], [8] Empirical evidence examining how frontline healthcare providers understand the legislation and perceive its implications for healthcare delivery remains scarce. This represents an important policy and implementation gap because the effects of legislation on health systems depend not only on the content of the law itself but also on how it is interpreted by those responsible for delivering healthcare. Understanding healthcare providers' perspectives is therefore critical for anticipating how the Bill may influence healthcare access, HIV service utilization, and the delivery of services for key populations. This study explored healthcare providers' understanding of Ghana's Human Sexual Rights and Family Values Bill and examined their perceptions of its implications for healthcare access, HIV service utilization, and healthcare delivery for sexual and gender minority populations.

Methods

Study Design

We draw on qualitative data from a larger formative study that explored healthcare provider cultural competence and HIV health-seeking behaviors among transgender women in the Greater Accra Metropolitan Area (GAMA) of Ghana, with a particular focus on urban slum communities.[16], [19] The present analysis specifically examines healthcare workers’ perceptions of LGBTQ rights, criminalization, and the proposed Human Sexual Rights and Family Values bill in Ghana. A qualitative descriptive design using semi-structured in-depth interviews was employed to explore HPs’ perspectives, experiences, and attitudes regarding LGBTQ persons and healthcare delivery. This approach was considered appropriate

given the sensitive and socially contested nature of LGBTQ issues within the Ghanaian sociocultural context.

Study Setting

This study was conducted in the Greater Accra Metropolitan Area (GAMA) of Ghana, particularly in healthcare facilities serving urban slum communities such as Ashaiman Mamprobi, Adabraka, Jamestown. GAMA is a densely populated urban region with several informal settlements characterized by poverty, overcrowding, and limited access to healthcare services. HPs were recruited from government polyclinics, private clinics, and a tertiary teaching hospital. Data collection occurred during a period of heightened national debate surrounding LGBTQ rights and the proposed anti-LGBTQ bill in Ghana, which shaped public and healthcare-related discussions around criminalization, stigma, and healthcare access.

Participant Recruitment and Sampling

A total of 20 HPs participated in this study. Eligible participants included nurses, midwives, laboratory personnel, counsellors, and physicians who had direct patient contact and had worked at their respective facilities for at least six months.

Purposive and snowball sampling techniques were used to recruit participants from both HIV-specialized units (e.g., ART, STI, and counselling units) and general clinical departments to capture a range of perspectives and experiences related to LGBTQ issues and healthcare delivery. Recruitment continued until thematic saturation was reached, defined as the point at which no new themes or insights emerged from subsequent interviews.

Data Collection

Semi-structured in-depth interviews were conducted between May and June 2023 by trained research assistants experienced in qualitative research and working with key populations. Interviews were conducted in English or Twi in private locations within health facilities or at locations convenient to participants. Each interview lasted approximately 30–45 minutes.

The interview guide explored HPs' perceptions of LGBTQ persons, awareness and views of the proposed anti-LGBTQ bill, professional and religious beliefs, experiences providing care to key populations, stigma and discrimination, and perceived implications of criminalization for healthcare delivery. All interviews were audio-recorded with participant consent, transcribed verbatim, translated into English where necessary, and de-identified using unique participant codes. Field notes were also maintained to capture contextual observations during data collection.

Data Analysis

We employed an inductive thematic analysis approach to examine HPs' perspectives on LGBTQ rights, criminalization, and healthcare delivery. The coding process was conducted by two members of the research team under the supervision of the principal investigator/lead analyst. To establish consistency in coding, the coders initially reviewed and coded the first five transcripts together, allowing the team to identify recurring concepts, refine code definitions, and develop a preliminary coding framework consisting of parent codes and subcodes. By the fifth transcript, no substantially new codes were emerging, suggesting codebook stability.

Following development of the initial codebook, the remaining transcripts were divided between the coders for independent coding. The coding framework remained flexible throughout the process, allowing new codes or refinements to be incorporated when necessary. Regular meetings were held with the lead analyst to review coding decisions, clarify interpretations, discuss emerging patterns, and resolve discrepancies through consensus. Upon completion of coding, all coded transcripts were consolidated into a master coding framework containing code definitions, coded excerpts, and representative quotations.

The broader research team subsequently reviewed the coded data to identify patterns and relationships across participants and to develop preliminary thematic categories. Through iterative discussions and comparison across transcripts, themes were refined, merged, or separated to ensure conceptual clarity and alignment with the study objectives. For this manuscript, the analysis specifically focused on themes related to HPs' perceptions of the proposed anti-LGBTQ bill, criminalization, healthcare ethics, stigma, and implications for healthcare access and delivery. Final themes and illustrative quotations were reviewed collaboratively by the analytic team to ensure consistency, interpretive rigor, and alignment with the coded data.

Ethical Considerations

The study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki and all applicable institutional and national research ethics guidelines. Ethical approval for the study was obtained from the Research Subjects Review Board (RSRB) at the authors' institute (redacted) and the Ghana Health Service Ethics Review Committee (redacted). Written informed consent was obtained from all participants prior to data collection. Interviews were conducted in private settings to ensure confidentiality and participant comfort. All audio recordings and transcripts were de-identified and stored securely in password-protected files accessible only to approved members of the research team. Given the sensitivity of discussions surrounding LGBTQ issues and criminalization in Ghana, additional measures were taken to protect participant privacy and minimize potential social or professional risks associated with participation.

Results

Participant Characteristics

Twenty (20) healthcare providers participated in the study (Table 1). Participants included nurses, midwives, laboratory personnel, a counsellor, and a physician, reflecting a broad range of clinical and support roles involved in HIV prevention and care delivery. Nurses constituted the majority of the sample (n = 14, 70.0%), while midwives and laboratory personnel each accounted for 10.0% of participants. One counsellor and one physician were also included.

Participants were drawn from both HIV-focused and general healthcare departments, including ART/HIV clinics, STI and counselling units, outpatient departments, laboratory services, maternity units, general medical departments, and reception or entry points. Most participants worked in public or government health facilities (n = 12, 60.0%), while others were employed in private facilities (n = 5, 25.0%) or across both sectors (n = 3, 15.0%).

HPs had between 2 and 16 years of professional experience, with an average of 7.8 years (SD = 4.2). Most participants (n = 18, 90.0%) reported prior exposure to LGBTQ+-related or stigma-reduction training. These trainings were predominantly obtained through in-service workshops, facility-based trainings, or externally supported programs. To maintain participant confidentiality and minimize deductive disclosure, facility names and participant-specific identifiers are not reported.

Table 1
Participant Characteristics

Characteristic	Category	N	%
Sex	Female	17	85.0
	Male	3	15.0
Professional role	Nurse	14	70.0
	Midwife	2	10.0
	Laboratory personnel	2	10.0
	Counselor	1	5.0
	Physician	1	5.0
Department	ART/HIV unit	7	35.0
	STI/counseling unit	3	15.0
	Laboratory services	2	10.0
	Outpatient department	2	10.0
	Maternity	1	5.0
	General medical	1	5.0
	Entry/reception	1	5.0
	Not specified	2	10.0
Facility sector	Public/government	12	60.0
	Private	5	25.0
	Both public and private	3	15.0
Years of experience	Mean (SD)	7.8 (4.2)	
	Range	2–16	
LGBTQ+/stigma-reduction training	Received any training	18	90.0
	in-service/workshop	17	85.0
	formal schooling	1	5.0
	No training reported	2	10.0

Overview of Thematic Findings

Four interrelated themes emerged reflecting HPs' perceptions of Ghana's proposed anti-LGBTQ legislation and its implications for healthcare delivery. First, participants described limited direct

engagement with the bill itself, relying primarily on social media, news reports, and public discussions to understand its contents. Consequently, some participants appeared to misunderstand the purpose and scope of the legislation, often interpreting it as a debate about the legalization or acceptance of LGBTQ identities and relationships in Ghana. Second, participants emphasized that access to healthcare should be maintained regardless of an individual's sexual orientation, gender identity, or legal status, framing healthcare as a fundamental entitlement. Third, HPs expressed concerns that criminalization could increase stigma and discourage LGBTQ persons from seeking HIV- and STI-related services, with potential consequences for health outcomes and service utilization. Finally, participants described uncertainty regarding how the legislation might affect their professional responsibilities, particularly whether providing care, support, or referrals to LGBTQ persons could expose healthcare workers to legal consequences or conflict with their professional obligations.

Table 2
Overview of thematic findings

Theme	Summary of Findings
Theme 1: Public Discourse Shaped Providers' Understanding of the Anti-LGBTQ Bill	Participants were generally aware of the proposed anti-LGBTQ bill but had limited direct knowledge of its contents. Information was primarily obtained through social media, news reports, churches, and public discussions. Some participants appeared to conflate the bill with broader debates about LGBTQ rights, social acceptance, and legalization.
Theme 2: Healthcare Access Was Viewed as a Minimum Entitlement Regardless of Legal Status	Participants frequently distinguished legal debates about LGBTQ identities from healthcare provision. Healthcare was viewed as a basic entitlement, and many participants emphasized that individuals should continue to receive care regardless of their sexual orientation, gender identity, or legal status.
Theme 3: Criminalization Was Perceived to Discourage HIV/STI Service Utilization	Participants expressed concerns that criminalization could discourage LGBTQ persons from seeking HIV- and STI-related services. Fear of discrimination, legal consequences, and social stigma were perceived as potential barriers to testing, treatment, and engagement in care.
Theme 4: Criminalization Created Uncertainty About Providers' Legal and Professional Responsibilities	Participants questioned how the proposed legislation might affect healthcare workers. Discussions focused on uncertainty regarding legal liability, the boundaries between healthcare provision and support, and the potential implications of the bill for fulfilling professional obligations.

Public Discourse Shaped Providers' Understanding of the Anti-LGBTQ Bill

Participants were generally aware of the proposed anti-LGBTQ bill and the public debate surrounding it. However, most reported having limited direct knowledge of the bill's specific provisions. Participants described obtaining information through news reports, social media discussions, churches, and broader public discourse. As a result, many participants understood the bill through interpretations provided by others and not through personal review of the legal text.

Several participants openly acknowledged that they had not read the bill and were unfamiliar with its contents. One healthcare provider explained that, *"I've heard about it, but I haven't really read the content myself. I've mostly heard other people interpreting extracts of it, so honestly, I don't really know much about it" (HCW06, Medical Officer)*. Similarly, another participant admitted, *"No, no, I've not read it. I don't know more about it. I can't say I've not heard about it. But I've not taken the pains to sit there and read about it" (HCW11, Nurse).*

News reports, social media discussions, and broader public conversations were frequently cited as participants' primary sources of information about the bill. For many, understanding of the legislation was shaped by hearing others discuss or interpret it and not through direct engagement with the bill itself. One healthcare provider explained, *"I haven't really been privileged to get the content of it. I remember the bill from news discussions and social media as well" (HCW03, Nurse).* Another participant similarly stated, *"This new bill, I have not read it. Social media people are talking about it. If you ask me what it means, I don't know" (HCW08, Nurse).*

Some participants appeared to conflate the proposed anti-LGBTQ bill with broader public debates about LGBTQ rights and social acceptance. These participants discussed the bill in ways that reflected broader questions about whether LGBTQ identities and relationships should be accepted within Ghanaian society. One participant remarked, *"I've heard about the bill. But I keep asking myself, why does it need to be passed? They are already doing what they do and nobody is really minding them. So why do they need a bill?" (HCW01).* Another participant framed the issue in terms of societal acceptance, stating, *"I've heard that Parliament is deliberating on the LGBTQ bill. Our country has not reached the stage of fully embracing such practices, and it is still frowned upon" (HCW03).* Similarly, another participant explained, *"We are all living within a community and according to our cultures. That is why we are waiting for them to bring the bill out so that we can see whether we are supposed to accept it or not accept it" (HCW07).*

Healthcare access was viewed as a minimum entitlement regardless of legal status

Participants frequently distinguished between legal debates surrounding LGBTQ identities and the provision of healthcare services. Across interviews, healthcare was commonly framed as a basic entitlement that should remain available irrespective of an individual's sexual orientation, gender identity, or legal status. Several participants emphasized that access to healthcare should be preserved even if LGBTQ identities remained socially contested or subject to legal restrictions.

Some participants framed healthcare access as a fundamental right that should not be denied on the basis of sexual orientation. One participant explained that, "*As a healthcare worker, I think as per their fundamental human rights, there may be infringement on their rights, which is not fair" (HCW13, Nurse).* Similarly, another participant questioned how criminalization might affect access to healthcare, asking,

Each and every one has the right to medical care, and if they pass the bill, it means they are going to criminalize anybody who engages in it. So how are we going to take care of those people? How will they

come to the hospital? (HCW12, Nurse).

Participants also explicitly separated illness from questions of identity or legality. For many, the need for medical care took precedence over social, moral, or legal judgments. One participant stated that "*The person is sick and needs care. You cannot refuse to give the person medication or treatment because of who they are. At that point, the person needs help" (HCW08, Nurse).* Similarly, another participant emphasized that healthcare should not be withheld on the basis of sexual orientation, noting that "*When it comes to HIV treatment and care, you cannot deny services to someone because of their sexual orientation" (HCW13, Nurse).*

Providers Anticipated That Criminalization Would Reduce HIV/STI Service Utilization

Participants expressed concerns that the proposed anti-LGBTQ bill could discourage LGBTQ persons from accessing healthcare services, particularly HIV- and STI-related services. Across interviews, providers described how fear of criminalization could lead individuals to avoid healthcare facilities, conceal their identities, delay seeking treatment, and disengage from HIV prevention and care services.

A common concern among participants was that criminalization could create fear, encourage concealment and discourage individuals from seeking HIV-related services. One healthcare provider explained that reduced engagement with HIV services was expected to have broader public health consequences, as avoiding testing and treatment could worsen the prevalence of HIV.

"Yes, I think the law could have implications for health-seeking and public health. In my view, HIV is more common among homosexual populations because of the nature of some of the sexual practices involved. So, from a health perspective, I think it could contribute to an increase in HIV prevalence because, if LGBTQ persons fear discrimination or criminalization, they may hide and avoid coming to the clinic for HIV testing or treatment, and that can increase HIV transmission and worsen the prevalence of HIV." (HCW13, Nurse)

Several participants also expressed concern that delayed healthcare seeking could worsen health outcomes for LGBTQ persons living with HIV or other sexually transmitted infections. They stressed that HPs had a responsibility to prevent such outcomes by ensuring continued access to treatment and care.

"The person is sick, and if you do not give them medication or treat their STI, the HIV may progress to AIDS or the STI may become severe and lead to long-term complications. So, we have to prevent that. As healthcare workers, the law is also supposed to protect patients because they are sick and need care no matter who they are." (HCW18, Nurse)

Criminalization Created Uncertainty About Providers' Legal and Professional Responsibilities

While many providers viewed healthcare access as a professional obligation, the proposed bill also created uncertainty about whether providing routine care, support, or referral services to LGBTQ persons

could be interpreted as unlawful assistance. This uncertainty was particularly evident among participants who had limited knowledge of the bill's provisions and had not previously considered how the legislation might affect healthcare workers.

For some participants, the possibility that healthcare workers could be implicated under the bill came as a surprise. When informed that portions of the legislation could criminalize individuals who provide assistance or support to LGBTQ persons, one participant immediately sought clarification, asking, *"Like in terms of being a healthcare worker I could be implicated?" (HCW16, Nurse).* Similarly, another participant expressed surprise when informed that the bill could extend beyond LGBTQ persons themselves, responding, *"Really? I have not seen that. Wow" (HCW09, Nurse).* Another participant reacted humorously to the possibility that healthcare workers and allies could be implicated, stating, *"Then they'll arrest us all" (HCW07, Nurse).*

Several participants questioned how the proposed legislation would apply to healthcare workers carrying out their professional responsibilities. After learning that some provisions of the bill could potentially criminalize allies or individuals providing support to LGBTQ persons, one participant stated:

Then they need to spell it out. Because as I said, when I finished nursing training, I took an oath to take care of people irrespective of who they are. So, if in doing my duties, you'll arrest me, then I think there is more they need to look into. (HCW14, Nurse)

Other participants similarly emphasized that their professional responsibilities should not be affected by the passage of the bill. One participant explained, "*I don't have any problem treating persons like that, so whether they pass it or they don't pass it, it's not my worry. I've heard of it, but if it's passed or not it does not concern me"* (HCW15, Laboratory Technician).

Participants also stressed that healthcare workers have an obligation to provide care regardless of a patient's identity and questioned the appropriateness of involving law enforcement in healthcare settings. One participant explained:

"They are sick, and I should take care of them no matter who they are. I cannot say, 'You are this' or 'You are that' and refuse to help them. When a person is sick and comes to the hospital, they need care. Is it right to bring a police officer to the hospital instead of providing treatment?" (HCW11, Nurse)

Discussion

This study explored healthcare providers' understanding of Ghana's Human Sexual Rights and Family Values Bill and their perceptions of its implications for healthcare access, HIV service utilization, and healthcare delivery. Overall, participants viewed the Bill as having implications that extend beyond the regulation of LGBTQ identities and behaviours. Although many providers had limited knowledge of the Bill's specific provisions, they anticipated that its implementation could discourage healthcare utilization among LGBTQ populations, reinforce existing barriers to HIV prevention and treatment, and create

uncertainty regarding healthcare providers' professional responsibilities. At the same time, participants consistently emphasized that access to healthcare should be maintained regardless of an individual's sexual orientation, gender identity, or legal status. Collectively, these findings suggest that the Human Sexual Rights and Family Values Bill should be understood not only as criminal legislation but also as a policy intervention with potential implications for healthcare delivery, HIV service provision, and the broader functioning of Ghana's health system.

Considering how impactful the bill promises to be, it was interesting to find that most HPs had not read the bill or its contents but rather understood it through public discourse and secondary sources. Most participants reported learning about the bill through social media, news reports, churches, and community discussions, while relatively few had engaged directly with the legislation itself. As a result, some participants appeared uncertain about the bill's scope, and several conflated it with broader debates about LGBTQ rights and social acceptance. This finding highlights how legislation can shape healthcare environments even before implementation. Previous scholarship on structural stigma argues that laws influence health not only through formal enforcement but also through the social meanings they communicate regarding acceptable identities and behaviors.[49], [50], [51], [52]

The surprise expressed by some participants when informed that aspects of the legislation could apply to allies or individuals perceived to support LGBTQ persons suggests that awareness of the bill's specific provisions may be limited even among frontline healthcare workers, and raises broader questions about policy literacy and public engagement in legislative processes. Meaningful civic participation requires that citizens and professional groups have access to, and understanding of, the policies and laws that may affect their lives and livelihoods.[53], [54], [55] Existing scholarship on civic education and democratic participation suggests that informed engagement with public policy strengthens accountability, improves the quality of public debate, and enhances the legitimacy of policy decisions.[53], [54], [55] In the present study, however, HPs' reliance on secondary sources contributed to misconceptions regarding the intent, scope, and potential consequences of major legislative reforms. This finding highlights the importance of accessible dissemination strategies and stakeholder engagement processes that enable affected groups to understand and critically engage with proposed legislation before it is enacted.[53], [54], [55], [56]

After receiving a brief explanation of the bill and its provisions, participants expressed concerns that criminalization could discourage healthcare engagement among LGBTQ populations, particularly in relation to HIV and STI services. Providers anticipated that, within Ghana's already hostile social environment, fear of exposure, discrimination, social exclusion, or potential legal repercussions could lead LGBTQ individuals to avoid healthcare facilities, delay HIV testing, withhold information relevant to clinical care, or disengage from treatment altogether.[9], [10], [11], [12], [13], [14], [15], [16], [17], [18], [19], [20], [21] Similar concerns have been raised specifically in relation to this bill by Coleman et al. (2021) who argued that the public health justification advanced in support of the Bill is not supported by available evidence and noted that criminalization is more likely to reinforce stigma and impede access to HIV-related services than reduce HIV transmission.[6] Likewise, Boakye (2024) argued that the Bill

institutionalizes systemic discrimination against LGBTQ persons and may further reinforce their social exclusion and marginalization within Ghanaian society,[8] circumstances that are likely to exacerbate existing barriers to healthcare access. This is because criminalization is highly linked with reduced uptake of HIV prevention and care services among sexual and gender minorities worldwide.[11], [19], [29], [30], [31], [32], [33], [34] Evidence from Nigeria following the enactment of the Same-Sex Marriage Prohibition Act similarly documented increased fear, reduced participation in HIV prevention programmes, avoidance of healthcare settings, and heightened experiences of stigma and discrimination among sexual minority men.[57] Moreover, Ghana's existing "unnatural carnal knowledge" law under the Criminal Code 1960 which criminalizes consensual and non-consensual sexual acts deemed "unnatural"—such as oral and anal sex, has also been cited as a factor contributing to reduced healthcare engagement among LGBTQ individuals, as fears of criminalization and discrimination can discourage disclosure and access to essential health services.[58], [59], [60] These findings indicate that the proposed legislation would further entrench existing barriers to healthcare access in Ghana, exacerbating fears of disclosure and reinforcing patterns of healthcare avoidance among LGBTQ individuals. [9], [10], [11], [12], [13], [14], [15], [16], [17], [18], [19], [20], [21]

Beyond concerns about reduced healthcare utilization, many participants articulated a strong commitment to the principle that healthcare should be accessible to all individuals, irrespective of sexual orientation, gender identity, or legal status. Providers framed healthcare as a professional responsibility and a fundamental right that should not be influenced by moral, religious, or legal considerations. This perspective aligns with Sustainable Development Goal (SDG) 3, which seeks to ensure healthy lives and promote well-being for all, as well as the broader commitment to universal health coverage and equitable access to healthcare services.[61], [62] Similar findings have been reported in Ghana and other settings, where professional ethics, provider training, and stigma-reduction interventions have been shown to support the delivery of equitable care to marginalized populations despite prevailing social stigma.[10], [21], [41], [42], [43], [63]

Perhaps the most important contribution of this study is the insight it provides into how criminalization may affect HPs themselves. Several participants expressed uncertainty regarding whether providing healthcare, referrals, counselling, or support to LGBTQ persons could expose them to legal consequences. These concerns are especially noteworthy given that the Human Sexual Rights and Family Values Bill extends beyond same-sex sexual conduct to include provisions related to advocacy, promotion, funding, and support for LGBTQ activities.[1], [2] Some participants questioned whether routine professional activities could be interpreted as prohibited support, while others expressed concern that their ethical obligations as healthcare workers could come into conflict with legal requirements. This finding suggests that the effects of criminalization may extend beyond service users to the healthcare system itself. When HPs are unsure what a law permits or prohibits, ambiguity may affect patient-provider interactions, referral practices, confidentiality expectations, and perceptions of professional risk.

An important implication of these findings is that the Human Sexual Rights and Family Values Bill should be considered not only as criminal legislation but also as a policy intervention with potential implications for health systems and healthcare delivery. This is because legislation can shape health not only through its legal provisions but also by influencing the decisions individuals make about when, where, and whether to seek healthcare. In the present study, healthcare providers consistently anticipated that the Bill could increase fear of exposure, stigma, and potential legal repercussions, leading LGBTQ persons to delay or avoid seeking healthcare, particularly HIV- and STI-related services. These concerns are supported by a growing body of evidence demonstrating that criminalization functions as a structural determinant of health by discouraging healthcare engagement among populations already marginalized and disproportionately affected by HIV. Consequently, such a legislation has the potential to influence not only the rights of the populations it targets but also the functioning of health systems, the delivery of HIV services, and progress toward national and global HIV goals.

Another implication of our findings is the need for improved communication and dissemination of information regarding major legislative reforms. Ensuring that healthcare workers and other key stakeholders have access to accurate and timely information about significant legislative changes may help reduce uncertainty and support informed decision-making within healthcare settings. This may be achieved through sector-specific stakeholder consultations and dissemination processes that engage groups likely to be affected by proposed legislation, including healthcare professionals, public health practitioners, and community organizations. Such engagement may help policymakers better anticipate potential unintended consequences for healthcare delivery, public health programmes, and access to essential services before legislation is implemented.

Study Limitations

This study should be interpreted in light of several limitations. First, participants were recruited from healthcare facilities within the Greater Accra Metropolitan Area and may not reflect the perspectives of HPs working in other regions of Ghana, particularly rural areas where social norms, healthcare infrastructure, and experiences with key populations may differ. Second, although participants represented diverse professional roles and facility types, the findings are based on a relatively small qualitative sample and are not intended to be statistically generalizable to all HPs in Ghana. Third, data were collected during a period when the Human Sexual Rights and Family Values Bill remained the subject of ongoing public debate. Consequently, participants' views reflected anticipated impacts of the legislation on healthcare access and delivery. Future research should examine how the enacted legislation influences healthcare-seeking behaviours, HIV service utilization, and healthcare delivery in practice. Finally, given the sensitive nature of discussions surrounding LGBTQ issues in Ghana, some participants may have moderated or withheld their views because of social desirability concerns despite efforts to ensure confidentiality and create a supportive interview environment.

Conclusion

This study provides empirical evidence on healthcare providers' perceptions of Ghana's Human Sexual Rights and Family Values Bill and its anticipated implications for healthcare access, HIV service utilization, and healthcare delivery. Although participants consistently emphasized their professional commitment to providing equitable healthcare, they anticipated that the Bill could discourage healthcare engagement among LGBTQ populations while creating uncertainty regarding healthcare providers' legal and professional responsibilities. These findings suggest that the implications of major legislative reforms may extend beyond their legal objectives to influence health systems, healthcare delivery, and patient engagement with essential health services. As countries continue to introduce legislation with potential public health consequences, consideration of health system impacts, stakeholder engagement, and clear implementation guidance will be important for supporting effective policy implementation while minimizing unintended consequences for healthcare delivery and HIV service provision.

Declarations

Data collection

Henry Delali Dakpui; George Rudolph Kofi Agbemedu.

Data analysis and interpretation

Al-Mardhiyyah Adams; Osman Wunpini Shamrock.

Drafting the article

Henry Delali Dakpui; Al-Mardhiyyah Adams; Samira Shirzaei Nichols.

Critical revision of the article

Henry Delali Dakpui; Osman Wunpini Shamrock; Samira Shirzaei Nichols; George Rudolph Kofi Agbemedu; Al-Mardhiyyah Adams; Gamji Rabiu Abu-Ba’are.

Final approval of the version to be submitted

Henry Delali Dakpui; Osman Wunpini Shamrock; Samira Shirzaei Nichols; George Rudolph Kofi Agbemedu; Al-Mardhiyyah Adams; Gamji Rabiu Abu-Ba’are.

Ethical Approval

The study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki and all applicable institutional and national research ethics guidelines. Ethical approval was obtained from the University of Rochester Research Subjects Review Board (STUDY00008151) and the Ghana

Health Service Ethics Review Committee (GHS-ERC:002/03/23). Written informed consent was obtained from all participants.

Conflicts of Interest

The authors declare no conflicts of interest.

Table Legends

Table 1. Characteristics of healthcare providers participating in the study

Sociodemographic and professional characteristics of the 20 healthcare providers who participated in the qualitative interviews, including professional designation, healthcare facility type, and years of professional experience.

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Author Contribution

Henry Delali Dakpui (HD) and Gamji Rabiu Abu-Ba'are (GR) conceived and designed the study. HD and George Rudolph Kofi Agbemedu (GA) collected the data. Al-Mardhiyyah Adams (AA) and Osman Wunpini Shamrock (OS) conducted the data analysis and interpretation. HD, AA, and Samira Shirzaei Nichols (SN) drafted the manuscript. HD, OS, SN, GA, AA, and GR critically revised the manuscript. All authors reviewed and approved the final version of the manuscript.

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Data Availability

The data are not publicly available due to the sensitive nature of the study and the current sociopolitical climate surrounding LGBTQ+ issues in Ghana, to protect participants' confidentiality and safety. Anonymized data may be made available by the corresponding author upon reasonable request, subject to ethical approval and safeguards to prevent participant identification.

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