



**Embracing positive living
for our people**



Do healthcare systems in South Africa provide for the healthcare needs of gay, lesbian & transgender populations?

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**HIV/AIDS, Sexually Transmitted Infections
and TB**

HAST - HIV research focus areas



Marang Men's Project 2012 - 2013

The largest HIV prevalence study among MSM in South Africa

Respondent-driven sampling (RDS) recruited 924 gay, bisexual, transgender and straight identified MSM in Cape Town, Durban and Johannesburg



Traditionally "hard to reach" populations were reached:

Previously incarcerated persons
Sex workers

HIV prevalence is high among sampled MSM in the three largest cities of South Africa.

HIV prevalence exceeded that among MSM in the general population 18-24 years exceeded that among MSM in the older age groups 25 years and older

Recommendations

Advocate a comprehensive national combination HIV prevention programme for MSM
Mainstream HIV prevention messaging targeting gay-identified MSM and MSM who do not necessarily identify themselves as openly gay
Sensitize police officers to provide services in a non-judgemental way

"Social determinants, such as stigmatization of MSM behaviors in these three South African cities might account for high HIV prevalence levels among MSM subpopulations (ie. prison populations, sex workers recruited into our study)"

Principal Investigator Prof Leickness Simbaye

Findings



"The findings highlight the fact after more than twenty years of our new democracy we are still lagging behind in terms of addressing the important issue of human rights access based on sexual orientation that are enshrined in our constitution"

Albanize Cloete, Project Director of the Marang Men's Project



The People Living with HIV Stigma Index The first Stigma Index study conducted in South Africa on a national level (2014)

A survey conducted by and for
PLHIV (10 473 HIV-positive respondents)

The study was conducted in partnership with:

The National Association of People Living with HIV and AIDS (NAPWA),
Treatment Action Campaign (TAC) and
Positive Women's Network (PWN)

The implementation of the Stigma Index goes beyond the overall aim of the study.
We asked interviewers and supervisors to share their experiences:

Have you gained any skills and knowledge as an interviewer in the Stigma Index Study?

The new skills and knowledge as an interviewer that I gained from the stigma index study, is that I need to listen to my client attentively, put myself on his/her level, empathy

(Interviewer 2, uMgungundlovu District, KwaZulu-Natal)

Experiences of face to face interviewing?

"By giving them enough time to speak they become more relaxed and sharing stories helped them to see that they are not alone"

(Interviewer 3, uMgungundlovu District, KwaZulu-Natal)

Summary of findings

Moderate levels of both HIV- and TB-related external and internalized stigma and discrimination were found

The Stigma Index provides baselines on which to assess levels of HIV- and TB-related stigma and discrimination

Great strides have been made with regards to combating stigma and discrimination as experienced by PLHIV especially in the health care sector as only a very small proportion in the present study reported having experienced discrimination because of their HIV-positive status

The overwhelming majority of the respondents indicated that they had told their spouses/partners (89.4%), other adult family members (84.6%) and other PLHIV (89.3%).

The large majority of the respondents (82.0%) reported to have found disclosure of HIV status an empowering experience.



Together our voices
make a difference

HAST - HIV research focus areas



Embracing positive living for our people

The Trans Women HIV Bio-Behavioural Survey:
A baseline assessment among trans women in the Cape Town and Johannesburg metropolitan areas, and Buffalo City Metro Municipality, South Africa

Alanine Cloete
HIV/AIDS STIs & TB programme, Human Sciences Research Council, South Africa

RATIONALE FOR THE STUDY

Globally, trans women have been shown to be at high risk for HIV infection.

In South Africa we currently have no information regarding the specific HIV vulnerabilities of trans women.

OVERALL OBJECTIVE OF THE STUDY

- To identify the social, structural, economic and cultural factors that are related to HIV infection in trans women
- To understand individual behaviours and practices related to HIV in trans women
- To determine the percentage of trans women who are HIV positive in Cape Town, Johannesburg and East London
- To conduct a size estimation of trans women in the Cape Town and Johannesburg Metropolitan areas and Buffalo City Metro Municipality

STUDY SETTING

The study will be conducted:

- The Cape Town Metropolitan area, located in the Western Cape Province,
- Johannesburg metropolitan area in the Gauteng province,
- Buffalo City Metro Municipality located in the Eastern Cape province of South Africa.

The rationale for conducting the study within the aforementioned cities and metros is because of the existence of organisations working with trans women:

- Gender Dynamic
- She Feminist Collective in East London
- See Workers' Advocacy and Education Tailorosa (SWEAT)
- Access Chapter 2 (AC2)

STUDY POPULATION

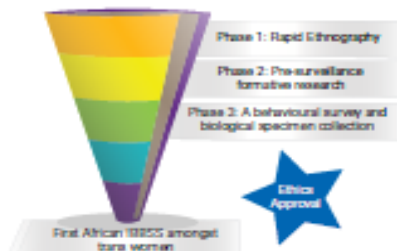
Trans women

The inclusion criteria for the following activities (FGDs, semi-structured interview and the survey) are:

- Aged 18 years or older
- Self-reported consistent sex¹ within the last 6 months
- Lives in the Cape Metropolitan area in the Western Cape Province, the Johannesburg metropolitan area in Gauteng as well as in the five districts of the Buffalo City Municipality
- Sex at birth= male
- Current Gender = Female or Trans (gender/female or identify as "other" than male or man)

¹For inclusion criteria purposes, sex is defined as oral, vaginal, or anal sex.

STUDY PROCEDURE



Phase 3: HIV Bio-Behavioural surveys using Respondent driven sampling (RDS) to recruit trans women

- RDS is a form of chain referral sampling used to recruit members of a "hidden" and a "hard-to-reach" population through their social networks
- RDS gets individuals to refer those they know, these individuals in turn refer those they know and so on.
- It assumes that those best able to access members of a "hard-to-reach" (no sampling frame exists for them) and "hidden" (behaviours that they engage in are often illicit or socially unacceptable) population are their own peers.



SIZE ESTIMATION METHODS

We currently do not know the number of trans women in South Africa.



HAST - HIV research focus areas



I work primarily with LGBT populations...

LGBT (lesbian, gay, bisexual, transgender)

- **L**esbian: Women who are sexually/and or romantically, erotically, and/or emotionally attracted to some other women.
- **G**ay: A sexual and affectional orientation toward people of the same gender.
- **B**isexual refers to men/women who identify their sexuality as being attracted to both men and women, or who are attracted to men, women and transgender individuals
- **T**ransgender people are those of us whose gender identity does not or is perceived to not match stereotypical gender norms associated with our assigned gender (Prepared by Jody Marksamer and

Dylan Vade)

I work primarily with LGBT populations...

- Gender identity is independent of sexuality:
 - Transgender people may identify as *straight*, *gay*, *bisexual*, or may consider conventional sexuality labels inadequate or inapplicable.
- Most transgender people want to transition their bodies to be more congruent with their identities; they often use medical technologies, such as cross-sex hormones, and undergo various types of surgeries –

Local terms and categories

- Various terms used to ‘categorise’ gay and bisexual men
 - Terms that connote hidden sexual relationships between men – *after nines, cupboardy*
 - Other terms have been socially constructed around notions of self-identification as gay, and to same sex men who are *out of the closet* – *stuzana, moffie, stabane,*

Local terms and categories

- *I'm a gay man. I'm queer. I'm a moffie.* Participant, HIV positive group, Cape Town.
- *It does not matter about other people actually. I am a gay person.* Participant, FGD, Soweto
- *I would say gay; we are gay men only interested in men.* Participant, Doornfontein FGD, Johannesburg
- *You do not touch women if you are gay. You only want men, because I do not want to touch a woman, not at all. I want a man in my life. That is how it is, you see.* Participant, Westbury FGD, Johannesburg

LGBTIQQAAPK

- Lesbian
- Gay
- Bisexual
- Transgender
- **Intersex:** *Adjective used describe the experience of naturally (that is, without any medical intervention) developing primary or secondary sex characteristics that do not fit neatly into society's definitions of male or female.*

LGBTIQQAAPK

- **Queer:** *A person that does not want to label themselves as, e.g. lesbian, so they call themselves queer instead.*
- **Questioning:** *Someone that is questioning their sexual orientation, unsure which gender/s they are attracted to.*
- **Asexual:** *A sexual orientation generally characterized by not feeling sexual attraction or a desire for partnered sexuality. Asexuality is distinct from celibacy, which is the deliberate abstention from sexual activity. Some asexual people do have sex. There are many diverse ways of being asexual.*

LGBTIQQAAPK

- **Pansexual:** *Used to describe people who have romantic, sexual or affectional desire for people of all genders and sexes.*
- **Kink:** *Most commonly referred to as unconventional sexual practices, from which people derive varying forms of pleasure and consensually play-out various forms of desire, fantasies and scenes.*

This glossary is available at:

<https://lgbtqia.ucdavis.edu/index.html>

LGBT populations and HIV

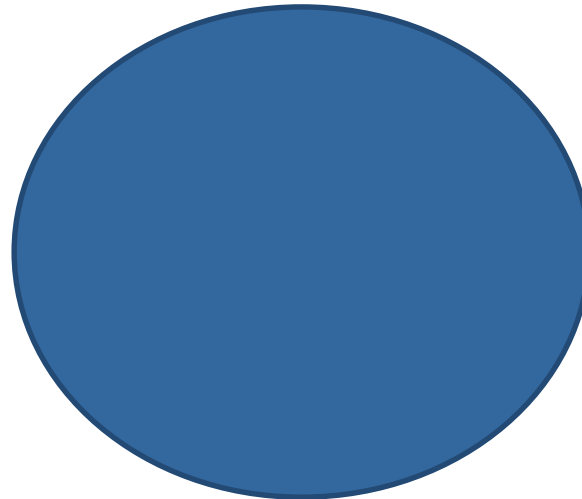
- In South Africa given the generalized nature of the HIV epidemic prevention, treatment, care and counselling services are not well suited for LGBT populations
- Yet, HIV prevalence for gay and bisexual men are above the national average –

HIV infection risk

Worldwide, for gay and bisexual identified men, the odds of being infected with HIV are 19.3 times higher than for men in the general population



Men in general population



Gay and bisexually identified men

Bubble area represents risk of HIV infection

HIV infection risk

- Globally, transgender women have been shown to be at high risk for HIV infection.
- Transgender women are nearly 49 times more likely to be infected with HIV than other adults of reproductive age

**How does policy and legislation
respond to bringing HIV
prevention services to LGBT
populations?**

Policy and Legislation



Our Constitution protects the rights of all people, but some old laws still discriminate against lesbians and gay men.

Policy and Legislation

- The “Alteration of Sex Description and Sex Status Act, 2003 (Act No. 49 of 2003)” makes provision for transgender people to align their bodies to their gender identity without necessarily requiring gender-conforming surgery

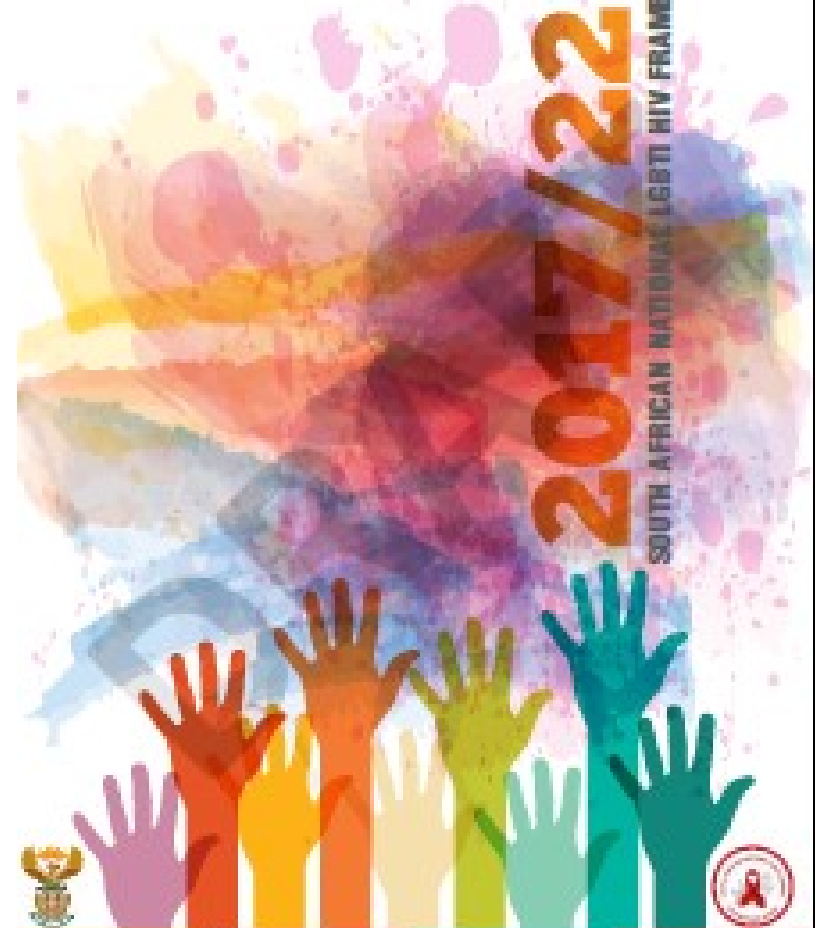
Policy and Legislation

LET OUR ACTIONS COUNT

SOUTH AFRICA'S NATIONAL STRATEGIC PLAN FOR HIV, TB and STIs 2017-2022



The Draft South African National LGBTI HIV Framework, 2017-2022 is a reflection of the country's response to HIV, AIDS, TBs, and STIs for LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX PEOPLE



How responsive is the healthcare sector to the HIV prevention, treatment, care and counselling needs of LGBT populations?

How responsive...?

- Healthcare providers in major urban centres of South Africa the following:
 - What do you think are the main challenges faced by LGBT populations living in South Africa with specific regard to HIV issues?
 - What are some of their experiences of providing care, treatment and counselling to LGBT populations?
 - What services are currently available for LGBT populations?

How responsive...?

- LGBT populations in major urban centres of South Africa the following:
 - What are your experiences when accessing the public health care services for seeking out HIV prevention, treatment and care services?

Healthcare provider perspectives

- Although these provide protection on paper, there are ambiguities in Act 49 which often result in delayed processing of applications for sex realignment.
- South African hospitals use gendered electronic filing systems that assign the gender of a patient according to the presented identification (ID) documents;

Healthcare provider perspectives

- *“... But to be honest we haven’t had such a case”*
- When healthcare providers do see LGBT clients at times there is uncertainty as to how to address those clients and this creates uneasiness between the client and the healthcare practitioner.

Participant: *The gender yes, when you are talking you don’t know must you say he, she...*

Interviewer: *She*

Participant: *You understand? Because they do become upset...*

Availability of HIV prevention, treatment, and care services for gay and bisexual men

- The scarcity of targeted HIV prevention and treatment services for gay and bisexual men
 - *In Johannesburg I do not know where to go. I must go to many places in order to know where bisexuals or gays can get help. I must seek around until I get the direction where to go. What they [government] can do is to ensure that the [services] are known and near to the people (FGD 1, Johannesburg)*

Availability of HIV prevention, treatment, and care services for gay and bisexual men

- *Health care services are not friendly towards LGBT and [HIV] programs are not strong enough and they [LGBT] have difficulty accessing services. The materials produced for awareness and behaviour change and access to care do not target this sector.*
- *Gay-identified people face challenges in terms of service provision – both the availability and appropriateness of health services.*

Challenges with service provision (1)

- Public sector service availability and access
- Framework of heteronormative services
- Reluctance to access services
 - *I think the people feel self conscious, the inner fear of going to a public health facility to say “yes, I’ve engaged in this kind of behaviour” because they are afraid of what the health worker will say. Whether it’s real or not, perhaps the health worker may not ...treat them any different, but I think it’s their perception that they might be treated differently and they do not want to admit that they have been with men (Key Informant, Johannesburg)*

Challenges with service provision (2)

- Public sector health services perceived not to be LGBT-friendly:

We go to clinics and hospitals, but most men having sex with other men do not reveal their sexual orientation because they are afraid of discrimination
(Divas FGD, Durban)

- One participant had been asked about his sexual orientation by a counsellor:

As soon as she became aware, she started giving him a lecture about how wrong it is to be homosexual, instead of counselling him
(Divas FGD, Durban)

- Risk reduction, is provided within a framework of imposing moral and societal codes of 'good behaviour'

Healthcare working training is needed

- Most healthcare providers have not received any specific training with regards to providing HIV prevention to LGBT populations

No, I never get any training for those specific people; I never get training for that (Adherence counsellor, female)

Conclusions

- South Africa's constitutional protections afford countless opportunities to bring underserved populations out of the shadows and into the reach of public health interventions.
- Experiences of stigma (and/or perceived stigma) and discrimination impact negatively on various aspects of the lives of LGBT populations including their health seeking behaviour
- Improve responsiveness of healthcare system:
 - Prevention, treatment and care services
 - Targeted and specific information, education, communication
 - Training and orientation of healthcare providers

Recommendations

- Services and prevention information and methods to all clients **including services for marginalised or vulnerable populations and must be provided without prejudice or bias.**
- The understanding that a range of sexual practices may occur across both opposite-sex and same-sex partnerships and that sexual identity does not always determine sexual behaviour (e.g. with men, and women who see themselves as heterosexual may have sex with women) should be integrated into services.
- Services should be guided by a clear understanding of sexuality and the relationships between sexual behaviour, sexual practices and sexual identities.

THANK YOU
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