



**“Sex workers are still being discriminated against in the clinics”
Manifestations of experienced stigma in healthcare settings in
South Africa**



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**Human Sciences Research Council
Dr Allanise Cloete**

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Outline of the presentation

- Introduction
- Qualitative data used
- Results from 3 research studies
- Recommendations
- Conclusions



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Introduction

- Stigma is a well-documented barrier to health-seeking behaviour, engagement in care, and adherence to treatment across a range of health conditions globally (Stangl et al., 2019)
 - **Stigma** refers to beliefs and/or attitudes and can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others (Aggleton et al., 2005)
 - **Experienced stigma** occurs when people are insulted, rejected, avoided, verbally or physically abused, stereotyped, or discriminated against because of their HIV or key population status (Stangl et al., 2019)
 - When stigma is acted upon, the result is often discrimination
 - **Discrimination** is any form of arbitrary distinction, exclusion, or restriction affecting a person, usually (but not only) because of an inherent personal characteristic or perceived membership of a particular group (Aggleton et al., 2005)
- Stigma often manifests in healthcare settings, in the form of denial of services and being subjected to negative health worker attitudes when accessing healthcare services.



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Introduction

- Because of the social stigmas attached to what is considered ‘immoral’ behaviours (i.e., same sex behaviours and sex work) key and vulnerable populations in South Africa are often subjected to stigmatisation and discrimination.
- It is well documented that key and vulnerable populations in South Africa continue to experience stigma and discrimination, coupled with negative healthcare worker attitudes when accessing care and treatment at local public healthcare facilities



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Punitive laws and practices towards sex workers

- Sex workers*
- Provisions of the Sexual Offences and Related Matters Amendment Act, 2007 that criminalise clients who engage the services of sex workers makes illegal prostitution, brothel keeping, solicitation, indecent exposure, and knowingly living from the proceeds of sex work.
- Act remains a main human rights barrier to effective HIV programming for this group which bears the highest burden of HIV in the country.
 - Practice of “confiscating condoms by police” - “carrying a condom” was the ground for arrest in 26% of sex worker cases (Aids Fonds, 2016).



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Qualitative data used

- Qualitative data was drawn from three research studies that purposively sampled key and vulnerable populations
- Purposive sampling was used to identify and select participants to take part in the study by research staff through pre-existing relationships with NGOs and CSOs that provide services to key and vulnerable populations
- Qualitative interviews were conducted with:
 - Representatives/managers/leaders of NGOs and CSOs
 - Sex workers
 - Transgender women
 - Transgender female sex workers
 - People living with HIV



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Qualitative data used

- a) **The Transgender Women Mobilizing and Preparing for High Impact Prevention (T-MAPP) study (2017-2019)** (Cape Town, East London, Johannesburg): Focused on improving engagement of transgender women in pre-exposure prophylaxis (PrEP) or HIV treatment and care continua. Was conducted in partnership with S.H.E
- b) **Botshelo Ba Trans (2018-2019)** (Cape Town, Buffalo city metro, Johannesburg): Researchers at the HSRC in partnership with civil society, conducted the first-ever BBS, called the Botshelo Ba Trans study to estimate HIV prevalence amongst transgender women in South Africa
- c) **Getting to the Heart of Stigma (2020-2022)** (Free State, KwaZulu-Natal, and Mpumalanga provinces): Explore the factors that facilitate HIV-related stigma; Examine the manifestations of stigma in various institutions in society, and Investigate the outcomes of HIV-related stigma for affected populations



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T-MAPP (2017-2019)... Manifestations of experienced stigma in the community

- Social rejection leads to sex work and homelessness:
 - *I was at the age of 14 when I discovered that I was more drawn to girly activities than male activities, and what is how I discovered who I really am, at the age of 14. I was 15 when my father stood and said he won't be bringing up moffies, and I left the house. I am now 30 years old, I have been on the streets for 15 years. I have, for 15 years, live here, there, and that is how I came about sex work (Key informant)*
- Sex worker status being gossiped about
 - *People are looking down on you, sometimes you won't even tell your best friend. Like I can tell you but I won't tell everybody because the minute I turn you will tell the next person and then they start gossiping even if they don't do it in front of you and you are always the bad person because you are a sex worker and it is like I say it is due to the sex work that you are having a disease, whereas even your boyfriend, it is not because you are a sex worker it is because you have gone without a condom, but, they are mos not that educated so that is why I always say the community has to be educated on these things. (Key informant)*



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Botshelo Ba Trans (2018-2019) ... Life of a trans female sex worker

- Social rejection leads to sex work and homelessness:

I remember, I emigrated from home to the city of Johannesburg and that moment, I think I was between the age of twelve going thirteen. And when I came here, I became homeless for about 1 year and six months you know? And I hustled my way from the pavement to a hotel somewhere in Hillbrow (Trans Female Sex Worker, Gauteng: Botshelo Ba Trans Study)



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Botshelo Ba Trans (2018-2019) ... Life of a trans female sex worker

- Homelessness, little or no education leads to unemployment:

*And also, hearing or having heard some of the other stories of my trans sisters and how they became **sex workers** is also because of the fact that they are, some of them have been on their own since a young age. Nobody accepted them for who they are and those are the kinds of stories that you hear (Trans woman, coordinator for Miss Gay Jozi, Gauteng: Botshelo Ba Trans Study)*



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Botshelo Ba Trans (2018-2019) ... Life of a trans female sex worker

Engaging in sex work provides a space where trans women are affirmed as women

The link between gender affirmation and high risk sexual practices (i.e. sex work)

You know most of the time they do sex work, trans women, because of issues like acceptance. They say when it comes to engaging in sex, those are the only people who accept them just as they are (Representative of Eastern Cape AIDS Council, East London: Botshelo Ba Trans Study)



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Botshelo Ba Trans (2018-2019) ... Life of a trans female sex worker

Violence and victimization directly and indirectly leads to HIV risk

- But you know the daily sort of struggle to try and negotiate the city police, people's belongings are destroyed all the time and you are homeless, your stuff is confiscated, your ID book destroyed, all your things can be wiped out overnight. They are trying to push people out of the city ... they are assuming that will stop people from being homeless, but of course that is a ridiculous assumption (NGO for trans female sex workers, Cape Town: Botshelo Ba Trans Study)*



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Botshelo Ba Trans (2018-2019) ... Life of a trans female sex worker

- Sex work
- Unable to negotiate safer sex
- Drug use
 - *Many trans women say that they use substances as the way of coping with the heartache, coping with the isolation, coping with the rejection* (Transgender woman, founder of trans-specific NGO, East London: Botshelo Ba Trans Study)
 - *Unemployment, being on the street, using drugs. If you are on the street and you are cold and you are whatever, you start to use drugs. That whole culture, that bottomless pit of vulnerability basically that there is* (Ministry of Health, Cape Town: Botshelo Ba Trans Study)



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Botshelo Ba Trans (2018-2019) ... Life of a trans female sex worker

- Individual level, structural
- *The trans female sex workers that I see, there is not one that is not HIV positive (Medical nurse at LGBTI NGO, Cape Town: Botshelo Ba Trans Study)*



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Getting to the Heart of Stigma (2020-2022)...Manifestations of experienced stigma in healthcare settings

You see, they also discriminate. They also discriminate if I am being honest, and I do not want to lie to you. Because they do not fully accept my profession, especially women working there. I do not ever think they will accept. Men healthcare workers are better and are more accepting. Some of them pretend to have accepted you because they can see that you are confident and vocal about what you are doing, and you do not care about any judgmental comment they throw at you. In a way they still do.

KwaZulu-Natal: Cisgender female sex worker




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Getting to the Heart of Stigma (2020-2022)...Manifestations of experienced stigma in healthcare settings

- Stigma during treatment and care was a common occurrence for key and vulnerable groups, including sex workers
- Experienced stigma manifested when healthcare workers gossiped about clients' sex worker statuses or questioned others sexual orientation when they accessed healthcare.

Sex workers are still be discriminated against in the clinics. They are looked down upon, there are times where nurses would call their colleagues to gossip about the sex worker.

Recommendations

- Considerations of the legal and policy framework in which sex work happens needs to be looked at
- Community-led interventions, grounded in empowerment



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Conclusions

- Stigma during treatment and care was a common occurrence for sex workers
- Peer-driven delivery approaches are considered best practice to access, foster and provide responsive quality health services to sex workers and healthcare facilities should work towards making delivery of peer-driven healthcare services especially for key and vulnerable groups.
- There is also a need for a more person-centered approach by healthcare workers which focuses on the needs of those seeking care.

Thank you



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