

## COMMENTARY

# Sexual and Reproductive Health needs Of LGBT

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## Introduction

The Constitution of South Africa, Act 108 of 1996 prohibits any South African to be discriminated on the grounds of sexual orientation<sup>1</sup>. Recent evidences suggest that, the risk of acquiring HIV is higher in homosexuals than in people who engage in heterosexual sex in countries like South Africa with high epidemic<sup>2</sup>. Currently, very little is known about the epidemic amongst Lesbian, gay, bisexual and transgender people (LGBT) in the country and there is little advocacy towards the group's inclusion in HIV and STI prevention programmes<sup>3</sup>. This report focuses on the sexual and reproductive health needs of LGBT people. LGBT people are sexual minority group which includes: men who sleep with men, women who sleep with women, men or women who sleep with both sexes, as well as people who self-identify themselves as their opposite sex although their genitals show otherwise. The main sexual and reproductive health needs of LGBT in South Africa are summarised in the table below: See Table 1

## Policies

The HIV/AIDS and STI National Strategic Plan (NSP) 2007-2011 is the policy that embraces the needs of LGBT in South Africa after lobbying and advocacy by LGBT sector.

## Programmes

Although LGBT is touched on in the broad NSP, there are no specific and targeted programmes in place to address the needs of LGBT people<sup>4</sup>.

## Services

NGOs such as Triangle project support groups

(Cape Town), Durban gay and lesbian community as well as OUT LGBT Well-being (Gauteng) render services for LGBT in specific constituents of South Africa. Treatment Action Campaign is also an NGO which is at the forefront of HIV human rights campaigning<sup>4</sup>.

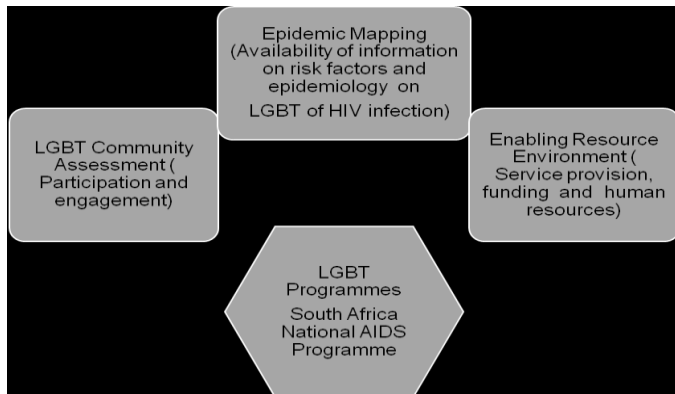
## Method

This commentary was preceded by an effective overlook of the South African 1996 Constitution; peer reviewed journal articles on LGBT, homophobic attacks in South Africa, HIV/AIDS; and policy documents on sexual and reproductive health needs of vulnerable minority groups including LGBT. In order to establish evidence of sexual and reproductive health needs of the LGBT group in South Africa, the UNAIDS Country Harmonization and Alignment Tool (CHATS), was used as the framework to assess the sexual and reproductive health needs of LGBT in South Africa. This tool was used to assess how inclusive and participatory LGBT groups are in the South African national AIDS response; how effective coordination and funding partnerships for the national AIDS response is; and how to improve partnerships to strengthen the response to AIDS by assessing the needs of LGBT. The overarching goal in this is to factor the sexual and reproductive health needs of LGBT in South African national AIDS response so as to make the national AIDS response more comprehensive to be emulated by countries of similar settings.

## Assessment of needs

The assessment of the needs of LGBT, who are often categorised as sex minorities can be done using the framework of the UNAIDS Country Harmonising Assessment Tool (CHAT) below:

**Figure 1:** A Framework for Assessing Evidence of Sexual and Reproductive Health needs of LGBT. Adapted from UNAIDS CHAT<sup>5</sup>.



### ***LGBT Participation in HIV/STI Responses***

The total participation and involvement of a community is paramount to the successful implementation of policies and programmes<sup>6</sup>. However, if specific stakeholders who are the target of these policies and programmes are not actively and genuinely involved, the policy risks gaps to the detriment of this target group. The constitution of South Africa is one of the most advanced in Africa and frowns upon sexual orientation discrimination. LGBT marriages were made legal in 2006<sup>4</sup>. Yet, the societal attitude towards LGBT defeats the constitutional protection of the rights of LGBT<sup>4</sup>.

The HIV/AIDS and STI National Strategic Plan (NSP) 2007-2011, provided an avenue for LGBT people's thoughts to be considered in HIV/STI responses after engagement of all stakeholders including LGBT extensively<sup>7</sup>. However, this was made possible because of the critique and lobbying by some vocal LGBT activist groups for about 6 months after the first NSP draft was released<sup>8</sup>. In South Africa, LGBT people are classified as high risk group for HIV/STI<sup>9</sup> but that notwithstanding, they are somehow missing from all HIV/STI programmes and policies. The NSP does admit that the needs of LGBT people must be met by specific programmes tailored to suit their specific needs. Involvement of LGBT community in the implementation of NSP specific programmes development and the provision of dedicated funding for such programmes remain a challenge.

### **South Africa and Subsequent Recommendations**

A national network of LGBT people called the Joint Working Group embarked on studies to address the needs of its members at the constituency level. In 2006, activists played an instrumental role to cause the review and revision of the screening tool for blood donors of the National Blood Transfusion Services Policy<sup>10</sup>.

### ***Mapping the epidemic and key risk factors***

The direct link between LGBT and heterosexual HIV/STI transmission is unknown in South Africa.

**Table 1:** Indicating the Needs of LGBT People in South Africa

<b>NEED</b>	<b>COMPONENTS</b>
Participation and engagement in HIV/STI responses	<ul style="list-style-type: none"> <li>Genuine involvement in design of policies and programmes</li> </ul>
Mapping HIV/STI epidemic, including the information on key risk factors	<ul style="list-style-type: none"> <li>HIV/STI prevalence among LGBT</li> <li>Risk behaviour information and education</li> </ul>
Enabling environment for service provision	<ul style="list-style-type: none"> <li>Specific outreach to LGBT</li> <li>Train staff to work effectively with LGBT individuals</li> <li>Avoidance of stigma and discrimination</li> <li>Counselling and testing availability and accessibility</li> <li>Initiatives to promote prevention and care for HIV/STI LGBT people.</li> </ul>

The Demographic and Health Survey Indicators for LGBT people versus heterosexual counterparts remain non-existent in South Africa. Information on the incidence and prevalence of HIV/STI and associated risk factors among LGBT is very limited in South Africa<sup>12</sup>. The proportion of LGBT people who engage in same sex or sex with both genders remains unknown. The stigma and discrimination characterised by HIV/AIDS has made it more challenging, characterising it among LGBT people who experience similar stigma<sup>13</sup>.

There have been several surveillances done on pregnant women attending antenatal clinics and household surveys in South Africa. However, none

of these surveillances focussed questions on LGBT sexual activities. This could be solely because of concerns about privacy<sup>13</sup>.

**Table 2:** Showing Estimates of HIV Prevalence among Adults aged Between 15-49 Years in South Africa.

Year	Source	Adult (15-49 years)	Adult men (15-49years)	Adult women (15-49 years)
2002	[14]	15.6%	12.8%	17.7%
2005	[13]	16.2%	11.7%	20.2%
2007	[15]	18.8%	15.5%	22.0%

The above shows that different studies lack the specific information on the prevalence of HIV/STI among LGBT in South Africa.

Research conducted by the Triangle Project and the Centre for applied Psychology among 948 LGBT people in Cape Town<sup>16</sup>, showed that 12% of men and 1% of women are HIV positive; 15% of men and 5% of women had an STI in the previous 2 years; 23% of men and 31% of women had never tested for HIV among people aged between 16-24 years, 44% had never tested for HIV. Specific research like this targeted at LGBT people is a good step for surveillance of LGBT people. However, findings from this research cannot be generalised in South Africa and the limitation of this could be the sampling method used.

***Enabling environment for service provision, funding and human resources***

Although the South African constitution and political environment promote the rights of LGBT people, this has not caused a turnaround in the access to healthcare services and resources<sup>8</sup>. A state-run HIV prevention campaign was challenged by LGBT organisations in South Africa in 2005, but these challenges were ignored and no messages were directed towards the LGBT community<sup>18</sup>. Stigma and discrimination at healthcare facilities also compound the isolation of the LGBT community from programmes<sup>18</sup>. Currently, health services for LGBT people are provided by LGBT organisations whose source of funding are from foreign donors<sup>4</sup>. Information gathered by LGBT organisations suggest that most LGBT people are

asked questions bias to heterosexuality by health professionals when they go for treatment and hence delay in presenting complications like haemorrhoids, rectal bleeding and genital infections because of fear that their sexual orientation would be discovered<sup>19</sup>. Health workers in South Africa do not receive the specific additional training to meet the psychological and physical needs of LGBT people in order to show the needed compassion and acceptance of whom they are<sup>4</sup>. Nonetheless, LGBT organisations have bridged the gap in the last years. For instance, a project called the Triangle project showed satisfaction with medical practitioners among homosexuals who attended clinic in Cape Town<sup>20</sup>. However, a study like this is not a general representation of the issue in South Africa as the research participants were already members of the Triangle project support group and there may have been problems with the methodology of the research.

**Context**

***Political***

The Apartheid era in South Africa was noted to be a dictatorial society and strong emphasis was placed on laws regulating sexual behaviour. There was criminalisation of sex between men and pornography until 1996<sup>21</sup>. There is now freedom of political association, speech and sexual preference in this post-apartheid era<sup>4</sup>. South Africa, a member of the United Nations has, like all members, aligned towards achieving the Millennium Development Goals which has 4 of its components as direct bearing on sexual and reproductive health. South Africa is therefore required to protect and respect the sexual rights of its citizens regardless of sexual orientation. LGBT issues are virtually not touched on in the South African Department of Health. There is no specific LGBT healthcare provided by government as against LGBT organisations that seem to provide the only care for this group in the country with resource limitations<sup>22</sup>. The government however focuses on the mainstream sexual and reproductive health of its citizens.

## **Socio-cultural**

In South Africa, HIV and STI are commonly viewed as invasion of the body by dirt which makes the blood dirty<sup>23</sup>. Sex-related issues elicit negative responses such as feeling of guilt and shame. They are thus demanded not to be discussed in public. Sexual behaviours deviating from the “normal” are severely criticized across the country<sup>4</sup>. Heterosexism is viewed in South Africa as the “normal” and is all over the media, in religious teachings, education as well as healthcare. As such, there is usually a neglect of LGBT in policy discussions such as HIV/STI policies<sup>22</sup>. Prejudice and silence on LGBT practices has thus become the order of the day. Being lesbian or gay was considered and is still considered as a “sickness” and very un-African<sup>4</sup>.

It is worthy to note that, it is not possible to compare South African LGBT people and communities to those of developed worlds like United Kingdom, Australia and the United States of America. This could be because of the diversity of culture and social backgrounds in these advanced countries. LGBT identities in South Africa differ with respect to race<sup>22</sup>. Until recently, the most vocal LGBT people were white males predominantly placed in high social class. However, the large majority of LGBT individuals are poor unemployed blacks, a true reflection of the South African community in general<sup>24</sup>. These under-resourced black LGBT are deemed in the society as the most vulnerable subsets of the community often under-researched. To date, most LGBT research is primarily focussed on rich, white and vocal people<sup>4</sup>.

## **Recommendations**

Based on the findings above, I will suggest the following recommendations to the South African National AIDS Commission:

1. The LGBT community should be closely involved in the formulation of programmes and policies. Involvement will ensure that policies and programmes enacted will respect and protect the rights of the LGBT community to privacy on the grounds of their sexual orientation.
2. Sentinel surveillance should be initiated to determine the prevalence of HIV/STI among

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LGBT. This should also include research on the contexts and social situations of HIV/STI transmission and the appropriate HIV/STI prevention and care strategies. These researches will provide insights into barriers to care and expose funding constraints in health services as well as behaviours of health care professionals.

3. There should be a supportive programme development which should include dedicated financial and human resources, appropriate guidelines and improved access to and coverage of HIV/STI prevention, treatment and care services for LGBT. Acceptance of LGBT and safer- sex campaigns and skills training, including the use of condoms, voluntary counselling and testing as well as the promotion of lower-risk sexual practices are essential.

## **Conflict of Interest**

I confirm that there are no conflicts of interest.

## **Author's Contribution**

AM carried out the literature review on LGBT in South Africa and solely wrote all the sections of this work from the introduction, assessment of needs, context and recommendations. AM read the final manuscript and approved before submission.

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## **References**

1. REPUBLIC OF SOUTH AFRICA. 1996, Constitution of the Republic of South Africa. [online]. [Assessed 19 May 2012]. Available from :<http://www.info.gov.za/documents/constitution/1996/a108-96.pdf>
2. BEYRER, C. 2008. Hidden yet happening: the epidemics of sexually transmitted infections and HIV among men who have sex with men in developing countries. *Sexually Transmitted Infections*, 84(6), pp. 410-412.

3. REPUBLIC OF SOUTH AFRICA. 2007. HIV & AIDS and STI Strategic Plan 2007-2011. [online]. [Assessed 21 May 2012]. Available from: [http://www.info.gov.za/otherdocs/2007/aidsplan2007/khomanani\\_HIV\\_plan.pdf](http://www.info.gov.za/otherdocs/2007/aidsplan2007/khomanani_HIV_plan.pdf).
4. HUMAN SCIENCES RESEARCH COUNCIL. 2009. From social silence to social science. Same-sex sexuality, HIV/AIDS and gender in South Africa. [online]. [Assessed 21 May 2012]. Available from: <http://www.hscresearch.ac.za/product.php?productid=2265&freedownload=1>.
5. UNAIDS. 2007. Country Harmonization and Alignment Tool (CHAT). [online]. [Assessed 19 May 2012]. Available from: [http://data.unaids.org/pub/report/2007/jc1321\\_chat\\_en.pdf](http://data.unaids.org/pub/report/2007/jc1321_chat_en.pdf).
6. LEVENSON, J.S. 2003. Policy interventions to combat sexual violence: community notification and civil commitment. *Journal of Child Sexual Abuse*, 12(3-4), pp. 17-52.
7. KAPP C. 2007. South Africa unveils new HIV/AIDS plan. *Lancet Worlds Report*, 369(9573), pp. 1589-1590.
8. RISPEL, L.C., and C.A., METCALF. 2009. Breaking the silence: South African HIV policies and the needs of men who have sex with men. *Reproductive Health Matters*, 17(33), pp. 133-142.
9. SHISANA, O., A. BHANA, C. CONNOLLY, S. JOOSTE, W. PARKER, V. PILLAY, T. REHLE, L. SIMBAYI and K. ZUMA. 2007. South African national HIV prevalence, HIV incidence, behaviour and communication survey. Cape Town: HSRC Press.
10. HEALTH SYSTEM TRUST. 2007. Blood donation: FDA grapples with same issues as SA. [online]. [Assessed 22 May 2012]. Available from: <http://www.hst.org.za/news/blood-donation-fda-grapples-same-issues-sa>
11. VAN HARMELEN, J., R. WOOD, M. LAMBRICK, E.P. RYBICKI, A.L. WILLIAMSON and C. WILLIAMSON. 1997. An association between HIV-1 subtypes and mode of transmission in Cape Town, South Africa. *AIDS*, 11(1), pp. 81-87
12. CLOETE, A., L.C. SIMBAYI, S.C. KALICHMAN et al., 2008. Stigma and discrimination experiences of HIV positive men who have sex with men in Cape Town, South Africa. *AIDS Care*, 20(9), pp. 1105-1110.
13. SHISANA, O., T. REHLE, L.C. SIMBAYI et al., 2005. South African National HIV prevalence, HIV incidence, behaviour and communication survey. Human Sciences Research Council Press, Cape Town.
14. SHISANA, O., and L. SIMBAYI et al. 2002. Nelson Mandela/ HSRC study of HIV/AIDS: South African national HIV prevalence, behavioural risks and mass media household survey, 2002. Cape Town: HSRC Press
15. ACTUARIAL SOCIETY OF SOUTH AFRICA. 2003. Projections of HIV indicators abstracted from the Actuarial Society of South Africa. [online]. [Assessed 23 May 2012]. Available from: <http://www.assa.org.za/aids/content.asp?id=1000000449>
16. RICH, E. 2007. Levels of empowerment among lesbian, gay, bisexual, transgender (LGBT) people in Western Cape, South Africa. Cape Town: Triangle Project.
17. Vilakazi, 2006
18. JOHNSON, C.A. 2007. Off the map: How HIV/AIDS programming is failing same-sex practising people in Africa. New York: International Gay and Lesbian Human Rights Commission.
19. WELLS, H. and L. POLDERS. 2005. Gay and lesbian people's experience of the health care sector in Gauteng. Joint Working Group Research Initiative, conducted by OUT LGBT Well-being in collaboration with the UNISA Centre for Applied Psychology. Pretoria.
20. CROWE, D. 2005. A descriptive report of selected data collected during the Living PoZitively support group survey conducted by the Triangle Project. Cape Town: Triangle Project.
21. NEL, J.A. 2005. Hate crimes: A new category of vulnerable victims for new South Africa: In DAVIS, L., and R. SNYMAN (Eds). *Victimology in South Africa*. Pretoria: JL van Schaik.
22. SAMELIUS, L., and E. WAGBERG. 2005. A study of policy and administration: Sexual orientation and gender identity issues in development. [online]. [Assessed 26 May 2012]. Available from: [http://www.sida.se/Global/Nyheter/SIDA4948en\\_Sexual\\_Orientation\\_web%5B1%5D.pdf](http://www.sida.se/Global/Nyheter/SIDA4948en_Sexual_Orientation_web%5B1%5D.pdf)
23. MEYER-WEITZ, A., P. REDDY, W. WEIJTS, B. VAN DEN BORNE and G. KOK. 1998. The socio-cultural contexts of sexually transmitted diseases in South Africa: Implications for health education programmes. *AIDS Care*, 10(2), pp. 39-55
24. REID, G., and T. DIRSUWEIT. 2002. Understanding systemic violence: Homophobic attacks in Johannesburg and its surroundings. *Urban Forum*, 13(3), pp. 99-126