

Friendly healthcare

Making public healthcare spaces more friendly to men in same-sex relationships could help to reduce the spread of HIV

Many participants perceived that health care facilities themselves were 'straight spaces'...



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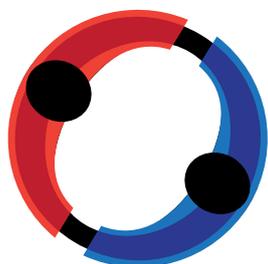
Public health facilities are ill-equipped to meet the care and treatment needs of men who have sex with men (MSM) and so are missing an opportunity to reduce the spread of HIV. Participants in a recent research study related experiences which drove them to hide their identity or seek services elsewhere.

Stigma and discrimination are experienced by MSM when accessing many public health care facilities such as clinics and hospitals. This may take the form of explicit discrimination and humiliation, or implicit micro-aggressions and hostility from health care professionals and others in health care spaces.

These are the findings of a recent research study involving 27 southern African MSM couples (11 in Namibia and 16 in South Africa). Participants were interviewed simultaneously but separately from one

another to maintain the integrity of their responses.

Most notable among the negative experiences reported by the participants was health care workers' overall aggression and judgemental attitudes towards same-sex desire and behaviour. Respondents in the study suggested that this was because health care workers did not have adequate sensitisation training and that they did not know how to create same-sex friendly spaces or provide services in the appropriate manner. Personal



**Together
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Together Tomorrow is a study exploring the HIV prevention needs of men within same-sex relationships in an attempt to better understand behaviours which could place men at increased risk of HIV. The study was led by the HSRC in collaboration with investigators from the University of California, San Francisco and the University of Michigan, in partnership with the Gay and Lesbian Network (South Africa) and Positive Vibes (Namibia). It was funded by UK aid through the EHPSA programme.

Perceptions of health care spaces as straight spaces

MSM are a key population of HIV prevention and care programming. Although there are pockets of HIV services targeting MSM across Southern Africa, the integration of these services into the public health care system has been slow.

Participants had experienced homophobic stigma and discrimination when accessing public health care services

Disclosure of same-sex practices to health care workers was low

Inadequate sensitization training for health care workers leading to their inability to provide queer friendly services

Public health spaces were seen as "straight spaces", making provision of care and support for MSM difficult

Queering public health care spaces to improve MSM access and engagement with the public health care systems could improve national efforts to reach this population and reduce the spread of HIV

Sample: 16 couples in South Africa and 11 couples from Namibia. **Data:** Partners interviewed separately

attitudes and negative behaviours on the part of health care workers were not always contained in spaces in which the services were delivered.

Many participants perceived that health care facilities themselves were 'straight spaces'. The very nature of the spaces, which project attitudes consistent with traditional male or female gender roles and the assumption of heterosexuality as the norm, was a barrier for MSM who wished to access the services.

Their experience of public health care facilities as being hostile and discriminatory rather than gender and sexually diverse accepting spaces, made some participants feel that they needed to 'act straight' in the way that they behaved and dressed to be able to access the services, or even to have the courage to enter the spaces.

This suggests that within public health spaces, MSM are less likely to feel comfortable, and therefore less likely to disclose same-sex activity to health care workers. This was born out by the research which found that disclosure of same-sex desire and practices to health care workers by participants was low. Avoidance to disclose, limits the access of MSM to services such as PrEP (pre-

exposure prophylaxis), screening for HIV and other sexually transmitted infections, and, ultimately, to receiving treatment for HIV. This is clearly of concern in the fight against the transmission of HIV generally.

Many participants reported that they would rather access health care services through NGOs which specifically cater for MSM than public facilities so as to avoid hostility and discrimination. This expressed preference for accessing health care through targeted NGOs indicates a need for health care in public health care facilities to be delivered in a more accepting manner and tailored to the specific needs of MSM. Changing health care spaces, or 'queering the spaces' to allow for more gender inclusive and professional treatment, may improve MSM access to prevention and treatment. This in turn could enhance national efforts to reach this population and reduce the spread of HIV. The researchers also recommend that curricula at tertiary level and within in-service training/ orientation programmes for public (and private) civil servants should be strengthened with a clearer focus on sexual orientation and gender identity and expression (SOGIE).

