

Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV

The Experiences and Needs of LGBTI Living with HIV in Johannesburg, South Africa

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	African National Congress
ARV	Antiretrovirals
CAL	Call to Action
CV	Curriculum Vitae
DoH	Department of Health
EPOC	Ekurhuleni Pride Organizing Committee
FEW	Forum for the Empowerment of Women
FGD	Focus Group Discussion
GALA	Gay and Lesbian Archives / Gay and Lesbian memory in Action
GNP+	Global Network of People Living with HIV
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HTA	Higher Transmission Area
HSRC	Human Sciences Research Council
INERELA	International Network of Religious Leaders Living with or Personally affected by HIV/AIDS
KII	Key Informant Interviews
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LTA	HIV Leadership through Accountability programme
M&E	Monitoring and Evaluation
MSM	Men who have Sex with Men
MMC	Medical Male Circumcision
NAPWA	National Association of People Living with HIV/AIDS
NGO	Non-Governmental Organisation
NSP	National Strategic Plan
OSISA	Open Society Initiative of Southern Africa
OVC	Orphaned and Vulnerable Children
PLHIV	People Living with HIV
PHRU	Perinatal Health Research Unit
POWA	People Opposed to Women Abuse
SANAC	South African National AIDS Council
SOHACA	Soweto HIV and AIDS Counsellors' Association
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TAC	Treatment Action Campaign
WSW	Women who have Sex with Women

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Dedication

This report is dedicated to Noxolo Nogwaza, Ekurhuleni Pride Organising Committee (EPOC) Member, who was brutally raped and murdered in April 2011. NAPWA stands behind all Lesbian, Gay, Bisexual, Transgender and Intersex people in South Africa and advocates for their human rights, including their right to life and their right to be free of discrimination. No LGBTI should be raped and killed for being who they are. The rights of LGBTI and people living with HIV are enshrined in South African Constitution. The families and loved ones of those affected must have immediate access to justice. This cannot continue.

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Executive Summary

This is a report on a study conducted with Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people to explore their Sexual and Reproductive Health and Rights experiences and needs. The research exercise involved HIV positive LGBTI people and LGBTI NGOs in the greater Johannesburg area in Gauteng, South Africa. The main objective of the research was to collect data on sexual and reproductive health needs and experiences of LGBTI community, especially among people who are living with HIV.

Methodology: A non-probable sampling technique was used to collect data. This means that not all prospective participants stood equal chance to participate in this research. Participants were sampled according to tight inclusion criteria. Two FGDs, of 8 gay men and 12 lesbian women, were conducted with LGBTI people. Furthermore, 6 KIIs with stakeholders and 7 with LGBTI people were conducted respectively. All FGD participants were residents of the greater Johannesburg area, and their age ranged from 19 to 47 years. Question guides were aimed at getting a holistic overview of the way stakeholders and LGBTI people are perceived and treated in South Africa, this was to be solely based on the South African Constitution and what is happening in practice. Qualitative data were analyzed manually by pulling out themes. A research team met and agreed on the codes and themes.

Findings: Numerous initiatives, research and NGO awareness-, education-, training-, care- and support programs are currently taking place. This said there is immense discrimination in South Africa towards LGBTI persons and HIV creates double stigma. Even though LGBTI rights are enshrined in the South African Constitution and some attempts are made to address the issue, the case scenario is undesirable. LGBTI people have several needs that still require South Africa's immediate attention and these include inter alia, male-friendly clinic services, involvement of LGBTI people in decisions that pertains their lives, acknowledgement and respect for safer sex product provisions including female condoms, large condoms, lubricants, loops and dental dams. Discrimination against the LGBTI community is manifested in derogatory terms used to denote them, 'izitabane', 'izinkonkoni', 'onqkumbili', 'hate crimes', 'corrective rape', 'murders' and 'killings'. In addition, very well-articulated cases of discrimination from different institutions which includes the family, the church, the school, the workplace, health care facilities, the South African Police Services and the Criminal Justice System are presented. These were mainly associated with stigma and ignorance on the part of both LGBTI and the HIV community itself and the South African community at large. From these aforementioned institutions the tendencies of discrimination amongst others include, expulsion from churches/rural areas/schools, mockery when discrimination is reported, reported cases not being followed up, and withholding employment and health care services to people identifying as LGBTI.

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Conclusion and recommendations: The study identified several conclusions and recommendations, including the following:

- Train LGBTI people on the Constitution and the rights of LGBTI people
- Promote community awareness of the rights of LGBTI people
- Strengthen documentation and monitoring of the experiences of LGBTI people
- The Department of Health to strengthen systems to support the needs of LGBTI people
- South African Police and Justice Services must deal with hate crimes against LGBTI people and ensure access to justice
- Non-judgemental and supportive services must be provided at clinics for LGBTI people
- Organisations that provide workshops and support should be inclusive of LGBTI issues
- The importance of accurate and supportive reporting of LGBTI issues in the media

Background and Introduction

The National Association of People Living with HIV/ AIDS (NAPWA) South Africa collaborated with the Global Network of People Living with HIV (GNP+) to implement the HIV Leadership through Accountability (LTA) Programme in South Africa. The LTA programme had five components and these included the People Living with HIV Stigma Index, the Human Rights Count!, the Global Criminalisation Scan, the GIPA Report Card, and the Sexual Reproductive Health Rights (SRHR) research project in South Africa. This report focuses on the Sexual Reproductive Health Rights research project whose objective was to gather data on sexual and reproductive health (SRH) needs and experiences of LGBTI people living with HIV in South Africa, Gauteng, Ekurhuleni, Kwa-Thema at Springs. This area, KwaThema was selected since NAPWA, had received many HIV positive LGBTIs from the area. It was envisaged that at the end of this study, NAPWA and GNP+ will be able to use data for lobbying and advocacy campaigns on behalf of LGBTI people living with and affected by HIV.

The rights of LGBTI people in South Africa are enshrined in the Constitution. According to the South African Constitution all its citizens are equal in the eyes of the law. LGBTI people are not an exception to that. Most countries have regarded the South African Constitution as being progressive. In addition to the Constitution, the South African AIDS Charter and National Strategic Plan include LGBTI people in its plans to mitigate HIV prevalence even though there are concerns from relevant stakeholders that the details thereof are non-existent. This poses challenges and it is reported that sexual minorities endure prejudice and discrimination as a result of ignorance and misconceptions regarding the LGBTI community. This report aims to highlight the health and sexual reproductive health needs of the LGBTI community.

According to section 2, of the South African Constitution, under the heading on equality, everyone is equal before the law and has the right to equal protection and benefit of the law. According to this critical document equality includes the full and equal enjoyment of all rights and freedom. It further asserts that to promote the achievement of equality, legislative and other measures designed to protect or advance persons, or categories of persons, disadvantaged by unfair discrimination may be taken. It goes on to mention that the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

Research consultants that were entrusted with the assignment hereby acknowledge that not much research has been done on the topic. However, the few LGBTI NGOs that participated in this exercise have projects and activities that have emanated from the findings of the few

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research projects that have been conducted in the country. These research projects include ANOVA Health Institute, Human Sciences Research Council and Reproductive Health Research Unit. The results of the research projects were that HIV prevalence amongst LGBTI people especially amongst gay men is high. Hence most prevention measures that were designed seem to have concentrated more on gay men thereby to a certain extent leaving out other LGBTI people.

The objective of this exercise was amongst others to do the following:

- To explore the participants understanding of the LGBTI community and their Human Rights;
- To ascertain their understanding of LGBTI people's legal rights and the constitution;
- To identify whether the SRHR needs of LGBTI people are addressed in the NSP;
- To identify the needs of LGBTI people;
- To explore the challenges that LGBTI people face; and
- To identify the Sexual and Reproductive Health and Human Rights Violations frequently experienced by LGBTI people.

Initially when the researcher started recruiting prospective participants, she had used the term 'LGBT' and the first participant suggested that the term includes 'I' at the end as this was going to be viewed as the Intersex were being excluded. This was accommodated and appreciated.

Research Methodology

Sampling and Selection of Participants

A non-probable sampling technique was used to collect data. This means that not all prospective participants stood equal chance to participate in this research. Participants were sampled according to tight inclusion criteria. These inter alia included LGBTI NGOs and LGBTI persons that are openly living with HIV and reside at Kwa-Thema, in Springs. Hence purposive and snowball sampling techniques were used to identify prospective participants and qualitative research methods were used to collect data.

Organizations that provide LGBTI services/stakeholders and LGBTI people living with HIV were invited to participate in the study. The organizations that participated included Anova Health, SOHACA, AIDS Consortium, EPOC and a pastor that represented the Hope and Unity Metropolitan Community Church/Board Member for Behind the Mask Movement and the Gay and Lesbian Archives Churches. Hence the three question guides for this informal discussion exercise were designed:

- a focus group discussion guide for LGBTI people
- a key informant interview guide for stakeholders, and
- a key informant guide for LGBTI people.

All three data collection tools were in English and this was appropriate for the focus community - namely the stakeholders. However, the FGDs and KIIs with LGBTI people were all conducted in Zulu and Xhosa languages as and when necessary.

The EPOC group helped the researchers identify FGD participants. The researchers thereafter used their own discretion to identify key informants for interviews after having identified them from the FGDs. The age of men ranged from 19 to 47, whereas the age of women ranged from 19 to 34 years.

Key Informants

The inclusion criterion for the interviews with the stakeholders was that they are senior or the heads of the non-governmental organizations that provide services to the LGBTI and sexual reproductive health issues in general. On the other hand, those of LGBTI people were those who are HIV positive and who have encountered problems as a result of their sexual

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orientation and preference. All participants had to be above the age of 18 years in order for them to qualify to participate. Table 1 below shows the names of the NGOs and the stakeholders' primary roles.

Table 1: Key Informants from the Stakeholders: The NGOs and LGBTI services provision

Name of an NGO	Primary Activities and Years of Service
SOWETO HIV and AIDS Counsellors' Association	General support and counselling for all people affected and infected by HIV and AIDS including children, women and the gay lesbian and transgender community
ANOVA Health (2 participants-joint interview)	ANOVA Health Institute: an NGO that provides ARVs, and HIV-PVT care to support government. Public health care support that makes a difference, cutting the edge and filling in the gaps in HIV service and research since 2006. Operates a clinic for men, bisexual people, men who are married, 'after nine' GP, Mpumalanga, Cape Town and North West
EPOC (3 participants-Joint interview)	Ekurhuleni Pride Organizing Committee, training, support, care and advocacy
The Hope and Unity Metropolitan Community Church (HUMCC) /Gay and Lesbian Archives/ Board member Behind the Mask	Affiliated to the Metropolitan Community Church which is affiliated to the LGBTI community originated in the United States, known for the candlelight which they have every Sunday. Support group where people share their experiences, deals with self-stigma within the Congregation itself/ GALA keeps archives of LGBTI people who disclose their status. Partnership with INERELA- International Network of Religious Leaders (Parktown offices) that supports people affected by HIV.
The AIDS Consortium	Organisation founded on the experiences of discrimination against people living with HIV. It provides support to the HIV and Human Rights sectors thereby driving social change through building capacity and AIDS competence since 1992. Meet with researchers and distil the findings so that they can be understood by communities.

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Focus Group Discussions

All FGD participants were residents at Kwa-Thema in Springs, and their ages ranged from 19 to 47 years. The composition included people who are unemployed and the following people from these respective organizations:

Table 2: Participants for the FGDs: Organisations presented and participants' roles

Organizations	Roles
Kwa-Thema Main Clinic	HIV/AIDS Lay counselor
White City Clinic	HIV/AIDS Lay counselor
Treatment Action Campaign	A volunteer
Department of Health	Medical Male Circumcision Coordinator
Department of Education	Professional Educator
Finance	Providing loans
Springs College	Information Technology Student
South African Police Services	Reservist Constable Volunteer
Others were self employed	Painting and Gardening services, hairdressers
Bophelo Foundation	Volunteers, HIV and AIDS Counseling
EPOC/Kwa-Thema	Educate people about LGBTI people

Data Collection and Analysis

Data Collection Methods

Two FGDs, of 20 people in total, were conducted with LGBTI people. Furthermore, 6 KIIs with stakeholders and 7 with LGBTI people were conducted respectively.

Question guides were aimed at getting a holistic picture of the way stakeholders and LGBTI people are perceived and treated in South Africa, this was to be solely based on the South African Constitution and what is happening in practice. Questions or themes included target groups' understanding of the term LGBTI community and their human rights, the understanding of human rights and the South African Constitution, their needs/challenges, the frequently occurring sexual and reproductive rights violations, and the overall LGBTI situation analysis.

The Consenting Process

Verbal consent was solicited and granted by participants.

Venues Used for FGDs and KIIs

For FGDs and KIIs with LGBTI people, NAPWA facilitated that the LGBTI NGO EPOC office be used to facilitate the sessions.

Facilitation Skills

The facilitator of the sessions has extensive experience of conducting FGDs and in depth interviews. She has a background in psychology, social work and sociology and has worked in the HIV sector for more than sixteen years, with different groups - including those who are sometimes publicly discriminated against, such as sex workers and LGBTI people.

Languages Used for Data Collection

LGBTI participants' preferred languages were used in facilitating FGDs and KIIs, which in most cases was isiZulu and isiXhosa. However, all the stakeholder interviews were conducted in English.

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Audio-Recording and Transcribing

All the FGDs and the KIIs were successfully recorded on digital recorders. These were then subsequently transcribed verbatim. Transcripts were thereafter coded and analyzed by extracting themes.

The Duration of the FGDs and KIIs

The FGDs lasted nearly two hours, whereas the individual interviews lasted between twenty minutes to two hours. The interviews with the stakeholders took longer than those with LGBTI people.

Data Analysis

Qualitative data was analyzed manually by identifying themes. A research team met and agreed on the codes and themes.

Results

Understanding of the term LGBTI

The understanding of the term LGBTI was solicited from all participants. Almost all participants were aware and clear about the meaning of the acronym LGBTI and knew that the term stands for Lesbian, Gay, Bisexual, Transgender and Intersex people. Overall their understanding of the terms is the preference of a same sex partner.

However there were local terms that were mentioned by participants which were used by their respective communities which have condescending connotations:

- “Izinkonkoni” (Zulu for homosexuals)
- People who dress like “Christmas trees”
- “Izitabane” (a derogatory word which is used by township people to express disapproval for the homosexual lifestyle)
- “Onqukumbili”

Furthermore, different types of LGBTI persons were mentioned and these included men ‘after nine’ (men who would be viewed as heterosexual who would usually be married to women but date males clandestinely), the king (lesbians that takes upon a masculine role in a relationship including the dress code sometimes), transvestites (gay men who dress up like ladies), and bushy lesbians (lesbians who would behave in a masculine manner in a relationship).

The LGBTI Community and LGBTI Human Rights

Most participants indicated that they do not think that their rights are protected. They mentioned instances where they felt that their rights as LGBTI persons were not respected.

Support in South Africa

Government Support

Participants noted that there is support from the Department of Health, nationally from different communities and groups, and the Department of Justice. Government has been supporting NGOs in the following ways:

- **Funding and Facilitation:** NGOs that tackle LGBTI issues receive funding from the Government. Funding, according to one KII ensures that:

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“we facilitate those support structures but we strongly believe that within our own Government we need programs, effective programs that will target the needs of the LGBTI especially the [HIV] infected and affected LGBTI (people)...we continue facilitating the support groups whereby LGBTI [people] are able to share and communicate their needs.”

The Department of Health with the help of international funders are also reported to fund ANOVA Health institute which assists with the roll out of ARVs and the Men’s clinic in Soweto - which also offers the training of HCWs around issues of LGBTI people.

- **Research:** During this research exercise, two research organizations with a remarkable standing were mentioned to have conducted some research on LGBTI people, namely Human Sciences Research Council (HSRC) and Perinatal HIV Research Unit (PHRU).

One KII reported that the Department of Health has not done any research and that more should be done:

“There is a research [unit] within the Department of Health, that research [unit] - they don’t have anything, our own country, our own research department, they have nothing on data regarding Men who have Sex with Men and they regard Women who have Sex with Women as if they cannot infect each other.” (KII, m)

Participation in International Conferences

South Africa is also reported to have participated in the International Conferences that focus on LGBTI people. This participation was viewed to be an attempt to socialise people on LGBTI issues as this quote illustrates:

“I saw it at an International AIDS Conference and it was a series of things that were saying if I was gay, would you still let me be your doctor or something. If I was gay, would you still consider me your son, some of those along those lines, I thought it was a very powerful campaign.” (KII, f)

Initiatives for LGBTI People

Several initiatives including Male Health Clinic, Gay Pride Marches, and Resource Offices (like the Gay and Lesbian Archives at the University of Witwatersrand where readings on the LGBTI community can be accessed) were reported. However, there are a number of other initiatives for LGBTI people were mentioned by participants.

Training and Education

ANOVA Health Institute provides training on LGBTI issues nationally to HCWs, and sensitising HCWs to issues that LGBTI people face and how to help the LGBTI community to deal with these – irrespective of their “moral thinking” and “belief systems” (KII, m). They are now reported to be providing the service outside South Africa as well:

“...at Kigali in Rwanda, even the President himself supported that so we are still mentoring them on e-mail and I think we are due for another visit on Kigali” (KII, m)

Furthermore, some South African NGOs reported that they educate the communities on LGBTI people:

“We do have outreach workshops that are linked with Men’s Health and also the LGBTI group, where now, there are campaigns that have been done by either the Department of Health in the local authority, provincial, or national level, we will be involved, where we will have small stands, gazebos, go out, we go out as a team either way, we give information, we discuss with the community and the people come in and ask for information and in turn they know about the services.” (KII, m)

It was observed that the Department of Health does play a role in these activities.

Clinical Service Provision

NGOs have also provided clinical services, specifically male friendly clinics that provide (amongst other things) voluntary medical male circumcision – two clinics in Johannesburg and one in Cape Town were mentioned by the KIIs. Although not clinics that specifically focus on LGBTIs they do cater for men specifically and therefore also have LGBTI people as part of their target group.

However, there were instances reported, where gay men were not able to access HIV treatment, and this was reported to be occurring frequently in the rural areas:

“We still have gay men who are very out, who cannot access ARVs within the rural areas of South Africa because maybe they are being known by a nurse or a certain worker in the clinic that he is sleeping with other men.” (KII, m)

There is a need to educate both the LGBTI community about their rights and the nurses about LGBTI people’s rights, such as the training provided by ANOVA Health Institute.

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NGOs Providing Care/Support/Referrals Services

The following table is the list of NGOs that were reported to deliver services for people living with HIV and LGBTI peoples. Most of the above-mentioned organizations were reported to provide support, guidance, advocacy and lobbying services, information sharing, working with the media and the education of the community at large, gay men's clinic, support groups where a lot of information can be shared especially when you are living with HIV:

Gay and Lesbian Archives (GALA) at the University of Witwatersrand	Archives of LGBTI history
Behind the Mask	The publishing organization for the LGBTI community
Forum for the Empowerment of Women (FEW)	Empowerment of Lesbian women
OUT	Provision of LGBTI resources and support
National LGBTI Campaign	For Human Rights Formations
Women who have sex with Women (WSW)	
Men who have Sex with Men (MSM)	
Pro-bono	Address Legal Issues
Human Rights and Research	International and SADC region research
The Equality Triangle	
South African NGO Coalition	
Treatment Action Campaign (TAC)	
The AIDS Consortium	
INERELA	
OSISA	
NAPWA	
SOHACA	
Perinatal HIV Research Unit	
Human Sciences Research Council	
EPOC	
Kwa-Thema Youth Desk	
AIDS Law	
People Opposed to Women Abuse (POWA)	
Triple Seven Equality Project	
CAL	Call to Action

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Other organisations help LGBTI people access female condoms, sometimes bringing condoms to meetings/workshops for distribution, protection packs i.e. fingerdoms, cling wrap, dental dam, lubricants and gloves.

LGBTI people indicated that they receive support from the LGBTI NGOs:

“But from organisations like EPOC and OUT we get help and we also get to know things that affect us better. Even when you are raped you will be afraid to go there, the best thing is to ask this one who knows how he will talk to the police ...” (FGD, f)

Additionally,

“They actually go to them to say: “I know what my rights are, this person is entitled to such and such, as the Constitution stipulates...”” (FGD, f)

From the quotes above it can be deduced that the NGO support that LGBTI people receive is commendable, appreciated and needed.

Monitoring and Evaluation

From interviews, it was found that monitoring is not only done for the South African Government, it is also done for the International collaborators and funders. The aforementioned need to know the progress of programs and as a result, this therefore indicates that these initiatives are indeed monitored for local and international purposes:

“We only have Health for Men that is looking after MSM, that MSM can come in and access services so there is this program that speaks about that so it goes back to the President’s call about the NSP. If the President has made a stride to say I need this program to run, this is your target, this is your score card, by 2011 I need so many MSM to access services, has that been established, so the minister, himself needs to ask the people on the ground to say have you met those targets. The International People want to know what you have done about MSM” (KII, m)

It has been noted that sometimes monitoring is numbers-driven, if accompanied by quality management systems, a better result would be achieved.

Most participants reported not having any information regarding South African monitoring systems, as such, those that were aware of what has happened were concerned that the monitoring that is taking place is not enough:

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“I think we need a paragraph or a page to actually unpack LGBTI issues because an AIDS plan shouldn’t be focusing on just the mothers and babies.” (KII, m)

Monitoring was indeed provided by the Department of Health as this quote illustrates:

“They are monitoring their programs, how much you have used, when were you funded, your caregivers, are you able to reach your target population, your reporting system, are you still as an NGO registered with the Department of Social Department, your registration status, you know all those things.” (KII, m)

It was also mentioned that the DoH monitors and evaluates the High Transmission Areas (HTAs) or Special Risk areas and this have meant the CSWs, LGBTI people were only included in 2010.

Moreover, it was noticed that participants only mentioned the monitoring in terms of record keeping of the finances and expenditures:

“He will want to see all the till slips and to also know, that as there was a support group, how many people attended and how much [of the funding] was used.” (FGD, m)

Participants were asked if NGOs that provide LGBTI services have monitoring systems in place – the two main issues that were raised were that participants were not sure whether these systems were in place and the issue of corruption:

“Organizations do not have monitoring systems in place, as South Africa is so corrupt, everybody is corrupt. So even those organisations they are corrupt themselves as ANC is so corrupt.” (FGD, m)

Additionally,

“We don’t know if they are there or not, but mostly what I see is corruption, I just see corruption. As South Africans, it is not that we are based in these organisations but just what happens in South Africa, once a person assumes a position of power be given certain tasks and does favours and things such as those. I think that happens everywhere.” (FGD, m)

Understanding of LGBTI Rights and the Constitution

Data indicates that South Africa has a very good and progressive policy for the equality of all its citizens irrespective of inter alia its sexual orientation, gender, race, HIV status. Almost all the participants in these sessions were aware of this assertion. This is supported by its Constitution. Chapter two of the constitution emphasizes equality of all its citizens.

According to participants there are systems in place in South Africa to protect LGBTI people. According to participants there are relevant and useful laws on paper, there are structures but what is practiced is the direct opposite.

Participants were asked if they think the rights of LGBTI people were protected in the South African Constitution and the responses were as follows:

*“That is protected in the Constitution; I can say every one of us is aware of that.”
(FGD, m)*

Additionally,

“The rights of LGBTI [people] are enshrined in the constitution of South Africa. I know it very much that our rights are being enshrined in the constitution, it’s a matter of the relevant organization and stakeholders taking the initiative in ensuring that we communicate, we unpack those rights to the relevant communities (KII, m).

Indeed, the quotes above indicate that South Africa has a progressive constitution when it comes to the issues of LGBTI people. For instance, same sex marriages are allowed in South Africa, LGBTI people can adopt children and that all South African citizens are equal in the eyes of the law irrespective of their sexual orientation hence discrimination within reasonable doubt in this regard is regarded as a criminal offence.

Protection

Many of the participants stated that even though they were often discriminated against they felt that they were protected by the law. Some participants even went as far as to compare their “protection” to LGBTI people in neighbouring countries:

“I’m saying that here in South Africa we are still better off because at least our rights – for instance to get married as lesbian is in our law and it is allowed. In places such as Malawi that thing is not allowed. Even in Swaziland because there when you are a homosexual you get arrested and all that, you see?” (FGD, f)

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However, it was noted that participants were concerned that there were people within the society who were ignorant on LGBTI peoples' rights and their inclusion in the constitution. These were the people who would be ignorant and who have the tendency to discriminate against them as this quote states:

"We also come across others who are not well informed about their rights and about what the Constitution says about LGBTI (people)." (FGD, m)

Ignorance to some extent is reported to be manifested and expressed in terms of hate crimes as this quote indicates:

"As much as we have this progressive constitution, where people know that South Africa is a country that welcomes the LGBTI community but there is still lot of challenges, people are still being killed. We have seen lesbian women who have been raped and who have also been killed and also because of that ... lesbian women have contracted HIV." (KII, m)

Safer sex issues

Participants were asked if what is said in the Constitution is practiced in South Africa and the overwhelming response was that it was not. Participants unanimously agreed that the dictates of the Constitution are not being followed most of the time as this following quote illustrates:

"Something else we can point out on is that as much as it is law to say that our rights as gay people are protected well that is policy but in terms of implementation by the powers that be... Politicians of course, would say that gay people are protected but then the things that happen sometimes the very politicians who are supposed to be saying "but guys in our Constitution these people's rights are enshrined in the Bill of Rights and protected in the Constitution... so, policy and implementation, it's two different." (KII, m)

According to LGBTI people, safer sex products such as condoms, fingerdoms, dental dams, and cling wraps are not provided and not easily accessible for them:

"As we are lesbians, we are not provided with condoms which are obtainable at the clinic but the others are able to get them for free while we have to buy ours so that is not okay." (FGD, f)

Human Rights Issues

According to research, the South African Health Care system is viewed as not being male friendly and LGBTI people are no exception to this:

“If you are looking at STI clinics, it’s usually women-orientated, yes, with some proportion on issues around males but not specific package for MSM or LGBTI group, so there is no service package for males in my own experience that is integrated with what is identified as the LGBTI package for LBGT group.” (KII, m)

SRHR Needs of LGBTI People and the NSP

Participants were divided in opinion on the issue of LGBTI peoples’ inclusion in the NSP endeavours as the following quotes imply:

“Because we have got a NSP which is talking about Population at Risk and if you look at the NSP, Population at Risk it talks about IV Drug Users, it talks about Refugees, it talks about MSM, it talks about OVC, you know orphans so those groups, we have got targets that by 2011 which is expiring this year, we have got to say, we have met those targets but with MSM we have made strides okay in a small scale because if you look... here in Gauteng or if you look ... here in Soweto.” (KII, m)

For some participants the NSP does cater for LGBTI people, whereas others indicated that Women who have Sex with Women are not mentioned:

“Our own government needs to take an initiative in terms of supporting, in terms of making sure that there are resources for Women who have Sex with Women but so far there is nothing that is effective, there is nothing that one can refer to and say at least our Government has done something that is tangible as such, they are trying to support the LGBTI community as the Strategic Plan suggests.” (KII, m)

It was noted that participants had divided opinions with regard to the NSP and the inclusion and the protection of LGBTI people:

“I once read the current one, I strongly agree with the current one that has been recently introduced by Zuma’s planning committee wherein they also include medical male circumcision is absolutely focused on heterosexual males.” (FGD, m)

However, participants regarded the NSP as a document focusing on HIV and AIDS more so than anything else:

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“... it is unfortunate that our own National Strategic Plan, as a plan as a policy, it doesn't serve accordingly the LGBTI community, it doesn't say much, the NSP, the very famous National Strategic Plan on HIV and AIDS doesn't serve any purpose as far as the LGBTI is concerned.” (KII, m)

Additionally,

“It does talk about the rights, it does talk about the fact that Men who have Sex with Men need to be considered within the health in South Africa but it doesn't unpack the real needs you know, the real needs as in, if a ... man [living with HIV] discloses [his sexual orientation], what if a [HIV] positive man needs the ARVs is he gonna be treated like any heterosexual member within the clinic, do you get what I am trying to say.” (KII, m)

Challenges faced by LGBTI People

Overall it seems that even though South Africa has such a progressive constitution, there is a trend of an institutionalized homophobia – whereby institutions such as families, schools, police and justice departments, clinics, churches, workplaces, and youth clubs discriminate against LGBTI people.

Schools

Discrimination was also reported to be taking place at schools:

“And also we still experience discrimination within the schools. A lesbian girl cannot come out easily within the rural areas but even within the urban areas there are areas where a lesbian cannot boldly say ‘I am a lesbian’.” (KII, m)

Some LGBTI individuals who are children were reported to have been chased away from schools. This was reported to have happened at a school in a rural area:

“I received calls through the national phoning with those concerns because we had a workshop at Mtata. After that, many people came back, they called saying we have these kind of problems, we were chased away from school.” (KII, m)

LGBTI parents face problems when there are parents' meetings and they are accompanied by their partners. Teachers/educators do not seem to accept their sexuality:

“And the teacher should not be silly, she should not be silly. They become silly. You see? Let's say there's a parent's meeting and you come with your child then the

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teacher has an attitude or she will just fancy the child. This thing is there and it happens and then it confuses the child, you see.” (FGD, f)

From these sessions it was also suggested that LGBTI parents should inform their children of their relationship to avoid confusion, this was in an instance where some participants were suggesting that the teachers do it on their behalf. Participants concluded that children of the same sex parents will need to be enlightened about their parents sexual orientation for instance at an age where they are able to understand, some made an example of five years of age.

Some children were reported to have been denied access to the schools after being classified as LGBTI people. Should they be realised after they have been admitted, they are discriminated against such that they do not have other options but to leave as this quote illustrates:

“At schools like I have said they are not admitted or if they are already admitted, a certain teacher, last year we had cases even here in Jo’burg, a certain teacher will discriminate up until the child leaves the school because of the principal or because of a certain teacher. Maybe a gay man or a lesbian would like to dress like a man, maybe she wants to wear pants, she feels comfortable in it, the school will have a problem with that, you know all those issues.” (KII, m)

Places of employment were also reported as having tendencies of discriminating against LGBTI people.

Prospective Employment/ Workplaces

Discrimination in the community at large was reported and these included prospective employers not attending to LGBTI peoples’ CVs, if the CVs indicate that they are LGBTI people:

“And sometimes in jobs we do not easily get employed because of the way we are. They could phone and invite you for an interview and when you get to an interview and they see your appearance. They will give you a promise to phone you within a week.” (FGD, f)

Additionally,

“For instance when you apply as a gay man or as a gay woman and include in your CV that I have done voluntary work at OUT or in the gay and the lesbian community, my CV will be thrown away because people within a certain department don’t

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understand or they don't conform to the issues of the LGBTI. I think that is why I am saying we need to conscientise our community." (KII, m)

The unemployment rate in South Africa is high, just like other South Africans, LGBTI people have to work for a living, since there is enormous discrimination in the employment arena, some LGBTI people opt for commercial sex work as this quote illustrates:

"You find that the LGBTI community flocks to the urban cities because of that, they run away from the rural areas to come to town because of such issues, others become prostitutes because of the discrimination they encountered in the rural areas. Even within Soweto, you find gays who will go and stay in Hillbrow, I have got friends who left since at home in the township they have been chased away, they go and stay in Hillbrow and in Hillbrow they are able to sell." (KII, m)

Churches

Participants stated that they did not feel protected in the churches they attended. One participant stated that:

"...the priest will not mind to open up a verse and direct it straight to you." (LGBTI, m)

Additionally,

"Sometimes you find that the priest is already busy with his sermon when a lesbian comes in he will change the topic and start preaching about Sodom and Gomorrah... They say that God created Adam and Eve, and they tell us that He did not create Steve and Adam." (FGD, f)

Furthermore, some FGD participants reported having been relieved from their duties at their respective churches and denominations as a result of being a LGBTI:

"My partner was a chairperson in the church board because we went to the same church, they ended up having a meeting at church and they called him in to tell him that he cannot be a chairperson in the church board because he is married in a same sex marriage." (FGD, m)

Specifically, participants mentioned how the church is not only dismissive of LGBTI people but also of people living with HIV:

"There are churches and denominations that will tell you that in our church we don't even talk about sexuality. When it comes to HIV, it's even a taboo and they will tell

you in our churches we don't have people such as those and you will find that, this on its own creates a problem because within those churches there are people that are living with HIV but because the church is saying, they don't have such people, then people feel ostracized, people feel isolated, people feel that they don't even have a place in the church so that is why you will find that most of the time people will when you speak to them about church and about Christianity, people are less interested because the church which is supposed to be a welcoming place, where people are supposed to feel healing and acceptance that's where people are mostly rejected, isolated, ostracized a church has hurt people and it has portrayed a spirit of hatred and not a spirit of acceptance which is something that is totally different from the love of God, the church has actually done the opposite of what it stands for." (KII, m)

Religion and Cultural Issues Hinder LGBTI Participation in Society

A number of cases were mentioned where participants felt that religion was working against them, specifically in relation to African culture:

"In urban [areas] in most cases it is because of religion, because of religion and culture in the urban [areas] and also culture plays a very important role within the rural areas of South Africa. Because of our religion, a man cannot tell us that he is sleeping with another man, a man cannot disclose [his sexual orientation] freely within the community, there are forums that are managed by amakhosi, they cannot go there because they are men and are sleeping with other men, your dignity, do you get me, all those things." (KII, m)

Societal expectations are still strong - for instance, it is expected that a man will date a woman, in instances where this does not take place, in areas that are still under the traditional authoritative demarcations, LGBTI people are expelled through a traditional phenomenon called 'ukudingiswa' expulsion:

"The chief was told that my child is gay, we are going to be evicted here, those type of things, things that are sad, you see... in some cases the whole family gets evicted." (KII, m)

Clinics/Hospital Treatment

Several issues regarding the treatment at the clinic and the hospitals were raised. These included, amongst others, nurses not understanding how lesbian women, in particular, can acquire HIV:

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“It’s also similar when you go to test and you are found to be positive. Some questions arise as to how you could have contracted [HIV]...[as a lesbian.” (FGD, f)

When patients present themselves at the clinic the most important thing is to look at the individual’s medical history, but this is not often done:

“At the hospital if you are lesbian and HIV positive and maybe you have to be admitted, they don’t want you to sleep in the same ward as other females. Or they might even refuse to give you pyjamas and give you a nightdress and tell you to go and sleep alone there because you are going to want to be busy with the other females and that is not the right perception because you go there for a simple reason that you are sick not because you are there to abuse other people, so that is not right.” (FGD, f)

HCWs Breaching Patient Confidentiality

HCWs were also reported to disclose LGBTI peoples’ HIV-positive status without their consent.

“...they even know me there they (the HCWs) call me Ma-AIDS this means the mother of AIDS.” (FGD, f)

Discrimination from the Health Care Services

According to some key informants, LGBTI people face discrimination when seeking health care services as this quote illustrates:

“I remember one of our clients used to..., he told me a story when he came here, he was wearing like a woman. He would dress up to seek..., he came to casualty. Yes and when he came to the casualty and then one of the..., it was actually bad because he was told that in our country people like you get decapitated.” (KII, m)

Additionally,

“This is indeed a reflection of [the] South African health system, even though it has its own discrimination issues, the issue will be exacerbated by the health care workers who are from other African countries where the LGBTIs are regarded as taboos. The outcome, the LGBTI was not assisted as this follow up assertion indicates - he didn’t receive help.” (KII, m)

Police Services and the Justice System

According to LGBTI participants, LGBTI people are treated unfairly at the police stations as these quotes illustrate:

“We are not protected as LGBTI’s. When you have been raped as a gay or lesbian, when we go to the constable, they laugh at us.” (FGD, f).

Additionally,

“I cannot go to the nearest police station if I am being sodomised or if I am being raped, I will be a laughing stock, being asked, how can a man be raped, you know all those kind of things.” (KII, m).

This was a very interesting finding considering that the police officers have to see to it that South African citizens abide by the law and that all its citizens receive just and fair treatment.

As the discussions and interviews progressed it became clear that some LGBTI people have opted to not report their cases to the police at all as a result of this treatment. The police authority’s attitude seemed unbearable when some participants mentioned that they no longer go to police to report their cases:

“...some of them have been raped and as soon as the person gets raped she gets scared to report it to the police because that on its own, it will be trauma, they will be asked, why were you raped, can’t you see you are looking like a man, you dress up, you want to be a man, ja, it’s right.” (KII, m)

The results were appalling considering the efforts that the country has put into this sub-community. For them to endure double trauma is unfair.

Mockery and Deprivation of Psychological Support on Reporting Rape Cases

In addition to above, police officials are regarded as showing contempt and encouraging LGBTI people to take the law into their own hands:

“For another man to be breathing on top of you, why did you not just hit him with a fist?” (FGD, m)

The police behaviours indirectly compel them not to report cases even if they have to as this quote indicates:

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“That’s what makes us to be reluctant to go to the police station even when problems befall us...Yes, you become afraid.” (FGD, f)

LGBTI People Being Killed and Perpetrators Never Being Taken to Court

Several murder cases of LGBTI people, especially lesbian women, have been reported at regular basis. These cases have been regarded as ‘hate crimes’ by the LGBTI community.

“They murder us brutally. We are no longer supposed to walk at night but they do walk at night.” (FGD, f)

Additionally,

“The killings of lesbian women, you know I think that’s something of lately that has just been going out of hand and we have seen lots and lots of lesbians being killed and so I think our government just need to do something it because even when we as organizations go and report about these cases and say these are hate crimes, they will say how do you know that this is a hate crime, can you prove, you know so it has been very difficult but the hate crime in terms of lesbian women has really been going out of hand.” (KII, m)

Hatred for LGBTI people in South Africa is manifested in terms of the killings and murders of LGBTI community members:

“We still find people who are murdered because they are gay and lesbian. People who are stabbed because they are gay and lesbian in social gatherings, and then I don’t think that we are protected. Whereby in a case where a matter must be taken through to the police station it will drag on forever.” (FGD, m)

In order for these cases to be moved forward participants said they would opt to march to courts and toy toying (mass protests):

“We have to go and toy-toy (an informal word which means to hold protest marches) at the police station for the matter to moved further up.” (FGD m)

Stigma, Discrimination and Social Expectations

According to the participants the constitution cannot control what is happening in society. For instance, participants are aware that their rights should be protected. However what is

happening on the ground is different from what should be happening as the following quotes indicate:

“They (the rights) are protected but the thing is that they are clouded by discrimination, the people are not well informed when it comes to LGBTI [individuals], so discrimination and the stigma that goes with it are still there.” (FGD, m)

Additionally,

“Just generally in the community and another thing is that people should try and understand the dress code, you see. Like if the job description requires a certain dress code. An individual may not feel comfortable wearing a dress, skirts and heels, you see, she may want to wear jeans in order to feel comfortable and also have her dreadlocks.” (FGD, f)

People Living with HIV Discriminating Against One Another

It was very interesting to learn that there was discrimination amongst PLHIV and within the LGBTI community itself. It was observed that within the HIV community, people were discriminating against one another in terms of the mode of HIV acquisition. This quote indicates the discrimination within the HIV community itself:

“So, although we think that HIV negative people are sometimes the ones that are discriminating against HIV positive people there’s a lot of [PLHIV] that are discriminating against each other.” (KII, f)

Issue of Class Segregations/Stigma

Society has social stratification; heterosexual people discriminate against one another on the issues of social class. From this research exercise it was interesting to learn that even within the LGBTI community itself, LGBTI people themselves had already realized that they discriminate against one another, as the following assertions indicate:

“We do not respect each other; I think that it’s the issue of groups.” (FGD, m)

Additionally,

“The stigma that is attached to being gay or lesbian in a community almost far outweighs the stigma that you get, that’s attached to being HIV positive.” (KII, f)

Society's Attempts to Change the LGBTI Sexual Orientation

Being [a person who is] LGBTI and being gay for instance is sometimes confused with being a soft man, hence they will suggest that a gay man goes for traditional male circumcision so that they can change, they believe that if you go to entabeni (male circumcision) you will come back being a man, all those issues. Some, they... [allow being forcefully circumcised] because they believe maybe the clan believes that if he goes to the mountain/circumcision school he will come back a man (KII, m).

Since some gay men reported being excluded from aforementioned traditional rituals, other participants mentioned that they are going for traditional circumcision, irrespective of them not being welcomed. It was interesting to learn that even though gay men feel this way about the traditional male circumcision program, there were gay men who confessed that despite all that, they will go and get themselves circumcised. They referred to traditional male circumcision as 'Eqhudení'.

Asked to use Toilet Facilities of the Opposite Sex

One participant reported having been chased away from the female toilets (ablution services) at the mall:

"Let's say you are at Tsakane Mall and you need to make use of the bathroom. They always chase me away from the female toilet, they'll tell me 'Hey the toilet for the guys is that way!' you see." (FGD, f)

Derogatory Names

Participants also mentioned that in society they are given derogatory names as illustrated in the section of definitions of the term LGBTI. The following quote demonstrates this:

"When I walk with my girlfriend they haul insults at us: 'Hey these 'zitabane' (a derogatory word which is used by township people to express disapproval for the homosexual lifestyle)." (FGD, f)

Families, Parents and Societal Expectations

There are family, community and societal expectations from children and family members. For instance, when a male is born into the family, in the South African culture, they will voice that a family will grow since that male will be expected to grow, get married and start a family. It is therefore presumably difficult for the family members to explain or accept that in the case of

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their children that will not be the case. As a result they get devastated and are not able to give LGBTI people the support that they need. The following quotes exhibit this issue further:

“That I will bring them a “makoti” (a Nguni word which means bride) and even on her side of the family, they want cows, they want a guy and they even want kids and all these other things.” (FGD, m)

Additionally,

“For a transgender that appeared on the national television where the mother insinuated that she was fighting with God, began battling with her faith as she had thought that her feelings were the way God created to be. The mother had told her, ‘you are fighting with God, God has created you this way and why do you want to change it to something else, this is evil, it means then God will not accept you’. The guest on the TV show said I am now battling with my faith because I have been told that God doesn’t love me.” (KII, m)

These issues in turn lead to abuse that remains unreported to relevant authorities, this sometimes leads to thoughts of suicide for those that are being victimized and ostracized:

“Or maybe in your family, your uncle is abusing you; you cannot [tell anyone] because you are going degrade the dignity of the family and your uncle’s dignity. How can your uncle rape you as a man.” (KII, m)

This also leads to problems of disclosure amongst families:

“He didn’t disclose at home that he was gay, now the issue was now, having to disclose to his mother who did not accept his gay life and he on top of that had to give him the mere fact that he is HIV positive and that the mother couldn’t take and then unfortunately he tried to commit suicide but he didn’t succeed.” (KII, m)

Additionally,

“Some LGBTI [persons] confessed that there are other LGBTI [people] who do not disclose their sexual orientation due to the fear of rejection.” (KII, m)

Perceived Reasons why People Discriminate

Institutions, society and the community at large are reported to discriminate against LGBTI people; we asked LGBTI participants where they think this discrimination emanates from. The following were mentioned as probable precipitating factors to discrimination.

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Fear and Lack of Knowledge

LGBTI people reported that discrimination can also be a result of the fear of the unknown and the lack of knowledge about their community.

*“It’s just that people are not well informed and they don’t know a lot about LGBTI’s.”
(FGD, m)*

Additionally,

“So people are very scared I think these are the challenges and I think we need to go out and educate our communities and also educate our nurses and doctors, all the people that are in the leadership that are working in the communities so there is still a lot of work that still needs to be done.” (KII, m)

Socialization

Some participants stated that people are socialized to believe that being a LGBTI person is wrong:

“If a child at home is going to grow up being told that ‘those gays are just rubbish and deserve to be killed’, a child will grow up with that mind. If they say that in my work area, when I sit down to eat and a doctor says that ‘you are a homosexual, you need to be killed. In the bible they say this...’ What does the person sitting next to me think when he hears this, he will go and tell them at home and when his children meet me on the street or when I’m drinking somewhere other people will be saying that I, as a homosexual must be killed...And I also think that the religion as well does contribute quite a lot because as we know that Lugotshwa luse manzi (a Zulu idiom which translates as “the earlier you attack a problem the more chances of conquering it”). I mean even where I grew up it was fun to make fun of people who are gay and lesbian because everybody else in the community said it was okay, nobody well nobody said it was wrong. But nobody ever you know stopped or reprimand or whatever, you know, so, in essence it’s that socialization and if it goes as back, as far back when I grew up it means that it’s been, it’s had a long time to be instilled.” (KII, f)

Alcohol Consumption at Kwa-Thema

It was noted that during this research exercise participants started doing some introspection in terms of their behaviour and that of their friends; alcohol abuse was mentioned as one of the causes of discrimination towards them:

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“I think substance abuse does add to that. It was not long ago when research indicated that Kwa-Thema or Ekurhuleni, Springs came out as the first in selling alcohol so I think there is lots of substance abuse happening around so people when they lose their right mind of thinking they can do anything.” (FGD, m)

One key informant even mentioned that for him alcohol helps him to forget about what is happening in the country. It was however appalling to learn that alcohol can be used as a coping mechanism in this instance.

Misconceptions Associated with LGBTI people

Some undesirable behaviour towards LGBTI people was reported to be as a result of misconceptions that people about LGBTI communities. For instance, one participant shared with the group that International Research findings states that men believe that anal sex does not have a high risk of HIV and that they look at heterosexual interaction as one of the drivers of HIV. This was a very misleading assertion that can have tremendous mitigating impact in curbing HIV.

SRHR Violations experienced by LGBTI people

The Issue of Male Rape

It is only now that South Africa recognized that men can be raped, otherwise this was always viewed as sodomy. Participants mentioned that they were concerned that South Africa took long to recognize this, as this quote illustrates:

“You look at the issue of male rape, though now the laws have changed after we have toy-toy (mass action/march) so much for it to be recognized as rape, because before male rape was not originally recognized as rape, so now it is recognized as rape.” (KII, m)

As a result in South Africa there is still stigma and ridicule as far as reporting male rape is concerned:

“Anything less than that it’s a crime, you understand that? So things like that present one with problems that even when you fight it..., if for example I can say that at my job I have a person who violated me sexually, as a male for me to say ‘I’ll go to such and such a place in order to find recourse’, it’s difficult because where I’m going I’ll find straight people who will raise their ears and even laugh at me and then I’ll feel embarrassed and crawl back into my small corner, you understand?” (FGD, m)

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Gang Rape and Sexual Assault

In addition to rape, gang rape cases have been reported. For instance, this participant was discussing his friend's ordeal:

"He was from Deveron, but justice was served because 5 of them got 25 years. When we got to court he told the court that the 6th one who raped him never actually raped him he said "This is the one who took me home so that I could sleep, he never did anything to me". And he had raped him, but then the guy was released and they are still a couple up to this day. He saved the last one, and since then, it was one group and then the 5 was convicted and the 6th one denied in court that he did anything to him and he was acquitted." (FGD, m)

Other participants spoke incidents of attempted sexual assault and rape:

"In 2006, I was sexually harassed by another old man from our street. But mine went well. Even when we were examined everything went alright, it's just that this old man was never arrested, instead he was released. All went well but he only ended up by having a first appearance at the magistrate's court and then he came back. He was terminally ill, and then he came back to recover at the location. Early this year it was discovered that he had been raping his 9 year old granddaughter (FGD, m). He said to me that he understood what type of paint¹ we are." (FGD, m)

Additionally,

"So when he went to the bedroom. I don't know if he had gone there to wear a condom or what but when he came back his pants were down and when he attempted to hold me I managed to push him and he banged against a room divider and I escaped." (FGD, m)

'Corrective' Rape of LGBTI Community Members

Reporting rape cases in South Africa remains an alarming situation and is no different for LGBTI people. However, LGBTI community is highly affected by a phenomenon called 'corrective rape' where supposedly women are shown by the perpetrators that 'they are women'. Reporting these cases still remains a difficult task, as these quotes explaining the justifications used for 'corrective rape':

¹ "Paint" is a Zulu colloquial expression which makes reference to a person's "type" or "characteristics" – in this case that the fact that the person being spoken to sleeps with people of the same sex.

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“If a lesbian says I am a lesbian, she needs to be raped to be shown that she is a woman indeed.” (KII, m)

Additionally,

“Yes, and I think it’s still remains an issue in communities, day after day you get the..., corrective rapes, to this day there are people that believe that if they rape a guy who is gay then he will, he will be [a] ‘normal’ [heterosexual] .” (KII, f)

As difficult as reporting these cases of criminal acts and discrimination are, there were several assertions that even after reporting them to the police, cases are not handled according to their severity:

“Like in my case, there is a guy who called me “isitabane” (a derogatory word which is used to defame homosexual individuals), and I went to the police station to report it and then this police official just said to me “hey young man, you are suffering from depression, so go back home.” (FGD, m)

Discussion and Conclusion

SRHR needs of LGBTI people

Gay men and lesbian women were found to have different protection needs, especially as males thought themselves more at risk for sexually transmitted infections than women due to particular sexual practices, such as anal sex. LGBTI participants stated that LGBTI reproductive health should be catered for in the same way as heterosexual reproductive health. One suggestion was that health care services not only look at whether a person is male or female, but also to their specific social context and sexual orientation and thereby assess their health service needs.

Health service provision should also include the availability of different types of condoms. Male condoms are the most readily available, followed by female condoms. However, there are a number of other condoms and lubricants that participants found were difficult to access. These included dental dams for oral sex, finger-doms or gloves and lubricants.

Furthermore, the South African health care setting is perceived to be 'male-unfriendly' in general, and seen to cater more for women's (especially heterosexual women's) needs and requirements. A further issue that inhibits access to health services is the ridicule and the discrimination that LGBTI people face - this in turn forces them to not seek services from the public service even if they have to.

Safeguarding the Rights of LGBTI people

Putting the Constitution into Practice

One major concern was that although South Africa has a wonderful constitution that is nestled in the establishment and protection of Human Rights, these rights are often not respected. Specific reference was made to people's attitudes and behaviour, and the re-enforcement of rights is thereof relative to what is stated in the constitution.

From this study, it is clear that the South African Constitution and the National Strategic Plan have included LGBTI people in South Africa. LGBTI rights are enshrined in the constitution and these are the same as those of the heterosexual population. However, some participants are concerned that the NSP is not detailed enough about LGBTI people. Moreover, it does not mention the lesbian community; this is indeed a cause for concern.

Protection from Killings and Assault

In addition to the protection of Human Rights of LGBTI people, protection from assault, rapes and killings was viewed as an issue that needs the South African government's immediate attention. Many participants often did not report discrimination, assault and rape due to feared victimization and stigma by the justice- and health system. However, even when these cases were reported, many participants complained that they are often not handled appropriately and with due action.

Several 'hate crimes' have been reported to the police services. Most of them do not seem to be followed up unless there is extensive LGBTI lobbying, advocacy and NGO involvement. This cannot be tolerated. Even though the NGO involvement/mass marches have become a norm in South Africa including those of heterosexual people, this cannot be the outlook for all LGBTI related cases. The Criminal Justice System has to play a significant role in ensuring that the Constitution is being realized.

Equal Access to Employment

A number of LGBTI participants stated that they were often denied employment opportunities due to their sexual orientation, especially in cases where this was apparent on the CV or where it was known that the participant was a LGBTI person.

LGBTI People's Human Rights Awareness Needs

Some of the LGBTI participants stated that they were not fully aware of what their rights were, and that such information was not readily available. One participant suggested that a platform should be created to make LGBTI people aware of their rights, and forums for the dissemination of such information be created as well.

Service needs of LGBTI people

Funding for LGBTI Projects

Most organizations that participated in the research exercise faced financial issues, and as a result initiatives were postponed for longer than necessary. Budget for LGBTI activities were restrained by financial difficulties and fundraising problems. The lack of funding leads to many organizations not being able to fulfil their aims and objectives, and not meeting their targets. Funding is a problem for both service delivery and required research that is necessary to implement effective programs and projects.

Involvement of LGBTI People in Activities that Pertains Them

When asked about the involvement of LGBTI people in decision making in the matters that affect their lives, the response was that LGBTI people were often not involved at decision making forums at both grass root level, in institutions such as churches, as well as higher level decision-making bodies (such as SANAC) and in the work environment. However, it was acknowledged that SANAC will be establishing a new structure, it is hoped that LGBTI people will participate in that structure.

Addressing HIV and AIDS related Misconceptions and Double Stigma

“Re-adapted” Misconceptions

One major concern is how certain misconceptions about modes of HIV infection have been “re-adapted” and which negatively affect LGBTI individuals. Participants mentioned that some Zulu men now also believe they will not get infected with the HI virus if they have sexual intercourse with a man. This was found to be a major setback to HIV awareness efforts and should be addressed immediately.

Double Stigma

LGBTI participants found that the stigma and discrimination they are faced with is made worse when they get infected with HIV. Some participants noticed that people are fine with them being a LGBTI person, but once diagnosed with HIV it is then seen as a problem. Those that were discriminated against and stigmatized due to their sexual orientation found they feel a “double stigma” due to their HIV sero-positive status.

Discrimination is more than what meets the eye, even within the community of PLHIV itself, they discriminate against each other when it comes to the modes of infection and social class. Education and awareness efforts have to be strengthened.

Health Care Worker Training and Service Provision

The Health Care Worker Training

It was interesting to learn that after many training and awareness campaigns HCW were still regarding HIV infection to be a result of promiscuous behaviour. The issue of training health care personnel on HIV transmission within LGBTI communities must be addressed; as well as

confidentiality issues which many participants said were not being respected, and training on the treatment of common STIs in LGBTI communities is also needed.

LGBTIs inclusion to the MMC Services Provision

Even though there was no case of a gay man who was denied services for MMC, participants reported that they have observed that the MMC services are targeting heterosexual men.

Monitoring and Evaluation

Due to the nature of the monitoring systems in South Africa and how they are designed, it was realized that there might be more than what was reported by participants in this study. Effective and user friendly monitoring systems that include quality management systems are needed, as well as access to justice to address cases of discrimination.

Recommendations

1. Train the LGBTI community on the Constitution and LGBTI Rights

It is important to train or educate both LGBTI and non-LGBTI people about the South African Constitution and LGBTI rights.

2. Bottom-Up Approach in Addressing the LGBTI SRHR Issue

Since there is an outcry that representatives from the LGBTI community are not involved in the projects that affects their lives, there is a need for a bottom up approach in addressing their needs and concerns. There will be a need to inform the community at large as well since they are the ones that they interact with on a day-to-day basis.

3. Training HCWs on LGBTI issues

The health care worker issue regarding LGBTI people is significant and in the long run can lead to serious ramifications. The South African government has started working on this, however this requires immediate attention. Campaigns and information sessions were suggested as part of a strategy to turn this around.

There is a need to train and socialize the HCWs on LGBTI issues. The results from this research exercise suggest that the training will need to, amongst other things, include the following:

- HCW receive training in the presence of LGBTI people;
- HCW receive training on importance of confidentiality;
- HCR receive training on customer service skills for instance how to speak politely to people, and;
- Inclusion of LGBTI people in the health sector.

Some LGBTI people were of the opinion that HCWs are not aware about HIV related issues and the LGBTI community. It was however realized that participants had different views with regard to the issue of knowledge and the handling of HIV and AIDS.

4. Community Awareness of LGBTI People

According to this exercise, educating the community at large appeared to the participants as the overriding solution to the problem of discrimination at different levels of society. This is expected to have a trickle-down effect in that the LGBTI community will be respected and the negative impact will be mitigated.

5. Strengthening the M&E Activities

It has since been observed that program monitoring and evaluation in South Africa is mainly done so that NGOs merely report on their expenditure, this cannot be condoned. Impact assessments, finding out if programs are yielding the expected outcomes are a pre-requisite for successful monitoring and evaluation systems.

6. The DoH to Strengthen Systems to Support LGBTI People's Needs

Overall participants are aware of the efforts by the Department of Health to support LGBTI issues, however there was a concern that within the structures of the Department, personnel are not trained to assist transgender people: instead they are trying to pray for their change.

7. Police and Justice Services must deal with Hate Crimes and Killings of LGBTI People

Several Government departments were reported to have discriminated against LGBTI people, for instance the police officials seem to have deep rooted negative attitudes towards LGBTI people. Furthermore, hate crimes are often unreported, and even when they are reported, often nothing is done about them. The police uphold a mandate to see to it that South African citizen's rights are protected and not violated, and thus this is an issue of grave concern.

8. Services Received by LGBTI People at Clinics

According to the findings of this study, LGBTI people are not treated with respect in South Africa, discrimination is vast, some of this can be portrayed through the non-verbal cues from the service providers that show unwillingness and 'that wait there' attitude. As a result some participants mentioned having taken it upon themselves to educate the health care providers on LGBTI people. Some participants would prefer to go to the clinic where they will be attended by people they would identify with. It is however unfortunate that the resources in South Africa are depleted and over-stretched to allow for this.

9. Organizations that provide Workshops should be Inclusive of LGBTI Issues

When South Africa prepares for national programs that will intend to reduce the spread of HIV, the LGBTI community will need to be included and consulted, their participation will be critical. Participants also mentioned that the HIV and AIDS training programs target men who have sex with women. They regarded this obscurity as being risky as there is a rising class of men in South Africa called the 'After nines'

10. Attending to the Needs of LGBTI People

To effectively attend to LGBTI people's needs, the competency of health care workers, easy access to safer sex protection and usual services/HIV counselling and

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testing, education and awareness of the community at large will be crucial.

LGBTI people receive support from friends, appropriately trained professionals and relevant NGOs. Training, awareness and education on the LGBTI community and their rights to the community at large is of crucial importance.

In addition to discrimination from all the above-mentioned institutions, HCW discrimination and discrimination from the Church seems to stand out. More efforts geared at improving the situation need to be provided for HCWs, Church leaders and the police services.

During this exercise it was noted that LGBTI people's efforts seem to be concentrated mainly on gay men's issues, lesbian women seem to have a feeling of being "left out". Even though there are research findings to support this, the lesbian sub-community should be enlightened on the matter. There is a possibility that this assertion may not be a truly representative picture, hence the direct involvement of lesbians is crucial. OUT in Cape Town was however reported to have accommodated for the lesbian community. It has also been noted that 'Corrective Rape' cases has been mainly been criminal acts committed against lesbian women.

It has been noted by one of the service providers that little research, if any, has been done on HIV positive LGBTIs in South Africa. The reasons behind this have been two fold. First, there is still stigma around HIV and AIDS. Second, there is still stigma around homosexuality. This therefore means that being HIV positive and being an LGBTI person poses double stigma. There is serious need for research in this community. This exercise was just the tip of the iceberg as the research methods used were purposive and the sampling did not adopt the simple random technique, hence the results cannot be generalized.

Even though participants in this exercise would prefer to have LGBTI community's own institutions, shelters, Churches etcetera, we are concerned that this might create further segregation, isolation and duplication of the Government services that are already depleted. We therefore suggest that rather the employees be socialized to the needs of LGBTI people.

The issue of funding was a common problem for all the key informants and NGO representatives that we interviewed. South Africa and funding partners need to allocate more funds for this vulnerable community.

Previous research indicated that South African public clinics are not male friendly, the gay population fall under that umbrella. There is a dire need for public clinical

facilities to be made to accommodate males. The clinic that was visited by the researcher during this exercise had a very welcoming atmosphere, the setting, the furniture, the staff's attitude, privacy; patients watch television, read magazines and drink tea whilst they are waiting to be attended to. If this can be used as a sample, it would be appreciated.

11. Media and the Reporting of LGBTI Issues

The media has an important role in disseminating information, making LGBTI community concerns known and public, and reporting issues that need to be addressed in an accurate and supportive way.

Appendices

Appendix 1: FGD Guide

Sexual Reproductive Health Focus Group Discussion Guide for LGBTI PLHIV

Introduction

Good day, I am Samkelisiwe Qwana, a research and a monitoring and evaluation consultant. I have been asked by the National Association of People Living With HIV/AIDS (NAPWA) – South Africa (SA) to do research on their behalf. NAPWA has collaborated with the Global Network of People Living with HIV (GNP+) to implement the HIV Leadership through Accountability Programme (LTA) in South Africa. We are here today to discuss the Sexual Reproductive Health Rights (SRHR) research project in South Africa. NAPWA is an advocacy and lobbying organization for HIV and related issues. NAPWA has realized that they have been reacting to the situations as they were presenting themselves. NAPWA has now decided to collect some data through research which they will subsequently use to inform their lobbying and advocacy activities.

The research purpose

The purpose of this focus group discussion is to gather data on sexual and reproductive health (SRH) needs and experiences of the Lesbian, Gay, Bisexual, Transgender and Intersex community in South Africa, Gauteng, Ekurhuleni, kwaThema at Springs. We understand that you are very busy people and we appreciate you taking time to participate in our discussion today.

Is there a question before we start discussing acceptable behaviour in a group session?

Laying group norms:

The facilitator, with the participation of the group, will lay ground rules for the discussion:

- Turn off cell phones;
- Respect for the views of others, there are no right or wrong answers
- Respect others' confidentiality – meaning not to reveal what others have said here today
- Try not to interrupt each other—give everyone a chance to speak their mind, and

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respect opinions that are different from your own.

- Everyone should feel free to participate as much as they would like to.
- You should feel free to use the language you use with each other in normal, everyday discussion. However, please refrain from language that is insulting or offensive to one another.
- Do you have any other suggestions for ground rules?

Demographics:

For report writing purposes we will need to report on the age range of the groups. (Tactically, find out who is the youngest and the oldest in the group). Either use alphabets p, e, s, etc. and then get them to briefly explain their roles in the community, if they are working etc?

Can we now start with the questions?

LGBTI definition and the legal aspects

- ❖ Please share with us your understanding of LGBTI community in South Africa?
- ❖ What does the South African Constitution say about LGBTI people and their SRHRs?
- ❖ Does the South African constitution protect the SRHRs of LGBTI PLHIV?
- ❖ Is there any other law or policy that protects the SRHRs of LGBTI PLHIV in South Africa? If there are, what are they? Are they enforced in South Africa? Why do you think so?
- ❖ Are the needs and rights of the LGBTI PLHIV addressed on the National AIDS Plan?

Experiences

We have talked about the constitution and law. I would like us to now start looking at what is happening in reality, the practical side of things.

- ❖ Do you see any link between our constitution and what is happening in the country regarding the SRHRs of LGBTI PLHIV?
- ❖ What have the LGBTI PLHIV experienced regarding the SRHRs that you know of? Please share with us the successful and successful stories. Please give us a whole picture of what happened, the stakeholders that were involved and how you came to a conclusion that the response was successful or not successful?
- ❖ What about us here, what have we experienced LGBTI PLHIV regarding our SRHRs?
- ❖ Do we know of the organizations in South Africa that manage programs that address the SRHRs of the LGBTI PLHIV? What are these organizations? What do they do to address the SRHRs of LGBTI PLHIV? Are they effective? Why do you think so?
- ❖ Are there monitoring systems in place to follow up on these issues?

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- ❖ Are the needs/experiences of the male LGBTI PLHIV the same as those of female LGBTI persons'? If different how are they different? If they are same, how are they similar?

Main Question!

- ❖ What is the current situation with LGBTI PLHIV regarding their SRHRs in South Africa?
- ❖ What is the current service provision for LGBTI PLHIV population in South Africa in reproductive health services?
- ❖ What will be a desirable situation or case scenario?
- ❖ What make the health service providers to treat LGBTI PLHIV and the heterosexual differently?
- ❖ How can this issue be addressed?

Possible and Common Sexual Reproductive Health and Right Violations

- ❖ Does it ever happen that you witness or hear about LGBT PLHIV being coerced to sterilize?
- ❖ What about coercing them to use contraception or undergo termination of pregnancy? (Women)
- ❖ What about sex organ re-assignment?
- ❖ What would enhance service provision for the LGBT population in reproductive health services? Please tell me about the current situation? What will be a desirable scenario?

If training was not mentioned on the above responses: Are service providers (HCWs) trained to respond to basic sexual reproductive health needs and rights of LGBTI PLHIV? Why do you think so? On what aspects in particular do you think health service providers should be trained?

Sexual Reproductive Human Rights' violations might include the following:

- HIV testing without consent
- Breach of confidentiality
- Coerced sterilization
- Advise to not have children due to HIV sero-positive status
- Denial of services, eg. testing, family planning, access to HIV treatment
- Denial of commodities, eg. Male condoms, female condoms
- Denial or withholding information about reproductive options

Recommendations

We appreciate that you have trusted us and shared with us this delicate information. We discussed issues and concerns that require addressing. How would you see South Africa as a country addressing these issues appropriately?

Selecting IDI participants

Is there someone who has not been able to share with us his or her first hand experience regarding the SRHR violation, who may want to discuss it with us on a one on one interview? Would you give me you names and contact numbers after this.

Appendix 2: Stakeholder Key Informant Interview Guide

Question guide for the first set of interviews (prospective participants: lawyers for Human Rights, health care providers, equality triangle, EPOC, NAPWA etc

Introduction

Good day, I am Samkelisiwe Qwana, a research and a monitoring and evaluation consultant. I have been asked by the National Association of People Living With HIV/AIDS (NAPWA) – South Africa (SA) to support them in undertaking some research. NAPWA has collaborated with the Global Network of People Living with HIV (GNP+) to implement the Leadership Through Accountability Programme (LTA) in South Africa. The LTA program has five components and these include the PLHIV-Stigma Index, the Human Rights Count, the Global Criminalisation Scan, the GIPA Report Card and the Sexual Reproductive Health and Rights (SRHR) research project in South Africa.

The research purpose

For the purpose of this informal discussion that we are going to have, I will request that we talk about the Sexual Reproductive Health and Rights (SRHR) research project whose objective is to gather data on sexual and reproductive health (SRH) needs and experiences of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) PLHIV in South Africa, with a focus on Gauteng, Ekurhuleni, KwaThema at Springs. First, we are currently busy with putting together an inception document for this project. As we were busy doing this we realized that people of your calibre can make a tremendous input on the execution of this exercise, the formative research. Second, we are also trying to come up with useful questions to discuss with LGBT PLHIV on their Sexual and Reproductive Health and Rights (SRHR); your input will be very useful in this regard. We understand that you are a very busy person in your organization and we appreciate you taking time to respond to our questions.

Organization details

I would now like to ask you some questions about your organization.

- ❖ Please remind me of the formal name for this organization?
- ❖ For how long has it been in existence?
- ❖ Briefly tell us what this organization does in relation to LGBT PLHIV if anything at all? (Their role), and

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- ❖ Ask about the involvement of LGBT PLHIV in their activities- for instance in their decision-making processes (where applicable) from what they have observed is this community involved in any formulation of policy, implementation and M and E?

Participants Demographics

In research we have realized that these few personal questions are a bit sensitive, however for report writing purposes which will adhere to confidentiality principles.

- ❖ Please tell us what is your position and role in this organization?
- ❖ What is your gender (we will not ask this, we will note it) - but please comment on this issue as some people may classify themselves otherwise, taking into the cognizance the nature of the study and sensitivity around the issue)
- ❖ What are your formal qualifications?
- ❖ What is your age? / Age range
- ❖ For how many years have you been with this organization?

LGBTI definition and legalities in South Africa

- ❖ Please share with us your understanding of the LGBTI-related issues?
- ❖ What information do you have about LGBTI LWH?
- ❖ What does the South African constitution say about LGBTI and their SRHR?
- ❖ In South African do we have policies in place with regard to the issue LGBT and their SRHR? What do they say about the issue? Are they enforced? Are they working or not? Why do you think so?
- ❖ Are the SRHR needs of LGBTI PLHIV addressed in the National AIDS Plan?
- ❖ Which organizations are managing programs to address the SHRR needs of LGBT PLHIV in South Africa? Do you have examples of innovative programs that are reaching LGBTI PLHIV? Do you have examples of programs that are failing to reach LGBTI PLHIV? What might be the reasons for the success and/or failure in working with LGBTI PLHIV?
- ❖ According to our observations, transgender seems to be a relatively new term, is it? Or have our constitution and policies adopted this term already?
- ❖ According to your own observations, how are transgender issues being addressed? What might this mean for transgender PLHIV?
- ❖ Would you have some copies of readings available that you can share with us or would you refer us to any websites where we can read more about these issues?
- ❖ Are there any monitoring and evaluation systems in place regarding the matter? Stigma, discrimination, SRHR violation by health providers/police including SRH and HIV care and treatment providers etc.

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SRHR experiences of LGBTI PLHIV

- ❖ We are now going to ask you to share with us what you have observed with regard to LGBTI and SRHR.
- ❖ What kind of cases has this organization been coming across with regard to the SRHR of HIV-positive LGBTI? Please share that with us and explain this in detail? Have these cases been seen through the court system or any other platform they may have been presented to?
- ❖ Have you come across positive cases where the SRHR needs of LGBT PLHIV have been adequately addressed? Please describe the settings, stakeholders involved and how the programs were responsive to the LGBTI PLHIV community.
- ❖ Are the needs and the challenges that the LGBTI encounter/face similar or are they not? If they are similar in what way are they similar? If different where do they differ?

If some of these issues are not mentioned for instance the frequent cases- ask more about the following: sexual dysfunctions, hormone replacement therapy, sex organ re-assignment, post sexual assault services, cancer care, lubricants, psycho-social support etc

Possible and Common Sexual Reproductive Health and Rights Violations

- ❖ Does it ever happen that you witness or hear about LGBTI PLHIV being coerced to sterilize?
- ❖ What about coercing them to use contraception or undergo termination of pregnancy? (Women)
- ❖ What about sex organ re-assignment?
- ❖ What would enhance service provision for the LGBTI population in reproductive health services? Please tell me about the current situation? What will be a desirable scenario?
- ❖ What would make service providers ignore LGBTI going through sexual violence and vice versa?

If training was not mentioned on the above responses: Are service providers (HCWs) trained to respond to basic sexual reproductive health needs and rights of LGBT PLHIV? Why do you think so?

Sexual Reproductive Human Rights' violations might include the following:

- HIV testing without consent
- Breach of confidentiality

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- Coerced sterilization
- Advise to not have children due to HIV sero-positive status
- Denial of services, eg. testing, family planning, access to HIV treatment
- Denial of commodities, eg. male condoms, female condoms
- Lack of information about reproductive options

Referrals

- ❖ Are there individuals with interesting cases that you know of (first hand experience), with those who might not have problems sharing their experiences with us? We may want to interview those people whenever possible?
- ❖ Would you give us the names and the contact numbers for those prospective participants?

Recommendations for the study

- ❖ Is there any work/research that you are aware of which has been done to explore the health care worker attitudes towards LGBTI people in addressing their SRHR? How can we assess that?
- ❖ Explain to them what we are going to do and ask as to how best this research can be executed?
- ❖ Ask them for questions that they feel should be included and what kind of information would they need to get from this whole process?

We really appreciated your insights, input and time on this exercise. Thank you very much.

Appendix 3: LGBTI Person Key Informant Interview Guide

The same guide that was used for FGDs was used for in-depth interviews for the LGBTI persons. The questions were adapted as and when the researchers were asking questions. This is flexibility privilege that comes with qualitative research.

Please refer to Appendix 2 on page 53.

Notes



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