RESEARCH

HIV & Sexually Transmitted Infections (STIs) among Gay and Lesbian people in Gauteng: Prevalence and Testing Practices

Research initiative of the Joint Working Group conducted by OUT LGBT Well-being in collaboration with the UNISA Centre for Applied Psychology

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HIV & SEXUALLY TRANSMITTED INFECTIONS (STIS) AMONG GAY AND LESBIAN PEOPLE IN GAUTENG: PREVALENCE AND TESTING PRACTICES

South Africa has one of the fastest growing HIV epidemics in the world. There are few prevalence statistics that directly relate to the gay and lesbian population. A study conducted by the HSRC[1] in 2002 was the first representative study (n= 9963) of HIV prevalence to be conducted in South Africa. It found that 15.6% of South Africans (between the ages of 15-49 years) are living with HIV/AIDS.

A research project (n=487) was conducted by the Joint Working Goup[2] to look at levels of empowerment among the gay and lesbian[3] population in Gauteng Province, South Africa. This project was led by OUT LGBT (lesbian, gay, bisexual, and transgender) Well-being, which is a nongovernmental organisation that provides direct health and mental health services to gay and lesbian people in Tshwane, Gauteng Province, South Africa.

Health status was one of the areas surveyed. The results on STIs, HIV status and testing practices will be discussed below.

STIs

Respondents were asked if they had had an STI in the past 24 months. The results are displayed in the table below. Due to the sensitive nature of this question, it is possible that the prevalence is underreported.

	Females		Males	
	Black (n=154)	White (n=54)	Black (n=146)	White (n=116)
STI Infection	14	4	14	16
Unsure	16	4	8	3

% of respondents who had an STI in the past 24 months (2002/3). Figures have been rounded off.

- The percentage of black[4] females with STIs is similar to that of both black and white men. This finding is in stark contrast with international findings that report lesbians to be relatively risk-free in regard to STIs.

[1] Human Sciences Research Council, South Africa.
[2] Formerly known as the "Gay and Lesbian Project Team"
[3] In this brochure the reference made to gay and lesbian people includes a small percentage of bisexual and transgender people.
[4] Black in this study refers only to black African and is not a generic term for all non-whites.

- It is a cause for concern that fairly large numbers of the sample were unsure whether they had had an STI or not as it is known that this can accelerate the spread of HIV/AIDS.

- It seems that interventions need to be aimed at educating the gay and lesbian population around issues of STIs so that these infections are not left untreated.

- A further area for education could be health care practitioners, as many gay and lesbian people do not consult a doctor for fear of discrimination and having their sexual orientation exposed.

HIV Status

Of the OUT study sample, 64% had tested for HIV, with approximately 50% of black and 80% of white people having tested[5]. Despite confidentiality being assured, disclosing one's HIV status is a very personal issue. The percentage of people who had not tested and those who did not feel comfortable with disclosing their status could have had an impact on the figures given below.

	OUT Study				HSRC Study			
	Females (n=123)		Males (n=173)		Overall HIV Prevalence Rate (15-49 years) = 15.6%			
	Black	White	Black	White	Females	Males	Black	White
HIV +	9	5	15	8	13	10	13	6
Did not fetch results	14	-	3	-				
Did not understand results	6	-	-	-				

% of HIV status of the sample who have been tested

- Among the black sample (resourced and under-resourced) there were those that did not collect or understand their results[6]. It is felt that education around HIV testing is needed, particularly in underresourced communities, which would emphasise the importance of collecting results and understanding what these results mean to the individual.

[5] Note: no timeframe was placed on this question so it is not clear whether those who have tested and are HIV negative have tested once or many times, or whether they have tested in the last 6 months or at some earlier point.
[6] Note: a crude distinction was made for resourced and under-resourced people. Those living in towns were considered resourced, and those in townships were considered under-resourced.

- Similar to the HSRC study, almost twice the percentage of black as white people are HIV+. The past apartheid system is likely to be a contributing factor (e.g. through poverty and labour migration).

- The percentage of gay males who are HIV+ is higher than that in the general male population. According to recent research[7], government anti-AIDS programmes target heterosexuals, thus leaving the responsibility of educating gay and lesbian people about safer sex and HIV/AIDS to gay and lesbian organisations[8].

- In this study HIV+ prevalence rates for lesbian women is high. This is contradictory to beliefs that lesbian women are relatively risk-free for HIV transmission. It should be noted that some lesbians may have bisexual partners, experience high levels of rape and/or engage in transactional sex with men.

- In the general population, the figures for women are higher than for men, as women are biologically more susceptible to HIV infection than men are. Socio-cultural factors (e.g. women's unequal status, socially and economically, especially in a patriarchal society), can make it difficult for women to negotiate sex or insist on a condom, thus increasing the risk of HIV/AIDS.

It should be noted that the number of white people in the general population that are HIV+ (6%)[9] is much higher than in other countries (USA, Australia, France) where the population is predominantly white.

In these countries prevalence rates amongst white people are less than 1%. HIV+ prevalence rates are mostly unknown in South Africa for men who have sex with men (MSM[10]). The only reported studies were in 1986; for Durban the median rate was 8% and for Cape Town 11% (no details were given of the sample)[11]. These are similar to the rates for the gay and bisexual men in the OUT sample.

[7] http://www.irinnews.org/AIDSreport.asp?ReportID=3890&SelectRegion=Southern_Africa&SelectCountry=SOUTH_AFRICA
[8] Evert Knoesen: Director of the Lesbian and Gay Equality Project, in PlusNews, 16 September 2004
[9] HSRC Study (2002)
[10] MSM refers to any man who has sex with a man, whether he identifies as gay, bisexual or heterosexual
[11] Epidemiological fact sheet on HIV/AIDS and STIs: 2004 update http://www.who.int/GlobalAtlas/PDFFactory/HIV/EFS_PDFs/EFS2004_ZA.pdf

HIV Testing

The table below indicates reasons among respondents for not testing for HIV[12].

	Female (%)		Male (%)	
	Black	White	Black	White
Never been in a risky situation	58	67	46	36
Don't think I am at risk	50	67	41	64
Don't know how	23	14	16	23
Too scared	61	14	57	23
Not sexually active	37	56	42	33

A large number of respondents indicated that they did not know how to test or were too scared to test for HIV. Those that did not know how included both black and white people. There were more black people that were too scared to test.

In conclusion, the results from the OUT research study provide an indication of the prevalence rates of HIV and STIs in Gauteng, South Africa. It is clear that education needs to be given around STIs and testing practices. Currently OUT is conducting HIV schools for young gay under-resourced men.
These workshops aim to increase knowledge and provide skills around safer sex practices and HIV, and hope to alter risky attitudes and behaviours. Further studies are being conducted by OUT into the sexual health of young gay men – both under-resourced and resourced.

These follow-up studies will provide a broader picture on which future interventions can be based.
These interventions need to be on a large scale to address the fact that national interventions are not aimed at gay and lesbian people. Interventions, however, need to be two-fold – aimed at both a micro- and macro-level. Interventions on a micro-level have been discussed above. On a macro-level, education around lgbt and confidentiality issues needs to be given to health-care practitioners and staff at clinics where people can be tested for HIV.

Many lgbt people delay seeking treatment for STIs because they fear discrimination once they disclose, or that their sexual orientation will become known as a result of testing. Closely related is the stigma associated with testing positive for HIV/AIDS. HIV is often associated with transgressing societal norms (e.g. sexual orientation), and is seen as a punishment for such behaviour. Such
perceptions can have an impact on safer sex as well as testing practices, in that a gay/lesbian person may feel that their behaviour deserves punishment, and therefore they fail to practice safer sex or test for HIV.

Disclosure of a positive status may also be inhibited because it will be thought to evoke stigmatisation and discrimination. Thus efforts to promote testing and counselling may be impaired. In turn, lack of support may lead to a lower self-esteem, which often increases sexual risk-taking practices, thus spreading the virus[13]. Stigma is a social construction that is created and upheld by society to set certain people apart. Thus interventions also need to be aimed at reducing stigma associated with HIV/AIDS.

[12] Respondents could indicate more than one reason

[13] Siyamkela: HIV/ AIDS related stigma: a literature review http://www.csa.za.org/filemanager/fileview/59/

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