"You will be discriminated because of like your sexual preference" - ARE PUBLIC HEALTH CARE PRACTITIONERS SENSITIZED TO PROVIDING CARE, TREATMENT AND COUNSELLING TO KEY POPULATIONS IN SOUTH AFRICA?

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BACKGROUND:

High levels of prejudice and moral loading have been shown to create barriers for key populations (KPs) such as men who have sex with men (MSM), sex workers (SWs) and injecting drug users (IDUs) to access prevention, treatment, care and support, at health care facilities thereby increasing their vulnerability to HIV.

OBJECTIVES:

The challenges faced by KPs when accessing public health care facilities were explored with the objective of developing a HIV prevention package tailored to the needs of KPs to be delivered by health care practitioners in Durban, Johannesburg and Cape Town, South Africa.

METHODS:

Key informant interviews (KIs) (n=20) were conducted with health care practitioners and six focus group (FG) discussions were held with members of KPs to elicit specific challenges faced by KPs when they access health care services.

KEY RESULTS:

Data revealed that FG participants do not feel comfortable to disclose illicit, same sex and high risk practices to health care practitioners.

Similarly, health care practitioners mentioned that they are at times uncertain on how to address same sex practicing men, whether they should address them as males or females, and this creates uncomfortability between themselves and the client.

FG participants did not feel comfortable to disclose risk behaviours (such as drug use, sex work and same sex practices) because of a fear (whether real or perceived) of stigmatization and discrimination when they access health care services.

Perceived or real stigma, according to FG participants impacted on adherence to treatment.

Double stigmatization occurs in health care facilities when a client engages in same sex practices or sells sex or uses illicit drugs and is HIV positive.

Our study also revealed that information regarding SWs, MSM and IDUs is not treated confidentially and health care practitioners "make examples" of those who sell sex to other clients in the waiting rooms.

CONCLUSION:

Our findings demonstrate the need to include stigma reduction and sensitization training of health care workers into the development of focused programmes that address the HIV prevention needs of KPs.

Stigma towards KPs evident in health care facilities presents a challenge to HIV prevention, treatment and care. KPs need to be explicitly included in the National HIV response.

Without taking such marginalised groups into account, any response to HIV will prove inadequate and fruitless.