RESEARCH

Gay and Lesbian People's Experience of the Health Care Sector in Gauteng

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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Gay and Lesbian People's experience of the Health Care Sector in Gauteng

All people need to consult the medical profession at some point in their lives. For lesbian, gay, bisexual and transgender (LGBT) people, this experience is often negative and can be said to relate to a form of homoprejudice termed 'institutionalised homophobia. The effects of this institutionalised homophobia, coupled with other negative experiences (e.g. heterosexism[1] and victimisation) resulting from a person's sexual orientation, can have a profound negative effect and may even be fatal.

International studies have found that gay and lesbian people still have adverse experiences in the health care sector, including mental health care. Often the problem that is presented is ascribed to the person's sexual orientation (even when the presenting problem is not related to sexuality), or the practitioner is ignorant and asks heterosexist questions, thus making the person feel uncomfortable and unable to be treated for their problem. There is little if any South African data on satisfaction of lgbt clients with health care practitioners.

OUT LGBT Well-being is a non-governmental organisation that provides direct health and mental health services to gay and lesbian people in Tshwane, Gauteng Province, South Africa. In 2002/3 a research project (n=487) was conducted by OUT, in collaboration with the Joint Working Group[2], to look at levels of empowerment among the gay and lesbian[3] population in Gauteng. Satisfaction with health care providers was one of the areas surveyed.

The following brochure gives the results of this study including the type of health care practitioners that the respondents consulted as well as discrimination (and fear thereof) that was experienced by the respondents.

[1] "An attitude that views heterosexuality as the only acceptable, normal pattern for human relationships" (Nel, J. & Joubert, K. (1997). Coming out of the closet: A gay experience. Unisa Psychologia. 24 (1), 17-30).

[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.

Consultation of Health Care Practitioners

Frequency of consultations

The number of times that the respondents consulted various health care practitioners in a 24 months (2002/3) period was measured. The results highlighted that black people[4] consult practitioners in the public health care sector more than white people, whereas white respondents consult private practitioners (including psychologists) more frequently than black respondents.

It is also important to note that 17% of the sample (mainly black respondents) had consulted LGBT organisations. These clients probably felt unable to consult mainstream health organisations for fear of discrimination. Although it is positive that people are consulting LGBT organisations, the services are sometimes limited and so these clients need to be referred to mainstream care.

Perceptions of Health Care Practitioners

The respondents were asked about the health care practitioners that they had consulted in a 24 months (2002/3) period. Approximately double the sample of black than white participants indicated that the health care practitioner that they had visited asked questions implying that being heterosexual was the only normal way to be.

When looking at how often the sample consulted the various practitioners, it may be inferred (with caution) that heterosexism is more prevalent in the public health care sector than in the private sector. There is also a possibility that resourced individuals are able to seek out medical and mental care with practitioners who are 'gay-friendly'. Linked to this point is the fact that more white than black respondents felt that health care practitioners uphold confidentiality.

[4] Black in this study refers only to black African and is not a generic term for all non-whites.

A health care practitioner's assumption that someone is heterosexual can suppress adequate communication, and so certain health risks may not be addressed. In conjunction with the fact that communication is lacking, many gay and lesbian people do not visit doctors for routine check-ups. An example of this is cancer check-ups for women (e.g. pap smears). The OUT study (2004) found that health care practitioners more commonly assume that females are heterosexual than males. This could take the form of asking how many men the woman had had sex with or what form of contraceptive she is using. Such questions might make lesbian women feel uncomfortable and thus avoid these necessary routine check-ups.

In a British study it was found that 44% of gay male patients did not disclose their sexuality to their primary doctors[5]. Although phrased differently, the South African data reported similar figures for white females and higher rates of disclosure for males and black females. Sometimes, for a doctor to give an accurate diagnosis and treatment plan, disclosure of sexual orientation is important as there are certain health risks that are specific to sexual orientation.

Discrimination in the Health Care Sector

Refusal of Treatment based on Sexual Orientation

Among the sample, 6% had been refused treatment based on their sexual orientation, most of whom were black females (8.4%) and black males (7.6%). Only 1.7% of white males had been refused treatment due to their sexual orientation. No white females reported having been refused treatment. The respondents that adopted an opposite gender role[6] were three times more likely to be refused treatment than those who conformed to same-sex gender roles.

Delayed Seeking of Treatment

Twelve percent of the sample delayed seeking treatment for fear of discrimination based on sexual orientation. Almost four times as many black.

[5] Fitzpatrick, Dawson, Boulton, McLean, Hart & Brookes, 1994 in Klitzman, R.L., Greenberg, J.D. (2002). Patterns of Communication Between Gay and Lesbian Patients and their Health Care Providers. Journal of Homosexuality 42 (4), 65-75

[6] Males that assume a feminine gender role and females that assume a masculine gender role.

females (15%) as white females (4%), and twice as many black males (15%) as white (7%), delayed seeking treatment for fear of discrimination. Those respondents who adopt an opposite gender role were twice as likely to delay seeking treatment for fear of discrimination.

One of the reasons that gay and lesbian people do not go for regular checkups is a fear of disclosing their sexual orientation because of a perceived insensitivity among health care practitioners[7].
Closely linked, 12% of respondents have lived with health conditions (e.g. haemorrhoids, bleeding from the anus, genital infections etc) and not sought help for fear of their sexual orientation being discovered.

More black (12.6%) than white (1.9%) females and more black (18.2%) than white (7.8%) males did not seek treatment for one of these health conditions for fear of their sexual orientation being made known. This statistic is worrying as living with conditions like sexually transmitted infections (STIs) can accelerate the spread of HIV/AIDS. Those in the age category 15-25 years are less likely to seek treatment than those in the age category 25+ years.

Satisfaction with Heath Care Practitioners

At first glance it seems that the OUT sample is satisfied with the treatment that they receive in the health care sector, with 76% being satisfied with services. However this means that a quarter of the sample was not satisfied, which is a cause for concern. White respondents seem to be more
satisfied with the services that they are receiving than black respondents, which again could be attributed to the fact that they are more resourced and have a greater choice in whom they consult.
It seems that education of health care practitioners around LGBT issues is essential. As part of its mental health focus, OUT has a study group that meets once a month. Psychologists and social workers are invited to attend these meetings, in which lgbt issues are discussed as well as possible problems that have presented in the course of therapy. A resource list of gay-friendly practitioners is also available to facilitate referrals.

Although this is a start with addressing the problem of satisfaction within the health care sector, modules that incorporate lgbt issues into the undergraduate training of health care practitioners are of vital importance.

[7] Bonvicini, K.A. & Perlin, M.J. (2003). The same but different: clinician-patient communication with gay and lesbian patients. Patient Education and Counselling 51, 115-122

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