

# **Social drivers of HIV vulnerability among lesbian, bisexual, queer and transgender women in Swaziland**

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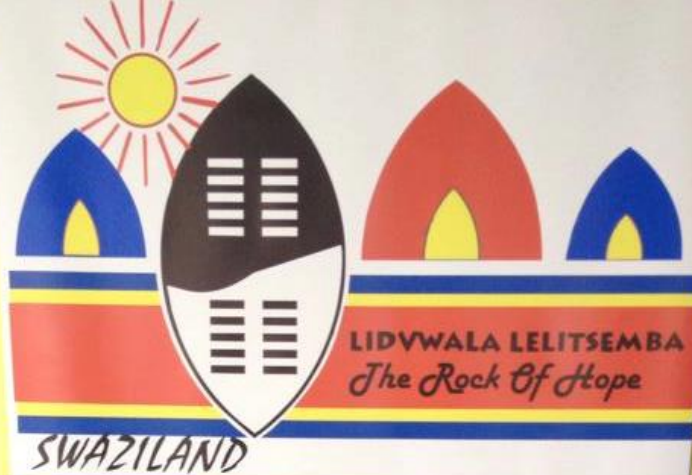


Swaziland



# 'Malume' Xolile Mabuza





## MISSION

The organization is here to build a society in Swaziland that is free from the stigmatization, discrimination and the oppression of gay, lesbian, bisexual, transgender and intersex people (this also include prisoners and sex workers who fall under the listed categories). The organization through its activities aim to create a very strong and proud society of LGBTI people in the entire kingdom of Swaziland.

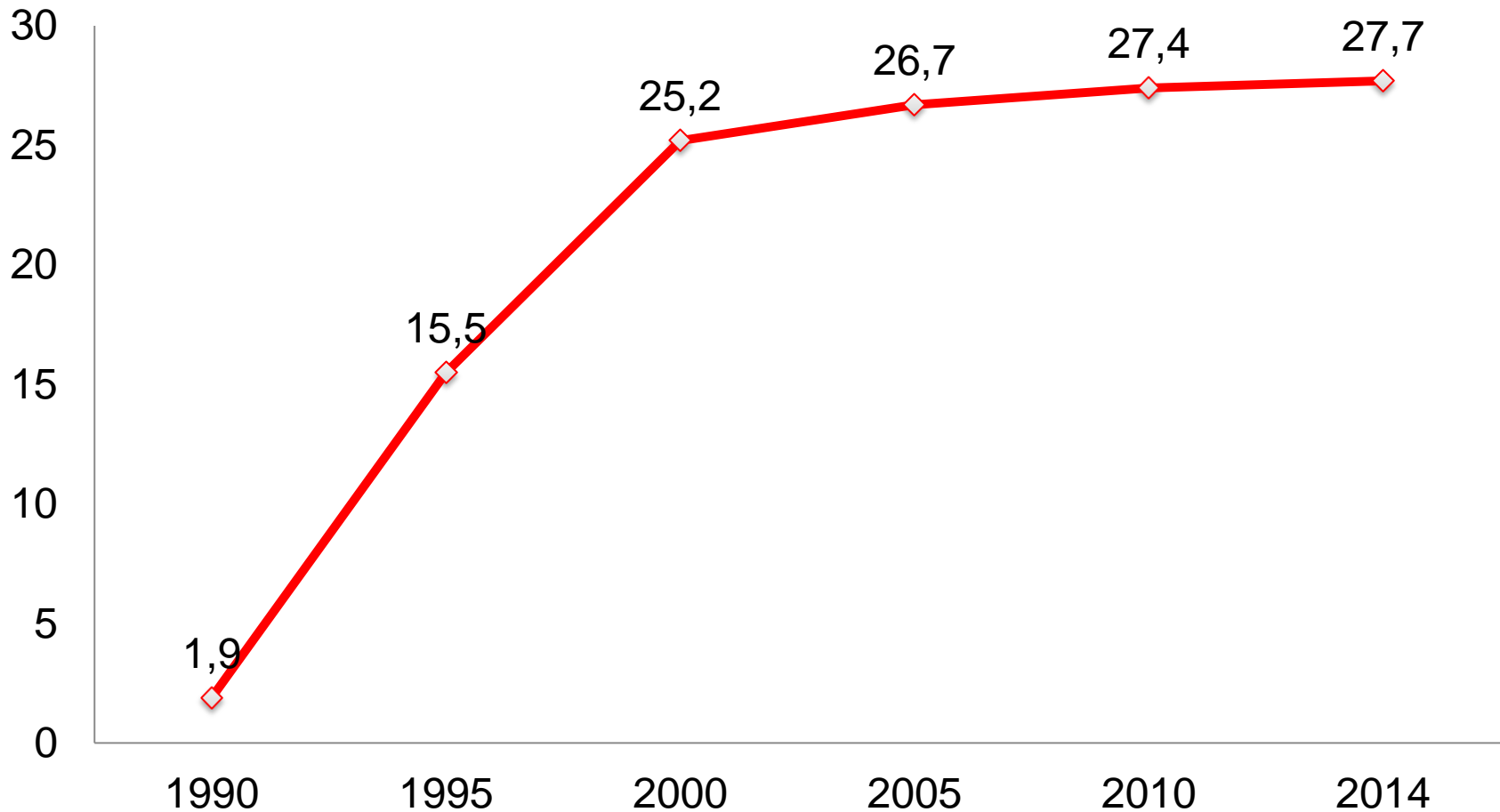
## VISION

A society in which every LGBTI individual attains full health rights, to freedom to be themselves and social well-being resulting to a high quality life.

# BACKGROUND

## What do we know?

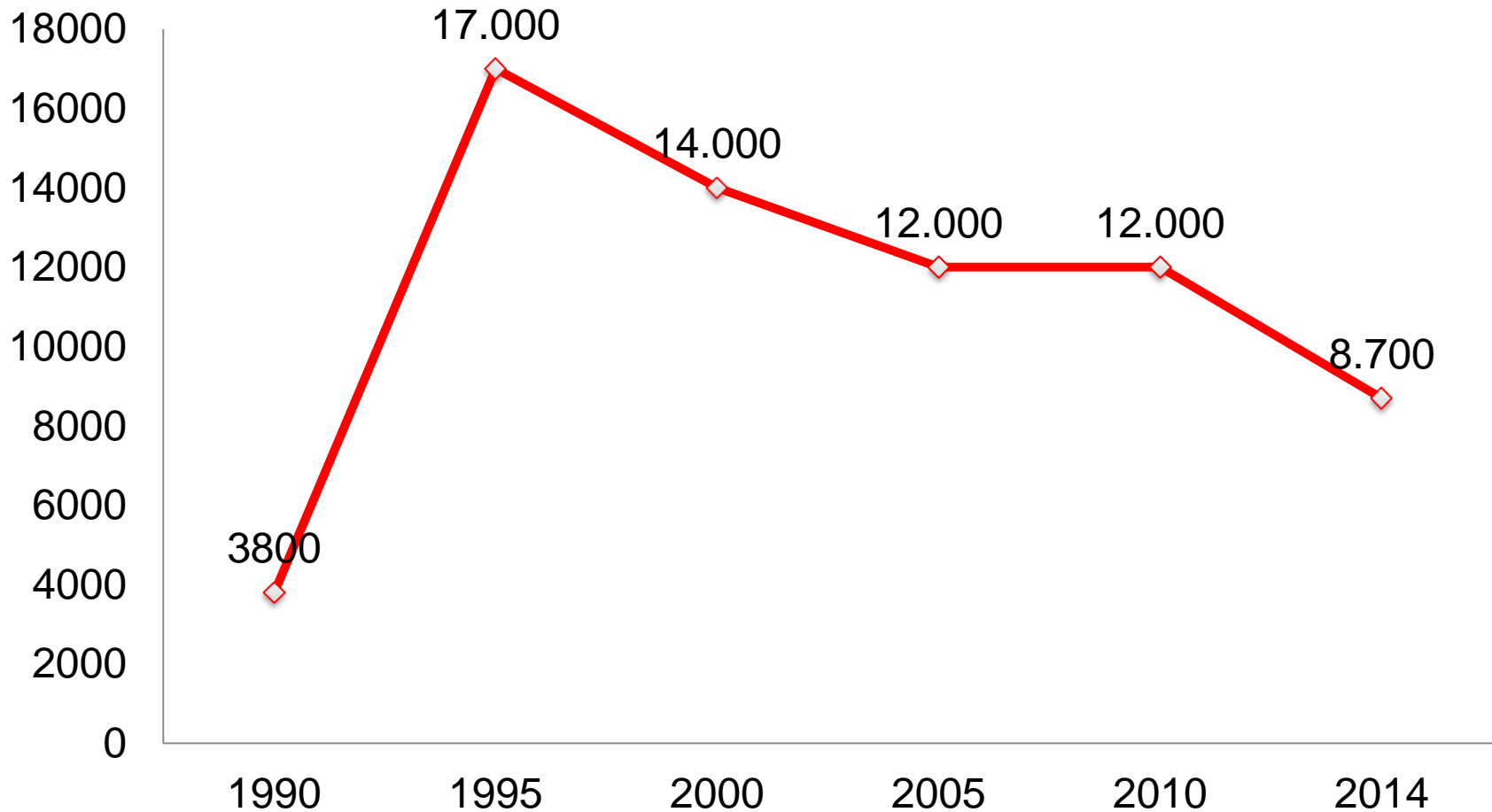
# HIV prevalence among adults (15-49), Swaziland



<sup>1</sup>UNAIDS, estimate modeled. <http://aidsinfo.unaids.org/>



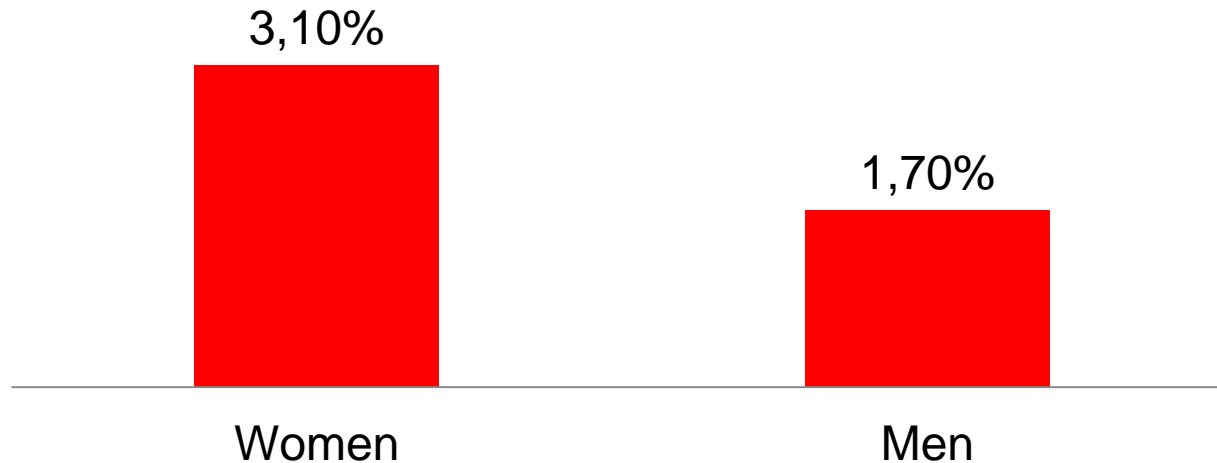
# HIV incidence among adults (15-49), Swaziland



<sup>1</sup>UNAIDS, estimate modeled. <http://aidsinfo.unaids.org/>



# HIV incidence rates (2014), Swaziland



Women are disproportionately represented, making up 110,000/190,000 of PLHIV over 15 yrs age.<sup>2</sup>

<sup>2</sup> UNAIDS and NERCHA, 2014

# HIV among MSM in Swaziland

- HIV rates for MSM range from 12.6%<sup>3</sup> - 17.7%<sup>2</sup>, slightly lower than the general male population (20%).
- Likely underestimated as a result of barriers to HIV testing and prevention

<sup>2</sup> UNAIDS and NERCHA, 2014.

<sup>3</sup> Baral et al., SUAID/Project Search: Research to Prevention; March 2013.

# What about transgender women?

- In both high- and low-income countries the odds of a transgender woman having HIV are much greater (e.g. 20-90 times) that of the general adult population<sup>12</sup>
- Limited data on HIV rates among transgender women in Swaziland

# What about lesbian and bisexual women?

- North America – bisexual women at elevated risk<sup>4, 5-8</sup>
- Sandfort et al. (2013) found self-reported HIV prevalence among lesbian/bisexual women in South Africa was 9.6% and associated with forced sex

# Social and structural drivers of HIV transmission

Social, economic, organizational, political power structures that produce social inequities<sup>13,14</sup>

- Transgender stigma, sexual stigma, gender inequity

# Social and structural contexts in Swaziland

- **Stigma:** multi-level processes of labeling, status loss, social exclusion & discrimination<sup>16-18</sup>
  - barrier to safe sex and accessing HIV prevention, testing & care services (*continuum of care*)<sup>19-21</sup>
- **Criminalization of homosexuality in Swaziland**
  - Risher et al. (2013) found MSM fear of seeking healthcare was associated with: legal discrimination based on sexual orientation, suicidal thoughts, having experienced rape
  - Baral et al (2013) found almost 50% of men experienced human rights violations
- No HIV prevention education or services tailored for LGBT persons in Swaziland

# Gaps in knowledge

- Limited knowledge of HIV vulnerabilities among **lesbian, bisexual and transgender women** in Swaziland (in comparison to gay, bisexual and men who have sex with men)



# Study objectives

- to explore social and structural factors associated with HIV vulnerability, and protective factors, among lesbian, bisexual and transgender women in Swaziland

# METHODS

# Design and Sampling

- Venue-based, peer-driven purposive sampling in Manzini, Swaziland with the Rock of Hope 2013-15
- In-depth semi-structured interviews in siSwati, transcribed verbatim and translated into English
- Participants (n=28) and KI (n=13):

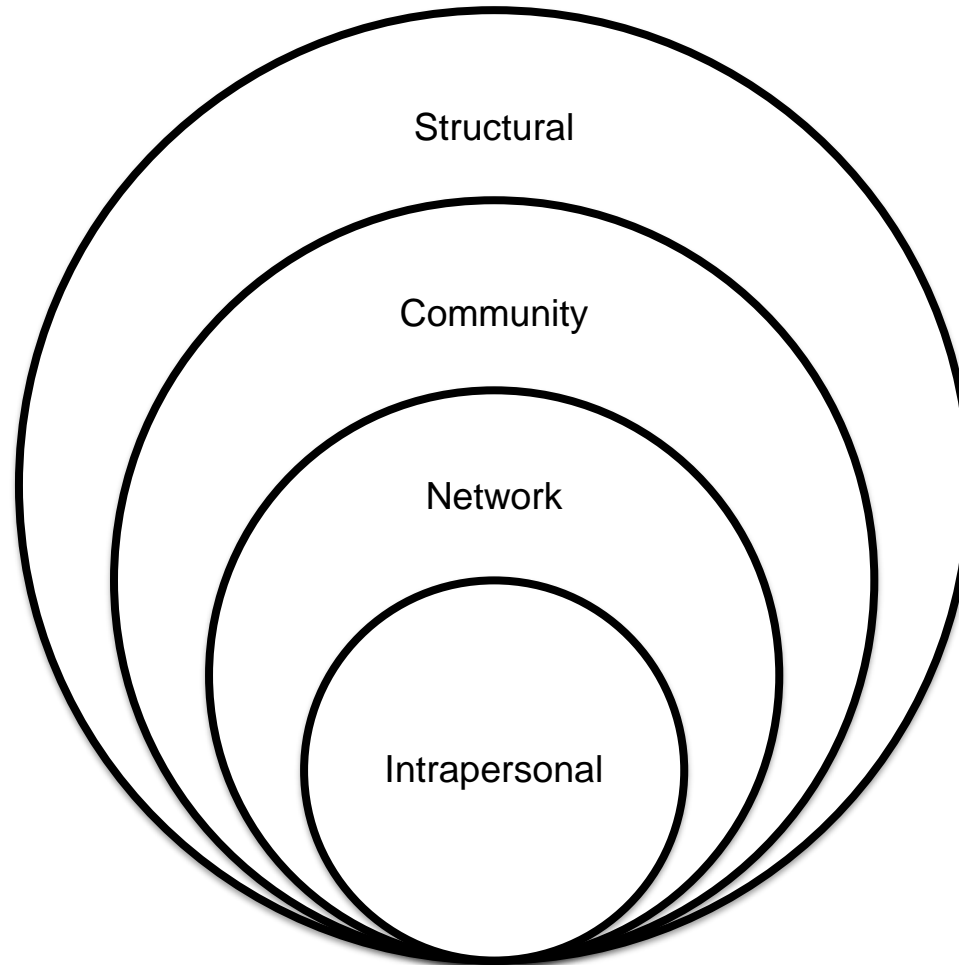
<b>Lesbian, bisexual and other women who have sex with women (WSW)</b>	<b>Transgender (TG)</b>	<b>Key Informant (KI)</b>
<b>16</b>	<b>12</b>	<b>13</b>

# Analysis

- Thematic analysis used to identify, analyze, and report themes in data <sup>22</sup>
  - condenses raw data into summaries, or themes, of recurrent patterns in the experiences of participants<sup>23</sup>
- Member checking with peer research assistants at the Rock of Hope (co-authors)

# RESULTS

# Social ecological approach



# HIV vulnerabilities



# 1. intrapersonal

- ✧ internalized stigma
- ✧ HIV awareness
- ✧ HIV risk perceptions
- ✧ safer sex practices

# internalized stigma

*I feel sometimes it was self-stigma because you are already thinking 'oh my God they are thinking I'm gay so they are going to hate me'. So in many situations it's been self-stigma. (208 TG)*

*You try to please people, prove to them that you can be a female. To prove a point you might wind up having unprotected sex with a man. (309 TG)*

# HIV awareness & risk perception

*Well I am the HIV free generation cause apparently I am not going to get HIV, my mom says that. (304 WSW)*

*Most of us LGBT persons feel that we cannot get HIV, and we ignore to use the safe sex commodities. (313 TG)*

*There is ignorance, many people do not know the chances of infection among us as lesbians, you come uninformed then you may end up infected. (113 WSW)*

*You know what's the funny things about the gays in Swaziland, for a fact they know they can't get pregnant so they sleep without condoms [chuckle]. Darling, that's not the only thing you should be wearing condoms for, there are STIs and HIV and darling trust me, no man I know is going to be yours, so that increases the risk. **Darling you might not be able to get pregnant, but you might still get an STI.*** (103 TG)

## 2. network

- ✧ small social networks
- ✧ **substance use**

# substance use

*Ok its alcohol, cause many people you find that you have gone out it's a club, people who are drunk and when you are drunk, even the so-called 'straight' people they usually take advantage of us, when they take advantage of you in most cases there is no protection that is being used during that time. (302 WSW)*

*I hear when you are drunk you lose your inhibition and you just grab anything you come across. (315 TG)*

*It comes back to the **drinking cause that is how we tend to meet each other** and I have really seen some things, I mean it is bad, I think we all know the risks, among gay guys and you get drunk and you see some guy maybe you liked him when you walked into the club, but then maybe you were too shy, **you get drunk and your inhibitions disappear**, so you end up doing the nasty maybe you don't think about safe sex, you do not think about condoms. (301 WSW)*



# 3. community

- ✧ perceived and symbolic stigma
- ✧ sexual violence

# stigma

*It's a different scenario when its trans, people have got these social expectations, **people feel more intimidated, feel more confused when they are interacting with trans people** ...I feel that it is even more difficult for trans people to access health care. They get a lot of those common questions what are you... And those are the questions that make trans people take a step back. I feel that Swaziland is at a stage whereby we are not quite understanding as a country when it comes to trans people, it is a space whereby a lot needs to be done. (KI 7)*

*Some guy said gays and lesbians spread AIDS. It's like if you are straight you just sleep together and you do not spread AIDS, so it is that kind of mentality. (314 WSW)*

# sexual violence

*Some group of guys say ‘**you know that guy he wants to be a lady so let us rape him so that he will leave this thing of being gay**’. He must date girls, let us rape him because if he continues like this he will continue to be gay so let us rape him. One of my friends told me that, but there were two of these guys, they raped him, but he never reported the case not even to the police because he was having fear that what will the police say and even the other people, they will laugh at him. Even our friends, the other gays, they will laugh at him so these are the problems. (213 TG)*

*You are actually going to have to hide your relationship behind closed doors, it is a risk to let people know because this whole corrective rape thing is an actual risk, so at some point it becomes dangerous. **It stops from simple ignorance to putting you, your life in danger** and someone else’s cause you may not be alone at the time. (301 WSW)*

## 4. structural

✧ laws

✧ sexual health education

# laws

*It is not legal to be gay or lesbian here it goes only as far as South Africa, not here, if you are gay here the people in your community will always be speaking in hushed tones how they pity your Godforsaken parents.... I feel we do not have access to things because we are illegal and we cannot express ourselves as much as we want to in Swaziland. (117 WSW)*

# HIV prevention access

*Its hard for me [to practice safe sex] 'cause I do not even know where to get the protection, I don't think it would be hard for me to use the protection if I had it around. (313 TG)*

*The problem is with HIV education, we have all heard the story, but the story is directed to a man and a woman. I could put you in a test about HIV and you would get a 100% and you won't have to study, but they never talk about when a man sleeps with another man, when a woman is with another woman. I think if you are going to have an AIDS campaign, it must be suited for everyone. (314 WSW)*

# Protective Factors

**Intrapersonal** –self-acceptance

**network** – social support

**community-** NGO programs

# self acceptance

***The best way to resist all these things is to have a strong inner self, believe in yourself, what you are. Be strong, have support groups so you build yourself up, so you can resist all the stigma and all the hatred. That honestly would bring you much further in life, you would be able to ignore all the hate, the stigma and move on. (TG 103)***



# social support

*One support structure is among ourselves, **all of us who have come to accept our sexuality, we help the younger ones with coping.** With us the older generation it was tough. I think the main one is informal, where we meet with each other, share each other's miseries, and give each other a shoulder to cry on. (208 TG)*

*It gives me strength getting to know others like me, it puts me in a happy place. (WSW 110)*

# community NGO

*The good thing is that sometimes supportive teachers encourage them not to be scared of whom they are, and there are also non-governmental organisations that provide sexual protection, and there are also workshops where they relate with each other which may also create job opportunities. (214 TG)*

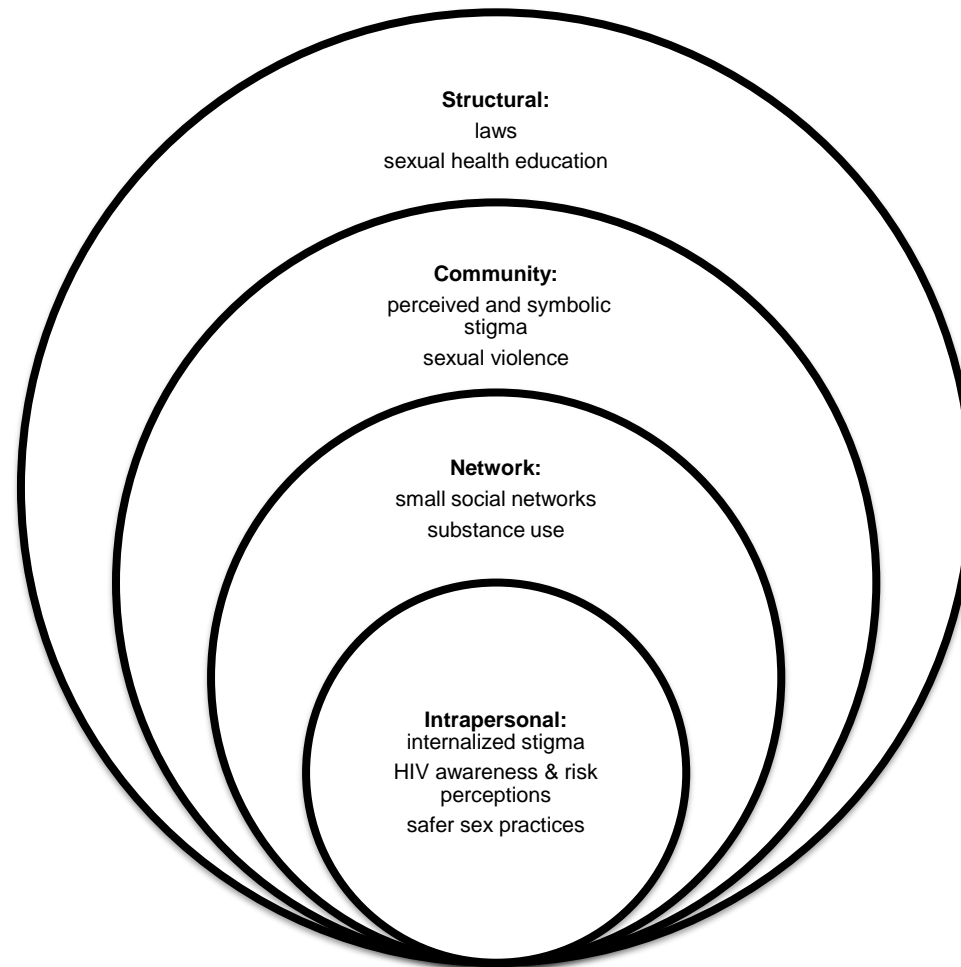
*I think we have to just keep on empowering, empowering and empowering about using protection. We thank God, that we do have organizations like PSI, they recently introduced this thing rainbow night, whereby for you to attend you have to test first, its like a ticket for you to attend the party you have to test first. I think if we have such programs it will make people to be extra careful when it comes to their sexual behavior. (302 WSW)*

# DISCUSSION

# Discussion

- social ecological approach helpful to understand multi-level drivers of HIV vulnerability among sexually and gender diverse women in Swaziland

# Multi-level HIV vulnerabilities among lesbian, bisexual & transgender women in Swaziland



# Discussion

- *Structural*: criminalization of homosexuality results in no LGBT tailored HIV prevention messaging, and no protection from discrimination
- *Community* stigma and sexual violence targeting LBT women increased HIV exposure
- *Social networks* of LGBT persons in Swaziland provided social support, at the same time this support was often centered at bars/clubs and substance use was linked with elevated sexual risk practices & violence
- These contexts contributed to low HIV risk perceptions, knowledge & access to prevention & internalized stigma

# Discussion

- Protective factors did not yet address structural drivers
  - Interventions can build on community mobilizing & supportive NGO programs,
- HIV prevention & care continuum interventions should address complexity of distal drivers of HIV in Swaziland
  - E.g sexual violence, stigma & sexual health education
  - Promising stigma reduction interventions
- HIV research should include lesbian, bisexual & transgender women



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# Acknowledgments

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