

Health centres fingered in gays, lesbian bias

By Patience Nyangove

DISCRIMINATION and humiliation of the lesbian, gay, bisexual, transgender, queer or questioning, intersex and others (LGBTQI+) community at public health centres, has forced a majority of them that have contracted sexually transmitted diseases to shun seeking medical care and suffer in silence instead.

In some cases, the overt discrimination and humiliation is understood to have forced some members of the LGBTQI+ to commit suicide.

Although the country's constitution is explicit when it comes to non-discrimination on the basis of sex, it is sadly quiet on the issue of discrimination on grounds of one's sexual orientation.

It has become a common practice for some health personnel at public health care centres to be homophobic by denying patients from the LGBTQI+ community the privacy and dignity every other patient is accorded while seeking medical treatment.

Confidente has established that some of the unethical conduct by nurses during consultation, for instance with a gay patient who has anal herpes, includes the health official calling others into the consultation room before passing degrading homophobic comments.

Jholerina Timbo, a member of the LGBTQI+ community, bemoaned how it is extremely difficult for homosexual people to access medical care at public health institutions.

"Our biggest problem is that state hospitals and clinics when they run campaigns on HIV/Aids and other sexually transmitted infections, these projects only target heterosexuals leaving us out. When we go to these institutions seeking medical care and when nurses ask us to explain how we contracted sexually transmitted infections, they laugh or make fun of us because we are in same sex relationships and in the end some of us are forced to lie to the staff.

"Sometimes a nurse will take a bible and tell you that you need salvation or will altogether refuse to attend to us," Timbo said.

Timbo further disclosed how members of the LGBTQI+ community are also forced not to go for HIV testing as couples due to the high levels of discrimination and stigmatisation of people in same sex relationships.

"You can't go for HIV testing with your partner because they [health workers] say it is against the law, so as partners we have to go separately. Another problem we encounter is that at public health institutions, they don't do anal pap smears and it's really a huge prob-



Wendelinus Hamutenya

Friedel Dausab

Jholer Timbo

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lem for us," Timbo added.

Timbo also said the majority of members of the LGBTQI+ community are forced to suffer in silence leading to either substance and alcohol abuse and those on anti-retroviral drugs (ARVs) defaulting.

"Some of us are forced to wait for longer periods while waiting to seek treatment until the Walvis Bay corridor and the Namibia Planned Parenthood Association (NAPPA) mobile vans come and we get services with no questions asked about our sexual orientation. Due to this, those taking ARVs end up defaulting on their treatment because they are afraid of discrimination by health staff that constantly tell us we are not good enough."

Timbo continued: "I have realised that the rhetoric used by the country's leaders to condemn homosexuality is tantamount to hate speech and these health workers who ill-treat us use that hate speech as the basis to psychologically traumatise us at health facilities."

OutRight Namibia, director Friedel Dausab, said that discrimination and humiliation of members of the LGBTQI+ community at government health centres is a daily occurrence which has forced a high number of patients from the community to avoid seeking medical treatment even for life threatening conditions related to their sexual orientation.

"We have received so many complaints from our members about the humiliation and discrimination they endure at the hands of health personnel when they seek medical attention at state institutions.

For instance, when a gay person has anal herpes and goes to a public clinic seeking medical attention, the nurses in consulting rooms call each other in the room and make a spectacle of the patient. In the process, they humiliate this person, which has led to so many of them afraid to seek health care and rather sit at home while they are being ravaged by sickness and disease," Dausab stressed.

According to the activist, a large number of people from the LGBTQI+ community have stopped adhering to their HIV/Aids treatment as many are now suffering from what is called minority stress theory.

"How badly affected the LGBTQI+ community is doing in health outcomes especially with HIV/Aids, it's linked to discrimination, laws and the environment they have to survive in," Dausab bemoaned.

Dausab feels that the country's lawmakers are vindictive and injurious towards the LGBTQI+ community.

Dausab took a swipe at Namibia's Combating of Domestic Violence Act which recognises all other types of relationships except

same sex relationships.

"When individuals in same sex relationships approach the police and try to open cases of domestic violence, they're told they can't because the law doesn't recognise same sex relationships. In the end, they're forced to open common assault cases that are of a lesser serious nature. The law should also provide safety nets for people in same sex relationships. At the moment the law leaves these people more vulnerable to domestic violence," Dausab said.

Dausab explained that some personnel at public health facilities use the country's inherited Roman Dutch Law enacted in 1920 which criminalises anal sex to further entrench stigmatisation and discrimination of members of the LGBTQI+ community. Although this law is not enforced it remains a part of the country's legal statutes.

"Although the country's constitution does not condone discrimination of anyone on account of their sex and the Ministry of Health and Social Services' health personnel are not supposed to discriminate, we have established that there are some rotten apples that do so. Sodomy laws and unnatural sex acts make people from the LGBTQI+ community second class citizens in terms of equality and equity," Dausab indicated.

Executive Director of Rights for All Movement, Wendelinus Hamutenya claimed that some public

health workers go as far as denying people from the LGBTQI+ community their life saving anti-retroviral drugs on the basis of their sexual orientation.

"We witness discrimination in health care settings that endangers the lives of LGBTQI+ and MSM through delay or denial of necessary medical care. For example, after some homosexuals with HIV disclose to hospital staff that they had sex with other men, the staff sometimes refuse to dispense their HIV medication. Another example was when two teenage trans-genders were admitted at a state hospital and were repeatedly mis-gendered before being discharged with one of them later committing suicide.

"LGBTQI+ people have difficulty finding providers who are knowledgeable about their needs. So they encounter discrimination from health providers, or delay or fore-go care because of concerns about how they will be treated. In the absence of legislation prohibiting healthcare discrimination based on sexual orientation and gender identity, LGBTQI+ people are often left with little recourse when discrimination occurs. This illustrates the scarcity of competent healthcare services for LGBTQI+ people in many hospitals," Hamutenya said.

A nurse at Okuryangava clinic, who spoke on condition of anonymity because she didn't have authorisation to speak to the media, acknowledged that discrimination and stigmatisation of members of the LGBTQI+ community was rife at public health centres.

"It requires a lot of sensitisation of health workers to stop this discrimination of homosexuals when they seek treatment and unfortunately government doesn't see the importance of sensitising us on such matters. If government really wants to bring to an end the HIV/Aids pandemic then certainly they is need for our policy makers to come up with comprehensive campaigns that do not exclude anyone who is sexually active. "As professionals sometimes our backgrounds interfere with our conduct at work, as well that's why there is so much stigma and discrimination" she said.

The Deputy Minister of Health and Social Services, Juliet Kavetuna said the ministry's service charter was against discrimination of any one.

She said it would more helpful if those discriminated by staff at state health institutions contact her office so that she can personally address the matter.

"If anyone goes through such treatment, they should report the matter to me directly so I can come and assist them," she said.

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