

‘After 25 years of democracy we are still stigmatised and discriminated against’

Healthcare experiences of HIV-positive older black gay men in a township in South Africa

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Abstract: There is little research on older black gay men (OBGM) living with HIV, the research focus having been on the younger lesbian, gay, bisexual, and transgender (LGBT) cohort. This qualitative study explored the ageing and healthcare experiences of OBGM living in a selected township in the Cape Metropole in South Africa, to find strategies to deal with their concerns. In-depth interviews were undertaken with 15 participants, 10 older gay men and 5 health professionals (nurses) working at the local day hospital. Interviews were audio-recorded, transcribed verbatim, and translated from isiXhosa to English before a thematic analysis was undertaken. A key findings of the study was that the OBGM who are people living with HIV were stigmatised and faced discrimination from the healthcare professionals at the hospital. Rejection by their families and communities and the death of their life partners led to isolation and depression. Social workers should be involved in counselling of OBGM, training of healthcare professionals, and facilitating workshops with families and communities in the townships.

Keywords: healthcare; gay; older men; black; township; training; social work

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Introduction

The AIDS epidemic is a public health threat that had been prominent on the global health agenda for the past four decades. The number of people living with HIV (PLWH) was reported to be around 38 million globally in 2018, with 20.6 million living in Eastern and Southern Africa (UNAIDS, 2019). Statistics South Africa (2020) estimated the total number of South African PLWH to be approximately 7.8 million in 2020, which is a slight increase from the 7,06 million that was reported in 2017. This increase could be hypothesised to be caused by the increased lifespan of people infected with HIV, which resulted from the global response to the AIDS epidemic, for example, the provision of antiretroviral treatment (ART). There have been concerns how older black gay men (for the purposes of this article 'OBGM'), who are living with HIV, and live in the Western Cape in South Africa, are treated in healthcare settings. Most of these concerns have been around the kind of stigma they experience, and the lack of support they receive, particularly in the townships in South Africa.

The first author of this study received a National Research Foundation (NRF) scholarship to undertake a study on OBGGM in a selected township in the Western Cape. This was part of a broader NRF-funded project conducted between 2017 and 2019 that explored the healthcare concerns of older lesbian, gay, bisexual, and transgender (LGBT) people living in the Western Cape and Gauteng in South Africa. The term LGBT is used in South Africa, but it is recognised that there are other terms used internationally. Prior to this project, minimal research had been undertaken on the older LGBT population in South Africa, as the focus was primarily on the LGBT youth. During the data collection phase of the broader project, the researcher, as an assistant to the primary investigator, attended a focus group with OBGGM. A number of the group participants shared that they were HIV-positive and commented on their experiences in the township where they were living. Thus, the researcher decided to explore the lived experiences of the OBGGM who are PLWH and live in a township in the Cape Metropole. The objectives were to explore and describe the OBGGM's healthcare experiences at the day hospital they attended for their HIV treatment, and describe the relationship between the OBGGM and their support systems, including family, friends and the community. The study was completed before the Covid-19 pandemic started. Some of the participants have since passed away.

HIV-positive older black gay men have experienced marginalisation and

rejection in the townships in South Africa (Reygan and Henderson, 2019; Henderson and Khan, 2020; Reygan, Henderson and Khan, 2020). Many of them have returned to the 'closet', caused by their negative experiences of healthcare clinics in the township. The researcher selected one of the older townships on the outskirts of Cape Town, where participants had spent most of their adult life. This township is known as one of the most violent areas in the Western Cape, and crime is rampant there. The South African Police Service's (2021) report on crime in the first quarter of 2021 reflects that at least 10 (33,3%) out of the top 30 areas in South Africa with high murder rates are in the Western Cape townships, and part of the Cape Metropole.

In South Africa (SA), the Older Persons Act 13 of 2006 does not recognise the special needs of the LGBT community, as it primarily focuses on heterosexual older people. It is also less likely that these OBGGM will receive the appropriate healthcare, as there is very little acceptance of the diverse LGBT communities in these settings in South Africa (Henderson and Khan, 2020), which older LGBT in the USA and the UK can take for granted (Fredriksen-Goldsen, Kim, Chengshi, Goldsen and Emler, 2015; Almack, Seymour and Bellamy, 2010). One of the concerns noted in the research findings was that social workers are not part of the OBGGM's care plan. There seems to be a lack of acceptance of social workers in these settings, and the OBGGM in the study did not engage with any social workers. However, social workers at the day hospitals and pertinent organisations have the expertise necessary to play a major role in the OBGGM's lives.

HIV at the time of Covid-19

People need to be constantly sensitised to the correct use of terminology regarding HIV infection and the AIDS epidemic, as some of the language used can be inappropriate or hurtful. The UNAIDS terminology guidelines state that the expression 'HIV/AIDS' should be avoided whenever possible, as it causes confusion since most people with HIV do not necessarily have AIDS (UNAIDS, 2015). Referring to people as being HIV-positive or a person/people living with HIV is more acceptable (UNAIDS, 2015).

Research shows that HIV has a huge impact not only on the infected individuals, but also on the family household, and society at large, affecting its social capital (Nabunya, Padget, Ssewamala, Courtney and Neilands,

2019; Han, Ssewamala, and Wang, 2013; Shang, 2009). A study conducted by dos Santos, Kruger, Mellors, Wolvaardt and van der Ryst (2014) reports that people living with HIV experience significant levels of stigma and discrimination that negatively affect their working and family life, as well as their access to health services. Parker and Aggleton (2003) argued that one has to think broadly about how different groups of people become socially excluded, to identify the forces that create and reinforce exclusion in different settings. Social exclusion can result in PLWH being a population group at risk, which is identified as 'those groups in society most likely to experience and suffer consequences of discrimination, economic hardship and oppression' (Kirst-Ashman and Hull, 2012, p. 397). Very often, these people are socially excluded by their communities, because they are different from the more dominant and powerful segments of society. Some of the population groups that are at risk are women, refugees, gays, lesbians, the elderly and children, to mention but a few. Special emphasis also needs to be placed on the exclusion of LGBT people, and the older adults within this group, as this directly relates to the current study.

There is accumulating evidence of health disparities among LGBT older adults that describes them as an at-risk population (Emlet, 2016), while Queiroz et al. (2019) argue that the contextual factors that could explain this population's greater vulnerability to HIV are still unknown. It is challenging to determine the precise factors that contribute to the vulnerability of LGBT people to contracting HIV, and to separate these factors from the broader factors leading to discrimination associated with being an LGBT individual. While the stigma associated with HIV infection is well recognised, there is scant information on the impact of the HIV-related stigma within communities regarding gay men (Smit et al., 2012).

Being part of this population group already comes with a negative connotation, regardless of the individual's HIV status, as LGBT people have historically been ostracised by the communities, based on their sexual orientation that differs from that of the heteronormative society. Research shows that gay black men may face more direct forms of stigma and prejudice because of their sexual orientation (Boone, Cook and Wilson, 2016; Rosenfeld, Bartlam and Smith, 2012). Being infected with HIV adds another element of stigma and discrimination to this already marginalised group. Historically, PLWH and those who are suspected to be infected with HIV have been the target of social prejudice, discrimination and violence (Herek and Capitanio, 1999; Herek, Capitanio and Widaman, 2003). Consequently, black gay and bisexual men face additional challenges, as

they have to manage two subordinate group memberships (Boone, Cook and Wilson, 2016). This means that gay black men may face homophobia from people who hold these combined stereotypes and prejudice associated with being gay and also living with HIV. Previous research (Rosenfeld, Bartlam and Smith, 2012) that focused on the mortality of HIV-infected gay men reported that as AIDS decimated the gay community in the 1980s and early 19, it became a symbol of the irrational nature of homophobia. This means that homophobia is not a new issue. It started when AIDS-related deaths became associated with gay men, and the communities started stigmatising and discriminating against them. More than three decades into the HIV epidemic, it is difficult to disentangle the impact of the HIV stigma from stigma aimed at gay men. Despite major social change that has increased the acceptance of LGBT, stigma in this area continues to be intimately intertwined with HIV stigma (Brown et al., 2017).

Perceived HIV-related stigma in the community may cause PLWH to internalise stigma and anticipate stigmatising experiences, resulting in adverse health and psychosocial outcomes (Turan et al., 2017). Boone, Cook and Wilson (2016) state that the experiences of internalised homophobia and HIV stigma in black gay and bisexual men (BGM) may lead to psychological distress. Stigmatisation of gay men and other LGBT people does not only occur in healthcare facilities, but also in other social environments, which can negatively affect the health of LGBT persons. Jeffries et al. (2017) identify homo-negative behaviour displayed by people towards gay men as promoting stigma, and possibly even increasing their vulnerability to HIV.

The emergence of the global Covid-19 pandemic added another element of discrimination in societies that already displayed negative attitudes towards unknown phenomena and unfamiliar health problems. The healthcare systems were already overburdened with high numbers of HIV-infected people, and suddenly had to deal with Covid-19, and the resources and manpower had to be redirected to Covid-19 facilities. Nyasulu and Himani (2020) identify some of the challenges that came with the Covid-19 pandemic was a diversion of the health workforce, suspension of services, reduced health-seeking behaviour, unavailability of supplies, deterioration in data monitoring and funding crunches. Bhatt, Soneja and Gupta (2021) explain that the psychosocial support that would usually be provided to PLWH held at HIV clinics for mitigating the social stigma, also came to a halt, thereby limiting PLWH's access to a much needed service. This means that PLWH had to deal with the consequences of Covid-19

over and above the load of managing the existing challenges of stigma associated with being gay and HIV-infected. On the other hand, a study by de Vries, Gutman, Beringer, Gill and Daudt (2021) suggests that older LGBT people develop resilience, which contributes to their ability to cope with the Covid-19 pandemic.

OBSGM's healthcare concerns

There is limited research on OBSGM's healthcare concerns in South Africa (Reygan and Henderson, 2019). Most of the studies, which were predominantly quantitative and from the global north, focused on healthcare concerns of older white LGBT people, and clearly targeted that population (Frederick-Goldsen and Muraco, 2010). Most studies were conducted by psychologists, nurses or sociologists, and there were very few studies conducted among social workers. A number of key studies have been undertaken in the USA and Europe on healthcare concerns. The main health concern identified by D'Augelli, Grossman, Hershberger and O'Connell (2010) in the USA was that older LGBT people experience increased anxiety caused by stigma, discrimination and prejudice. This is supported by Slater, Moneyham, Vance, Raper, Mugavero and Childs (2015), who explored HIV stigma of older gay men and how it influences the quality of their life (QOL). Most of the gay men identified homonegativity and internalised HIV stigma as harming their QOL. Depression (Kessler, Birnbaum, Bromet, Hwang, Sampson and Shahly, 2010) and suicidal ideation (Figueiredo and Abreu, 2015) were identified as the most prevalent mental health issues in the USA and Europe. HIV infection was highest among gay men in the USA (Institute of Medicine, 2011). In South Africa, the highest infection rate is among the heterosexual population, explained by cultural dynamics and the lack of compliance with condom usage. Boehmer, Miao, Linkletter and Clark (2012) report that in the USA, older LGBT adults have a high risk of chronic conditions such as dementia, obesity, high blood pressure, high cholesterol, arthritis, cardiovascular disease, diabetes, and mostly HIV. As older gay men mostly live alone (Fredricksen-Goldsen, Kim, Emler, Muraco, Erosheva, Hoy-Ellis, Goldsen and Petry, 2012; Stonewall Report, 2011), while most of these diseases are linked to older age and unhealthy behaviour, they can be life-threatening.

Qureshi, Zha, Kim, Hindin, Naqvi, Holly, Dubbs and Ritch (2017)

explored the healthcare needs of the LGBT population (including older people) in New Jersey, USA and found that cultural competence of healthcare professionals in dealing with LGBT health issues was limited. Additionally, LGBT people's lack of adequate finances made transportation to healthcare settings challenging. These findings are in accordance with the findings from this study. Concealment of their sexual identity, likely influenced by internalised stigma and discrimination (in some instances by healthcare workers), can also prevent LGBT individuals from attending healthcare settings. This implies that opportunities to strengthen their social relationships and interaction with other LGBT adults, especially those who are living with HIV, are decreased (Deeks, 2011). In SA, older LGBT people of colour go back 'into the closet' to avoid stigma and discrimination (Reygan and Henderson, 2019). They also report reluctance to attend healthcare settings because of poor treatment. Similarly, the Gay and Lesbian Equality Network, GLEN (2011) in Ireland surveyed 144 LGBT persons on their healthcare needs. They found that 25% had experienced poor treatment in hospital settings and 22% did not reveal their sexual orientation to healthcare staff for fear of discrimination.

A quantitative study in the USA by Mazonson, Loo, Berko, Adeyemi, Oglesby, Spinelli and Zolopa (2020) compared the quality of life (QOL) of older white gay men who are HIV-positive with that of older black gay men (African-American). Although there were more white men in the study (91% were white compared to 9% who were black), it was found that the older black gay cohort had a better QOL than the white gay cohort. The study assessed four domains: health, psychological concerns, and social and functional well-being. Findings in the USA study indicated that black men were more likely to be single, less likely to have an income greater than \$50 000 annually, less likely to have a college degree and less likely to be virally suppressed (Mazonson et al., 2020). Living alone and financial insecurity are issues for OBGGM living in townships in SA, as salaries are low and there is high unemployment. The South African Government makes provision for unemployed PLWH to receive a monthly disability grant of R1 890, which is based on a means test and is not sufficient to pay for medical aid or all household expenses. It is assumed that this could be different for most better-off, older white gay men who are likely to live in more affluent areas. Financial insecurity, therefore, is bound to have an impact on the OBGGM's QOL.

Resilience theory

Resilience theory has been prominent with regard to analysing different marginalised populations. Van Breda (2018) suggests that there is a growing interest in resilience research among social workers in SA, with topics including families, adolescents, youth-headed households, organisations, drug abuse, HIV, and poverty. On a macro level, resilience is defined as 'multilevel processes that systems engage in to obtain better-than-expected outcomes in the face of adversity' (Van Breda, 2018, p. 4).

Fry and Keyes (2010, p. 3) defined resilience as:

... the need for individuals to strike a healthy balance between accumulating and preserving valued sources of life-strengths and related psychosocial resources for the future, and using valuable resources to deal with important needs in the present.

American gerontology literature (Fredricksen-Goldsen, Hoy-Ellis, Goldsen, Emlet and Hooyman, 2014; King and Orel, 2012) argues that resilient ageing should be a model for understanding health, including mental health, among older LGBT adults. Emlet (2016) states that the longer people live with HIV, the greater their resilience. However, Dentato, Orwat, Spira and Walker (2014) state that possessing resilience might not prepare gay men for discrimination and stigmatisation, which could affect their mental health. This tends to affect especially older gay men who are HIV-positive.

In a social work survey among older gay men in the USA, King and Richardson (2015) identify social support as one of the key elements of developing resilience in gay men. They state that the support by a partner, family and friends contributes to resilience in older gay men. In support of this view, researchers such as Chen and Feeley (2014) and Fredricksen-Goldsen et al. (2014) believe that having a supportive partner/spouse will produce more positive mental health outcomes. The second element to developing resilience identified by King and Richardson (2015) refers to income and resources. Kim and Richardson (2012) explain that a high income, assets and private health insurance contribute to the better physical functioning in older gay men. However, they are not clear how this develops resilience. A higher income, assets and private health insurance are likely to help individuals to cope with HIV, but this does not necessarily lead to resilience. As de Araujo, Teva and Quero et al. (2017) point out, being open

about one's HIV status is likely to lead to determination, which is more likely to lead to resilience. The final element identified by King and Richardson (2015) to lead to resilience is one's age cohort. In a quantitative study by Fredricksen-Goldsen et al. (2015), it was found that the older cohort of gay men (between the ages of 65-79) scored higher in health than the younger cohort (50-64). They based this on the gay liberation in the 1970s, which may have led to their empowerment and resilience. On the other hand, they also experienced the emergence of the HIV pandemic in the 1980s, which threatened their health. Some may have developed resilience through their social support structures.

There is a lack of research on resilience and OBGM in SA, while the focus is on the young cohort of gay men. This lack of research led to the researcher wanting to establish how resilient or disempowered this cohort of gay men is and how they cope as they grow older while being discriminated against at the clinic and by their families.

Methodology

Research design

A qualitative study was deemed suitable for this study to allow OBGM to share their sensitive personal experiences with the researcher. A quantitative approach would also not have been apt for this cohort, as there was no need to access large numbers to reach data saturation (Hennink, Kaiser and Marconi, 2016). With respect to qualitative research, Creswell (2014) identifies five characteristics that are relevant to this approach. For the purposes of this article, three of the characteristics will be discussed. The first is identifying the natural setting. In this study, OBGM were interviewed in their homes, and this face-to-face interaction in familiar surroundings contributed significantly to the credibility of the research. In dealing with risks, participants were asked if they needed to speak to a counsellor after the interview, but they all felt that they did not need counselling. Another key characteristic of this research was that participants' words and meanings were paramount. As the researcher is also isiXhosa speaking, he encouraged participants to speak in their home language so that they felt comfortable in sharing their stories with someone who understood their language. A final characteristic that was relevant was that the researcher

was able to be reflexive about his role in the study. As a heterosexual man interviewing gay men, he could reflect on the challenges that this dynamic brought and could share how to overcome these challenges.

Population and sample

The population was identified as OBGM living in townships in the Western Cape. The researcher chose snowball sampling (Thomas, 2017), as this allowed participants to suggest other potential participants who might be suitable for the study, as it was challenging to find participants who were willing to speak about their circumstances. Marginalisation is overarching in the townships, and thus, OBGM were reluctant to commit to the research project, based on the stigmatisation they had experienced in the past. In total, 15 participants were interviewed, which included 5 healthcare workers. The selection criteria for the OBGM were that they had to be HIV-positive, black, gay and over 50, but an allowance was made for one participant who was close to that age (see Table 1). The criteria for the healthcare workers were that they had to be working at the day hospital where the OBGM went for their HIV treatment in the township.

Data collection

Semi-structured interviews were utilised to collect data with the assistance of an interview guide to ensure in-depth responses. A semi-structured interview is designed to ascertain subjective responses from persons regarding a particular situation or phenomenon they have experienced (McIntosh and Morse, 2015). Initially, the researcher struggled to obtain thick descriptions from the OBGM because of the participants' hesitancy to share their traumatic experiences. However, with the aid of sensitive probing, he was able to overcome their reluctance, and the skill of probing (Karpelis, 2017) led to more in-depth responses. Arrangements were made for the OBGM to be interviewed at a convenient time in the comfort of their homes. As some of the participants were frail, it was deemed suitable to conduct the interviews in a safe home environment. The crime factor in this township also contributed to this decision. The nurses were interviewed in a quiet office at the day hospital. It is unlikely that any of the nurses were LGBT individuals, as their responses suggested that they were not

comfortable with diverse patients, which is likely to form a barrier to their service delivery. While social workers were employed at the day hospital, the researcher focused on health professionals who personally treated the HIV patients. The interviews were conducted in isiXhosa, as this was the preferred language of communication by the participants, and allowed the researcher to obtain in-depth responses from the OBGGM and the nurses. The OBGGM were interviewed first, and the nurses at a later stage. Most of the interviews lasted between 45 to 60 minutes. The interviews were audio-recorded and transcribed verbatim. Transcriptions were undertaken after all the interviews were completed, to prevent bias while conducting the interviews with the nurses. However, it may have been a limitation, as questions could have focused on some of the issues that the OBGGM raised. Once the transcriptions were completed, they were translated into English. These translations do not always capture the nuances of the original interviews, but at least the participants were able to share their stories in their own language (see examples in the findings).

Data analysis

Once the transcriptions were translated, the researcher began the process of coding the data. As Creswell (2014) explains, it requires a number of steps or stages from preparing for the data analysis to interpreting the themes and sub-themes. Steps 1 and 2 included a thorough reading and re-reading of the text, so as to get a general idea of what participants were saying. The researcher went through the OBGGM texts first. This led to Step 3, which involved the coding of the data that required writing words or phrases representing a category in the margins (Rossman and Rallis, 2012). He then coded the texts from the nurses' interviews, and searched for themes and sub-themes from examining both data sets (Step 4). Step 5 involved choosing direct extracts from both data sets that illuminated these themes and sub-themes. A narrative approach was utilised to describe and critically analyse the findings. In the final Step 6, the researcher interpreted the findings, which involved comparing the findings to literature and theory. This was challenging, as there is minimal literature on OBGGM. However, links were made to policy and practice.

Trustworthiness

There were a number of processes to ensure trustworthiness (Thomas, 2017). The researcher interviewed the OBGM as well as key informants such as the nurses, which helped to triangulate the data, and added to the credibility of the study. Rich descriptions of the research process contributed to potential transferability of the data. Self-reflection was utilised to ensure that bias was minimised. Finally, there was an audit trail to establish confirmability of the findings. The findings are clearly based on participants' (OBGM and nurses) responses.

Ethical considerations

Permission to conduct the study was requested from the Senate Higher Degrees Committee at the University that approved the proposal, and ethical clearance was granted from the Biomedical Research Ethics Committee (BMREC). Informed consent was obtained from the participants, which included informing them about the aim of the study, their right to voluntary participation and their right to withdraw from the study at any time. Participants were given the assurance that their identities would be protected and that the information collected would be stored in a password-protected computer, and the data would be destroyed after the requisite five years after completion of the project. Arrangements were made with a social worker to provide debriefing and counselling to participants, should the interviews have evoked feelings that might lead to them reliving traumatic experiences of the past. This was important, since the participants are part of a vulnerable population group. Ensuring no harm to participants is identified by Thomas (2017) as an important component of doing research with vulnerable populations. At the end of the interviews, none of the participants needed debriefing.

Findings and discussion

A number of themes and sub-themes emerged from the data, but for the purposes of this article, the focus will be how, based on the lack of training, the healthcare professionals stigmatise the OBGM who are HIV-positive,

and the rejection experienced by OBGGM from their families. Despite the homophobia within the township community, some participants demonstrated resilience in coping with the stigmatisation within their community. The discussion that follows outlines how social workers must prioritise interventions with the different role players at the day hospital as well as families and community members to address the homophobia experienced by the OBGGM. Table 1 presents the OBGGM's background demographics:

Table 1
Overview of the demographics of the participants

Participant*	Age	Ethnicity	Relationship		Education	Employment
			Language	status		
1	68	Black	IsiXhosa	Single	Standard 5	Old age grant
2	65	Black	IsiXhosa	Single	Standard 7	Old age grant
3	59	Black	IsiXhosa	Single	Standard 7	Unemployed
4	71	Black	IsiXhosa	Single	Standard 6	Old age grant
5	74	Black	IsiXhosa	Single	Standard 5	Unemployed
6	69	Black	IsiXhosa	Single	Standard 4	Old age grant
7	77	Black	IsiXhosa	Single	Standard 6	Old age grant
8	68	Black	IsiXhosa	Single	Standard 4	Old age grant
9	70	Black	IsiXhosa	Single	Standard 8	Old age grant
10	43	Black	IsiZulu	Single	Standard 8	Employed

Table 2 provides the demographics of the key informants of the study.

Table 2
Overview of the demographics of the healthcare service providers (nurses)

Name	Age	Ethnic Group	Relationship Status	Years Work Experience
Nurse 1	61	Black	Married	29
Nurse 2	47	Black	Married	13
Nurse 3	39	Black	Single	8
Nurse 4	55	Black	Married	22
Nurse 5	48	Black	Married	18

Healthcare professional's stigmatisation and discrimination of HIV-positive OBGM

Most of the participants highlighted how they were stigmatised and discriminated against when they visited healthcare settings. Participant 10 shared a story of being ill-treated when going to get his medication at a clinic in the day hospital. He stated:

I got there on time; however, the queue was already long. I survived it and got to the nurse around 2 pm. The nurse requested my clinic card; I started searching for it, but could not find it. She told me to go back home and get it. And that it was up to me if I decide to return the same day or the next, but maintained that, either way, I will have to start from the [back of the] queue. Seeing the long queue behind me, I begged her to help me without queuing again when I came back, she was refusing, telling me that 'ezi zitabane ziyathanda ukufuna uhoywa kwaye zithanda namehlo'. She literally dragged me out with my clothes, but she could not succeed, and decided to call two security guys to do the job, and they accompanied me out. (Participant 10)

The quote written in isiXhosa means that “these ‘gay men’ like special treatment and attention”, but the word ‘izitabane’ is a derogatory word that is meant to insult gay men. The discrimination that Participant 10 experienced is at odds with the Constitution of South Africa (1996), which states that a person cannot be discriminated against on the basis of their sexual orientation. However, very few older gay men are prepared to challenge the discrimination, based on their consistent experiences of homophobia over many years. As highlighted by D’Augelli et al. (2010), older gay men experience anxiety caused by discrimination and stigma, and this is reinforced by their HIV-positive status. The kind of discrimination experienced by Participant 10 can also be regarded as homo-negative behaviour, which refers to the negative perceptions and treatment that gay men encounter because of their sexual orientation (Jeffries et al., 2017). This narrative was recalled by older gay participants on numerous occasions. Four more participants highlighted their experiences of discrimination by healthcare workers:

After 25 years of democracy, we are still stigmatised and discriminated [against]. Sometimes I just feel like it would not be this hard for me if I was not gay, because the kind of treatment that I get is not the same as my male counterparts, meaning that all the hardships are based on my sexuality. (Participant 7)
For a long time, I have allowed myself to believe that professional people are equipped

enough to embrace diversity in South Africa. However, I was wrong; if you do not believe me, just pay a surreptitious visit to one of the day hospitals here. The professionals are behaving like... illiterate people who do not even know what sexual diversity means. (Participant 2)

My heterosexual male counterparts would always tease me about my sexuality, calling me names such as 'Sisi-Bhuti', which translates to 'half a man and half a woman'. I had even become a laughing stock for children and they disrespect me. My days are basic, I just coop up myself in this house, I no longer visit any healthcare institution, especially the public ones. I defaulted from my chronic illness treatment for up to a year. (Participant 5)

Ibuhlungu gqitha into yokwenziwa uzive ungabalulekanga okanye wenziwe uzive mncinci xa uyofuna uncedo onelungelo lwalo [This translates to 'It is so painful to be made inadequate and less human when you seek the services you are entitled to']. (Participant 2)

These narrative extracts are synonymous with a lack of sexual diversity training on the part of the healthcare professionals (Qureshi et al., 2017). Participants spoke about not getting the same treatment as their male heterosexual counterparts and being made to feel less than human. This treatment is indicative of a lack of cultural competence and in contrast with the Batho Pele principles (1997) and the Patients' Rights Charter (2002) espoused at all South African health settings. One of the Batho Pele principles is to be courteous and not discriminate, whereas the Patients' Rights Charter speaks about access to a healthy and safe environment for all South Africans. From these above extracts, it is clear that this charter and these human rights principles are not adhered to.

A significant proportion of the older gay men indicated they would not feel comfortable being 'open' with healthcare workers. Three participants said that they believe their identity will not be respected and that they are regarded as being different by healthcare workers. This is reflected in the quotes below:

I am afraid that they will be homophobic and will not be able to understand how I might feel if I need to access services. (Participant 3)

Abantu bayasazi uba singabantu abakhoyo, kodwa eyokuba basamkele yindaba yakwamkhozi... basibona njengento engaqhelekanga. (Participant 2). This means that [people are aware of us, but accepting us like human beings is another story... they see us as a different 'thing']

Kungcono ndizenze into endingeyiyo uba ndifuna ukuhoywa. (Participant 5), meaning [I would feel it necessary to be something other than my true self in order to secure the support I need.]

As highlighted by Participant 5, the possibility of going back ‘into the closet’ (Löf and Olaison, 2020) is one of the outcomes of older gay men being stigmatised or verbally abused by the healthcare workers at the clinics and hospitals. Gardner, de Vries and Mockus (2013) state that older LGBT people in need of healthcare are concerned with hiding their sexual orientation and returning to the ‘closet’, based on the negative responses caused by such disclosure. Löf and Olaison (2020) suggest that social workers should offer training programmes for staff responsible for the care of the elderly to reduce the stress of older gay people, who instead can feel safe and welcome.

The clinic nurses at the day hospital seemed to be unsure about what kind of service to deliver to older gay men, but they seemed to understand that the community is diverse and needs to be treated with respect as stated below:

I will be honest with you, I am not in any way homophobic; everyone knows that I am gay friendly. (Nurse 1).

On the other hand, there were inappropriate responses, which suggested otherwise. For example:

I personally asked one man if he doesn't think having sexual intercourse with other men is the reason he keeps on coming here with the same problems. They are so prone to having anal diseases, and without a doubt, it is caused by their unnatural way of having sex. God created Adam and Eve, not Adam and Adam. (laughing) (Nurse 2)

They are a very sensitive and vulnerable population, I believe. Their inferiority complex is really working on them...maybe by asking, so who are the men in this relationship of yours, they would blow it out of proportion and ask you if you have asked any other couple who have come to you with a problem before. (Nurse 4)

One other thing that those of us who work in LGBT healthcare sectors struggle with is the constantly changing nature of LGBT identity categories and the increasing problematising of gender and sexual categories. (Nurse 3).

The first response of nurse (2) is an example of how religion is misused to undermine older gay men. Westwood (2017) argues that religious spaces can be a site for inclusion and exclusion. Despite the Civil Unions Act (2006), which allows for gay marriage, many churches in SA continue to exclude LGBT people. In this instance, the nurse is also using religion as an exclusionary tactic in highlighting the story of Adam and Eve. Nurse (3) suggests that identity categories are changing, which is a positive sign of acceptance within the more progressive elements of South African society. However, it is not clear whether the majority of the health sector or social workers agree with these changes.

However, some nurses shared that they needed a better understanding of LGBT language and healthcare concerns, which was in contrast to their colleagues.

Being able to effortlessly flow between pronouns, names and identity in conversations – being able to weave these together in a way that fully honours and respects the person in front of you [is complicated]. (Nurse 3)

Sometimes it gets so overwhelming, because you do not know if you are doing something right or not. (Nurse 1)

Maybe if I can be more knowledgeable about the life they lead, I would be a bit more understanding of their situation. (Nurse 5)

In dealing with stigma, training on gender-sensitive language is offered by Gender DynamiX, an NGO in SA targeting predominantly transgender needs and concerns (Swarr, 2012). The focus is on the need for professionals to address diverse communities by using the correct terminology. This training should be a priority for all healthcare professionals in SA, including social workers. The Psychological Society of South Africa has developed practice guidelines for psychology professionals in dealing with gender diverse communities. McLachlan, Nel and Pillay (2019) argue for an affirmative stance towards sexual and gender diversity, which would enable psychology practitioners to work ethically and sensitively in the field. One of the participants was clear about what needs to happen if the treatment of LGBTs were to change, as he outlines below:

I don't think the larger society has fully accepted gay people... and services for older people still lack infrastructure and sensitivity. (Participant 7)

These psychology practice guidelines could be utilised by all healthcare professionals in South Africa, including nurses and social workers.

Rejection by families exacerbates healthcare concerns

Many participants argued how their families had rejected them because of their homophobia, and they were forced to live alone, as most of their partners had passed away. This isolation contributed to mental health issues such as depression and suicidal thoughts. The lack of social work intervention is evident in their responses. None of the participants mentioned that they had been seen by a social worker or had requested to be seen by a social worker. Most of the participants lamented rejection by their families and the loss of a life partner, as highlighted by one of the participants:

My family rejected me a long time ago, hence no contact or support, no children, and my partner of 43 years died from cancer as soon as we retired. (Participant 1)

Chen and Feeley (2014), and Fredricksen-Goldsen et al. (2014) state that having a partner or spouse as you grow older is important for good mental health. Studies have shown that older LGBT people are more likely to live alone than their heterosexual counterparts (Fredricksen-Goldsen, Emlet, Muraco, Erosheva, Hoy-Ellis, Goldsen and Petry, 2012; Mazonson et al. 2020; Stonewall Report, 2011). Participant 1 spoke about his partner of 43 years having died. Living alone in a township where there is stigma and discrimination is likely to exacerbate the possibility of a mental illness such as depression (Kessler et al., 2010).

One of the participants recalled a conversation with an older heterosexual man and said: 'Unlike me, [heterosexuals] have their wife and kids around all the time'. He reported that he did not have any form of family support, and that he stayed alone in a Reconstruction and Development Project (RDP) house and had defaulted on his HIV treatment. He explained that he sometimes went to bed on an empty stomach and was always alone, even when his health deteriorated.

We [gay men] are twice as likely to be single and to live alone, and three to four times as likely to be childless. And many of us are estranged from our families of

origin; we have no close relatives to lean on for help. (Participant 10)

Another participant shared painfully how he had been rejected by family and other sources of support and is isolated:

I grew up without my family. Can you imagine how hard it is when you are out there trying to make it in life without your family? I was forced to leave home because of the treatment I received from my parents. I never felt welcome anywhere I go, be it at home, school, church, medical institutions and all other public service institutions from being a laughing stock to being a victim. (Participant 7).

Stigma and homophobia are not only experienced in healthcare settings, but, as Participant 7 suggested, also in numerous public institutions. Fredricksen-Goldsen et al. (2012) in their study on ageing and health of LGBT people, found that older adults are at risk of social isolation, which could lead to premature chronic disease and death. In the survey of 2560 older adults, they found that 9% of gay men are living with HIV and are experiencing loneliness.

Lack of family support with possible depressive outcomes was identified by Participant 3:

I was chatting with a heterosexual friend of mine about our health difficulties. Although his health is not so good, at least he has all the support he needs. I told him, Mzwabantu, you have kids to wheel you around! And a wonderful wife to make sure you get a private room in the hospital and your meals come on time. Me being gay, childless, and a widower of the AIDS crisis...not sure where I will be for the fourth quarter [of my life]. (Participant 3)

Berko, Mazonson, Short, Guttner, Karris, Huhn, Ehui, Loo, Chen, Spinelli and Zolopa (2021) explored the use of an online intervention, using mindfulness in dealing with depression in older LGBT adults during Covid-19 in the USA. They used online mindfulness lessons (of approximately 20 minutes) to reduce depression and loneliness in a quantitative study involving 214 older HIV-positive people. The findings suggest resulting improvements in terms of depression and loneliness, which are encouraging for social workers who have begun to use mindfulness as an intervention with clients.

A participant spoke about how heterosexuality predominated in his

family and he was expected to marry and have children.

I neither have children nor any family member I can identify as a form of support. As I have mentioned earlier on, I do not have children of my own, which has brought a lot of 'shame' to my family, especially when my parents were still alive; they believed that in our culture it's a taboo not to have a child if you are a man. They believed that a man should marry a woman and have kids. (Participant 2)

This participant highlighted the challenges faced by OBGGM in the IsiXhosa culture. Patriarchy and homophobia continue to be a dominant force within this culture, and OBGGM experience disempowerment and discrimination, especially in the rural areas. This is likely to affect their health. In contrast, some younger black gay men who live in the urban areas in SA marry their male partners and adopt children in line with the Civil Unions Act 17 of 2006. Culturally competent social workers would address these issues in a care plan. However, none of the participants were involved with social workers.

Experiences of resilience in dealing with stigma

Participants were reluctant to outline how they had coped with stigma and rejection, but sometimes, participants indicated how they dealt with different situations as highlighted below:

I told him that I may be a survivor, but I am still quite mortal. (Participant 3)

... and my partner of 43 years died from cancer as soon as we retired. (Participant 1)

[at the day hospital]... she literally dragged me out with my clothes...she could not succeed, and she decided to call two security guys to do the job. (Participant 7)

[getting food parcels]...I went there and stood in a long queue for like five hours. (Participant 3)

[on witchcraft] Would you believe it when I tell you that I once was forcefully taken to the traditional healer or a fortune teller, whichever way you call 'those people'. I can show you the scars all over my body. Their traditional healer had cut my skin, saying that he was trying to remove the demons in my body, which are associated

with my sexuality. (Participant 5)

These extracts are indicative of the resilience gay men have to develop to survive the discrimination against them. During the apartheid era, black gay men such as ANC cadre Simon Nkoli stood up to the oppressive regime that had criminalised homosexuality, and he was sentenced to ten years on Robben Island (Nkoli, 1995). He continued his activism as a PLWH and is rightly regarded as a hero of gay liberation in South Africa. As Cane (2020, p. 175) argues, 'Some people living with HIV have personality attributes that enable a high ability to develop resilience, regardless of the adversities they encounter or experience'. Nkoli's personality attributes as an ANC freedom fighter are likely to have contributed to his resilience. During Covid-19, resilience has become more of a challenge, as psychosocial support at HIV clinics has not been available (Bhatt et al., 2021). In everyday interaction (at the day hospital or dealing with witchcraft or food parcels), the participants highlighted how they coped with the challenges they faced. Coping with challenges might not have built their resilience, but their personality attributes could have been a contributing factor, as much as tenacity (de Araujo et al., 2017). Older gay men (65-79) were identified in a study on resilience by Fredricksen-Goldsen et al. (2015) as scoring higher in health compared to the younger generation.

Some nurses reluctantly acknowledged that the OBGGM showed resilience in dealing with their treatment.

Maybe by asking, so who are the men in this relationship of yours, they would blow it out of proportion and ask you if you have asked any other couple who have come to you with a problem before. (Nurse 4)

I have several encounters whereby my gay patients were not happy with the way I have treated them, saying that I am one of the homophobic nurses in the hospital. (Nurse 1)

... because the LGBT patients already have the mentality that they are always bound to get discriminated [against] in healthcare. (Nurse 3).

Confronting stigma and discrimination as indicated in these extracts is part of the process of building resilience. Fredricksen-Goldsen et al. (2013) argue that resilient ageing should be a model for LGBT adults. However, with limited financial resources or social support, which are argued by King

and Richardson (2015) as markers for resilience, these participants need more creative interventions on the part of social workers to alleviate stigma.

Discussion

Despite being discriminated against, excluded and stigmatised by family members, healthcare workers and community members, these OBGMs seemed to have developed some resilience and tenacity in dealing with the homophobia they experienced. Lack of training on LGBT terminology among the clinic nurses was identified by the participants as one of the concerns. Reygan and D'Alton (2013) piloted a training programme for health and social care professionals in Ireland. They found that with training, staff became more familiar with LGBT language and terminology. In the UK, Westwood, King, Almack, Yui-Suen and Bailey (2015) in their guidelines for healthcare workers suggest a person-centred assessment and care plan for patients aligned with a robust staff training strategy.

A noteworthy concern was that some of the nurses in the clinics did not appear to adhere to the Batho Pele principles (1997) and the Patient Rights Charter (2002), which became policy within the health sector after the end of apartheid. These policy documents had been developed to ensure that all health sector workers treated all patients with respect and dignity. The practice guidelines developed by the Psychological Society in South Africa (McLachlan, Nel, Pillay and Victor, 2019) should be the benchmark for healthcare workers, psychologists and social workers in their dealings with the LGBT community. Social workers should be part of the care plan for HIV-positive people coming to the day hospitals. There is a lack of a multi-disciplinary approach to ensure competence (Tronto, 2013) in service delivery at the day hospitals. As part of the care plan, social workers need to offer counselling for the OBGMs as well as training of the healthcare workers. There are good examples of training manuals developed by GLEN (2011) in Ireland and Stonewall (2011) in the UK. *The Pocket Queerpedia*, an illustrated glossary of LGBT terms, published by the Tshisimani Centre for Adult Education in South Africa, could be made available to hospitals and clinics. However, these training manuals would have to be adapted for the healthcare sector in the townships.

Participants highlighted how they felt isolated within the township and mostly lived alone, not having family to support them, or their partners

had died. This often led to depression, especially as Covid-19 had led to numerous lockdowns in SA. The study on mindfulness and depression by Berko et al. (2021) is a timely intervention and should be introduced by social workers dealing with OBGGM in the townships.

Social workers can offer educational workshops in the townships to illustrate the challenges that OBGGM face in terms of stigmatisation and discrimination. This can be broadened to include all PLWH. Social workers could approach NGOs such as the Triangle Project, an LGBT organisation in the Cape Metropole, and Gender Dynamix to give specialised workshops on stigma and homophobia.

The African philosophy of Ubuntu (Bohman, van Wyk and Ekman, 2011) is often used as an example of people coming together to help each other. One of the participants spoke about how he used to make a pot of soup in the township and invited his fellow OBGGM to join him as part of a support group. This is a good example of Ubuntu and building resilience in the community (King and Richardson, 2015). The Triangle Project ran support groups for older LGBT people, but this was discontinued because of a lack of funding. A lack of money to cover a medical aid and transport costs is also linked to the challenges OBGGM experience, as they live alone and receive an inadequate old age pension. Social workers at the Department of Social Development need to be approached to facilitate support groups for older LGBTs. These groups could include social activities, but could also look at developing strategies around funding and helping OBGGM secure part-time employment. As King and Richardson (2015) argue, the importance of having financial support is key to building resilience and for increased physical functioning.

The lack of recognition of the challenges faced by older LGBT people is another important failure of the welfare system in SA (Reygan and Henderson, 2019). The Older Person's Act of 2006 makes no mention of older LGBT people. This law is outdated and must be rewritten with the input by social workers and other key role players to include older LGBT people and their special needs. Residential care, as it stands at the moment, is not an option for OBGGM (Henderson and Khan, 2020), as they would most likely have to go back into the 'closet' to be accepted. Residential homes could be identified specifically for older OBGGM people to live in a community where gang warfare is not a daily threat. These homes could be managed by the Department of Social Development, with social workers working together with carers. Social workers and carers who are 'LGBT friendly' should be appointed to oversee the care. This was a requirement

of a report in the UK on guidelines for practice (Opening Doors, 2010).

However, the threat of a fourth wave of Covid-19 is likely to put some of these strategies on hold in SA. A number of studies (Bhatt et al., 2021; Mirzaei, McFarland, Karamouzian and Sharifi, 2020) on older LGBT people during the pandemic focused on the medical options of PLWH, as they would likely have comorbidities that could lead to serious illness. Bhatt et al. (2021) explain that Covid-19 is associated with lymphopenia (resulting in a lower CD4 count) and pre-existing lung damage. They believe that this problem has been further aggravated by the lack of access to routine care in HIV patients, caused by the diversion of resources. In contrast, de Vries et al. (2021) suggest that older LGBT who are PLWH are showing some resilience, based on their struggles with being HIV-positive. De Vries et al. (2021) argue that having witnessed in so many HIV/AIDS deaths, often with inadequate and stigmatising medical support, LGBT persons may have a more pressing awareness of the need for advanced care planning (ACP), an integrative process wherein individuals of all ages and conditions of health are encouraged to reflect on, document, and communicate their values, wishes, and preferences for future care, including care at the end of life. This would be an important option for social workers caring for OBG in SA.

Conclusions

The findings of this study indicated that OBG were stigmatised and discriminated against. Their poignant stories spoke of how they had to cope with multiple rejections as PLWH. Healthcare workers, families and communities in the township were mostly to blame for the stigmatisation. However, the fact that social workers were not involved in the care plan of these men is a damning indictment of the health system in the selected township. Once their partners had died, coping became more difficult for the individuals, and this was exacerbated by the Covid-19 pandemic. Social workers need to become more active in dealing with the older LGBT community in the day hospitals and in the townships, despite the ongoing crime levels in these areas. Training manuals are being developed in the UK, Ireland and the USA. These can be adapted by social workers for the low economic communities in the Cape Metropole and the rest of the country. They can also utilise the expertise of NGOs in the sector in dealing with

the stigma and discrimination affecting OBGm and the rest of the LGBT community. An advanced care plan (ACP) can be developed jointly by a team of healthcare workers (including social workers) to prepare OBGm for the end-of-life care.

References

- Almack, K., Seymour, J. and Bellamy, G. (2010) Exploring the impact of sexual orientation on experiences and concerns about end of life care (EOLC) and on bereavement for lesbian, gay and bisexual elders. *Sociology*, 44, 5, 908-924
- Berko, J., Mazonson, P., Short, D., Guttner, C., Karris, M., Huhn, G., Ehui, L. M., Loo, T., Chen, S-M., Spinelli, F. and Zolopa, A. (2021) RCT of an online mental health intervention with PLWH during Covid-19 pandemic. [Accessed on 17 June, 2021 at https://www.natap.org/2021/CROI/croi_107.htm]
- Bhatt, M., Soneja, M. and Gupta, N. (2021) Covid-19 in patients living with human immunodeficiency virus (HIV) infection: Challenges and way-forward. *Drug Discoveries and Therapeutics*, 15, 1, 42-43
- Boehmer, U., Miao, X., Linkletter, C. and Clark, M.A. (2012) Adult health behaviours over the life course by sexual orientation. *American Journal of Public Health*, 102, 292-300
- Bohman, D. M., Van Wyk, N. C. and Ekman, S. L. (2011) 'South Africans' experiences of being old and of care and caring in a transitional period. *International Journal of Older People Nursing*, 6, 3, 187-195
- Boone, M. R., Cook, S. H. and Wilson, P. A. (2016) Sexual identity and HIV status influence the relationship between internalized stigma and psychological distress in black gay and bisexual men. *AIDS Care*. 28, 6, 764-770
- Brown, G., Leonard, W., Lyons, A., Power, J., Sander, D., McColl, W., Johnson, R., James, C., Hodson, M., Carman, M. (2017) Gay men and biomedical prevention: the challenges and opportunities of a rapidly changing HIV prevention landscape. *Sex Health*, 14, 1, 111-118
- Cane, T. (2020) Recognising resilience factors among people living with HIV seeking to adopt. *Adoption and Fostering*, 44, 2, 173-184
- Chen, Y. and Feeley, T. H. (2014) Social support, social strain, loneliness, and well-being among older adults: An analysis of the health and retirement study. *Journal of Social and Personal Relationships*, 31, 2, 141-161
- Creswell, J. W. (2014) *Research design* (4th edition) Thousand Oaks, CA: Sage
- D'Augelli, A. R., Grossman, A. H., Hershberger, S. L. and O'Connell, T. S. (2010)

- Aspects of mental health among older lesbian, gay, and bisexual adults. *Aging and Mental Health*, 5, 2, 149-158
- De Araujo, L. F, Teva, I., and Quero, J. H. ... (2017) Analysis of resilience and sexual behaviour in persons with HIV. *Health Psychology Research*. [doi: 10.1186/s41155-017-0076-6]
- Deeks, S. G. (2011) HIV infection, inflammation, immunosenescence, and aging. *Annual Review of Medicine*, 62, 141
- Dentato, P., Orwat, J., Spira, M. and Walker, B. (2014) Examining cohort differences and resilience among the aging LGBT community: Implications for education and practice among an expansively diverse population. *Journal of Human Behavior in the Social Environment*, 24, 316-328
- De Vries, B., Gutman, G., Beringer, R., Gill, P. and Daudt, H. (2021) Advance care planning among older Canadians amid the Covid-19 pandemic: A focus on sexual orientation. *Palliative Care and Social Practice*, 2021, 15, 1-14
- Dos Santos, M. M. L., Kruger, P., Mellors, S. E., Wolvaardt, G and van der Rys, E. (2014) An exploratory survey measuring stigma and discrimination experienced by people living with HIV/AIDS in South Africa: The People Living with HIV. *Public Health*, 14, 80
- Emlet, C. A. (2016) Social, economic, and health disparities among LGBT older adults. *Generations*, 40, 2, 16-22
- Figueiredo, A. R., and Abreu, T. (2015) Suicide among LGBT individuals. *European Psychiatry*, 30, 1815
- Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlet, C. A., and Hooyman, N. R. (2014) Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of Gerontological Social Work*, 57, 80-107
- Fredriksen-Goldsen, K. I., Kim, H.-J., Barkan, S. E., Muraco, A. and Hoy-Ellis, C. P. (2013) Health disparities among lesbian, gay, and bisexual older adults: Results from a population based study. *American Journal of Public Health*, 103, 1802-1809
- Fredriksen-Goldsen, K. I., Kim, H. J., Chengshi, S., Goldsen, J. and Emlet, C. (2015) Successful aging among LGBT older adults' physical and mental health-related quality of life by age group. *The Gerontologist*, 55, 154-168
- Fredricksen-Goldsen, K.I., Kim, H-J., Emlet, C.A., Muraco, A., Erosheva, E.E., Hoy-Ellis, C.P., Goldsen, J. & Petry, H. (2012) *The aging and health report: Disparities and resilience among lesbian, gay, bisexual and transgender older adults*. Seattle: Institute for Multigenerational Health
- Fredricksen-Goldsen, K. I. and Muraco, A. (2010) Ageing and sexual orientation: A

25 year review of the literature [Accessed 11 August 2013 at <http://roa.sagepub.com/control/32/3/372>]

- Fry, S. P. and Keyes, C. L. M. (Eds.) (2010) *New frontiers in resilient aging: Life strengths and well-being in late life*. New York: Cambridge University Press
- Gardner, A.T., De Vries, B. and Mockus, D.S. (2013) Aging out in the desert: Disclosure, acceptance and service use among midlife and older lesbians and gay men [Accessed 8 November 2021 at <http://doi.org/10.1080/00918369.2013.835240>]
- Gay and Lesbian Network (GLEN) (2011) *Visible lives: Identifying the experiences and needs of older lesbian, gay, bisexual and transgender people in Ireland*. Dublin: GLEN
- Han, C., Ssewamala, F. and Wang, J. (2013) Family economic empowerment and mental health among AIDS-affected children living in AIDS-impacted communities: Evidence from a randomised evaluation in southwestern Uganda. *Epidemiol Community Health*, 67, 225-235
- Henderson, N. and Khan, J. (2020) 'I will die if I have to go to an old age home...': Afro-centric options for care of older LGBT people in South Africa. *Agenda Journal*, 34, 1, 94-107
- Hennink, M. M., Kaiser, B. N. and Marconi, V. C. (2016) Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research*, 27, 4, 591-608
- Herek, G. M., and Capitano, J. P. (1999) AIDS stigma and sexual prejudice. *American Behavioral Scientist*, 42, 7, 1130-1147
- Herek, G. M., Capitano, J. P. and Widaman, K. F. (2003) Stigma, social risk, and health policy: Public attitudes toward HIV surveillance policies and the social construction of illness. *Health Psychology*, 22, 5, 533-540
- Institute of Medicine. (2011) *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: National Academies Press
- Jeffries IV, W. L., Gelaude, D. J., Torrone, E. A., Gasiorowicz, M., Oster, A. M., Spikes Jr, P. S., McCree, D. H., and Bertolli, J. (2017) Unhealthy environments, unhealthy consequences: Experienced homo-negativity and HIV infection risk among young men who have sex with men. *Global Public Health*, 12, 1, 116-129
- Karpetis, G. (2017) Social work skills: A narrative review of the literature. *British Journal of Social Work*, 48, 3 [Accessed 14 June 2021 at <https://doi.org/10.1093/bisw/bcx066>]
- Kessler, R. C., Birnbaum, H., Bromet, E., Hwang, I., Sampson, N. and Shahly, V. (2010) Age difference in age depression: Results from the National Comorbidity Surveys Replication (NCS-R). *Psychological Medicine*, 40, 2, 225
- Kim, J. H. and Richardson, V. E. (2012) The impact of socioeconomic inequalities

- and lack of health insurance on physical functioning among middle-aged and older adults. *Health and Social Care in the Community*, 20, 1, 42-51
- King, S. D. and Orel, N. (2012) Midlife and older gay men living with HIV/AIDS: The influence of resiliency and psychosocial stress factors on health needs. *Journal of Gay and Lesbian Social Services*, 24, 4, 346-370
- King, S. D. and Richardson, V. E. (2015) Influence of income, being partnered/ married, resilience, and discrimination on mental health distress for mid-life and older gay men. *Journal of Gay and Lesbian Mental Health*, 20, 2, 127-151
- Kirst-Ashman, K. and Hull, G. H. (2012) *Generalist practice with organizations and communities*. Stamford, CT: Brookes/Cole-Cengage Learning
- Lóf, J. and Olaison, A. (2020) 'I don't want to go back into the closet just because I need care': Recognition of older LGBTQ adults in relation to future care needs. *European Journal of Social Work*, 23, 2, 253-264
- Mazonson, P., Loo, T., Berko, J., Adeyemi, O., Oglesby, A., Spinelli, F. and Zolopa, A. (2020) Older black gay men living with HIV report higher quality of life than older white gay men despite facing additional burdens. *Open Forum Infectious Diseases*, 7, 1, 509
- McIntosh, M. J. and Morse, J. M. (2015) Situating and constructing diversity in semi-structured interviews. *Global Nursing Qualitative Research*, 1-12, [Accessed the 25th of June 2021 at <https://doi:10.177/2333393615597674>]
- McLachlan, C., Nel, J., Pillay, S. and Victor, C. J. (2019) The Psychological Society of South Africa's guidelines for psychology professionals working with sexually and gender-diverse people towards inclusive and affirmative practice. *South African Journal of Psychology*, 49, 3 314-324
- Mirzaei, H., McFarland, W., Karamouzian, M. and Sharifi, H. (2020) Covid-19 among people living with HIV: A systematic review. *AIDS and Behaviour*, 25, 85-92
- Nabunya, P., Padget, D., Ssewamala, F. M., Courtney, M. E., and Neilands, T. (2019) Examining the non-kin support networks of orphaned adolescents participating in a family-based economic strengthening intervention in Uganda. *Journal of Community Psychology*, 47, 3, 579-593
- National Department of Health. (2002) Patients' Rights Charter. Available: http://capegateway.gov.za/eng/your_gove/595/pubs/public_P3162 [Accessed on 26 August 2010]
- Nkoli, S. (1995) 'Wardrobes, coming out as a black gay activist in South Africa'. In M. Gevisser and E. Cameron (Eds.), *Defiant desire: Gay and lesbian lives in South Africa*. London: Routledge (pp. 249-257)
- Nyasulu, J. and Himani, P. (2020) The effects of coronavirus disease 2019 pandemic on the South African health system: A call to maintain essential

- health services. *African Journal of Primary Healthcare and Family Medicine*. 12, 1, 1-5
- Opening Doors. (2010) *Supporting older lesbian, gay, bisexual and transgender people: A checklist for social care providers*. London: Age UK
- Parker, R. and Aggleton, P. (2003) HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. *Social Science and Medicine*, 57, 13-24
- Queiroz, A. A., Sousa, A. F., Brignol, S., Araújo, T. M. and Reis, R. K. (2019) Vulnerability to HIV among older men who have sex with men users of dating apps in Brazil. *The Brazilian Journal of Infectious Diseases*, 23, 5, 298-306
- Qureshi, R. I., Zha, P., Kim, S., Hindin, P., Naqvi, Z., Holly, C., Dubbs, W. and Ritch, W. (2017) Healthcare needs and care utilization among lesbian, gay, bisexual and transgender populations in New Jersey. *Journal of Homosexuality*, 65, 2, 167-180
- Republic of South Africa. (1996) *Constitution Act of 1996*. Pretoria: Government Printer
- Republic of South Africa. (1997) *White Paper of Transforming Public Service Delivery (Batho Pele White Paper) (No. 1459 of 1997)* Pretoria: Government Printer
- Republic of South Africa. (2006a) *Civil Unions Act 17 of 2006*. Pretoria: Government Printer
- Republic of South Africa. (2006b) *Older Persons Act 13 of 2006*. Pretoria: Government Printer
- Reygan, F. and D'Alton, P. (2013) A pilot training programme for health and social care professionals providing oncological and palliative care to lesbian, gay and bisexual patients in Ireland. *Psycho-Oncology*, 22, 1050-1054
- Reygan, F. and Henderson, N. (2019) All bad? Experiences of ageing among LGBT elders in South Africa. *International Journal of Ageing and Human Development*, 88, 4, 405-41
- Reygan, F., Henderson, N. and Khan, J. (2020) 'I'm black, a woman, disabled and lesbian': LGBT ageing and care services at the intersections in South Africa. *Sexualities*, UK
- Rosenfeld, D., Bartlam, B. and Smith, R. B. (2012) Out of the closet and into the trenches: Gay male baby boomers, ageing, and HIV/AIDS. *The Gerontologist*, 52, 2, 255-264
- Rossmann, G. B. and Rallis, S. E. (2012) *Learning in the field: An introduction to qualitative research* (3rd edition) Thousand Oaks, CA: Sage Publications
- Shang, X. (2009) Supporting HIV/AIDS affected families and children: The case of four Chinese counties. *International Journal of Social Welfare*, 18, 202-212
- Slater, L. Z., Moneyham, L., Vance, D. E., Raper, J. L., Mugavero, M. J. and Childs,

- G. (2015) The multiple stigma experience and quality of life in older gay men with HIV. *Journal of Assoc. Nurses, AIDS Care*, 26,1, 24-35
- South African Police Service. (2021) Police recorded crime statistics Republic of South Africa: First quarter of 2021/2022 financial year (April to June 2021) [Accessed 28 October 2021 at https://www.saps.gov.za/services/downloads/april_june_2021_22_quarter1_presentation.pdf]
- Statistics South Africa. (2020) *Mid-year population estimates (2020)*. [Accessed 15 September 2020 at <http://www.statssa.gov.za/publications/P0302/P03022020.pdf>]
- Stonewall Report. (2011) LGB people living in later life. [Accessed 29 September 2015 at http://www.stonewall.org.uk/sites/default/files/LGB_people_in_Later_Life__2011_.pdf]
- Swarr, A. L. (2012) *Sexual transition: Remaking gender and race in South Africa*. State University of New York: New York Press
- Thomas, G. (2017) *How to do your research project: A guide for students* (3rd edition) London: Sage
- Tronto, J. (2013) *Caring democracy: Markets, equality and justice*. New York: New York University Press
- Turan, B., Budhwani, H., Fazeli, P. L., Browning, W. R., Raper, J. L., Mugavero, M. J. and Turan, J. M. (2017) How does stigma affect people living with HIV? The mediating roles of internalized and anticipated HIV stigma in the effects of perceived community stigma on health and psychosocial outcomes. *AIDS and Behavior*, 21(1), 283-291. [<https://doi.org/10.1007/s10461-016-1451-5>]
- UNAIDS. (2019) *UNAIDS Data 2019*. [Accessed 15 September 2020 at https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf]
- UNAIDS. (2015) UNAIDS Terminology Guidelines [Accesses 25 October 2021 at [https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf]
- Van Breda, A. (2018) A critical review of resilience theory and its relevance to social work. *Social Work/Maatskaplike Werk Journal*, 54, 1, 1-18
- Westwood, S., King, A., Almack, K., Yui-Suen, T. and Bailey, L. (2015) Good practice in health and social care provision for older LGBT people. In J. Fish and K. Karban (Eds.), *Social work and lesbian, gay, bisexual and transgender health inequalities: International perspectives*. University of Bristol: Policy Press (pp. 145-159)
- Westwood, S. (2017) Religion, sexuality, and (in)equality in the lives of older lesbian, gay and bisexual people in the United Kingdom. *Journal of Religion, Spirituality and Aging*, 29, 1, 47-69