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# Factors Affecting Health Equity among Sexual Minorities in Maseru, Leribe and Mokhotlong Districts of Lesotho

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## Abstract

*Sexual minorities in Lesotho, similar to those in many other countries in Southern Africa, frequently encounter prejudice and discrimination when they access health care services. The World Health Organisation states that access to health care for urban dwellers differs from that in rural areas. Health equity is a fundamental principle of public health that states that all people should have equal access to healthcare, regardless of their characteristics. Health equity is providing healthcare services based on individual needs, without stigma, discrimination, or any personal and economic status.*

*This research explores factors affecting health equity among sexual minorities or sexual minorities in Maseru, Leribe, and Mokhotlong, Lesotho. A qualitative research methodology with intepretivist research design was used for this study. The Researcher used qualitative research methodology as he wanted to understand the lived realities of sexual minorities in the three districts. Qualitative with an interpretivist paradigm provided a more nuanced understanding of the complex interaction of individual, cultural and legal elements impacting the lived realities of Lesotho's sexual minorities.*

*The researcher interviewed 45 Sexual Minorities consisting of (Lesbians, Gays, Bisexuals, Transgender and Queer) and 17 Service Providers consisting of (Health Professionals, Legislators and Community Leaders between December 2023 and January 2024. The research revealed key Challenges as "Poor access to health care services, Unequal treatment, Stigma and discrimination, Mental health, inadequately trained health care providers on culturally appropriate and sensitivity on the needs of sexual minorities. Of 45 Sexual minorities who were interviewed, 26 indicated that Stigma Discrimination and poor access to health care services by sexual minorities was a result of inadequate training of health professionals on understanding culturally appropriate and sensitivity*

*Based on research findings, there is a need to train health care professionals in culturally appropriate and sensitivity in health care provision, awareness raising, enactment of protective policy and legal framework, and Enforcement of protective laws and policies should be fully implemented to reduce stigma and discrimination against sexual minorities. By eliminating these institutional obstacles and increasing accessibility to healthcare for everyone, Lesotho can guarantee that everyone, regardless of sexual orientation or gender identity, has equal access to healthcare. services.*

**Keywords:** Health equity, sexual minorities, cultural competence, discrimination, Lesotho.

## Introduction and Background

Lesotho is a landlocked country in Southern Africa. Its culture and geography make it easier to understand sexual minority health equity. Because of the different races and languages, health equity presents both unique possibilities and challenges. Sexual minoritie's ability to access health care services in Lesotho is influenced by culture and social norms.

Sexual minorities' rights are influenced by non-protective legal and policy frameworks. Significant research on how different legislative frameworks impact sexual minority healthcare access and outcomes is cited by Müller et al., (2021). Lesotho's prevailing cultural norms and practices impact sexual minorities' access to healthcare services, claimed Wiginton, et al., (2021). According to Sha, et al., (2021), Stigma and discrimination prevent sexual minorities from accessing healthcare services. A study by Miller, et al., (2022), it was demonstrated how health equity is impacted by Lesotho's culture.

In public health, equity is defined as the attainment of high-quality healthcare services by all irrespective of their status.

This calls for individualised, socially, economically, and culturally appropriate healthcare. Severe health inequities, including limited access to treatment and poor health outcomes, affect sexual minorities in Lesotho. As Jones, et al., (2018) argued, societal discrimination increases the marginalisation and social isolation of sexual minorities, increasing stress and mental health issues and impeding treatment.

Prejudice by healthcare professionals and other socioeconomic determinants of health may result in poor access to healthcare services for sexual minorities. McGregor, et al., (2019), highlighted instances of prejudice aimed at sexual minorities, and they include misgendering, refusal of medical care and discriminative questions by healthcare workers. In their 2016 paper, Smith, et al., address how stigma impedes treatment, reduces patient satisfaction, and is detrimental. Poor healthcare services In Lesotho are caused by discriminating healthcare professionals lacking training on LGBTQ+ sensitivity. These issues are exacerbated by the lack of a protective legal framework non-supportive communities and cultural norms and practices.

Lesotho, albeit being middle-income, has serious socioeconomic problems because about half of its people live in poverty. Sexual minorities in Lesotho face disproportionately high obstacles to education, employment, and poverty, which restricts their access to healthcare and exacerbates health disparities, according to (Williams, et al., 2019).

These intricate contextual issues have to be addressed if sexual minorities' health in Lesotho is to be improved. This includes enacting laws protecting sexual minorities, increasing LGBTQ+ education for medical professionals, and fostering inclusive communities and a proactive civil society that holds governments accountable. If these issues are resolved, everyone in Lesotho, regardless of sexual orientation or gender identity, can benefit from equal access to quality health services.

## Problem Statement

Similar to other countries in Southern Africa, Lesotho is also battling various diseases. Some of these include HIV/AIDS, TB, mental health issues, and maternal and child care. Poverty, poor healthcare system, limited access to educational opportunities, uneven treatment of men and women, discrimination, social inequality, punitive laws and policies, religious and cultural perspectives, and geography are some of the socioeconomic factors that affect health equity (Masiye, et al., 2014).

Lungu, et al., (2021) outline factors affecting sexual minority health equity in Lesotho. These include non-protective legal and policy frameworks, stigma, discrimination, mental health issues, incompetent or insensitive healthcare professionals, and limited healthcare access. Lesotho Demographic and Health Survey (2014) and the Population-based HIV Impact Assessment (2017) demonstrate a large variation in healthcare accessibility. Only 25% of rural residents can access healthcare services within 5 km, compared to 61% in Urban areas.

Masiye et al. (2014) found that Lesotho must address Institutional and structural challenges to attain health equity. Infrastructure issues like clean water and sanitation make transmission of Infection much easier, and many people travel long distances to access healthcare services. The Lesotho National Strategic Development Plan II (2018–2023) aims to increase access, coverage, and quality of high-quality healthcare for everyone. The National Strategic Plan prioritises sexual and reproductive healthcare for youth, young adults, and sexual minorities. Despite these initiatives, Lesotho's sexual minorities haven't received any targeted interventions as yet.

This research seeks to investigate factors affecting health equity among sexual minorities in Maseru, Leribe, and Mokhotlong. It aims to bridge knowledge gaps, generate discourse about sexual minorities' health rights in Lesotho, and gather socioeconomic data to assist them in accessing health care. This research aims to align policies and activities with the National Strategic Development Plan and address sexual minority needs. It will also advance Lesotho's studies on health equity.

## Research Objectives

The primary study objective is to explore and investigate factors affecting health equity among sexual minorities in the Maseru, Leribe, and Mokhotlong districts of Lesotho to enable everyone to access quality healthcare services irrespective of their sexual orientation and gender identity.

## This study's sub-objectives are the following

1. Explore determinants that drive health disparities among sexual minorities.
2. Identify impediments affecting access to health care services by sexual minorities.
3. Explore the impact of social determinants of health, such as education, income, and employment status, on health outcomes for sexual minorities.
4. Examine the role of healthcare professionals in understanding the importance of culturally appropriate care in addressing the specific needs of sexual minorities in Lesotho.
5. Explore how effective are current laws and policies in protecting sexual minorities' access to health care services.
6. Examine the influence of culture, traditional practices and beliefs in molding attitudes towards sexual minorities"

## Significance of the Study

Research into the factors influencing health equity for sexual minorities in Lesotho is crucial, as it highlights the health inequalities sexual minorities face and emphasizes the need for targeted interventions to address them. Cook, et al., (2017) noted the inadequate research on the health of sexual minorities in sub-Saharan Africa. Therefore, this study is crucial in providing much-needed data on the health disparities facing sexual minorities in Lesotho.

The study will further provide valuable insight and contribute to policy formulation which will guide the delivery of quality,

affordable and accessible healthcare services to all citizens. The study will further identify specific socioeconomic, and structural drivers of health in Lesotho and provide an opportunity for the Ministry of Health to implement targeted interventions to sexual minorities including culturally appropriate training for healthcare professionals".

## Literature Review & Theoretical Background

### The Bio-psychosocial Model in Context

### Historical Development

The biopsychosocial model incorporates biological, psychological, and social components into health, reversing the reductionist biology paradigm that dominated healthcare. In 1977, George Engel formalised this concept, proposing a holistic perspective of health that incorporates these interconnected factors. This methodology was based on early 20th-century mental care advocate Adolf Meyer's holistic approach. Engel's approach extends Bertalanffy's (1968) general systems theory to imply that complex systems like human health cannot be comprehended by analyzing separate components.

Medical professionals have supported and criticised the biopsychosocial approach. Borrell-Carrió, *et al.,* (2004) lauded its focus on understanding the patient in a psychosocial framework, especially for chronic illnesses where lifestyle and environmental variables are important. However, critics like Ghaemi (2009) said the model's vast reach often made clinical applicability unclear. Despite these arguments, the concept has influenced psychosomatic medicine and health psychology, and psychoneuroimmunology has showed the physical effects of psychological stress.

### Relevance to Health Equity and Sexual Minorities

The biopsychosocial model is beneficial for discussing health equity for sexual minorities because it shows how many factors affect their health and how they interact with each other. Stigma, discrimination, and the stress of hiding one's sexuality are some of the unique problems sexual minorities face, which can have serious effects on both physical and mental health. The model's integrated methods help us gain a deeper understanding of how psychological stresses and social factors affect sexual minorities more than other groups.

Systemic stigma and stresses that occur on an individual level can exacerbate health gaps among sexual minorities (Hatzenbuehler, 2009). The model supports a broad view of health that includes direct medical problems and the psychological and social factors that contribute to health disparities. It helps people see health as more than just being ill; it is a state of full physical, mental, and social well-being.

### Application to Lesotho's Healthcare System

To apply the biopsychosocial model to Lesotho's health care system, we need to know how mental, physical, and social factors interrelate. Lesotho's healthcare system still focuses on physical issues, but more and more people are realizing that to provide comprehensive, healthcare services, psychological and social issues must also be taken into account.

If Lesotho implements health services in line with the biopsychosocial model, this would enable the country to address many of the social, psychological and biological factors affecting the health needs of sexual minorities. It underlines the need to educate medical personnel to recognise and deal with the psychosocial backgrounds of their patients and promotes the integration of mental health services with primary care. Reduced health disparities also depend on addressing the social determinants of health as described by Solar & Irwin (2010), especially for sexual minorities who might encounter more obstacles because of stigma and prejudice. The biopsychosocial model provides a useful framework for making laws and policies that improve Lesotho's healthcare system and promote health equality by examining how these three factors affect each other.

### Previous Studies on Health Equity in Lesotho

Lesotho has significant health inequities, especially among sexual minorities. Lesotho's cultural norms and practices have prevented several studies on sexual minorities (Epprecht, 2008. HIV transmission is higher in sexual minorities due to lower treatment rates (Poteat *et al.*, 2013; Stahlman, 2015). Sexual minorities in Lesotho are at high risk of HIV due to social norms, non-protective policy and legal frameworks, and poor treatment received at health facilities (UNAIDS, 2020). Healthcare providers may benefit from cultural competency training to better serve sexual minorities. This may help institutions and individuals overcome stereotypes in the health industry (Müller, 2017).

These studies show how important it is to mitigate all health problems that affect sexual minorities. Incorporates sexual orientation and gender identity in systems that track public health, reform the law to protect LGBTQ+ rights, and make sure that everyone has access to health promotion programs (Caceres *et al.*, 2008).

### Key Findings and Gaps in the Literature

Despite advances in Lesotho on health equity, sexual minorities' health experiences are still not fully identified and documented. These gaps highlight major opportunities for future studies to improve health outcomes for this community.

**Data on Health Status of Sexual Minorities:** The legal status of sexual minorities in Lesotho is unclear. Because there is no availability of disaggregated data based on sexual orientation and gender identity, and key social and structural drivers of health in this population, it is very difficult to design evidence-based programs. Therefore, future studies must focus on addressing this gap.

**Impact of Legal and Regulatory Contexts:** Lesotho does not have a law against homosexuals; the law also does not explicitly protect sexual minorities, which makes it difficult to protect their health rights. To mitigate this, there is a need to conduct a legal assessment and develop laws that explicitly protect sexual minorities.

**Mental Health Studies:** Despite global evidence that sexual minorities have higher rates of mental health challenges, Lesotho has little research on the effects of mental health on sexual minorities and its impact on access to health services.

**Intersectionality of Health Inequities:** Studies on how other socioeconomic determinants of health, like gender, poverty, and rural living, interact with sexual orientation and gender identity to worsen health inequalities are urgently needed.

**Effectiveness of Health Programs:** There is very little information on research conducted on current programs targeting sexual minorities and their impact. There is a need for additional research on the currently implemented programs to assess their impact and develop more evidence-based programs where there is a lack of impact.

**Healthcare Utilization Patterns:** Investigating healthcare use trends among sexual minorities can shed light on the barriers and factors that limit access to health services. This subject is very important for developing ways to help sexual minorities access healthcare.

## Research Methodology and Design

### Research Paradigm

The goal of this interpretivist research is to understand the many circumstances that Lesotho's sexual minorities face. Given that reality is created by society, this model demonstrates how subjective reality is (Creswell, 2013). Interpretivism is a sociological research method in which events are analyzed based on the beliefs, norms, and values of the culture in which they occur. Because Lesotho is a kingdom, culture and tradition play a significant role, and this method is relevant to this study (Silverman, 2013). This approach demonstrates how individuals who are directly impacted by health disparities perceive social norms, policy frameworks, and cultural norms (Denzin & Lincoln, 2011).

### Research Approach

Inequality is one of the major issues that sexual minorities in Lesotho are experiencing (Merriam & Tisdell, 2015). Serious debates on sexual orientation, health care, and racism are needed to understand sexual minorities' challenges in accessing health care services (Mason, 2017). Interpretivism involves making sense of research participants' experiences (Braun & Clarke, 2013). This method provides the researcher with adequate information on complete health changes and their underlying sources.

### Research Design

According to Mukherjee (2019), qualitative research is intrinsically investigative and observatory as the phenomenon is studied in its natural setting to understand its context. Qualitative research is the investigative process of understanding that explores social or human issues, building on various methodological research traditions. Researchers create complex, holistic images, analyze words, report detailed views of informants, and conduct research in natural settings (Creswell, 2007). This method can examine how context affects sexual minority health equity in different areas (Baxter & Jack, 2008). Cultural, economic, and social aspects affecting health in different locations are hard to analyze; hence, qualitative research methodology was used for this study as it enabled researchers to conduct an extensive investigation into different factors affecting health equity. The qualitative research methodology enhanced the study's findings and illuminated sexual minorities' systemic issues (Stake, 2006).

Furthermore, the qualitative research design allows for concentrating on straightforward measurement and the processes of understanding and meaning (Mukherjee, 2019). It will make investigating the participants' viewpoints, feelings, attitudes, and experiences easier, resulting in rich and extensive data collection. The qualitative method will also provide freedom throughout data collection, allowing the researcher to explore emergent themes and areas of interest in the data rather than being bound by preconceived hypotheses (Pandey & Pandey, 2021).

### Sampling Strategy

According to Newman and Gough (2020), "targeted sampling is a non-probability-based sampling method that allows researchers to use their expertise to select specific participants to achieve their research goals." Purposive sampling was used to select individuals who could provide abundant, valuable, and varied data related to the research topic. This sampling enabled the researchers to purposefully select participants based on specific characteristics, such as their self-identified sexual orientation, gender identity, socioeconomic background, and previous experiences.

The researchers selected purposive sampling because the number of LGBTQ persons is unknown due to outdated customary law, which sexual minorities and communities in Lesotho still believe is enforceable, although it was replaced by Penal Law, which is not punitive and not protective. Furthermore, no studies have disaggregated sexual minorities by population type and gender type in Lesotho. The researchers chose this method because it directly linked them to other LGBTQ individuals in the targeted districts.

### Data Collection

The primary data collection approach was a series of in-depth semi-structured interviews. This method was selected because of its adaptability and ability to provide rich data to reveal profound insights into the experiences, perceptions, and meanings that participants attach to events (Mishra & Alok, 2022).

Through semi-structured interviews, this research collected comprehensive and nuanced information directly from persons who identify as sexual minorities in the districts of Maseru, Leribe, and Mokhotlong in Lesotho. Semi-structured interviews allowed a balance between having a set of questions and offering space for participants to express their ideas and experiences in their own words. This balance was achieved by using a pre-set set of questions and semi-structured interviews.

This variety represents the flexibility and complexity of sexual minority sexual orientations. In Lesotho's three districts, 45 sexual minorities and 17 service providers were interviewed. The majority of sexual minorities (n=16) who were interviewed were lesbians, followed by gays (n=10), bisexuals (n=9), and transgender (n=8); lastly, intersex (n=1) and queer (n=1), respectively. Health professionals (n=9) were the majority of service providers interviewed, followed by legislators (n=5) and community leaders (n=4). See Figure 1 below.

| Total research participants interviewed | | |
|---|---|---|
| Categories of participants | | Total |
| Sexual minorities | Lesbians | 16 |
| | Gays | 10 |
| | Bisexual | 9 |
| | Transgender | 8 |
| | Queer | 1 |
| | Total | 45 |
| Service providers | Healthcare professionals | 9 |
| | Legislators | 4 |
| | Community leaders | 4 |
| | Total | 17 |

**Table 1:** Total Sexual Minorities and Service Providers interviewed per category.

## Ethical Considerations

Due to the sensitive nature of the topic and participants' potential vulnerability, several ethical considerations were considered. Informed consent was obtained from all participants, ensuring they understood the purpose of the study and their rights as participants. The study also adhered to principles of confidentiality and anonymity, using pseudonyms and ensuring data are securely encrypted before it is stored (Pandey & Pandey, 2021).

## Limitations of the Study

While this study aimed at understanding factors affecting health equity among sexual minorities in the Maseru, Leribe and Mokhotlong districts of Lesotho, the researchers have identified several limitations:

1. Some Sexual minorities were not unwilling to participate in the study out of fear of stigma and discrimination due to the sensitivity of the issue and the legal context as the majority still believe that homosexuality is illegal in Lesotho as per the customary law although the Penal code does not protect, nor it criminalises homosexuality. This hesitance affected the number of participants accessible for the study, especially in Mokhotlong and this also limited the sample and the diversity and complexity of experiences within the population, including limited prior research conducted on the population.
2. While Lesotho serves as the focal point of the study and provides a context-specific analysis, the potential to generalise the results to other settings is limited as different districts within the country differ in context.

## Data Analysis & Discussion

## Introduction

By examining the analysed primary and secondary data sources, the researcher understood sexual minorities and their specific challenges. Putting sexual minorities' opinions and feelings first helped the researcher understand their healthcare needs that are unique to their context.

## Sexual Orientation and Identity

Lesbians, Gays, Bisexuals, Transgender, Queer (LGBTQ+) and other non-heterosexual or non-cisgender people are defined as sexual minorities in this study. Included are people with outlier sexual orientation, gender identity, or anatomy. Reisner et al., 2016; Poteat, et al., (2014). they have indicated that Lesbians and Gays reported physical assault and social discrimination. Meyer (2003), observed that anxiety and stress are high among LGBTQ+ populations.

## Geographical Distribution

The participants in the study came from Maseru, Mohotlong, and Leribe, districts in Lesotho. Whitehead, et al., (2016), cited that people in towns and rural areas access health care in different ways and often have different feelings about sexual minorities. This is why the study is conducted in three different districts with different contexts. Most of the sexual minorities who were interviewed resided in Leribe (45%), then Maseru (33%), and finally Mokholong (22%). Most of the service providers who were interviewed were coming from Mokhotlong (47%), then Leribe (29%), and finally Maseru (24%). See Table 2 below.

| Total research Participants dissaggregated by Population group and district | | | |
|---|---|---|---|
| Population type | District | Total number | Percentages |
| Sexual Minorities | Maseru | 15 | 33% |
| | Leribe | 20 | 45% |
| | Mokhotlong | 10 | 22% |
| Service Providers | Maseru | 4 | 24% |
| | Leribe | 5 | 29% |
| | Mokhotlong | 8 | 47% |

**Table 2:** Total Sexual Minorities and Service Providers interviewed per district

Furthermore, the sexual minorities were further categorised based on Sexual Orientation and Gender Identity and Service providers were categorised on type of service provision. See Figures 1 and 2 below:

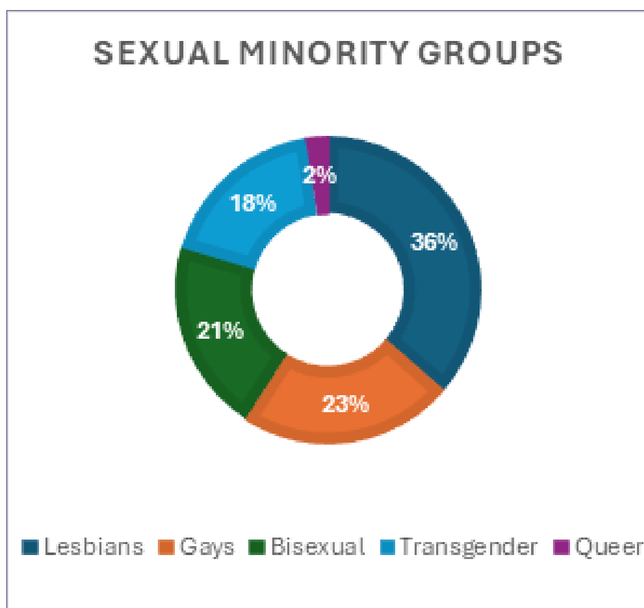


**Figure 1:** Sexual minorities

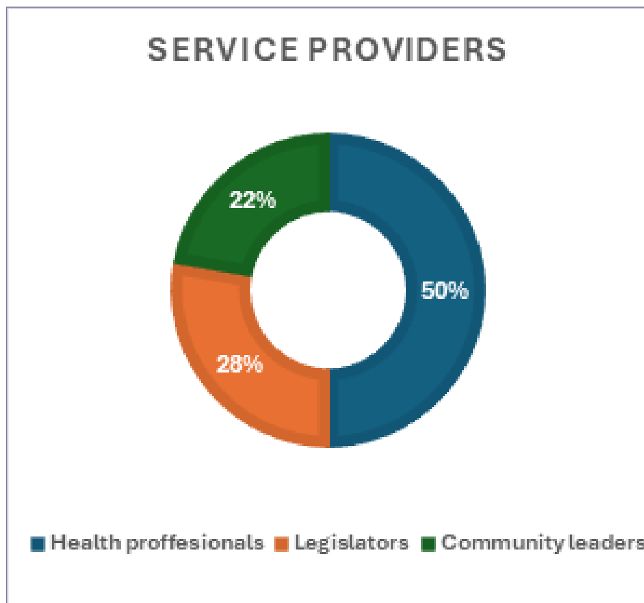


**Figure 2:** Service providers

### Socioeconomic Status

There are socioeconomic disparities among sexual minorities, as this was highlighted by research participants. Furthermore from the 45 participants interviewed, n=18 indicated that they were unemployed and n=43 had limited access to healthcare. Previous research on socioeconomic disparity and health inequalities (Link & Phelan, (1995); Hatzenbuehler, *et al.*, 2013) supports the findings of this study by providing further evidence. Krieger (2001), argued that the socioeconomic status of Sexual minorities can contribute to the worsening of health disparities.

### Experiences with Healthcare and Society

The personal stories of sexual minorities who have attended health facilities indicated major issues which they experienced. Of the 45 interviewed. n=17 indicated that they faced discrimination and stigma in healthcare settings. This is in line with other studies which confirmed ongoing discrimination of sexual minorities within healthcare facilities (Lambda Legal, 2010). According to Sanchez, *et al.*, (2009), continued stigmatisation and discrimination of sexual minorities show how important it is for healthcare workers to get training on sexual orientation, and gender identity including sexual minority sensitivity.

### Mental Health Outcomes

Every sexual minority was distinct in one way or another, though n=8 had experiences with anxiety and depression. This supports Meyer's (2003), minority stress theory, which postulates that mental health issues are related to the particular stressors sexual minorities experience.

### Legal and Cultural Context

Research participants indicated that Lesotho's laws and culture make it difficult for sexual minorities to live there. Because of religious and cultural beliefs as well as the lack of formal protection and respect, sexual minorities are often at a disadvantage. The study by Wieringa & Sívori (2013), supports the claim that sexual minority groups are affected by legal, cultural and social environments.

### Current State of Health

#### Status of health as described by Sexual Minorities and Service providers

Out of 45 of the Sexual Minorities who participated in this study (n=17), they reported high levels of stigma, discrimination, and harassment Sexual minorities (n=9) and services are poor. The penal code replaced the common law of Lesotho, it does not criminalise same-sex relationships or protect sexual minorities, some sexual minorities still believe that homosexuality is illegal in Lesotho and therefore the laws and policies are limiting (n=3). Sexual Minorities (n=7) confirmed that access to health services is limited by economic status. Table 3 shows further responses.

| Current state of health, Responses from Sexual Minorities and Service providers. | |
|---|---|
| Key issue | Total responses from Sexual Minorities |
| Generally Poor | 9 |
| High Stigma and Discrimination, harassment | 17 |
| Limited access based on economic status | 7 |
| Generally good and Improving | 6 |
| Unavailability of specialised Health Services | 1 |
| Same as that of the Heterosexuals | 2 |
| Legal and policy limitation | 3 |

**Table 3:** Current state of health, responses from sexual minorities and service providers

## Analysis and Findings

### Major Theme : Barriers to Healthcare Access for Sexual Minorities

### Sub-Theme : Discrimination, and Stigma in Healthcare Settings

The 62 interviewed Sexual minorities and service providers in Maseru, Leribe, and Mokhotlong, districts highlighted the effects of stigma and discrimination in Lesotho. A total of 71% of sexual minorities indicated how unequal healthcare facilities are in Lesotho especially when sexual minorities are accessing healthcare services. This was also supported by 29% of service providers (See Figure 3 below). These findings show that sexual minorities often come across health workers who don't understand the healthcare needs of sexual minorities which usually leads to increased stigma and discrimination.

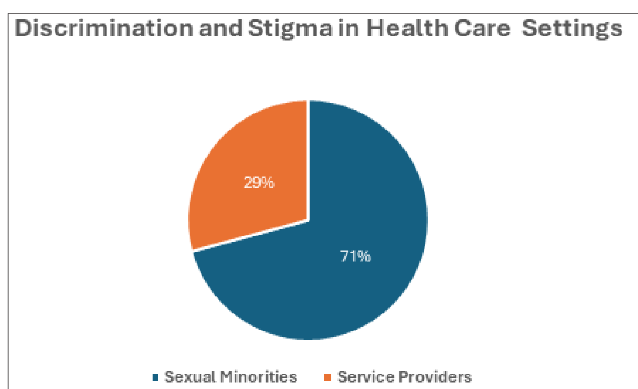


**Figure 3:** Stigma and Discrimination in Health Care Settings

Fear of being stigmatised or unwelcome can lead to a cascade of negative health consequences, and deters a considerable proportion of sexual minorities from obtaining necessary health care services. Exposure to stigma and discrimination is not an isolated occurrence; it presents systemic issues that are firmly embedded in the healthcare systems of these districts, including institutional norms, and cultural views.

*"I feel like I am not welcomed so due to that I feel like never going for services again." (Participant 23)*

*"Poor Health Literacy. Sexual Minorities are likely to experience violence. "(Participant 12)*

*"There is no good caring. Poor health behaviour. "(Participant 15)*

*"Risk of mental health problems, depression, and anxiety." (Participants 12 and 18)*

*" Personally as a Christian, I have a problem in providing health care services to someone who is going against my values and religion." (Participant 49)*

The participants were also asked how discrimination and stigma affected them. Of the 45 participants who responded, (n=15) said that stigma and discrimination affect their health outcomes as they do not want to access healthcare services where they are treated badly. This was followed by those who said that stigma and discrimination make them feel unwanted (n=9) and those who said that stigma raises the risk of mental health problems (n=8). For further responses from the participants (See Figure 4 below).

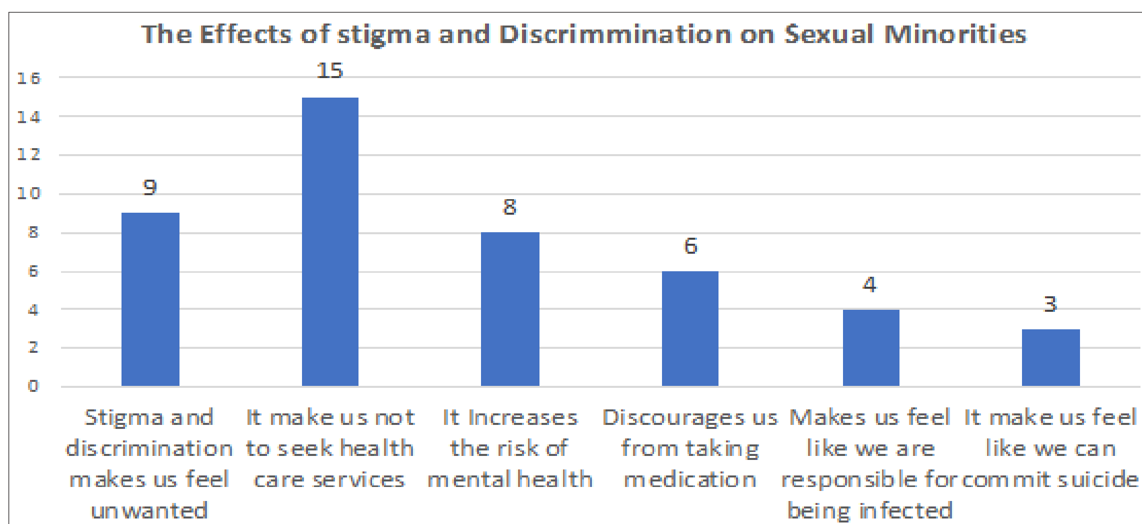


**Figure 4:** The effects of stigma and discrimination on sexual minorities.

### Sub-theme : Legal and Policy Barriers

Out of 45 Sexual minorities, n=3 indicated that laws and policy provisions prohibit them from getting health care. Sexual minorities face healthcare discrimination without legal protection. This absence of legislative protection has created healthcare environment where sexual minorities are scared to further advocate for their rights when they are denied services based on their sexual orientation and gender identity.

*"They only give services to men and females, ignoring sexual minorities who also require special services." (Participant 1)*

*"Our rights as LGBT community are not considered. Laws have negative thoughts about us." (Participant 7)*
*"I'm not aware of any policy that aids healthcare access for us. We are invisible in the eyes of the law." (Participant 12)*

*"In our community, sexual minorities are seen as non-persons legally, socially, and culturally." (Participant 15)*

*"Laws and policies are silent about us; it's like we don't exist." (Participant 22)*

These findings offer more evidence for understanding the challenges faced by sexual minorities in Lesotho, when compared to the other studies in sub-Saharan Africa, such as Baxter & Epprecht., (2015), they argued that societal attitudes and unprotective laws do contribute to poor access to healthcare and Reddy, et al.,(2010), They affirmed, in societies with non-protective laws and policies, there is increased stigma and discrimination towards most vulnerable individuals. The participants' individual experiences demonstrate that sexual minorities' entitlement to equal access to healthcare services is impacted by Lesotho's laws and policy frameworks that fail to protect them from stigma, discrimination, and continued harassment at all levels.

**Major Theme: Prevalence of Health Inequalities in Lesotho**

**Sub-theme : Mental Health Disparities**

From 45 Sexual Minorities n=30 research participants reported mental health issues such as depression and anxiety due to bad community treatment and experiences at healthcare facilities. Participants said prejudice, harassment, and discrimination affect their mental health. It was widely noted that sexual minorities have trouble getting customised mental health care services. Out of the 45 sexual minorities who participated in this study n=18 indicated that going to healthcare facilities makes them anxious because of prior experiences and this affects their mental and physical well-being and contributes to their increased suicidal thoughts.

Furthermore, the study found that cultural norms and practices drive stigma and discrimination based on sexual orientation and gender identity affecting their mental health directly and indirectly. The lack of culturally appropriate healthcare services is the main cause. According to Smith & Judd (2019), social determinants of health including discrimination and stigma affect sexual minority health outcomes.

While stigma is damaging, Bell & Weinberg (2021), believe that sexual minority populations' resilience often shields them from mental health. While several interviewees emphasised resilience, it was not a dominant topic, encouraging more investigation.

*"Sexual minorities feel like they are not welcomed so due to that they feel like never going for services again." (Participant 2)*

*"Poor health literacy, Sexual Minorities are likely to experience violence." (Participant 11)*

*"We are not accepted, so our life becomes difficult. We face discrimination, violence, and being killed." (Participant 8)*

*"Our health is well due to depression we got from the community. We are being harassed." (Participant 15)*

*"Stigma, poverty, discrimination, unequal access to healthcare facilities, lack of education is what we consistently experience..." (Participant 18)*

Various studies including those by Meyer (2013), and Hatzenbuehler et al,. (2014), have found that, because of ongoing harassment, many sexual minorities experience mental health challenges. The results of the study also highlight critical questions about how healthcare workers can help reduce these differences. Participants indicated that sexual orientation and gender identity determine how you will be treated when presenting at healthcare facilities in Lesotho. According to Green & Feinstein (2012), Lesotho's healthcare services need to change to meet the needs of sexual minorities.

**Sub-theme: Physical Health and Access to Specialized Care**

The findings illuminate sexual minorities' physical health and access to specialised care. Of the 45 sexual minorities who participated in this study n=6 indicated that it's hard to get gender-affirming healthcare, which is expensive or unavailable in the country. Those who can afford it go to South Africa, India, Turkey, or China, while poor sexual minorities remain without access, making them feel neglected. These highlight the significant health challenges which sexual minorities particularly those that are poor are experiencing.

*"There is much discrimination, prejudice... especially faced by LGBTI people... (Participant 5)"*

*"Sexual Minorities in Lesotho often lack specialized trans-related healthcare such as genital reconstruction, hormone therapy, breast reconstruction, facial plastic surgery. Medical and surgical." (Health provider 8)*

*"We are not accepted so our life becomes difficult and if you don't have money to purchase advanced health care services it's even worse…(Participant 3)"*

*"The healtcare system of Lesotho does not respond to the health needs of Transgender people... (Participant 31)"*

Compared to earlier studies, this analysis backs up claims that sexual minorities face health disparities. Meyer (2003) and Hatzenbuehler et al., (2014), talk about how societal stigma and minority stress can lead to health disparities, which is similar to what the participants indicated that they are being discriminated against and left out. The study's results stress intersectionality, which is in line with Bowleg's (2012), who calls for a more complex understanding of health disparities that take into account many identities that overlap including those that are marginalised.

Lesotho's culture plays a significant role in influencing how society responds to sexual minorities. The participants indicated deeply rooted cultural beliefs which include non-recognition of

sexual minorities which adds another level of complexity that Is not fully researched. This means that while global studies on sexual minorities' health equity are important, more study needs to be conducted in Lesotho because of its unique social, cultural, and legal context.

### Major Theme : Impact of Social Determinants on Health Equity

#### Sub-theme: Educational Disparities

Sexual minorities in Lesotho's Maseru, Leribe, and Mokhotlong districts struggle to receive the same education as other citizens. This issue impacts health equity and is multifaceted. The research participants demonstrated that there are barriers to education which are interrelated to more significant societal problems that affect health. Reduced chances for prosperity and achievement as well as reduced knowledge on healthcare services are among the problems which widen as a result of limited access to education.

"In our schools, there is hardly any talk about sexual orientation and health. It's like they assume we don't exist." (Participant 5)

*"I never learned anything about my health needs as a lesbian in school. Education was always heteronormative." (Participant 12)*

*"Stigma in educational settings is real. It made it hard for me to pursue further education, impacting my job opportunities and health access." (Participant 17)*

*"Our teachers skip chapters on sexual health, especially if it involves LGBTQ+ topics. It's like we are invisible." (Participant 22)*

*"I dropped out because of the bullying. This affected not just my education but also my mental health." (Participant 28)*

The findings from this study are supported by other studies that have found that schooling is important, for an individual to understand health and its effects they should have basic education (Hatzenbuehler *et al.*, 2013) and (Mustanski *et al.*, 2014), show how schools affect the mental health and well-being of sexual minorities when they are discriminated against. Because of ongoing prejudice and discrimination sexual minorities end up not going to schools and this affects their literacy levels as well as health outcomes. Logie & Turan (2020), highlight that stigma and discrimination in schools are a big problem which affects health equity, furthermore, they argue that sex education should be a part of the school curriculum to ensure stigma and discrimination are not tolerated in schools.

#### Sub-theme : Employment and Socioeconomic Status

This study shows how unemployment affects sexual minorities' access to healthcare services. Employment and socioeconomic status greatly affect sexual minorities' healthcare access. Sexual minorities indicated that they feared workplace discrimination and didn't apply for many employment opportunities.

Inequality from unemployment marginalises sexual minorities. From the total participants "n=11" poverty and unemployment as the leading causes of health disparities among sexual minorities. They further indicated that workplaces discriminate against sexual minorities and also they do not receive equal employment opportunities and salaries.

*"My years without a job aren't only about money. How others view and treat you matters. Without work, health care is almost impossible, said (Participant 7),*
*"As a transgender person, finding work is a challenge. The constant rejection takes a toll on my mental health," explained (Participant 15),*

*"I can't afford regular health check-ups. My financial situation, partly due to my sexual orientation, has made healthcare a luxury," (Participant 22)*

*"In our community, being openly gay and poor means double the trouble. You're shunned for your identity and your inability to 'contribute' financially," (Participant 2)*

*"Lack of social programs that are inclusive for LGBTIQ+ people of all ages. Language Barriers. Poverty. Lack of Income. "(Participant 31)*

The findings from this study are also in line with findings from Badgett, *et al.*, (2017), who highlighted how discrimination against sexual minorities at work can lead to lower pay and job uncertainty. Furthermore, this is also supported study by Conron, *et al.*, (2018), who argue that sexual minorities with lower incomes have difficulties in accessing healthcare because they can't afford extra services that are not part of standard healthcare services.

#### Sub-theme : Social Exclusion and Isolation

The findings showed the relationship between isolation, social exclusion and health equality. Sexual minorities indicated that they were consistently, excluded and isolated. Research indicates that social isolation raises the risk of anxiety and depression. Particularly true in heteronormative cultures and nations that discriminate against sexual minorities.

The participants lamented the inadequate healthcare and infrastructure which is not aligned with the needs of sexual minorities. Furthermore, sexual minorities are excluded from and deterred from receiving advanced medical care similar to that which is provided to general populations especially hormone replacement therapy and gender correction surgery. The research demonstrated how prejudice and social stigma exacerbate poor health-seeking behaviour and therefore increase health disparities.

*"Similar to heterosexuals, Sexual minorities should be treated equally everywhere for them to feel free to go to any services and also for them to feel special" (Participant 5)*

*"People do not feel free to attend health care services because... males and females are the only genders that are catered to access services, so this is so unfair to trans people because sometimes they are even stigmatized by the people who are at the services together with them" (Participant 6)*

The findings of the study are consistent with the findings of previous studies that have been conducted on the topic of how social variables influence health equity. Meyer (2003), and Hatzenbuehler (2016), have demonstrated that the presence of minority stress theory exacerbates the existing health disparities that exist among sexual minorities. The findings of this research indicate that discrimination, harassment, and being excluded from society are significant issues that have a negative impact on the mental and physical well-being of sexual minorities.

## Major Theme : Role and Competency of Healthcare Providers

### Sub-theme : Cultural Competence and Sensitivity

This study revealed that healthcare service providers in Maseru, Leribe, and Mokhotlong are not adequately trained in cultural awareness, sensitivity and understanding of sexual orientation and gender identity. A common highlight was how inadequately healthcare providers understood sexual minorities' health needs and concerns.

Participants feared that healthcare staff were not providing quality, evidence-based, and individualised treatment, which is crucial for developing trust and ensuring fair and equal access to quality health services. This lack of culturally sensitive knowledge makes sexual minorities feel excluded and misunderstood by health care providers and this further leads to ongoing stigma and discrimination.

*"They only give services to men and females, yet sexual minorities are available and they do not give them their special services." (Participant 1)*

*"The attitudes of health providers...they affect [sexual minorities] mentally and they end up using drugs; they do not engage in any activity that happens in their communities." (Participant 25)*

*"There should be some policy that allows sexual minorities to be given their services..." (Participant 2)*

The findings of this study are in line with the findings from other global studies that shows the importance of healthcare professionals being sensitive to different cultures. Crenshaw (1991), and Meyer (2003), found that healthcare staff who don't understand the needs of vulnerable and underserved individuals such as sexual minorities, are more likely to discriminate and stigmatise them. The findings from this study indicate that culturally insensitive treatment worsens health inequalities for Lesotho's sexual minorities.

Health Professionals Advancing LGBTQ Equality (previously the Gay and Lesbian Medical Association) also emphasises the need to teach cultural competency to enhance sexual minority health. Solar & Irwin (2010), suggest including sexuality, and sensitivity in this training is crucial as it will enable healthcare providers to provide tailor-made healthcare services.

### Sub-theme: Training Needs and Education for Providers

Healthcare professionals are not well-trained to provide sexual minorities with high-quality and personalised care. Healthcare providers don't seem to know the unique health needs of sexual minorities, which necessitates the need for specialised training to better understand the health needs of sexual minorities.
"The attitudes of health providers affect [sexual minorities] mentally and they end up using drugs; they do not engage in any activity that happens in their communities." (Participant 25)

*"There should be some policy that allows sexual minorities to be given their services...they will feel special." (Participant 2)*

*"It takes longer time for them to understand but some understand it, so they need to be trained time and time again." (Participant 11)*

*"By providing appointments after hours of work with sexual minorities so that they will be able to express their feelings." (Participant 16)*

*"Educate people and providers to be comfortable in discussing sexual orientation, gender identity and sexual practices." (Participant 22)*

The findings of this study support Mayer et al., (2008), and Coleman *et al*., (2012), who stressed LGBTQ+ health provider education is critical to ensure tailored healthcare services. Mayer *et al.*, (2008), argue that LGBTQ+ specific education must be included in medical school curricula, while Coleman *et al.*, (2012), stressed the importance of continuing education for healthcare professionals. The findings are also supported by Sabin *et al.*, (2015), who found that adequate training may significantly improve healthcare workers' LGBTQ+ patient views. Thus, modest changes in education and training might affect sexual minority healthcare.

### Sub-theme : Provider Attitudes and Behaviours

Healthcare providers must ensure sexual minorities receive the same healthcare services similar to the general population. If healthcare service provisions are based on human rights approaches, many sexual minorities will be able to be open about their health needs and other challenges that they face when receiving services.

*"We are not welcomed so due to that they feel like never going for services again" (Participant 1).*

*"The lack of legal protections for sexual minorities may make them less likely to seek out HIV testing and treatment" (Participant 12).*

*"Healthcare providers often lack understanding or even basic respect for our identities. It feels like the whole system is against us." (Participant 19)*

The findings from this study are similar to (Mayer et al., 2008; Whitehead, *et al.*, 2016), who indicated that prejudice and stigma prevent sexual minorities from receiving equal healthcare. The way that a healthcare professional views sexual minorities can have a significant effect on their experience (Kates *et al.,* 2020). Based on different studies, to ensure that sexual minorities obtain high-quality, customised healthcare services there is a need for healthcare providers to change their attitudes towards sexual minorities.

### Major Theme : Effectiveness of Legal and Policy Frameworks

#### Sub-theme: Current Legal Protections and Gaps

While the current penal law does not criminalise sexual minorities, the previous common law did criminalise them. The failure of Lesotho to have clear protective legal and policy provisions affects the ability of sexual minorities to access non-discriminatory health services in Maseru, Leribe, and Mokhotlong districts. The participants argued that they were not protected and this increased their vulnerability. Without protective laws, sexual minorities experience prejudice and discrimination. Sexual minorities face overt discrimination and subtle exclusion in healthcare owing to a lack of human rights-based laws and policies.

*"LGBTIQ+ rights are not considered. We are taken for granted and as non-living things. Laws and policies have negative consequences towards sexual minorities." (Participant 38)*

*"This highlights the intersection of legal and healthcare systems in shaping access to care. "Sexual minorities are often faced with rejection, bullying, discrimination, and violence" (Participant 2).*

Reddy & Dunne (2011) and Miller & Grollman (2015), cited that sexual minorities don't have legal rights, which makes the environment a hostile place for them. Without protective laws and policies, sexual minorities are constantly abused, which leads to high rates of mental health-associated challenges. In their study, Brown & Pantalone (2017), said that stigma and discrimination still happen in healthcare facilities across the globe because there are inadequate protective laws and policies. They further argue that people who are discriminated against will most likely avoid healthcare facilities, This is because human rights are interrelated and interdependent, so lack of protection will affect other rights such as access to healthcare services which in turn can affect the right to life as well.

#### Sub-theme: Policy Implementation and Enforcement

The results of this study highlighted the importance of protective legislative and regulatory frameworks to improve sexual minorities' access to healthcare services. Though it is important to pass laws and regulations that safeguard people, the study found that even in cases when there are sound laws based on human rights principles, they are frequently not followed or enforced.

Major concerns with the way policies with protective measures were being applied were expressed by the research participants. The data reveals that stigma, discrimination, and inadequate application of laws and policies continue to affect the little gains that could help to promote and protect the rights of sexual minorities and improve access to healthcare services, even if some policies appear to include everyone.

*"In theory, the policies seem inclusive, but when it comes to practical implementation, we face discrimination at every turn." (Participant 7)*

*"As a healthcare worker, I can say that we lack specific training on how to address the needs of sexual minorities. There's a gap between what the policy states and what we practice." (Service provider 15)*

*"Even though there are policies in place, accessing health services is a nightmare for us. The staff are not welcoming, and we often face derogatory remarks." (Participant 37)*

*"I know the law is there to protect us, but in reality, we are left to fend for ourselves. There's hardly any enforcement of these so-called protective policies." (Participant 42)*

The results of this study are similar to what Hatzenbuehler et al. (2013), found, which is that laws against discrimination don't always get followed all the time. The participant highlighted the difference between strategy and execution. Flores & Barclay (2016), say that policies need more than just the right rules to be put into place. Culture and society also need to go along with policies. This is supported by the participants' stories, which indicate the way people think makes it hard to follow through with policy implementation.

## Summary, Discussion, and Recommendation

### Summary of Results

Stigma, discrimination and lack of understanding of sexual minorities' needs among healthcare workers limits the provision of quality healthcare services, according to participants. This reinforces the minority stress and health disparities discourse (Meyer, 2003), highlighting how social beliefs and healthcare provider prejudice make access to quality healthcare services difficult for sexual minorities.

Participants emphasised that Lesotho does not have protective legal and policy frameworks that safeguard sexual minorities' rights, and therefore this contributes to continued violation of their rights. Reddy et al., (2010), indicate that Insufficient protective policy and legal lead to increased healthcare provider-facilitated discrimination. This further has a direct impact on access to essential healthcare services and therefore does not contribute to good health outcomes.

Furthermore, mental health was another issue that was identified by participants as a key health issue that affects most of them because of the treatment they receive from communities and health facilities. Participants reported significant rates of depression and anxiety due to social stigma and prejudice they experience regularly, and this supports Meyer's, (2003), minority stress theory.

Participants further appreciated community networks which stepped in to assist where there was unavailability of healthcare services, or the services were discriminatory. They appreciated these networks for social and emotional support, highlighting the relevance of community-based responses to sexual minority health inequalities. Bauermeister (2014), found that inclusive and supportive settings are essential for improved health outcomes. The perspectives that communities in Lesotho have towards sexual minorities are shaped by harmful social, religious and traditional norms and practices, which usually lead to stigma and discrimination. Sexual minorities' healthcare rights in Lesotho are not explicitly protected by any law. The study identified gaps between policy intentions and results, supporting Reddy *et al.*, (2010) & Camminga (2019), Who argued that effective supervision and enforcement of laws and policies are needed to improve sexual minorities' access to quality healthcare services.

To address issues like healthcare providers' lack of cultural competence and societal attitudes, considerable legislation reforms must be made and implemented effectively and efficiently. Healthcare providers, stakeholders, government agencies, and community organisations must collaborate to ensure that sexual minorities' rights are promoted and protected to ensure equal and equitable treatment.

## Recommendations

Based on the study's findings, several recommendations are proposed:

- **Strengthen Legal and Policy Frameworks:** The Lesotho Parliament and government must enact and implement laws and policies that specifically protect sexual minorities from discriminative healthcare services. These laws should be aimed at protecting and addressing inequalities in access to essential services.
- **Enhance Healthcare Provider Training:** The Ministry of Health should Implement comprehensive training programs for healthcare providers on LGBTIQ+ issues to improve cultural competence and sensitivity while ensuring that discriminative healthcare providers are held accountable.
- **Expand Community Support Systems:** The government must provide Funding to community networks that help sexual minorities emotionally and socially, improving their resilience and healthcare access.
- **Public Education and Awareness:** A multisectoral approach involving the Government, Private Sector, Civil Society, International Organisations and donors should conduct public education campaigns to reduce stigma and discrimination in communities, fostering a more inclusive society.
- **Tailored Mental Health Services:** The Ministry of Health should develop and provide mental health services specifically designed for the needs of sexual minorities, addressing the unique stressors they face.
- **Monitoring and Evaluation:** The Ministry of Health should establish mechanisms to monitor and evaluate the effectiveness of health policies and interventions aimed at improving health equity for sexual minorities.

## Discussion of Key Issues

### Discrimination and Stigma in Healthcare Settings

The findings showed that healthcare stigma and discrimination are major issues of concern. Global study suggests sexual minorities have lower health outcomes when healthcare providers are not culturally competent (King *et al.,* 2018 and Smith, 2020). Specific training courses for healthcare providers on sexual minority issues is crucial (Henderson *et al.*, 2019).

### Legal and Policy Barriers

According to the study, one of the biggest problems was that there was a lack of protective legal and policy provisions that protect sexual minorities. Lesotho does not have any laws against same-sex relationships, but sexual minorities are often discriminated against because the country's laws do not protect them (Baxter and Epprecht, 2015; Reddy *et al.*, 2010). Because of this, enactment of protective laws and policies is needed to protect the rights of sexual minorities.

## Health Inequities

### Mental Health Disparities

Mental health issues including depression and anxiety were common among sexual minorities, and they were worsened by stigma and discrimination perpetuated by society. Hatzenbuehler et al., (2014) support Meyer's (2003), minority stress theory and indicate that stigma and discrimination should be addressed to reduce health disparities.

### Physical Health and Access to Specialised Care

A major problem is that sexual minorities, especially transgender people, have no access to specialised healthcare services including hormone treatment. The study indicated that harmful cultural norms and socioeconomic status are two examples of overlapping factors that worsened access to specialised care (Bowleg, 2012). To adequately address this access to specialised care there is a need to offer comprehensive health care services including gender-affirming treatment and important surgeries required by transgender people.

## Recommendations for Addressing Health Equity

### Enhance Cultural Competence in Healthcare

Healthcare staff need cultural awareness training to properly provide quality and tailor-made services to sexual minorities. Mayer et al., (2008) and Sanchez et al., (2009), found that sexual minorities experience several healthcare issues due to stigma and discrimination. Programmes for understanding sexual minorities' health needs, dispelling myths, and sensitivity are crucial (Coleman et al., 2012; Lambda Legal, 2010). Healthcare professionals need thorough training programmes that help them understand different cultures and contexts. This

training should further include sexual minorities sensitivity and cultural competence, especially in Lesotho which is a kingdom where culture plays a significant role.

### Develop and Enforce Inclusive Health Policies

Open-access health policies must protect and help sexual minorities. According to Reddy and Dunne (2011) and Baxter and Epprecht (2015), poor legislative protections endanger the health of sexual minorities. Hatzenbuehler *et al.*, (2014), recommend that policies should prevent discrimination based on sexual orientation and gender identity, enable health care access, and protect personal information private. The Parliament of Lesotho should enact protective laws which prohibit discrimination based on Sexual Orientation and Gender Identity. The parliament should also review the Penal Code to ensure it provides also provide the legal basis for criminal charges for those that discriminate against vulnerable and marginalised communities, particularly sexual minorities.

### Strengthen Legal Protections and Advocacy

The rights and well-being of sexual minorities need strong legal and policy provisions. According to Bater and Eppreecht (2015), there is a need to address the gaps in current laws which do not provide adequate protection to sexual minorities in Lesotho. For sexual minorities to enjoy their rights their rights should be protected (Camminga, 2019). Civil Society Organisations should continue advocating for protective legal and policy frameworks while for existing human rights-based laws and Policies' Government should strengthen implementation of those to ensure sexual minorities are not continuously violated.

### Initiate Public Health Campaigns to Reduce Stigma

Public health interventions must end stigma and discrimination. These programmes should teach people about sexual orientation and gender identity and promote acceptance and de-stigmatization (Hatzenbuehler et al., 2013; Whitehead, 2016). Healthcare personnel should also learn to prevent discrimination (Sanchez et al., 2009; Lambda Legal, 2010).

### Include Sexual Minority Health in Educational Curricula

Students of Medicine should learn about the health needs of sexual minorities so that they can treat all patients with kindness and understanding irrespective of sexual orientation and gender identity (Coleman et al., 2012; Meyer et al., 2008). The Ministry of Education and Institutes of Higher Learning, particularly medical institutions Should ensure that Sexual minorities sensitivity training is included in the training curriculum to ensure healthcare workers are adequately trained. Health Professions Council of Lesotho should also develop a CPD points-based curriculum for registered health professionals to ensure that it's mandatory for them to continuously learn while they provide health care services.

### Improve Access to Specialized Healthcare Services

According to Reisner (2016), Sexual minorities need quality access to mental health and gender-affirming care. Culturally sensitive services minimise inequalities and improve well-being. These services should be provided to those who cannot afford to pay for health care services.

### Foster Collaborative Approaches for Health Equity

Logie & Gadalla (2009), argue that for sexual minorities to have equal access to health care, there is a need for multisectoral collaboration to make sure health policies and treatment are complete and culturally appropriate. This was also supported by the study by Flores et al., (2018), who further indicated that a holistic approach is required to address the needs of sexual minorities. A multisectoral collaboration aimed at addressing health equity among sexual minorities should be constituted by the Lesotho National Aids Commission (NAC) established and provided with resources to develop mitigating strategies.

### Recommendations for Future Research

Future studies should carefully examine how cultural competency training affects healthcare practitioners' attitudes and clinical practices towards sexual minorities throughout time. Even though such training increases immediate knowledge and attitudes, the durability and depth of these changes over time are unknown (Coleman *et al.*, 2012; Mayer, 2008). Sabin *et al.*, (2015), showed short-term positive shifts in healthcare providers' attitudes after cultural competence training, but it is important to determine whether these attitudes lead to sustained behavioural changes in clinical settings and better healthcare outcomes for sexual minorities.

Crenshaw (1991) and Logie & Gadalla (2009), advocate adding intersectional viewpoints that incorporate race, socioeconomic position, and geographic location to these investigations. Such a study would shed light on educational interventions and help create customised training programmes for sexual minorities in varied cultural settings, including Lesotho.

### Recommendations for Future Practice

5.6.1 Promote Continuing Education on Cultural Competence

To ensure equality in healthcare provision, healthcare providers must be adequately capacitated in cultural skills and sensitivity as part of their ongoing education. Lambda Legal (2010) and Coleman *et al*. (2012), both indicate that healthcare providers don't always have the knowledge and skills to treat sexual minorities respectfully.

### Support Comprehensive Legal Protections

It is very important to advocate for full legal policy provisions that protect sexual minorities so that their rights are protected, and it is easier for them to access healthcare services. Baxter and Epprecht (2015), and Reddy *et al*, (2010), argue that one of the main reasons sexual minorities face health disparities is that they are not legally recognised or protected. The Lesotho parliament needs to enact laws that specifically criminalise discrimination based on sexual orientation and gender identity, and this can help make society and the healthcare system more friendly to people from different cultures and backgrounds.

### Enhance Partnerships for Inclusive Health Care

Building strong and collaborative partnerships is crucial is critical to ensure health provision is tailor-made for the needs of sexual minorities and that there are strong relationships and ties between healthcare workers, community groups, and

sexual minority groups.

Some public and private health and wellness programmes for sexual minorities would be better if they worked together. stakeholders may need to share information and tools to reach this goal. Community-based groups can help bridge the gap between sexual minority groups and healthcare workers.

### Implement Targeted Public Health Campaigns

The Lesotho government needs to take certain steps around public health to help sexual minorities deal with the abuse and humiliation they face in hospitals and society. These initiatives should not only teach society about issues that affect sexual minorities, but they should also provide information about the importance of acceptance and reduction of harmful stereotypes. There are several ways that sexual minorities can change their views and feel less ashamed by taking part in public health programmes. Several programs can be implemented, and these could be programs that are based on the lived experiences of sexual minorities.

### Develop Specialized Healthcare Services

To address specific health problems sexual minorities face, it is important to provide resources aimed at creating specialised healthcare services for sexual minorities, especially for important healthcare services such as gender-affirming medical care and hormone replacement therapy. A lot of the time, general healthcare places don't have specialised services like care that affirms gender identity, and mental health support programmes.

These services need to be backed by resources to make sure they are readily accessible, available, and are of good quality. Protect, *et al*., (2014), say that providing transgender people with specialised health care greatly enhances their health and lowers the chance of HIV spread. To meet the health needs of sexual minorities successfully, governments and healthcare organisations must put resources towards the creation of these specialised services.

### Evidence-Based Practices in Developing and Implementing Health Policies for Sexual Minorities

Providing health care services and implementing health policies for sexual minorities it is of the utmost that all programs and policies are evidence-based. It is ensured that health treatments and policies will be established on scientific research and the most effective ways when this approach is used, which eventually leads to more fulfilling outcomes. Meyer (2003) suggests that understanding socioeconomic determinants of health and minority stress on sexual minorities may help shape health policies and treatments.

## Conclusion

The findings from this identified that factors affecting health equity in the Maseru, Leribe, and Mokhotlong districts of Lesotho are influenced by harmful cultural norms and practices, unprotective policy and legal provisions, and socioeconomic determinants including poor education and unemployment, stigma and discrimination, poor implementation and enforcement of laws and policies, It also critical that all stakeholders including the ministry of health, Education, Parliament of Lesotho, Civil Society organisations, Communities and Donors need to read the findings of this study and work together to address factors affecting health equity among sexual minorities.

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