Research Article ISSN 2767-5416

Journal of Medical Clinical Case Reports

Barriers LGBTQ+ Individuals Face in Accessing Healthcare Services Including HIV Prevention and Treatment Due to Stigma and Discrimination in Lesotho

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Submitted : 10 Dec 2024 ; Published : 31 Jan 2025

Citation: Segale, J.N, & Tjirongo (2025). Barriers LGBTQ+ Individuals Face in Accessing Healthcare Services Including HIV Prevention and Treatment Due to Stigma and Discrimination in Lesotho. *J Medical Case Repo* 7(1):1-9.
DOI : https://doi.org/10.47485/2767-5416.1100

Abstract

Background: *Lesotho faces significant challenges in providing equitable healthcare services to LGBTQ+ individuals, particularly regarding HIV prevention and treatment. The country has one of the highest HIV prevalence rates globally, with marginalized populations, including LGBTQ+ individuals, experiencing heightened vulnerability due to systemic stigma and discrimination.*

Aim: *The study assessed the barriers LGBTQ+ individuals face in accessing healthcare services including HIV prevention and treatment due to stigma and discrimination in Lesotho.*

Setting: *The study was conducted in three districts of Lesotho which are Maseru, Leribe, and Mokhotlong.*

Methods: *The study cross-sectional, descriptive, qualitative research study utilized semi-structured interviews with LGBTQ+ individuals and healthcare providers to explore the interplay between stigma, mental health, and HIV vulnerabilities.*

Results: *The findings reveal a complex relationship between stigma and health outcomes, where social marginalization leads to increased HIV vulnerabilities among LGBTQ+ populations. Discriminatory attitudes within healthcare settings discourage individuals from seeking major HIV preventive services, ultimately impacting public health efforts to control the epidemic.*

Conclusion: *Addressing the barriers faced by LGBTQ+ individuals in Lesotho requires a multifaceted approach such as training for healthcare providers on LGBTQ+ issues, and integrating sexual and reproductive health services into community outreach programs. By fostering an inclusive healthcare environment, can enhance access to HIV prevention and treatment services, improving overall public health outcomes in Lesotho.*

Contribution: *The findings and recommendation of the study could contribute to a better health outcome for LGBTQ+ individuals in Lesotho.*

Keywords: Barriers to healthcare access, LGBTQ+ individuals, HIV prevention and treatment, stigma, discrimination, Lesotho.

Introduction

Lesotho is a small landlocked nation in the southern part of Africa, which faces some significant public health challenges including high rates of HIV/AIDS, which is reported to be among the highest in the world with a prevalence of 18.5 % among adult population in 2023 (UNAIDS,2023). The LGBTQ+ community which is commonly known to be highly suspciple to HIV/AIDS is not protected against discrimination on the basis of sexual orientation and gender identity in the country and they remain disproportionately affected by HIV and other health disparities. This vulnerability is exacerbated by pervasive stigma and discrimination within healthcare systems, which create substantial barriers to accessing essential services such as HIV prevention and treatment (Makoae et al., 2020).

Research indicates that stigma surrounding LGBTQ+ identities leads to negative health outcomes, as individuals often avoid seeking healthcare due to fear of discrimination or mistreatment by healthcare providers (Kang et al., 2019). Additionally, the lack of culturally competent care further alienates LGBTQ+ individuals from necessary health services, contributes to lower rates of HIV testing and treatment adherence (Matsumoto et al., 2021).

The intersection of societal stigma and inadequate healthcare access not only impacts individual health but also poses broader public health risks, hindering efforts to control the HIV epidemic in Lesotho.Understanding these barriers is crucial for developing targeted interventions that promote health equity for LGBTQ+ individuals. By addressing the root causes of stigma and enhancing healthcare provider training on LGBTQ+ issues, it is possible to create a more inclusive healthcare environment that encourages individuals to seek the care they need (Makoae et al., 2020; Kang et al., 2019).

In addition to being 25 times more likely to get HIV than the general population, gay men and men who have sex with other men (MSM) are recognized as important contributors to HIV infections worldwide, accounting for 70% of all infections (UNAIDS, 2023).

Also when compared to other group of importance in relation to HIV infection which includes drug injectors, prisoners, and sex workers, the HIV prevalence is reported to be higher among MSM and LGBTQ+, including homosexual men and transgender people, according to this statistics. Despite the high number, no data is available for other LGBTQ+, including queers, lesbians, and bisexuals (Ribeiro et al., 2024). HIV prevalence was also reported to be greater among gay men (5.4%), transgender individuals (1.7%), injecting drug users (6.9%), sex workers (2.1%), prisoners (1.0%), and adults aged 15–59 years (1.2%) than in other regions like Europe and Central Asia over the same time period(UNAIDS, 2023). According to these figures, gay men are four times more likely to have HIV than the overall population.

This information demonstrates the extent of HIV in an area that is recognised as the global epicentre of the virus. The high prevalence of HIV among LGBTQ+, including gay men and transgender people, supports the conclusions of studies by Baral et al. (2015) and Beyer et al. (2012), which found that HIV prevalence is higher in sub-Saharan Africa than in other regions. HIV prevalence in MSM was estimated by the Lesotho PEPFAR Country Operational Plan (2022) to be 26.1%, sex workers to be 48.5%, prisoners to be 31%, and the general population to be 22.7%.

The fact that the existing data mostly focuses on particular groups, such as transgender people, female sex workers, injecting drug users, men who have sex with men (MSM), and those incarcerated, is one of the main issues in many African nations.

The stigma surrounding LGBTQ+ identities is a pervasive issue in Lesotho, leading to negative health outcomes and reduced service utilization. According to Makoae et al. (2020), LGBTQ+ individuals often experience discrimination within healthcare settings, which discourages them from seeking necessary medical care. This systemic stigma not only affects individual health but also contributes to broader public health challenges, particularly in managing the HIV epidemic. Research indicates that fear of discrimination leads many LGBTQ+ individuals to avoid healthcare settings altogether, resulting in delayed diagnoses and treatment (Kang et al., 2019).

The mental health of LGBTQ+ individuals is significantly impacted by societal stigma and discrimination. Studies have shown that experiences of stigma contribute to higher rates of anxiety, depression, and substance abuse within this population (Matsumoto et al., 2021). These mental health issues can further complicate access to healthcare, as individuals may be less likely to engage with services when experiencing psychological distress. The interplay between mental health and healthcare access creates a cycle that exacerbates vulnerability to HIV and other health conditions.

Particularly for LGBTQ+, who are disproportionately impacted by both HIV/AIDS and mental health, the confluence of these two diseases is a serious problem. The necessity for integrated care solutions is highlighted by the well-established link between mental health conditions and heightened susceptibility to HIV infection (Stangl et al., 2013). Addressing mental health as part of HIV/AIDS preventive and treatment programs is crucial in Lesotho, where HIV incidence is still high.

Research on LGBTQ+ in Lesotho is still lacking, despite the acknowledged significance of combining mental health with HIV/AIDS therapy. Localised research is required to comprehend the unique dynamics in Lesotho and to customise interventions appropriately, even though international studies show that LGBTQ+ have higher rates of mental health problems (Meyer, 2003). Future studies should concentrate on the incidence of mental health conditions among Lesotho's sexual minority and the obstacles they encounter when trying to obtain HIV-related and mental health care.

A critical barrier identified in the literature is the lack of training among healthcare providers regarding LGBTQ+ issues. Many providers are not equipped with the knowledge or skills necessary to offer culturally competent care, which can lead to further marginalization of LGBTQ+ patients (Makoae et al., 2020). Improving provider training is essential for creating a more inclusive healthcare environment that encourages LGBTQ+ individuals to seek care without fear of discrimination.

Addressing these barriers requires targeted interventions that focus on reducing stigma and improving access to HIV prevention and treatment services for LGBTQ+ individuals. Community-based programs that promote awareness and education about LGBTQ+ health issues can play a vital role in fostering a more supportive environment (Kang et al., 2019). Additionally, integrating sexual and reproductive health services with HIV prevention strategies could enhance accessibility for marginalized groups.

The literature highlights the urgent need for comprehensive assessments of the barriers faced by LGBTQ+ individuals in Lesotho's healthcare system. By addressing stigma, enhancing

provider training, and implementing targeted interventions, it is possible to improve health outcomes for this vulnerable population.

Research Objectives

- To assess barriers LGBTQ+ individuals face when accessing health services in Lesotho.
- To assess how stigma and discrimination affect LGBTQ+ individuals to access HIV/AIDS prevention and treatment care in Lesotho.
- To explore the effects of stigma and discrimination on mental health outcome for LGBTQ+ individuals in Lesotho.

Research Methodology

Study Design

The study adopted a cross-sectional, descriptive, qualitative research design to assess the barriers faced by LGBTQ+ individuals in accessing healthcare services, particularly in the context of HIV prevention and treatment in Maseru, Leribe, and Mokhotlong districts of Lesotho, posed by stigma and discrimination. The study adopted a cross-sectional ,descriptive, qualitative research design, which was particularly effective for exploring complex social phenomena such as stigma and discrimination. Qualitative methods allow for an in-depth understanding of participants' experiences, beliefs, and attitudes regarding healthcare access (Creswell & Poth, 2018).

Study setting

The study was conducted in three districts of Lesotho which are Maseru,Leribe and Mokhotlong. Participants were drawn from different districts of the country which included districts in the urban and rural areas as resesarch according to Whitehead et al (2016) it has been shown or argued that people in the cities and rural places access health care differently and how they feel about sexual minorities is often different hence the study is conducted in three different districts with diverse contexts. The Majority of Sexual minorities interviewed were in Leribe (45%) followed by Maseru (33%) and Mokholong (22%). The majority of Service providers interviewed were from Mokhotlong (47%) followed by Leribe (29%) and Maseru (24%).

Study Population and Sampling Strategy

A purposive sampling strategy was employed to ensure a diverse representation of experiences related to stigma and discrimination. This method was used to select participants who were most relevant to the research question and could provide relevant and up-to-date detailed information regarding their experiences when accessing healthcare services, especially HIV/AIDS. With support from the Peoples Matrix, a local LGBTQ+ organization in Lesotho.

The Participants were purposively selected in the three districts of Lesotho. The sample size included 62 participants from these three districts. Of these participants, 45 were sexual minorities, and 17 were service providers. Among the sexual minorities, the largest group consisted of lesbians (n=16), followed by gay individuals (n=11), bisexual individuals (n=9), transgender individuals (n=8), and one individual identifying as queer. (n=1). Among the service providers, healthcare professionals comprised the majority (n=13), with the remaining participants being legislators (n=1) and community leaders. (n=3).

The research focused on LGBTQ+ individuals living in Lesotho, as well as healthcare providers who interact with this population.The Inclusion criteria for LGBTQ+ participants included individuals aged 18 and older who identified as part of the LGBTQ+ community and have experience seeking healthcare services. Healthcare providers were selected based on their roles in Healthcare provision and HIV prevention and treatment services.

Data Collection

Data was collected through semi-structured interviews and focus group discussions. Semi-structured interviews will allow for flexibility while ensuring that key topics are covered, including personal experiences with healthcare access, perceived stigma, and recommendations for improving services. Focus groups facilitated discussion among participants, providing insights into shared experiences and collective challenges . Each interview and focus group session was recorded with participant consent and transcribed verbatim for analysis.

Data Analysis

Thematic analysis was employed to identify patterns and themes within the data . This process involved familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. The analysis was focus on understanding how stigma influences healthcare access and identifying specific barriers that LGBTQ+ individuals face in Lesotho.

Ethical Considerations

Ethical approval was obtained from Lesotho Ministry of Health Research Office ID214-2023 before data collection. Informed consent form were issued out to all participants to consent before participating into the study, the consent form ensured that participants understood the purpose of the study, their right to withdraw at any time, and measures taken to protect their confidentiality. Special attention was given to creating a safe space for participants to share their experiences without fear of judgment or repercussions.

Results and Discussion

Table 1: Total number of participants interviewed per category.

The total number of research participants interviewed per Category		
Categories of participants		Total
Sexual minorities	Lesbians	16
	Gays	11
	Bisexual	9
	Transgender	8
	Queer	1
	Total	45
Service Providers	Healthcare professionals	13
	Legislators	1
	Community leaders	3
	Total	17

The study participants were drawn from three districts in Lesotho: Maseru, Mokhotlong, and Leribe. As Whitehead, Shaver, and Stephenson (2016), note, access to healthcare and attitudes towards sexual minorities can vary significantly between urban and rural settings. This variation highlights the importance of including these three distinct districts in the study, as each represents unique socio-cultural and geographical contexts. Among the sexual minorities interviewed, the largest group was from Leribe (45%), followed by Maseru (33%) and Mokhotlong (22%). Conversely, the majority of service providers interviewed were based in Mokhotlong (47%), with fewer from Leribe (29%) and Maseru (24%). Refer to Table 2 below for a detailed breakdown.

Table 2: Total sexual minorities and service providers interviewed per district.

Total number of research participants disaggregated by population type, district and contribution percentage.			
Population type	District	Total number	Percentages
Sexual Minorities	Maseru	15	33%
	Leribe	20	45%
	Mokhotlong	10	22%
Service Providers	Maseru	6	24%
	Leribe	7	29%
	Mokhotlong	6	47%

Discrimination and stigma within the healthcare system

Discrimination and stigma within the healthcare system can be a significant barrier to accessing quality care for sexual minorities. Negative attitudes, assumptions, and lack of understanding from healthcare providers can deter individuals from seeking medical attention, leading to poorer health outcomes.

When I go to the doctor, I often feel like I have to hide my sexual orientation because I'm worried (that) they won't take me seriously or will make inappropriate comments. It's frustrating having to constantly worry about how I'll be treated (Lesbian participant, Leribe).

I have had healthcare providers make assumptions about my sexual behaviour and risk factors without even asking me. They seem to have this preconceived notion of what it means to be gay. It makes me uncomfortable and hesitant to be fully honest about my health concerns (Gay participant, Leribe).

Transgender in Maseru: "I have had some healthcare providers refuse to use my correct name and pronouns or even question the validity of my gender identity. It's degrading and makes me feel like I can't trust them to provide me with the care I need." Navigating the healthcare system as a queer person is a constant battle. I have experienced homophobic and transphobic comments, been misgendered, and had my concerns minimized. It's exhausting having to educate providers and fight for basic respect (Queer participant, Leribe).

The interview responses highlight the significant challenges and negative experiences that sexual minorities face within the healthcare system. Participants describe experiences of discrimination, stigma, and lack of understanding from healthcare providers, which can create significant barriers to accessing quality, affirming care. The quotes from the Lesbian, Bisexual, and Transgender participants reveal a common thread of fear and anxiety about disclosing their sexual orientation or gender identity to healthcare providers. The Lesbian participant expresses a need to hide her identity due to concerns about not being taken seriously or receiving inappropriate comments. This reflects a broader issue of **anticipatory stress**, where the expectation of discrimination leads to self-censorship and avoidance of care, ultimately compromising the individual's health.

Similarly, the Bisexual participant's experience of having their identity dismissed as a "phase" underscores the issue of **bi-erasure** and the invalidation of bisexual identities within the healthcare setting. This lack of recognition can result in inadequate care and further marginalization, as the providers' biases interfere with their ability to offer appropriate and respectful treatment.

For the Transgender participant, the refusal of healthcare providers to use correct names and pronouns, or to acknowledge the validity of their gender identity, is a form of **identity invalidation**. This not only causes psychological harm but also creates a significant barrier to accessing necessary medical care, as trust between the patient and provider is severely compromised.

The Gay participant's quote highlights the issue of healthcare providers making unfounded assumptions about sexual behaviour and risk factors based solely on sexual orientation. This reflects a lack of **individualized care** and reinforces harmful stereotypes that contribute to a hostile healthcare environment. The discomfort and hesitancy to fully disclose

health concerns, as mentioned by the participant, can lead to misdiagnosis, inadequate treatment, and poorer health outcomes.

The Queer participant's experience of navigating the healthcare system as a "constant battle" encapsulates the cumulative effect of discrimination, misgendering, and minimization of concerns. The emotional and psychological toll of having to "educate providers" and "fight for basic respect" is indicative of **minority stress**, a well-documented phenomenon where the chronic stress of being a minority in a hostile environment leads to negative health outcomes. This ongoing struggle not only affects the immediate healthcare experience but also contributes to long-term health disparities among sexual minorities.

The interview responses underscore the urgent need for comprehensive cultural competency training for healthcare providers in Lesotho, with a specific focus on the diverse needs of sexual minorities. The participants' experiences reflect a healthcare system that is not only uninformed but also actively harmful to those it serves, perpetuating health inequalities through discriminatory practices and attitudes.

In conclusion, these quotes provide a powerful testament to the lived realities of sexual minorities in the healthcare system. They reveal the deep-rooted barriers to achieving health equity and the pressing need for systemic change to ensure that all individuals, regardless of their identity, receive the quality care they deserve.

The findings of this study resonate strongly with the prevailing literature on the experiences of discrimination and stigma faced by sexual minorities within healthcare settings. Existing studies, such as those by Poteat et al., (2020), Kcomt et al., (2019), and Callander et al., (2021), have already illuminated the pervasive nature of bias, insensitivity, and the refusal of care that LGBTQ+ individuals encounter in various contexts. This study corroborates these broader findings while also contributing distinct insights that enhance our understanding of these issues, particularly within the socio-cultural milieu of Lesotho.

When comparing the findings of the study with the study findings align with the existing literature on the perceptions of healthcare providers' attitudes towards sexual minorities, they further confirm what sexual minorities have confirmed. A review by Rutherford et al., (2012), found that LGBTQ+ individuals often face discrimination, heteronormativity, and a lack of cultural competence from healthcare providers, which can negatively impact their experiences and willingness to seek care. Similarly, a study by Ellison et al., (2015) examined the experiences of lesbian, gay, and bisexual individuals in healthcare settings and found that they often perceived healthcare providers as being uncomfortable, judgmental, or lacking in knowledge about their specific healthcare needs.

The findings from this study provide new insights by highlighting the experiences of transgender and queer individuals who face additional barriers related to healthcare providers' lack of understanding and competency in addressing their specific needs. This aligns with the work of Sutton et al. (2015), who found that transgender individuals often encounter significant challenges in accessing gender-affirming healthcare due to providers' lack of knowledge and discomfort in caring for transgender patients.

Healthcare-related stigma and discrimination were revealed in interviews, and the total responses (71%) of sexual minorities highlighted stigma and discrimination in healthcare settings. This was further confirmed by 29% of service providers; see Figure 4.2 below. The data shows that sexual minorities often deal with medical professionals who are not sensitive to or informed about their specific medical needs. Ignorance often manifests in the form of prejudiced attitudes and discriminatory behaviours, thereby severely impeding the ability of sexual minorities to obtain appropriate and considerate healthcare services (Kcomt et al., 2019).

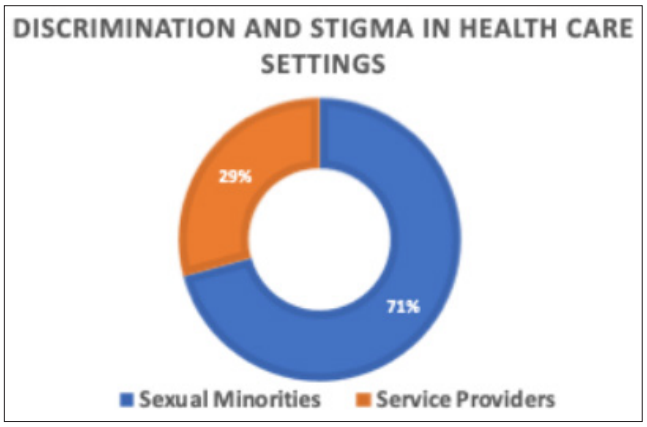

Figure 1: Stigma and Discrimination in Health Care Settings

In reflecting on the alignment with previous research, one observes that this study not only reaffirms the global pattern of healthcare inequities faced by sexual minorities but also provides a more granular examination of how these patterns manifest in a specific cultural context. Lesotho, with its deep-seated heteronormative norms and social stigmas, presents a particularly challenging environment for sexual minorities. The study's focus on this environment enriches our comprehension of how local cultural factors can exacerbate the difficulties that sexual minorities face when seeking healthcare. This context-specific analysis offers valuable contributions to the field, as it underscores the importance of situating health equity discussions within the cultural and societal frameworks that shape individual experiences.

Furthermore, the nuanced narratives provided by the study's participants offer critical insights into the lived realities of sexual minorities navigating the healthcare system in Lesotho. The accounts of misgendering, presumptive attitudes towards sexual behaviour, and the outright dismissal of sexual identities provide a vivid illustration of the subtleties of discrimination

that are not always captured in broader quantitative studies. These narratives illuminate the mechanisms through which healthcare providers, often unconsciously, perpetuate stigma and bias, thus contributing to the ongoing marginalization of sexual minorities. By focusing on these specific interactions, the study advances the literature by offering a deeper understanding of the micro-level processes that contribute to health disparities.

Additionally, the study's findings contribute to the discourse on intersectionality by elucidating how multiple, overlapping identities—such as sexual orientation, gender identity, socioeconomic status, and geographic location—intersect to create compounded barriers to accessing healthcare. While Callander et al., (2021), have previously highlighted the intersectional nature of discrimination, this study brings to light how these intersections are particularly salient in the context of Lesotho, where social and economic inequalities further entrench the challenges faced by sexual minorities. This insight is crucial, as it prompts a reconsideration of how health interventions should be designed, taking into account the multifaceted identities of individuals and the unique challenges they face in different contexts.

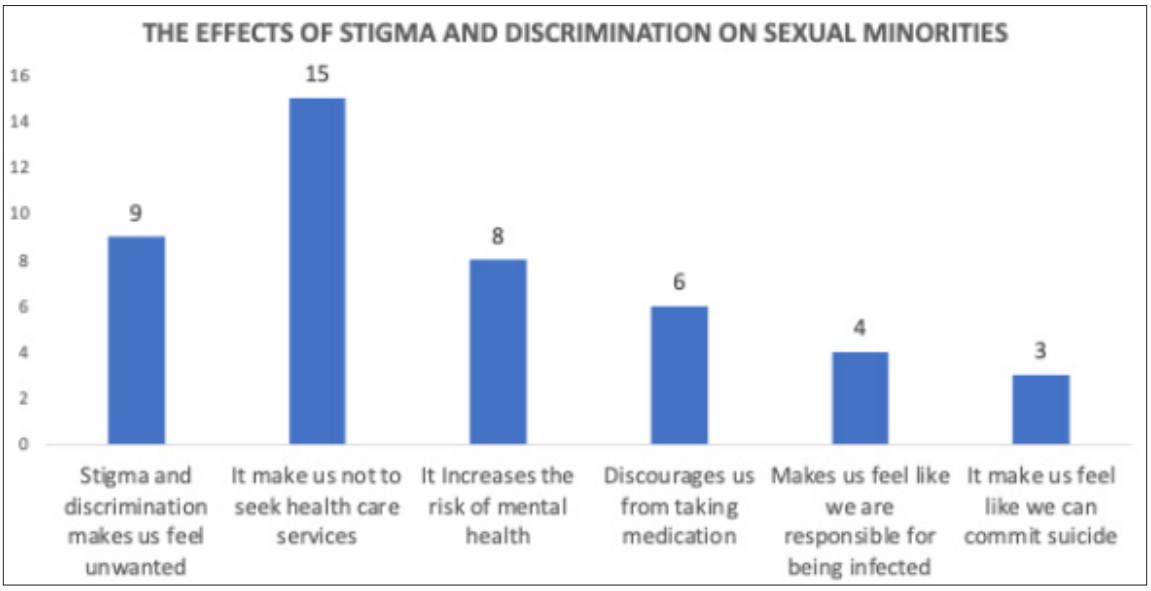

Figure 2: The Effects of Stigma and Discrimination on Sexual Minorities

Healthcare-related stigma and discrimination were revealed in interviews, and the total responses (71%) of sexual minorities highlighted stigma and discrimination in healthcare settings. This was further confirmed by 29% of service providers; see Figure 4.3 above. The data shows that sexual minorities often deal with medical professionals who are not sensitive to or informed about their specific medical needs.

Ignorance often manifests in the form of prejudiced attitudes and discriminatory behaviours, thereby severely impeding the ability of sexual minorities to obtain appropriate and considerate healthcare services.

Whenever I go to the doctor, I always feel like I have to hide my sexual orientation. I'm worried they'll judge me or provide subpar care because I'm a lesbian. It's really discouraging and makes me avoid seeking healthcare (Lesbian participant, Maseru).

I have had healthcare providers make assumptions about my sexual behaviour and risk factors, even though they don't know anything about my actual practices. It's frustrating and makes me feel like I'm not being treated with respect or understanding (Gay participant, Maseru).

I have had doctors make comments about my bisexuality that were inappropriate and made me feel ashamed. They seemed to think it was just a phase or that I was confused. It's hard to trust them with my health after experiences like that (Bisexual participant, Leribe).

The healthcare system is still very binary and cisgender-centric. Providers often seem uncomfortable or unfamiliar with how to care for transgender individuals. I have had to educate them on my specific needs, which is exhausting Transgender participant, Maseru).

I have noticed a real lack of LGBTQ+ competency among healthcare providers. They don't seem to understand the unique challenges we face or how to create a safe and affirming environment. They need to get better training in this area (Queer participant, Leribe).

The interview responses highlight the perceptions of sexual and gender minorities regarding the attitudes and biases of healthcare providers. Participants describe experiences of feeling judged, misunderstood, or discriminated against due to their sexual orientation or gender identity, which can deter them from seeking necessary medical care. The responses emphasize the need for greater LGBTQ+ competency and inclusivity within the healthcare system.

The study findings align with the existing literature on the perceptions of healthcare providers' attitudes towards sexual minorities. A review by Rutherford et al, (2012), found that LGBTQ+ individuals often face discrimination, heteronormativity, and a lack of cultural competence from healthcare providers, which can negatively impact their experiences and willingness to seek care. Similarly, a study by Ellison et al., (2015), examined the experiences of lesbian, gay, and bisexual individuals in healthcare settings and found that they often perceived healthcare providers as being uncomfortable, judgmental, or lacking in knowledge about their specific healthcare needs.

The findings from this study provide new insights by highlighting the experiences of transgender and queer individuals who face additional barriers related to healthcare providers' lack of understanding and competency in addressing their specific needs. This aligns with the work of Sutton et al., (2015), who found that transgender individuals often encounter significant challenges in accessing gender-affirming healthcare due to providers' lack of knowledge and discomfort in caring for transgender patients.

The recognition of these perceptions is critical for improving the quality and inclusivity of healthcare services for sexual and gender minorities. Healthcare providers must engage in ongoing training and education to develop greater cultural competence, address their biases, and create more welcoming and affirming environments for LGBTQ+ patients.

The new knowledge gained from this study emphasizes the importance of addressing the systemic barriers and lack of LGBTQ+ competency within the healthcare system. By understanding the perspectives and experiences of sexual and gender minorities, healthcare providers and policymakers can work to implement more inclusive and responsive healthcare services that better meet the needs of these diverse communities.

Traditional Beliefs and Practices

Both service providers and sexual minorities agree that traditional beliefs, norms and practices influence access to healthcare services by sexual minorities in Maseru, Leribe and Mokhotlong districts. Melo et al., (2011), cite that there is a relationship between healthcare services and users, and this is essential to strengthening the quality of healthcare services. However, sexual minorities' rights continue to be violated in healthcare institutions.

The research emphasises the influence of cultural and societal practices, norms and beliefs on sexual minorities' mental and physical health. Service providers noted how conventional ideas frequently lead to prejudice, humiliation, and discrimination against sexual minorities. This mindset or attitude influences healthcare service delivery and unfairly restricts sexual minorities' access to healthcare services. Also, being deeply embedded in harmful cultural norms and practices, such as being forced to follow traditional customs and standards of heteronormativity, makes it worse for sexual minorities, as this greatly affects their mental health.

Lesotho will always be ruled by traditional and cultural norms, and it will never change. Although technology strikes, culture will always be culture. If we lose our culture, then we have nowhere to go (Traditional Leader, Mokhotlong).

Where is this thing coming from? It's un-African, and we can't go against the order of nature (Community Leader, Mokhotlong).

"People should avoid sounding as if they are replacing tradition and culture with sexual minority issues (Community Leader, Leribe).

The study's results support Herek (2007) and King et al., (2008), who examine how culture, tradition, and health inequality affect sexual minority health. In his study, Herek (2007), indicated that harmful traditional and cultural norms, if not addressed, will continue to increase the number of sexual minorities who avoid healthcare centres.

The results reflect existing studies and help us understand how traditional beliefs and norms in Lesotho affect health equity. This study's findings emphasise the need for culturally sensitive healthcare policies and services that address Lesotho's sexual minority challenges.

Provider Attitudes and Behaviour

Provider attitudes and behaviour significantly affect the quality of care received by sexual minorities. One of the critical barriers to the provision of quality healthcare services is stigmatisation towards sexual minorities, expressed through health professionals' prejudices, beliefs, attitudes and behaviours. Factors such as age, gender, race, and religious and cultural beliefs influence attitudes towards sexual minorities within healthcare systems. The interview responses highlight the significant concerns that sexual and gender minorities have regarding confidentiality and privacy within the healthcare system. Participants express fear of having their personal information disclosed without consent, facing judgement or discrimination, and feeling unsafe sharing sensitive details about their identities and sexual histories. These concerns can deter LGBTQ+ individuals from seeking necessary medical care, highlighting the need for more robust policies and practices to protect patient confidentiality and create more trustworthy healthcare environments.

While provider attitudes and behaviours are critical in influencing the care experiences of sexual minorities, another significant barrier lies in confidentiality practices within healthcare settings. Concerns about privacy and the fear of disclosure can deter individuals from seeking necessary care, further compounding health disparities. The next sub-section will address these concerns, highlighting the importance of confidentiality in creating a safe and supportive healthcare environment.

Conclusion

Sexual minorities such as LGBTQ+ individuals frequently encounter stigma and discrimination when seeking healthcare services. These negative experiences at various societal levels severely affect health equity, leading to poorer health outcome among these special groups of people. Several factors such as insufficient training on cultural sensitivity and sexual orientation or gender identity for healthcare workers may increase the likelihood of stigmatisation and discrimination in healthcare settings. This, in turn may discourages sexual minorities from accessing healthcare services, which can compromise their broader rights, including the right to life and access to crucial health services and treatments. The findings underscore the urgent need for culturally competent healthcare workers and robust legal frameworks in Lesotho to ensure that sexual minorities have equitable access to healthcare and justice.

Recommendations

1. Promote Public Health Campaigns Aimed at Reducing Stigma and Discrimination Against Sexual Minorities

The Ministry of Health should hold public health campaigns targeting the reduction stigma and discrimination against sexual minorities. According to Hatzenbuehler et al., (2013), and Whitehead, Shaver, and Stephenson (2016), such interventions can effectively address issues like name-calling and the general violation of rights. These campaigns should educate the public on the harmful effects of stigma and discrimination, promote a better understanding of sexual orientation and gender identity, and encourage broader societal acceptance of sexual minorities.

2. Inclusion of Sexual Minority Health Needs in Healthcare Education Programmes

The Ministry of Health and Ministry of Education should ensure inclusion of sexual minority health needs in the educational curricula for healthcare professionals is essential for fostering an inclusive healthcare system.

3. Bolster legal protections to support the rights and well-being of sexual minorities

The Lesotho Ministry of Justice should enhance legal protections and advocacy efforts that are crucial to improve the rights and well-being of sexual minorities in Lesotho. Baxter and Epprecht (2015) and Reddy et al., (2010), have documented the gaps in legal and policy frameworks that contribute to discrimination and hinder healthcare access for sexual minorities in Lesotho.

Acknowledgements

This work was made possible by the country Ministry of Health Research Office, which granted the researchers permission to conduct the study and the participants who agreed to participate in the research study.

Competing Interests

The authors have declared that no competing interest exists.

Authors' Contributions

J.N.S conceptualized the research idea, wrote the introduction, literature review, and the methodology sections. Furthermore, J.N.S. conducted data collection and provided supervision, and both authors analyzed the collected data. J.N.S. drafted the manuscript, which was subsequently reviewed by J.T.

Funding Information

No funding was received for this research study. The Primary Author funded the entire study.

Data Availability

The data was solely collected and utilized exclusively for the purposes of this study, and access to the data is only restricted to the researchers in line with the Protection of Personal Information (POPI) Act.

Disclaimer

The perspectives and analyses presented in this article represent the authors own scholarly interpretations based on the research conducted, and do not necessarily align with the official stance or policies of any affiliated institution of the authors.

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