

Health inequalities in HIV and AIDS related services amongst heterosexual and homosexual men in Manchester

Methodology

Based on the statistics provided by the Greater Manchester Strategic Health Authority, Manchester has the highest incident rates of HIV infection in the Northwest and even outside London (*The Lesbian and Gay Foundation* 2004). Historically, the spread of the disease is primarily attributed to homosexual or bisexual sex. As such, HIV and AIDS have been perceived as diseases affecting exclusively homosexual and bisexuals. However, in Greater Manchester heterosexual sex became a primary route of HIV infection amongst new cases. In 2002, the number of cases through heterosexual transmission has overtaken that of homosexual or bisexual sex. It is also worthy to note that there has been a dramatic rise in the HIV and AIDS population in Manchester. Between 1996 and 2002, an increase of about 200% has been recorded (*Insight Article* 1 April, 2004).

In view of the above, assessment of the accessibility and quality of service provided by both statutory and voluntary support centers becomes fundamental to address the myriad issues faced by HIV and AIDS patients. This study focuses on the prevalence of discriminatory practices in the delivery of health services to people with HIV or AIDS attributable to sexual orientation.

To be well within a manageable level, the study has been narrowed down to the determination of whether inequality in accessibility and service provision is prevalent in the treatment of heterosexual males and homosexual/bisexual males in Manchester.

In order to gather the required information to evaluate the level of accessibility and quality of service available to homosexual and heterosexual males afflicted with HIV or AIDS in Manchester, a successive paradigm methodology is utilized. As part of this method, necessary data were gathered by undertaking the following:

Identifying Support Centers

Due to the alarming increase of incidence of HIV and AIDS, there have been various statutory and voluntary centers providing treatment and support services to patients in Manchester. However, these centers differ in the services they provide (*The Lesbian and Gay Foundation* 2004). Most of these centers provide testing facilities, counseling and information on safer sex for HIV and AIDS patients.

The centers that would be valuable sources of information pertaining to this study are initially screened through the internet. Many HIV and AIDS support groups have their own websites wherein the support centers are enumerated. To view the list of support centers from the internet, key words like Manchester, AIDS, HIV and support centers among others were typed in the search engine. These support centers identified by the Lesbian and Gay Foundations and other internet sources are as follows:

➤ *George House Trust*

This group, which was previously dubbed as the Manchester AIDSLine (*AIDS Consortium*), provides high quality free services for HIV and AIDS patients as well as their families and support groups. The operation of George House Trust is funded through public donations, fund-raising activities, budget allocation from National Health Service (NHS) trusts and councils and minor trading activities. The George House Trust holds office in Ardwick Green North, Manchester.

➤ *Body Positive*

Similarly, this group also provides quality services to those people living with or affected by HIV and AIDS. It gives advice and support to these people and advocates for the wider understanding of issues related to HIV and AIDS. Body Positive is situated in the Lawrence House, City Road.

➤ *Black Health Agency*

This group was established to address the lack of service provision for the Black community. Black Health Agency also caters to Caribbean and Asian patients. Its office is located in Stretford Road Hulme, Manchester.

Aside from these support centers, an inspection of the vicinity of Manchester is also conducted to look for the statutory centers which provide HIV and AIDS related services. Wards and departments of hospitals in Manchester which specialize in the treatment and detection of HIV and AIDS were also visited, particularly the genitor-urinary medicine (GUM) clinic in North Manchester Hospital, Delauney Road.

To summarize, community care services generally includes emotional support (“befriending” or “buddying”), support for cares and dependents, practical home care support, complementary therapies and provision of information on and access to new drug treatments. Ideally, these services are delivered confidential, accessible and non-discriminatory manner (Nicholson 1999).

Conducting Survey

In conducting the survey, various constraints were already expected due to the sensitivity and sentiments of people suffering from HIV and AIDS. According to Nicholson, “People with HIV are not going to show themselves in numbers at local public meetings, and are likely to be

invisible in many of the related health needs assessment processes,” (1999). Thus, it would be difficult to obtain a large sample size for this study given that most patients are not completely open in discussing their sickness.

To obtain an ample sample size for the study, the abovementioned organizations were visited. Permission from these organizations was sought by sending out letters of request to the administrators. A copy of the sample questionnaire was attached to the letter for their review and reference.

After securing the organizations’ permission and approval for the questionnaire distribution, the survey is undertaken by handing out the questionnaires (see attached Annex-Sample Questionnaire) to male patients who have come to the said HIV and AIDS support centers for their regular consultation.

The researchers discreetly approached each of these potential respondents and briefed them that a study on the competence of medical staff was being conducted. The researcher handed to them the questionnaire and requested them to fill it up as part of the study. To convince them to accomplish the questionnaire, the researcher assured them that their participation would be of great assistance to the success of the project. This was conducted for about 2 weeks. With this, there were about 20 respondents considered for the study.

The questionnaire was structured in a manner which is not obtrusive. To solicit honest answers from the patients, the questionnaires were kept anonymous. The respondents were also amply assured that their identities and answers would be kept confidential.

The questionnaire is concise so respondents could fill it up easily with their interests sustained. It probes what their sexual orientation is (heterosexual or homosexual/bisexual), centers they frequently visited and services they usually avail of for themselves. Following these

basic queries, the patients were asked if they ever had unpleasant experiences with any of these support centers. They were also encouraged to suggest ways to improve the services provided by these institutions.

The accomplished questionnaires were classified into 2 groups, i.e. heterosexual respondents and homosexual/bisexual respondents. The answers of each group were summarized and compared. Differences in experiences were noted and analyzed.

The deviation in the general response of the 2 groups, however, is not considered as altogether conclusive that such divergence principally signifies that there is indeed inequality in the provision and accessibility of health services. This means that this study acknowledges the fact that noted differences in experiences of the two groups may be attributed to other factors aside from sexual orientation.

Review of Literature

To support the validity of the prevalence of inequality in the provision and accessibility of health services available to HIV and AIDS positive people in Manchester due to sexual orientation, review of the literature was undertaken.

As part of this methodology, previous studies conducted in line with the subject were researched. Credible sources like health journals and other publications from the internet and library were perused. Studies conducted in other places within the United Kingdom were also considered.

Interviewing Staff

In some studies, interviewing of the hospital staff were undertaken to assess their level of competence in confronting the sensitive issues pertaining to HIV/ AIDS and sexual orientation. In one study, health practitioners directly dealing with HIV and AIDS patients were interviewed

as to how they generally perceived the disease. They were also asked about how they deal with the patients.

To balance the information gathered, informal interviews of nurses, counselors, doctors and other administrative staff were conducted.

Yes

No

If yes, which of these statements best describe your unpleasant experiences? Please check as many

The staff is not friendly and accommodating to patients.

They make me wait for a long time.

The facilities and services they provide are inadequate.

The doctors or personnel concerned are not available.

Others Please specify:

6. What improvements can you suggest?