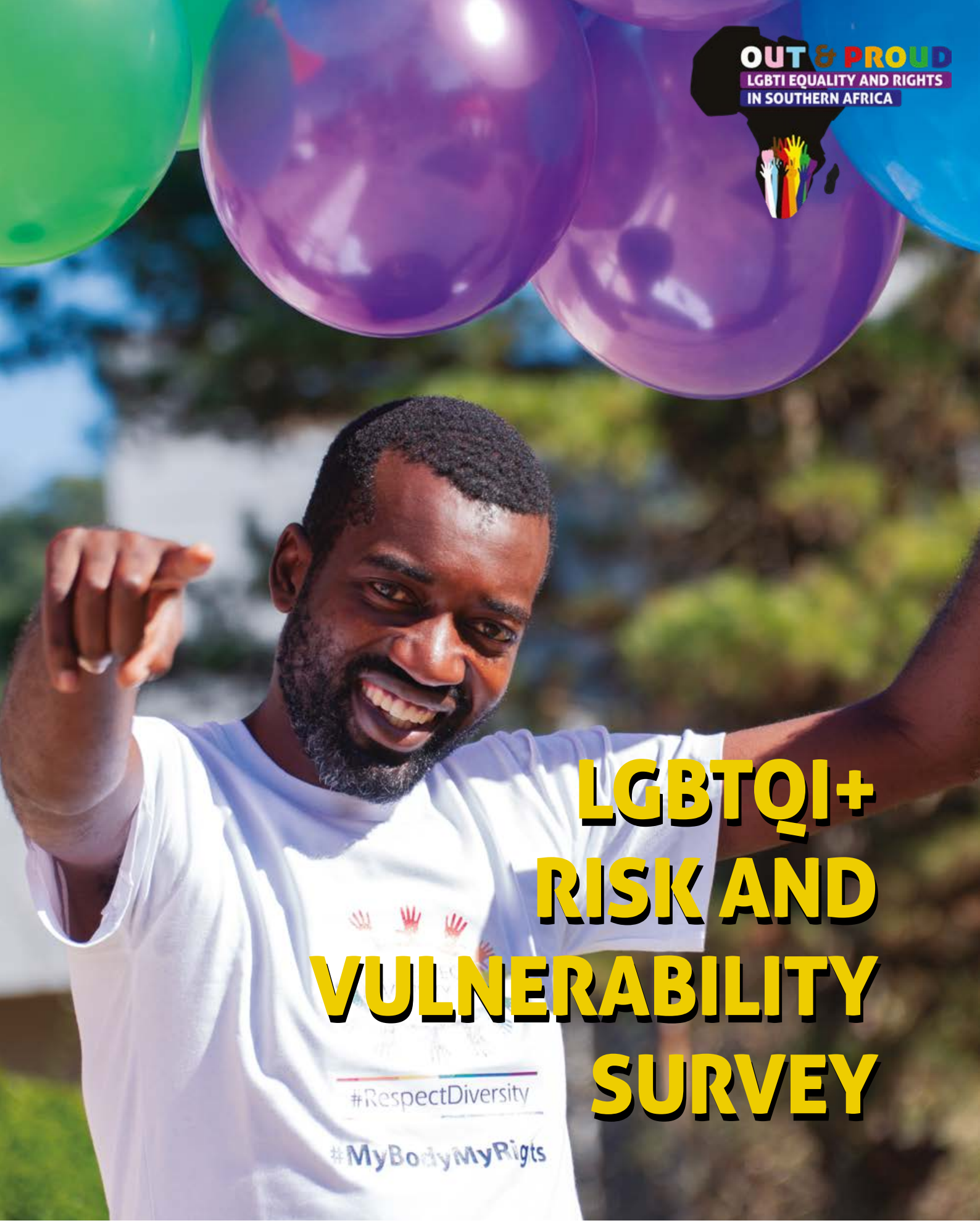
OUT & PROUD
LGBTI EQUALITY AND RIGHTS IN SOUTHERN AFRICA



LGBTQI+ RISK AND VULNERABILITY SURVEY

CCPR Centre for Civil and Political Rights

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OUT AND PROUD PROJECT

"OUT & PROUD: LGBTI equality and rights in Southern Africa" is a 3 year project (starting from 1st February 2020 to 31st January 2023), co-funded by the European Union, that aims to contribute to improve the legislative framework and non – discriminatory environment in favor of lesbian, gay, bisexual, transgender, queer, intersex and other sexual and gender minorities people in Sothern Africa. Its specific objective is the reinforcement of the capacities of and opportunities for LGBTQI+ Human Rights defenders and their organization in Malawi, Eswatini and Zimbabwe to defend, advocate and promote their rights and fight discrimination.

The implementing partners are: Southern Africa Litigation Centre (SALC), Cooperazione per lo Sviluppo dei Paesi Emergenti (COSPE), Centre for Civil and Political Rights (CCPR), National Rainbow Alliance (NRA), The Rock of Hope (ROH), and Trans Research, Education, Advocacy & Training (TREAT).

The final beneficiaries of the action include the LGBTQI+ people in the 3 countries, the LGBTQI+ communities in Southern Africa and the public opinion at large reached by the awareness actions and media coverage.

The Outputs of the project are:

- strengthened organisational and protection capacities of LGBTQI+ HRDs organisations
- improved jurisprudence on the rights of LGBTQI+ persons and HRDs
- one platform created at regional level for capacity building, advocacy and exchanges among LGBTQI+ HRDs
- increased quality and quantity of media coverage of LGBTQI+ issues
- increased capacities of CSOs and lawyers to support LGBTQI+ people and HRDs
- increased LGBTQI+ skills to engage with HRs international mechanisms and advocacy instruments;
- increased opportunities for advocacy at national and international level.

AUTHORSHIP & ACKNOWLEDGEMENT

This document has been developed by Sanele Sibiya, in collaboration with Zethu Gwebu, DK Dlamini and Simangele Shongwe from ROH, Federica Masi from COSPE . The initial data analysis and elaboration has been carried out by Jamil F.Khan. This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of COSPE and ROH and can un¬der no circumstances be regarded as reflecting the position of the European Union.

Electronic copies of this report can be found at: www.cospe.org

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CHAPTER 1

BACKGROUND & METHODOLOGY

The Risk and Vulnerability Survey has been the first research that the Out and Proud project has realized to give evidence-based visibility to the discrimination and social exclusion of LGBTQI+ community members and HRDs in Eswatini, Zimbabwe and Malawi. The insurgence of the COVID-19 pandemic has determined a change in the methodology of data collection that has been carried out in various consequent steps:

1) Online focus groups with LGBTQI+ activists in each country (April-May 2020), realized in collaboration with Erin Kilbride, Research & Visibility Coordinator of Frontline Defenders. The consultations have been held in two small groups in each country to assess the risks based on the specific contexts and to facilitate interaction in an enabling environment for the disclosure of sensitive information, with a total of 41 activists involved (13 in Eswatini, 17 in Malawi, and 11 in Zimbabwe).

The meetings have been functional to list the key issues to be covered by the survey in order to visibilize the risks and protection needs of the queer communities. Moreover, they have been an important opportunity to document collective experience related to what it means to be an "HRD" and what is "activism" in that specific community and to analyse the individual vs collective visibility (and how this affects security).

2) Online and physical survey involving a wider number of community members (from July to October 2020). The questionnaires have been developed according to the outputs of the focus groups in order to investigate the risks and inherent capabilities of the LGBTQI+ movements in the three countries and to identify the protection needs of the LGBTQI+ communities. The questionnaires have been tailored on the specific country context, while maintaining the possibility of an overall comparison of the results. The survey took place in two rounds, the first in July-August and the second one in September-October 2020. The decision on extending the survey to a second round of consultations has been made according to the preliminary analysis of the results, which showed a low or not clear representation of gender minorities (transgender and intersex people) and a difficulty to reach community members in more remote areas, often for problems of connectivity. The modalities of dissemination, which at first used mainly Facebook, Twitter, Instagram and mail, where enlarged to include also WhatsApp, phone calls and door to door, depending on the specific context. Where appropriate, the questionnaires were also translated in local language. In order to let the SOGIE-based representation to be better reflected in the answers, in between the two rounds of the survey a SOGIE training was carried out in the three countries. The training was also used as a mean to reach more community members. Data was captured in an online system using close and open ended questionnaires. Thus, the sampling procedure utilized was purposive sampling, or convenience sampling. In addition to multiple choice questions, participants had the chance to add qualitative comments, which have been utilised to better understand or contextualise the findings.

3) Elaboration of data (November 2020). An analysis of the findings in each country and according to an overall compiled perspective has been realised by the consultant Jamil Khan, incorporating the additional respondents to the draft analysis conducted after the first round.

4) Presentation of preliminary findings and validation with LGBTQI+ organizations and activists (November and December 2020). The findings have been presented and discussed with representatives of LGBTQI+ organisations in the three countries during a Capacity Building Program that took place in November 2020. The survey has been then shared with the 369 participants to the Regional LGBTQI+ Human Rights Conference that took place on 9th and 10 December 2020 with physical meetings of activists in 12 SADC countries (Angola, Botswana, DRC, Eswatini, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Tanzania, Zambia and Zimbabwe) and joint virtual sessions.

5) The final analysis and systematisation of the data collected was done through Microsoft Excel and SPSS v.20 in the first months of 2021.

CHAPTER 2

INTRODUCTION

This report presents research findings on the risks and vulnerabilities of lesbian, gay, bisexual, transgender, intersex and queer people and HRDs in Eswatini, Malawi and Zimbabwe. The survey also aims to investigate the inherent capabilities of the LGBTQI+ movement in those countries and to identify the protection and support needs of LGBTQI+ HRDs and individuals based on the experienced risks.

The findings are firstly presented in a general overview and comparative analysis among the three countries, based on the total sample. Then, the report analyses in detail the risks, vulnerabilities, and protection and support needs of LGBTQI+ people in each country and their capacities, and those of the LGBTQI+ organisations, to respond to them. Examining how risks are experienced differently within LGBTQI+ communities and the impact of different national contexts on the likelihood of these incidents is essential to tailor country-specific mechanisms to protect HRDs and the LGBTQI+ community.

The LGBTQI+ experiences are considered in relation to differences within and between gender identity and sexual orientation, along with other social characteristics. Intersectionality is an approach that acts as a lens to explore the differences between lesbian, gay, bisexual, trans and intersex individuals and to explore national variations in the experiences of LGBTQI+ people. Whilst the survey overlaps with McCall's (2005) inter-categorical approach in its treatment of categories, it differs from this approach by looking at the experiences of specific groups (LGBTQI+).

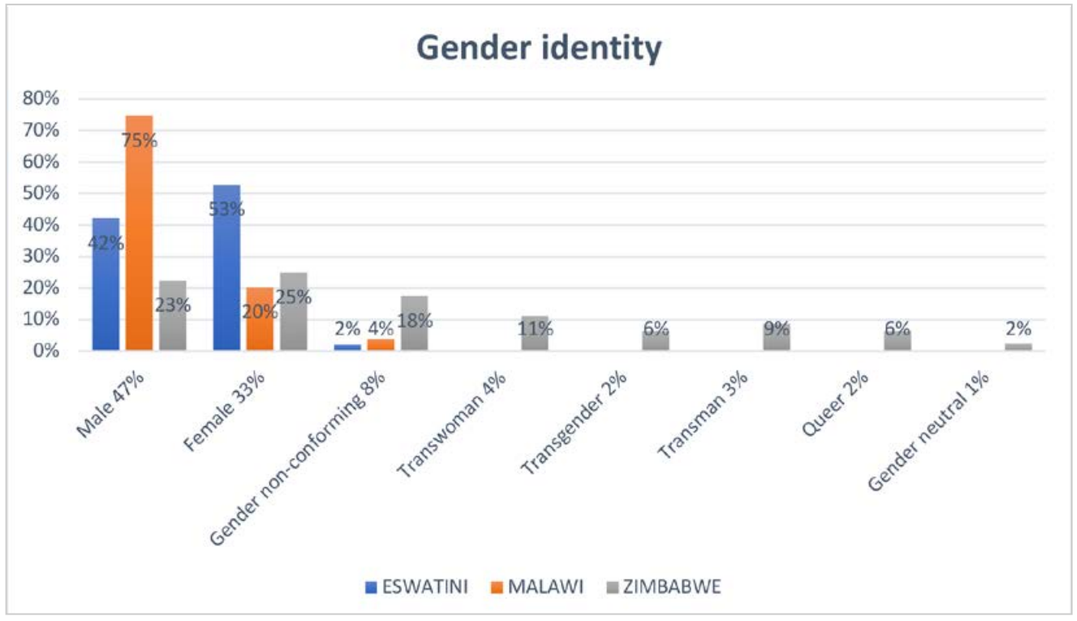
The survey focuses solely on gender identity and sexual orientation categories without comparison to dominant categories (cisgender individuals).

CHAPTER 3

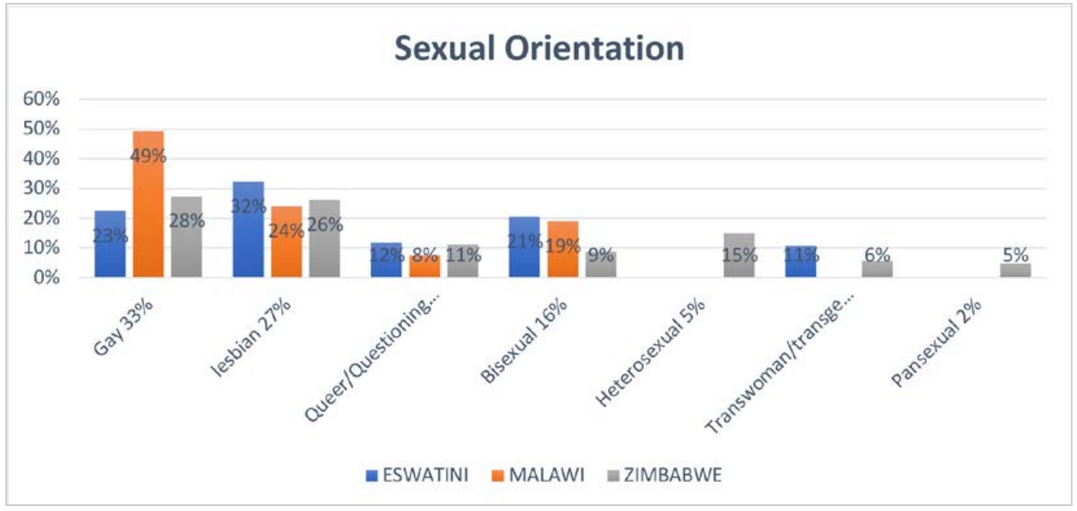
AN OVERALL AND COMPARATIVE PERSPECTIVE: MALAWI, ESWATINI AND ZIMBABWE

3.1 DISAGGREGATED ANALYSIS OF THE SAMPLE

The total sample size in this research is 259 LGBTQI+ community members, of which 100 was sampled in Eswatini, 79 in Malawi and 80 in Zimbabwe.
The large majority of participants in this survey are youth of 25-30 years. The survey attracted more male participants, who made up an average of 47%, of which 75% came from Malawi. Female participants (33%) mostly came from Eswatini that made up 53% of the total sample. Participants who identify and declare themselves as intersex make up limited proportions.
A wide range of gender diversity is expressed with all individuals within the LGBTQI+ community in each country. However, transgender, gender neutral or gender non conforming are less represented.

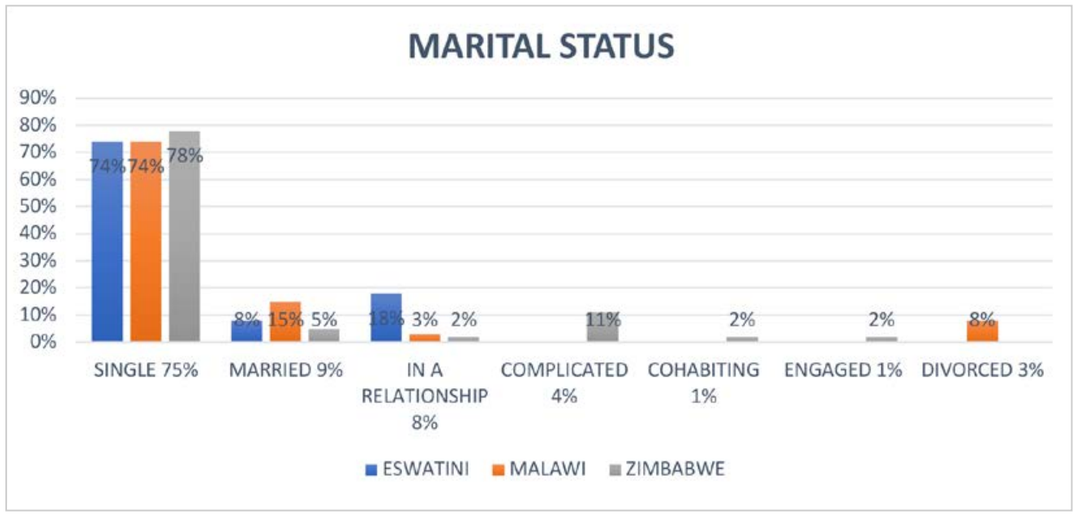


In terms of sexual orientation, the majority (33%) of participants in this survey identifies as gay, followed by 27% of participants who identify as lesbian and 16% of participants as bisexual people.



This survey confirms the general most prominent visibility of gay men in the LGBTQI+ community. This needs to be understood also considering the social, cultural and political context and the different impact of the criminalization according to SOGIE. In addition, several comments reported in the survey indicate a certain confusion about SOGIE categorization, lack of information and common understanding. Some participants stressed also the fluidity of their gender identity.

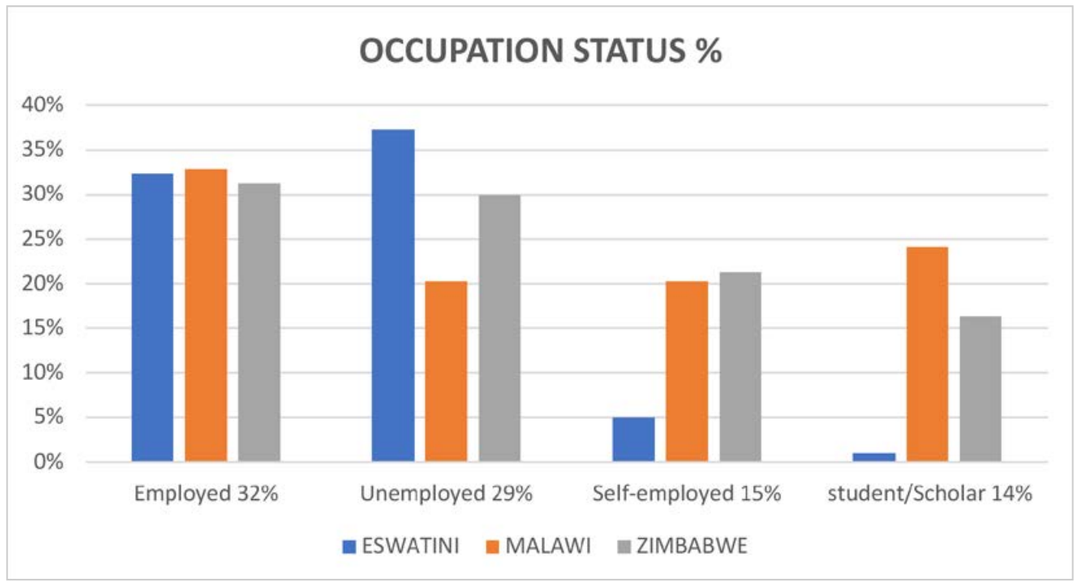
More than 75% of participants are single. This is indicated in some comments as a consequence of the legal criminalization and social discrimination of LGBTQI+ people, which promote occasional relationships, often kept in secret to escape persecution and judgment.



Levels of education are very high in the overall sample, as 97% has completed high school education and more than 50% has completed post-secondary educational degree and others were still tertiary at the time of the survey. Only 2% of participants has primary education.

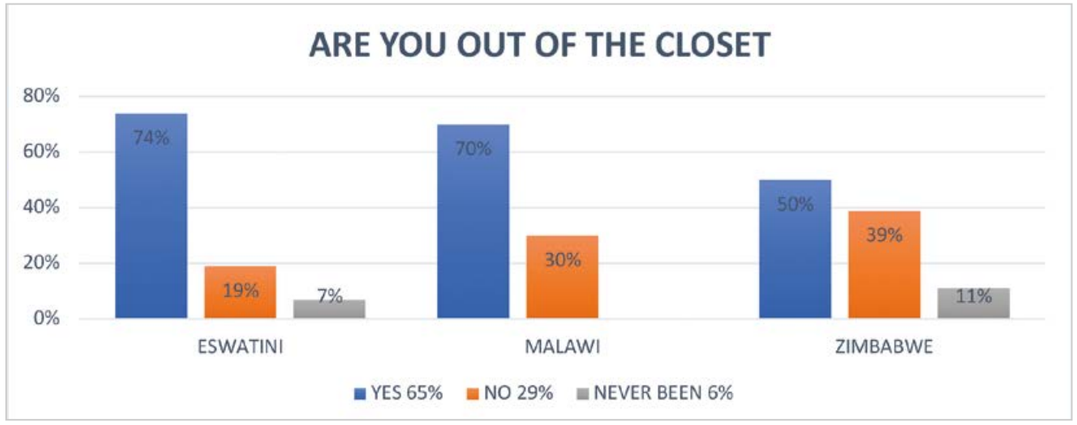
Education level and sexual orientation (n=258)											Chi Test
	High school		Tertiary		Primary		Working		Total		0.140
	n	%	n	%	n	%	n	%	n	%	
Gay	45	17	36	14	2	0.8	1	0.4	84	33	
Queer	7	3	20	8	2	0.8	2	0.8	31	12	
Bisexual	17	6	25	10	1	0.4	0	0	43	17	
Transgender	10	4	14	5	0	0	0	0	24	9	
Lesbian	32	12	40	16	1	0.4	0	0	73	28	
Intersex	2	1	1	0.4	0	0	0	0	3	1	
Total	113	44	136	53	6	2	3	1.2	258	100	

Although education attainment is high, unemployment rate remains worryingly high as well. The impact of COVID-19 is reported in comments as on top of an already ailing economy in the those countries.



3.2 OPEN VISIBILITY OF LGBTQI+ PEOPLE

To measure social support, participants were asked who in their life knows about their sexual orientation and gender identity as a way of identifying who provides social support. Very interestingly, 29% of the participants did not come out, while those who did reported negative experiences such as being chased away from home and losing friends.



Participants had mostly disclosed their sexual orientation to friends (32%), relatives (29%), social media (22%) and health workers (17%).

With P<0.05, we can conclusively say that there is a statistically significant association between SOGIE and coming out on social media at the 5% level of significance. This confirms the important role of social media in the coming out process and the experiences of individuals who self-identify as LGBTQI+, often associated with the feelings of decreased risk in sharing online.

Whom participants come out to				Chi test
	n	%	Cum.%	
Relative	114	29.0%	55.3%	0.325
Friend	124	31.6%	60.2%	0.119
Health worker	68	17.3%	33.0%	0.241
Media	87	22.1%	42.2%	0.044
Total	393	100.0%	190.8%	

Participants were asked to comment about their coming out experiences. Those who did have often reported violence and alienation. In particular, the coming out experience with health workers (23%) is associated in some comments to coercion or obligation to report when in need of medical assistance. Also some of those who came out to friends reported about bad experiences of rejection and victimisation.

3.3 EXPERIENCES OF STIGMA, HARASSMENT AND VIOLENCE

The survey data shows that the LGBTQI+ community faces acute stigma, discrimination, harassment, and violence as everyday occurrences. Overall, 75% (n=191) of participants had been stigmatised, followed by 58% (n=149) of participants who stated that they had been harassed and 34% (n=87) of participants

Lived experiences of LGBTQI+ people				
	n	%	Cum.%	Chi Test
Stigma	191	44.7%	74.6%	0.060
Harassment	149	34.9%	58.2%	0.034
Violence	87	20.4%	34.0%	0.008
Total	427	100.0%	166.8%	

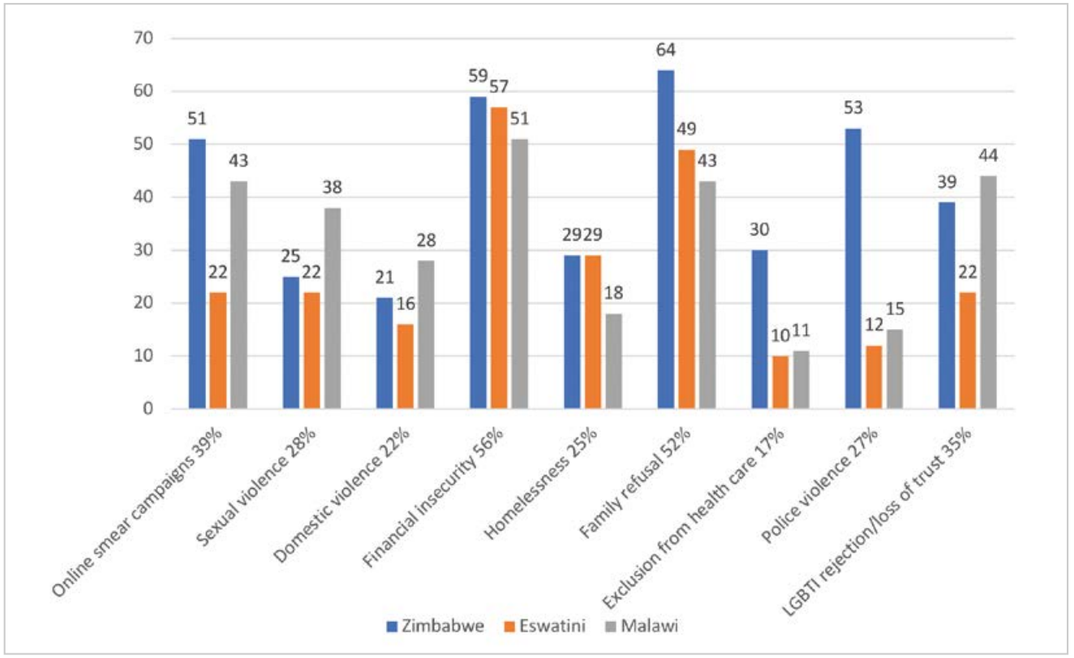
The statistical analysis performed shows that there is a significant association (at 10% level of significance) between SOGIE and experiencing stigma, harassment and violence. This confirms that SOGIE plays a crucial role in increasing the risks of stigma, harassment and violence. The table below shows a further disaggregation of stigma, harassment and violence reported according SOGIE.

Stigma, harassment and violence experienced according SOGIE (n=258)								
	Gay	Queer	Bisexual	Trans	Lesbian	Intersex	Total	%
Stigma	67	23	32	21	45	3	191	74
Harassment	56	16	16	15	45	1	149	58
Violence	37	6	6	8	29	1	87	34

3.4. TYPE OF RISKS ENVISAGED BECAUSE OF SOGIE

Participants have expressed the likelihood to face risks because of their SOGIE. More than 50% of participants stated that they were at risk of financial insecurity and being rejected by their families. Furthermore, 39% stated that they were at risk of online smear, 35% of being rejected by the LGBTQI+ community, 28% of sexual violence, 27% of police violence, 25% of homelessness, 21,7% of death threats and 17,7% of forced marriage.

In the table below the risks are represented also with country indicators.



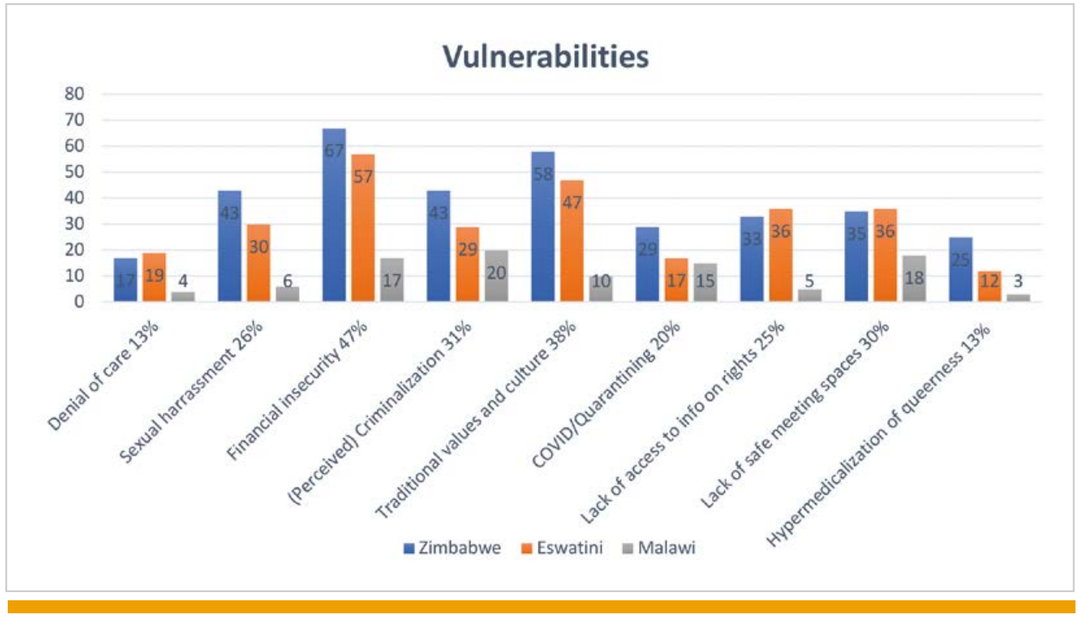
Although participants from all three countries experience these crises, Zimbabwe's situation is particularly dire. Zimbabwe making up the bulk of fear for risks in the three highest scoring categories points to the humanitarian and economic crisis playing out in the country. This is also important to note in terms of the impact on LGBTQI+ people under worsening conditions of governance. The following table shows a further disaggregation of risks according to SOGIE.

SOGIES and risks (n=258)								
	Gay	Queer	Bisexual	Trans	Lesbian	Intersex	Total	%
Financial insecurity	44	15	19	17	45	2	142	56
Sexual violence	26	9	13	7	18	0	73	28
LGBTQI+ Rejection	29	11	14	12	19	0	85	35
Online smear	34	13	14	11	23	1	96	39
Family refusal	39	13	21	14	40	2	129	52
Exclusion from health	13	5	7	8	6	1	40	17
Domestic violence	25	6	9	5	13	0	58	22
Homelessness	22	8	12	5	17	2	66	25
Death threats	25	4	7	3	14	1	54	21
Police violence	24	9	12	11	10	1	67	27
Forced marriage	10	7	9	4	13	1	44	17

Further statistical analysis on risks in association with SOGIE shows that there is a statistically significant relationship between SOGIE and the risk of being violated by police officers and being excluded from health services, with the results at 10% level of significance.

3.5 VULNERABILITIES OF LGBTQI+ PEOPLE

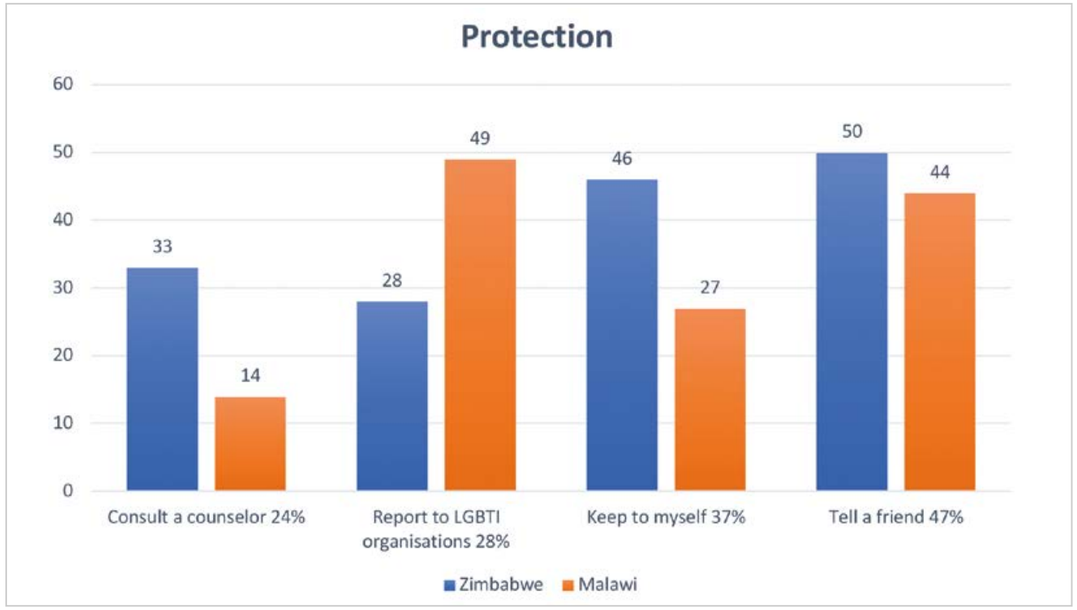
Specific vulnerabilities can increase the likelihood or the impact of a risk to occur. Different kind of **vulnerabilities** have been reported across the entire sample.



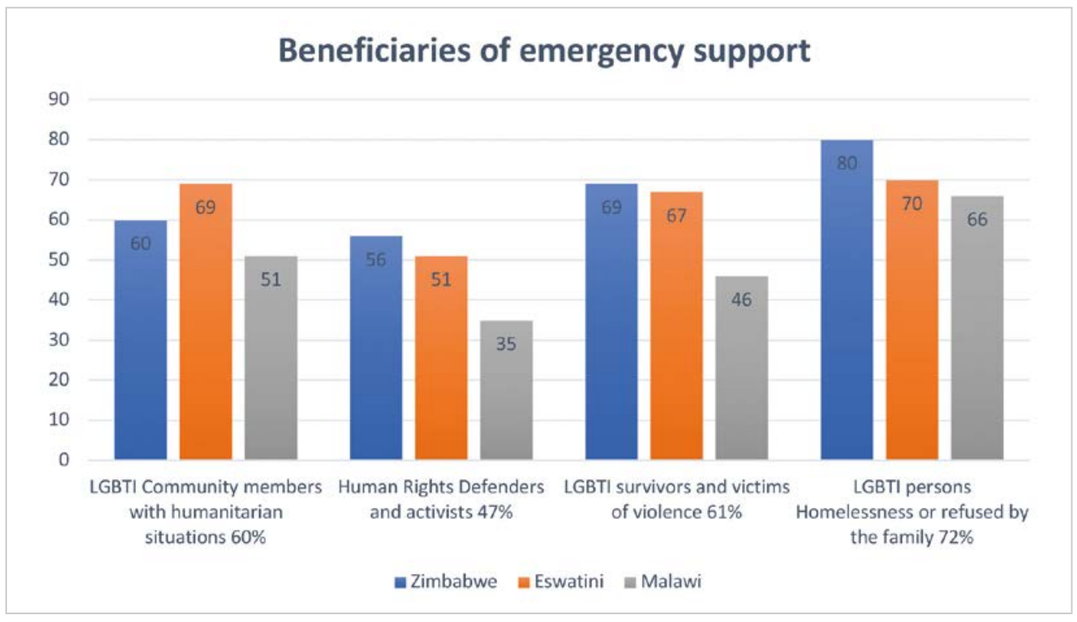
Job and economic instability remain a major factor with poverty affecting more than 60% of the populations in the three countries and having particular impact on marginalized groups. The presence of deep religious and cultural conservatism also makes LGBTQI+ people targets for abuse and harassment.

3.6 PROTECTION AND SUPPORT SYSTEMS

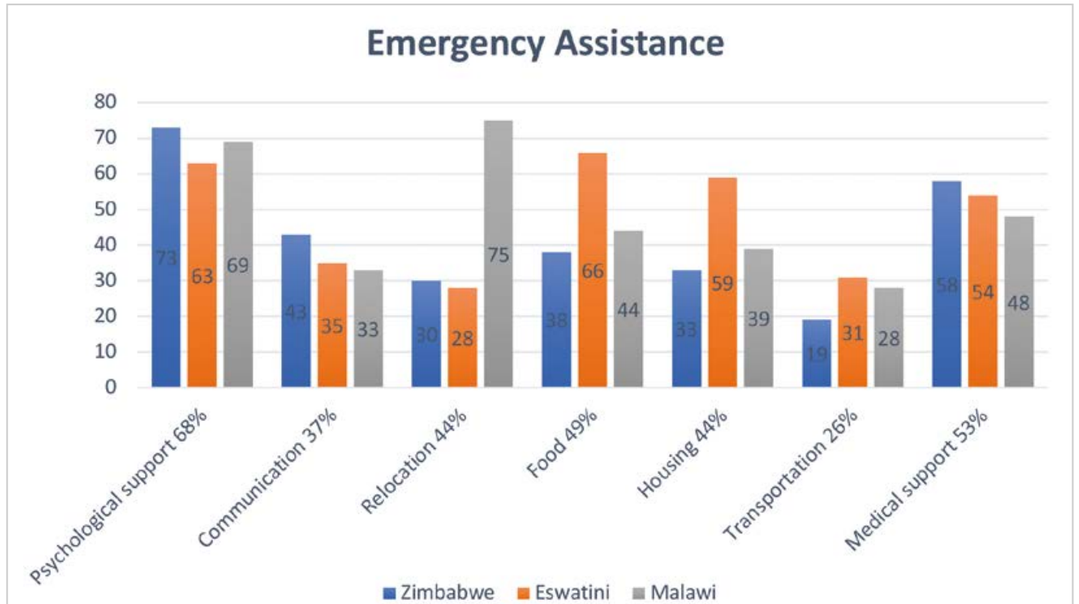
While many risks are expressed, it is also worrying that most participants stated that they rarely access or make use of protection and support services such as police or health services for the fear of secondary victimisation by institutions, which uphold normative systems and values, ultimately rejecting or traumatising the people in need. In order to get support and help after being violated most participants prefer to tell a friend (47%) or keep it to themselves (37%). LGBTQI+ organisations are also an important point of reference. To be noted that participants from Malawi represent 49% of the participants who sought help from LGBTQI+ organisations, the majority of whom reported that they received the support they needed.



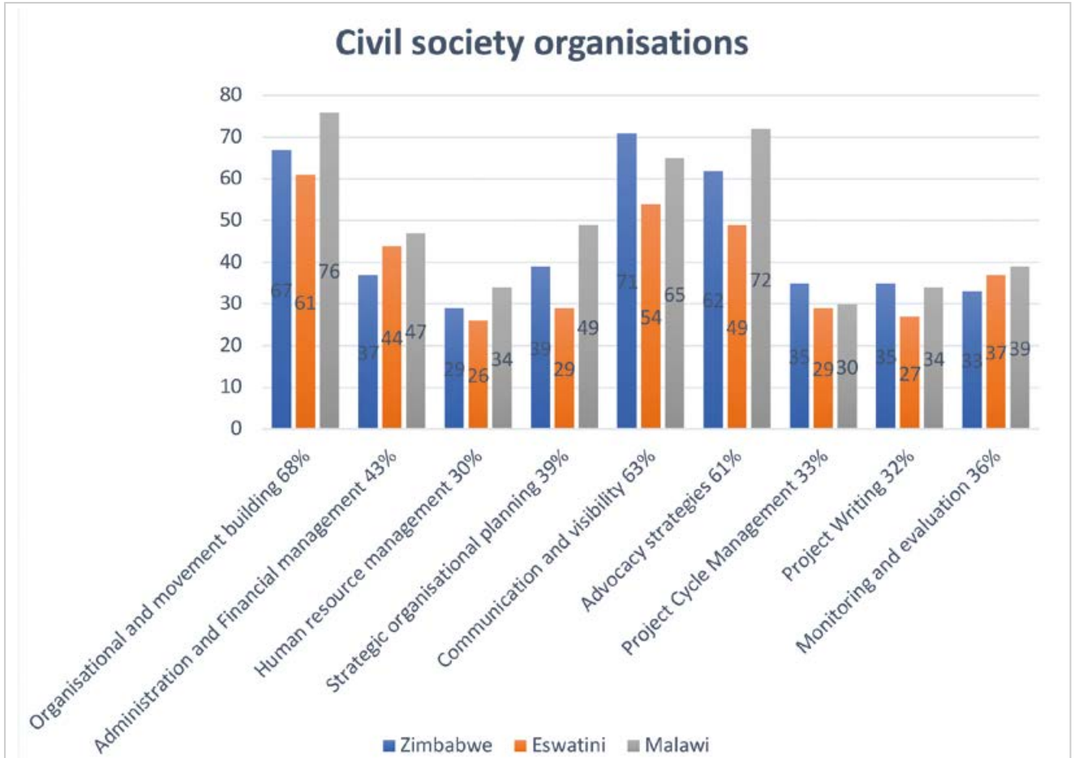
To strengthen the protection and coping mechanisms, participants recommended capacity building for the community members, which would generate income for them, provision of psychosocial, medical support and help in emergency scenarios. LGBTQI+ persons experiencing homelessness or refused by family are considered the most important beneficiaries of emergency support (72%), followed by LGBTQI+ survivors and victims of violence (61%) and LGBTQI+ community members with humanitarian situations (60%). Zimbabweans made up the bulk of responses for LGBTQI+ persons experiencing homelessness or refused by family (80%) and LGBTQI+ survivors and victims of violence (69%) while most participants from Eswatini (69%) supported relief for LGBTQI+ community members with humanitarian situations.

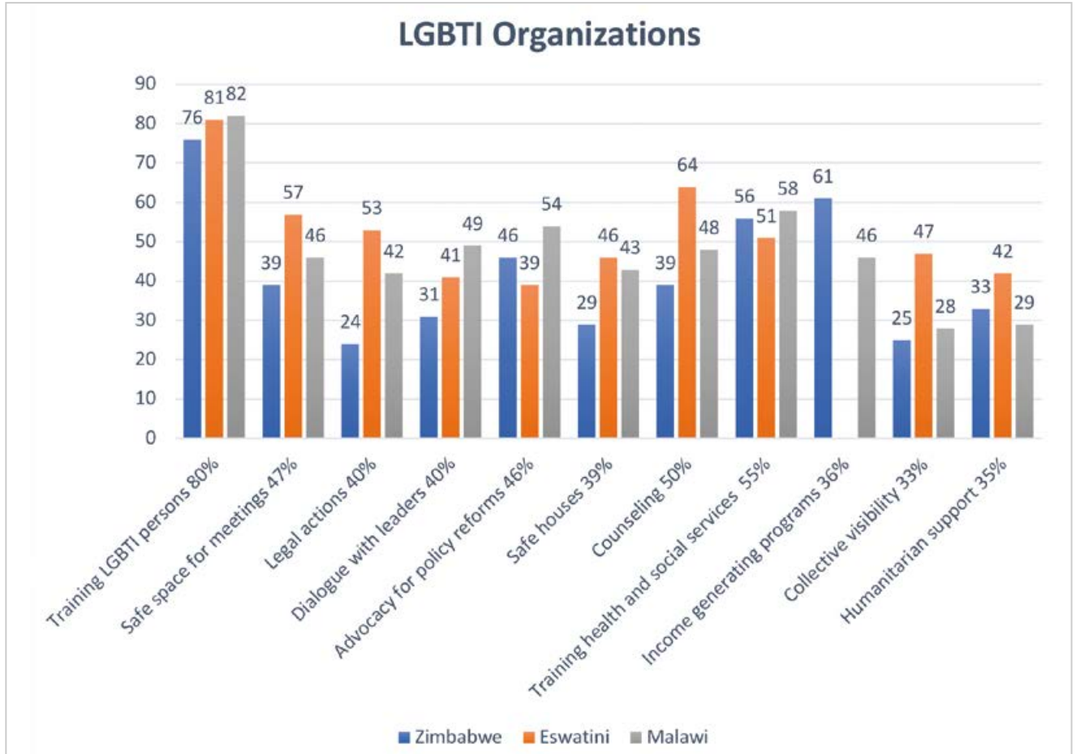


The most relevant forms of emergency assistance pointed out are psychological support (68%), medical support (53%) and food parcels (49%). Participants from Eswatini expressed more the need of psychological support (63%) and food parcels (66%) while those from Malawi more the need of relocation (75%).
The comments report those needs as the effects of poverty and queer phobic societies on participants.



In order to strengthen the capacities of LGBTQI+ communities to reduce vulnerabilities and to provide adequate support to members at risk, 76% of participants noted that the LGBTQI+ community is in need of knowledge of rights and legal frameworks, while 3% wanted knowledge of human rights monitoring tools. It is also worth noting that income generation skills and self-defence were considered important too. Many comments refer to lived realities of financial insecurity and constant threats of physical violence experienced by LGBTQI+ people.





As conclusion, participants were asked which priorities the LGBTQI+ organisations should have to support the queer communities to face the identified risks and to reduce vulnerabilities. The most important goal reported is to build individual capacities of LGBTQI+ persons/HRDs (80%) and of health and social services (55%), and to provide counselling (50%). It is important to note that participants greatly valued the power of knowledge as a component of liberation for oppressed and discriminated people.

CHAPTER 4

COUNTRY ANALYSIS: ESWATINI

The participants were in majority female aged 25-29yrs who identified as lesbians, followed by gay man, in large majority single (80%), often with children (60%), with an overall very high level of education (94% of participants completed secondary education). However, the level of unemployment remains high among the LGBTQI+ community in Eswatini, with 39% of participants stating that they were unemployed at the time of the survey. This speaks about the socio-economic situation of the country with 23.5% (World Data Atlas, 2020) of unemployment rate, which raises to 47.33% in the youth population (ILO, 2019). Significantly, 31% did not disclose their SOGIE. Out of those who did it, 52% referred to family members with a statistically significant association that reflects the importance of the family unit in the Emaswati society. Overall 61% of participants experienced stigma, 56% harassment and 25% violence. The survey indicates that LGBTQI+ people in Eswatini are highly vulnerable to violence, with a statistically significant association between violence and SOGIE. High levels of risks are reported for all SOGIE categories, with particular reference to financial insecurity (56%), partly to be read in connection with the high unemployment rate, and family refusal (48%) especially for lesbians and bisexual people. A statistically significant association can be found between SOGIE and death threat. This variable is a great area of interest as many participants expressed that they had once thought of committing suicide. This factor indicates that the LGBTQI+ people are at risk of death either from their own decision to commit suicide or death threats received from other people, thus indicating an overall alarming death risk for LGBTQI+ persons in Eswatini. Participants considered themselves most vulnerable mainly due the financial insecurity (57%), which confirms to be the most critical lens to contextualise the analysis, followed by traditional values and culture (47%), and then lack of safe spaces (36%) and of knowledge of their rights (36%).

4.1 DISAGGREGATED ANALYSIS OF THE SAMPLE

The effective sample size for Eswatini was 100 LGBTQI+ community members. This was a nationwide survey and the data was collected in two phases; the first phase being shared on social media platforms with a reach of 28 participants and the second phase during SOGIE trainings with a reach of 72 participants.

A majority of participants who participated in the survey were between the ages of 20-39 years (n=85), accounting for 85% of the respondents. The modal age group is 25 – 29 years, which accounts for 40% (n=40) of the respondents indicating that most of the survey participants were aged between 25 years and 29 years. A detailed age disaggregation of survey participants is presented below.

Age group (n=100)	n	%
15-19	6	6
20-24	21	21
25-29	40	40
30-34	14	14
35-39	10	10
40-44	6	7
50-54	3	3
Total	100	100

The findings show that 54% (n=54) of were assigned the female sex at birth, 40% (n=40) were assigned the male sex at birth, 2% (n=2) stated that they were not conforming and 4% (n=4) stated that they preferred not to reveal their birth sex.

Respondents Sex at Birth		
	n	%
Sex at birth of participants (n=100)		
Female	54	54
Male	40	40
Non-conforming	2	2
Prefer not to say	4	4

The majority of those with female sex at birth identified as lesbians, which accounts for 57% (n=31) of all females, while 19% (n=10) identified as bisexual, 15% (n=8) identified as queer, 7% (n=4) as transgender and 2% (n=1) as intersex. Furthermore, 58% (n=23) of males identified as gay, 17% (n=7) identified as bisexual, 10% (n=4) as queer and 3% (n=1) identified as intersex.

SOGIE and sex at birth (n=94)														
SOGIE	Bisexual		Gay		Intersex		Lesbian		Queer		Transgender		Total	
Sex	n	%	N	%	n	%	N	%	n	%	n	%	n	%
Female	10	19	0	0	1	2	31	57	8	15	4	7	54	100
Male	7	17	23	58	1	3	0	0	4	10	5	12	40	100

The levels of education were reported high in overall sample; 48% (n=48) had completed tertiary education and 46% (n=46) had completed high school or secondary education. Whilst 3% (n=3) of participants had primary education, this is a smaller number of participants and 3% (n=3) of participants were drop out.

SOGIE and Educational level											p
(n=100)											0.198
Educational level	High School		Tertiary		Primary		Drop out		Total		
SOGIE	n	%	N	%	n	%	N	%	n	%	
Gay	10	10	11	11	1	1	1	1	23	23	
Queer	3	3	6	6	1	1	2	2	12	12	
Bisexual	11	11	10	10	0	0	0	0	21	21	
Transgender	3	3	6	6	0	0	0	0	9	9	
Lesbian	17	17	15	15	1	1	0	0	33	33	
Intersex	2	2	0	0	0	0	0	0	2	2	
Total	46	46	48	48	3	3	3	3	100	100	

The results show that there is no statistically significant association between SOGIE and educational attainment at all different levels of statistical significance, the chi square tests are insignificant.

Participants were mostly unemployed which was 39% (n=39) of all participants and 23% (n=23) of participants were employed, 23% (n=23) of participants were still in school and 14% (n=14) were self-employed. Only one (1%) participant was a hawker. Below a disaggregation by SOGIE.

SOGIE and Occupational status											p=0.066	
	Self employed		Employed		Unemployed		Scholar		Hawker		Total	
SOGIE	n	%	N	%	N	%	n	%	n	%	n	%
Gay	7	7	5	5	7	7	4	4	1	1	23	23
Queer	1	1	3	3	2	2	5	5	0	0	12	12
Bisexual	0	0	7	7	6	6	8	8	0	0	21	21
Transgender	2	2	1	1	5	5	1	1	0	0	9	9
Lesbian	4	4	7	7	18	18	4	4	0	0	33	33
Intersex	0	0	0	0	1	1	1	1	0	0	2	2
Total	14	14	23	23	39	39	23	23	1	1	100	100

The results show that there is a statistically significant association between occupational status and SOGIE. The chi square test results are significant at 10% level of significance, signalling a potential SOGIE division of labour among participants.

Participants were mostly single (80%), (n=80), 8%, (n=8) were in relationships and 8% (n=8) were married. Only 2% (n=2) of participants stated that they were engaged and 2% were divorced.

SOGIE and Marital status (n=100)											p=0.768	
	Single		In relationship		Married		Divorced		Engaged		Total	
SOGIE	n	%	n	%	n	%	n	%	n	%	n	%
Gay	18	18	1	1	2	2	0	0	2	2	23	23
Queer	10	10	1	1	0	0	1	1	0	0	12	12
Bisexual	18	18	1	1	2	2	0	0	0	0	21	21
Transgender	8	8	1	1	0	0	0	0	0	0	9	9
Lesbian	24	24	4	4	4	4	1	1	0	0	33	33
Intersex	2	2	0	0	0	0	0	0	0	0	2	2
Total	80	80	8	8	8	8	2	2	2	2	100	100

There is no statistically significant relationships between SOGIE and marital status. A result which is expected as LGBTQI+ persons in Eswatini are not allowed to marry legally.

A larger proportion of participants who stated that they had children identified as lesbian and bisexual people. The results revealed that 36% (n=22) of participants who revealed had children identified as lesbian women and 32% (n=19) of the respondents who revealed they had children were bisexual. Overall 60% of the survey participants revealed that they had children (n=60/N=100).

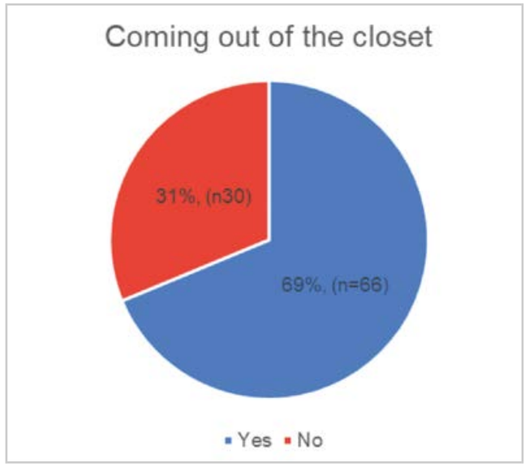
SOGIE and Rearing			p-value= 0.056
(n=60)	N	%	
Bisexual	19	32	
Gay	4	7	
Intersex	0	0	
Lesbian	22	36	
Queer/questioning	7	12	
Transgender	8	13	
Total	60	100	

With p-value of 0.05, we can conclude that there is a statistically significant association between number of children and SOGIE at the 5% level of significance. Hence, we are 95% confident that there exists an association between SOGIE and the number of children.

4.2 OPEN VISIBILITY OF LGBTQI+ PEOPLE

Participants were asked if they had "come out" of the closet. 96 participants answered this question. Results show that 69% (n=66) of participants had come out of the closet and 31% (n=30) had not come out of the closet.

The table below shows a further disaggregation of SOGIE and coming out of the closet. A majority (37%) of participants who had come out of the closet identified as lesbian, 28% identified as gay and 17% identified as bisexual. Nine percent of participants who had come out of the closet were queer and 9% were transgender



Disclosing SOGIE (n=96)													Total		P=0.178
	Bisexual		Gay		Intersex		Lesbian		Queer		Transgender		n	%	
	n	%	n	%	n	%	n	%	n	%	n	%			
Yes	11	17	19	28	0	0	24	37	6	9	6	9	66	100	
No	6	20	4	13	2	7	9	30	6	20	3	10	30	100	

Participants were asked to whom they had disclosed their SOGIE. Participants had mostly disclosed their SOGIE to a friend (56%), 52% had revealed their SOGIE to relatives and family, 39% to partners and 23% in social media. 6% of participants were ousted and 2% of participants disclosed SOGIE to all those who ask.

Whom participants "come out to"(n=100)			
	n	%	P
Friend	56	56	0.427
Relatives/Family	52	52	0.066*
Partner	39	39	0.152
Health worker	19	19	0.753
Social media	23	23	0.725
Was Ousted	6	6	0.370
All those who ask	2	2	0.886

The statistical analysis shows that there is an association between SOGIE and coming out to family members. This can be attributed to the importance given in the social context to the family unit as the basic support structure. The result shows a significant relationship at 10% level of significance.

4.3 EXPERIENCES OF STIGMA, HARASSMENT AND VIOLENCE

Participants were asked about their experiences of violence, stigma and harassment related to their SOGIE. The results show that 61% of all survey participants experienced stigma and 56% harassment. Also, a quarter of participants had experienced violence.

Experience of stigma, violence and harassment (n=100)			
	n	%	P
Stigma	61	61	0.490
Harassment	56	56	0.351
Violence	25	25	0.008

Test for association reveals that there is a statistically significant relationship between SOGIE and violence, the result is highly significant at 1% level of significance. The results are an indication that violence is among the highest risks that LGBTQI+ persons face in Eswatini.

SOGIE disaggregation and experiences (n=100)														
	Bisexual		Gay		Intersex		Lesbian		Queer		Trans		Total	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
Harassment	9	32	3	11	0	0	10	36	4	14	2	7	28	100
Harassment, violence	0	0	0	0	0	0	3	75	0	0	1	25	4	100

4.4 TYPES OF RISKS ENVISAGED BECAUSE OF SOGIE

High levels of risks have been reported as perceived because of SOGIE in the overall sample of participants. Out of 100 participants, 56 participants reported to be at risk of financial insecurity and about half (48%) of participants of being refused by their families. Participants also reported the risk of being homeless (28%), 22% of the risk of experiencing online smear, community rejection and loss of friends.

All risks are presented in the following table, with disaggregation also according to participant's SOGIE

SOGIE and risks (n=100)								
	Bisexual	Gay	Queer	Lesbian	Intersex	Trans	Total	%
Death threats	1	3	0	10	0	1	15	15%
Forced marriage	6	0	0	7	1	0	14	14%
Police violence	0	2	2	5	0	1	10	10%
Homelessness	2	8	5	10	1	2	28	28%
Domestic violence	3	5	3	4	0	2	17	17%
Exclusion from health	4	2	1	0	0	1	8	8%
Family refusal	10	10	2	19	1	6	48	48%
Online smear	2	7	2	8	1	2	22	22%
LGBTQI+ rejection	3	4	3	9	0	2	21	21%
Sexual violence	4	5	2	8	0	3	22	22%
Financial insecurity	8	13	6	20	2	7	56	56%
Total	43	59	26	100	6	27	261	261%

The table below shows the responses in the overall sample.

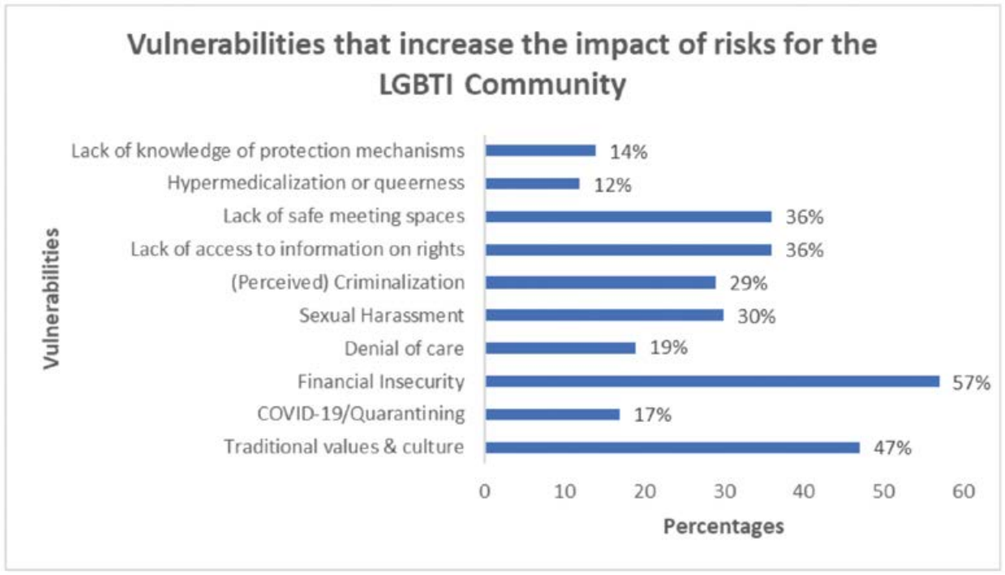
Risks experienced (n=100)			
	N	%	Total %
Financial insecurity	56	21,50	58,3
Sexual violence	22	8,40	22,9
LGBTQI+ Rejection	21	8,00	21,9
Online smear	22	8,40	22,9
Family refusal	48	18,40	50
Exclusion from health	8	3,10	8,3
Domestic violence	17	6,50	17,7
Death threats	15	5,70	15,6
Homelessness	28	10,70	29,2
Police violence	10	3,80	10,4
Forced marriage	14	5,40	14,6
Total	261	100	272

Chi square/Fisher's exact test p-value significant, at p<0.10; fewer variables test significant this may be because the sample size was small. The results show that there is a statistically significant relationship between SOGIE and experiencing death threats and the result is significant at 10% level of significance.

Overall sample (n=100)			
Risks faced because of SOGIE	n	%	P
Domestic violence	17	17	0.827
Sexual violence	22	22	0.896
Police violence	10	10	0.652
Homelessness	28	28	0.315
Family refusal	48	48	0.194
LGBTQI+ rejection and loss of friends	21	21	0.822
Online smear/hate speech	22	22	0.159
Death threats	15	15	0.064*
Financial insecurity	56	56	0.261
Exclusion from health	8	8	0.247

4.5 VULNERABILITIES OF LGBTQI+ PEOPLE

More than half (57%) of all participants ranked financial insecurity as the top vulnerability that the likelihood of risks for the LGBTQI+ community in Eswatini. The second top ranked vulnerability was traditional values and culture accounting for 47%. Meanwhile, hyper medicalization of queerness was ranked as the lowest vulnerability.



The high ranking of financial insecurity and traditional values and culture mist be seen in the context of the country where poverty is a major risk factor with more than 60% of the Eswatini population living below poverty line. Additionally, Eswatini is deeply rooted in traditional culture hence societal expectations include living according to certain cultural norms.

4.6. PROTECTION AND SUPPORT SYSTEMS

Large majority of participants stated that the environmental laws have impact on risks experienced by the LGBTQI+ community.

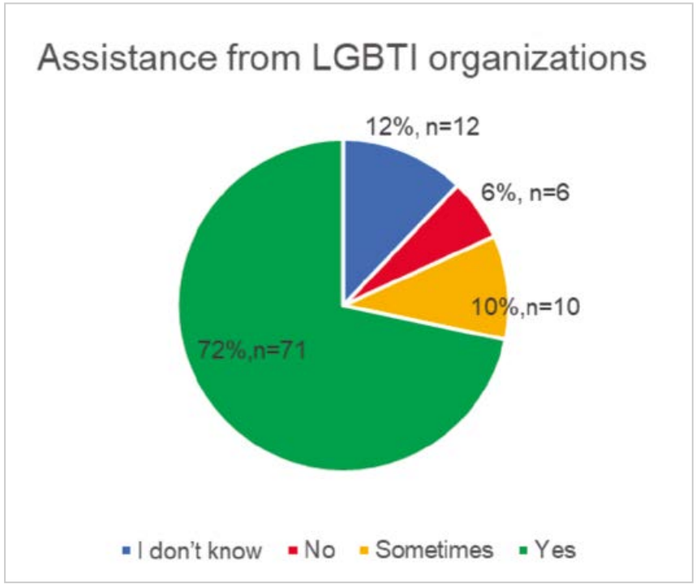
Environmental laws and the impact it has on risks experienced by LGBTQI+ community (n=100)		
p=0.001		
	n	%
Yes	63	63
No	14	14
Maybe	8	8
I don't know	15	15

The survey results reveal that there is a statistically significant relationship between SOGIE and the impact of environmental laws in Eswatini. The result is highly significant at 1% level of significance, indicating that it is not just social laws that impact the LGBTQI+ community, but rather a larger spectrum of the legal system has an impact on the lives of the LGBTQI+ community.

Participants were also asked if they considered government as an embracing equity and equality for all. A majority (68%) of participants stated that they do not consider government as an embracing entity. The P-value greater than 0.05 reveal that the results are not significant signalling that there is no relationships between the perception of government as a duty bearer and the role that government plays as a duty bearer on the lives of the LGBTQI+ community.

Government as a duty bearer (n=100)		
p=0.125		
	n	%
Yes	12	12
No	68	68
Maybe	12	12
I don't know	8	8

Participants were asked if they think they would receive assistance from LGBTQI+ organizations if violated. Most (72%) of participants think they would receive assistance from LGBTQI+ organizations.



In aim to find out the most vulnerable groups within the LGBTQI+ community participants were asked whom should benefit from temporary emergency support. A larger proportion (71%) of participants stated that LGBTQI+ homeless persons should benefit from the emergency fund. Out of 100 participants, 68 participants stated that LGBTQI+ community members should benefit from the emergency fund, which is equal to the number of participants who stated that LGBTQI+ survivors and victims of violence should benefit from the emergency fund. About half (52%) of participants stated that LGBTQI+ HRDs and activists should be prioritised from the emergency fund.

Beneficiaries of emergency support (n=100)		
	n	%
LGBTQI+ community members	68	68
LGBTQI+ HRDs and activists	52	52
LGBTQI+ survivors and victims of violence	68	68
LGBTQI+ homeless persons	71	71
Total	259	259

Emergency support needed (n=100)		
	n	%
Food	65	65
Medical support	55	55
Transportation	32	32
Communication costs	36	36
Psychological support	64	64
Housing	60	60
Relocation	29	29
Total	341	341

To understand the needs of the LGBTQI+ community, participants were asked what sort of emergency support they would need. Food (65%), psychological support (64%), housing (60%) and medical support (55%) were the highly requested form of support that participants suggested. Also, communication costs (36%), transportation (32%) and relocation (29%) were suggested as form of support by participants

CHAPTER 5

COUNTRY ANALYSIS: MALAWI

The participants were in majority male aged 18-30yrs who identified as gay, in large majority single (76%). The majority of those who have children (38%) identified a bisexual. There is an overall very high level of education (96% completed secondary education). However, the level of unemployment is high also among the LGBTQI+ community in Malawi with 33% stating that they were unemployed at the time of the survey. This is to be noted if compared to the unemployment rate in Malawi which is of 6% (World Data Atlas, 2020), and that of the youth population of 8.5% (World Bank 2017). Significantly, 28% did not disclose their SOGIE. Out of those who did it, 52% referred to friends. Overall the experience of threats appear to be even higher than in the Eswatini's sample, with 80% of participants who experienced stigma, 61% harassment and 43% violence. Thirty percent of participants have experienced all the three forms of threats in their life. LGBTQI+ people in Malawi seems to particularly vulnerable to forms of harassment, with a statistically significant association with their SOGIE. High levels of risks are reported for all SOGIE categories, with particular reference to the financial insecurity (57%), followed by family refusal (46%), online smear campaigns (45%), refusal from community/friends rejection and sexual violence (41%). The analysis reveals an overwhelming evidence of the police brutality for LGBTQI+ individuals in Malawi. This factor indicates that the LGBTQI+ community is at risk of experiencing so many other violations without receiving help from police officers in Malawi as police officers also take part in the violation of LGBTQI+ people. Participants in Malawi considered themselves most vulnerable to the impact of risks due criminalisation (20%), lack of safe spaces (18%), financial insecurity (17%) and COVID/Quarantining (18%).

5.1. DISAGGREGATED ANALYSIS OF THE SAMPLE

The effective sample size for Malawi was 79 LGBTQI+ community members.

A majority of participants who participated in the survey were between the ages of 18-30 years which accounts for 67% (n=53) of all participants in the survey, this is the modal age group. Twenty-nine percent (n=23) of participants were above 30 years of age and 4% (n=3) of participants were below 18 years.

Age of participants (n=79)	n	%
Less than 18	3	4
Above 18 less than 30	53	67
Above30	23	29
Total	79	100

A larger proportion of participants (75%, n=59) who took part in the survey were assigned male sex at birth and 20% (n=16) of participants were assigned the female sex at birth. Only one participant declared to be intersex and 4% of participants did not reveal their sex at birth but stated that they were gender non-conforming.

Disaggregation of participants by sex (n=79)		
	N	%
Female	16	20
Intersex	1	1
Male	59	75
Non-conforming	3	4
Total	79	100

Majority of participants, 49% (n=39), identified themselves as gay persons, followed by lesbian 24% (n=19), bisexual 19% (n=15) and 7% (n=6) queer persons. However further disaggregation of SOGIE according sex at birth shows that there is still SOGIE confusion as some participants who were assigned the female sex at birth identified as gay and some males identified as lesbian. It might be possible that some participants have expressed their sexual orientation but confusing the sex at birth with their gender identity.

SOGIE and Sex at birth (n=79)										
	Bisexual		Gay		Lesbian		Queer		Total	
SOGIE	N	%	n	%	n	%	n	%	n	%
Female	1	1	5	6	10	13	0	0	16	20
Intersex	0	0	1	1	0	0	0	0	1	1
Male	14	18	31	39	9	11	5	6	59	75
Non-conforming	0	0	2	3	0	0	1	1	3	4
Total	15	19	39	49	19	24	6	7	79	100

The levels of education were high in the overall sample with 48% (n=38) of participants stating that they had tertiary education and 48% stating that they had secondary education. Only 4% (n=3) of participants had primary education. Below a further disaggregation by SOGIE

Educational level (n=79)	Primary		Secondary		Tertiary		Total		p
SOGIE	n	%	n	%	n	%	n	%	0.230
Lesbian	0	0	12	15	7	9%	19	24%	
Gay	1	1	20	25	18	23%	39	49%	
Bisexual	1	1	4	5	10	13%	15	19%	
Queer	1	1	2	3	3	4%	6	8%	
Total	3	4	38	48	38	48%	79	100%	

The results show that there is no statistically significant association between SOGIE and educational attainment at all different levels of statistical significance, the chi square tests are insignificant.
Survey findings show that 20% (n=16) of participants were unemployed, whilst 54% of participants had a stream of income with 33% (n=26) of participants stating that they were employed, 20% (n=17) stating that they were self-employed. Also, 24% (n=19) of participants were scholars and one participant was volunteering.

SOGIE and Occupational Status (n=79)											p-value
SOGIE	Bisexual		Gay		Lesbian		Queer		Total		0.358
Occupation	n	%	n	%	n	%	n	%	n	%	
Employed	7	9	11	14	4	5	4	5	26	33	
Scholar	2	3	11	14	5	6	1	1	19	24	
Self employed	3	4	11	14	3	4			17	20	
Unemployed	3	5	5	6	7	9	1	1	16	20	
Volunteer			1	1					1	1	
Total	15	19	39	49	19	24	6	7	79	100	

The results show that there is no statistically significant association between SOGIE and employment at all different levels of statistical significance, the chi square tests are insignificant.
A majority of participants were single, 76% (n=60). Eight out 11 participants that declared to be married were participants who identified as bisexual.

Marital Status	Divorced		In a relationship		Married		Single		Total		p
SOGIE	n	%	n	%	n	%	n	%	N	%	0.081
Lesbian	0	0	2	3	1	1	16	20	19	24	
Gay	2	3	4	5	2	3	31	39	39	49	
Bisexual	1	1	0	0	6	8	8	10	15	19	
Queer	1	1	0	0	0	0	5	6	6	8	
Total	4	5	6	8	9	12	60	75	79	100	

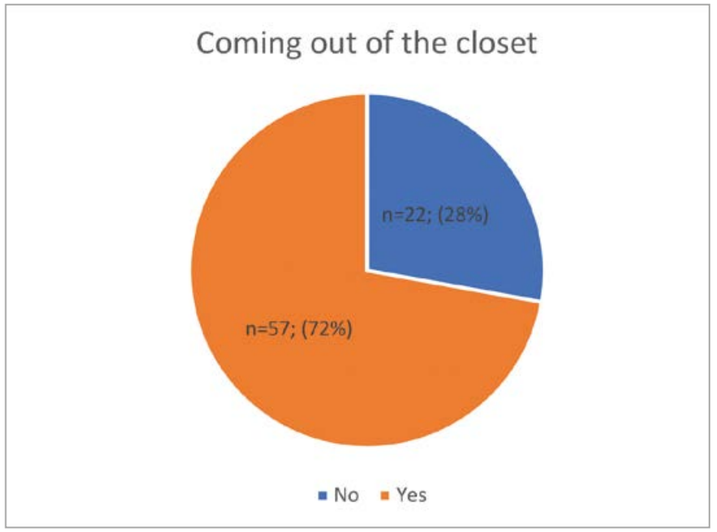
The results show that there is a statistically significant association between marital status and SOGIE. The chi square test results are significant at 10% level of significant, signalling a potential SOGIE division of marital status among participants. Bisexual participants accounted for the majority (53%) that had children perhaps owing to the fact that bisexual individuals can sometimes pass for heterosexual partners, thereby partaking in normative behaviours such as childbearing. Only 7% of queer individuals (n=2) stated to have children. Overall, 38% (n=30) of all survey participants in Malawi had children.

SOGIE and child rearing			P-value=0.071
Sexual Orientation	**n**	**%**	
Bisexual	16	53	
Gay	8	27	
Lesbian	4	13	
Queer/Questioning	2	7	
Total	30	100	

With P>0.05, we conclude that there is no significant association between SOGIE and child rearing. Conclusively, we are 95% confident that there is no association between SOGIE and the number of children in Malawi.

5.2 OPEN VISIBILITY OF LGBTQI+ PEOPLE

Participants were asked is they had disclosed SOGIE "come out" to anyone. Results show that 72% (n=58) of participants were out of the closet and 28% (n=22) of participants were still in the close.



Almost (49%, n=28) half of all participants who had come out of the closet identified as gay, followed by 28% (n=16) who were lesbian and 16% (n=9) were bisexual and 7% (n=4) were queer.

SOGIE and Coming out of the closet (n=79)											
SOGIE	Bisexual		Gay		Lesbian		Queer		Total		p-value
Coming Out	n	%	n	%	n	%	n	%	N	%	0.463
Yes	9	16	28	49	16	28	4	7	57	100	

Furthermore, the survey revealed that there were no statistically significant relationships between SOGIE and coming out of the closet.

To measure support participants were asked whom they had disclosed SOGIE to. Participants had mostly disclosed SOGIE to friends (52%), followed by 22% of participants who disclosed SOGIE to parents and relatives. Also, 15% had disclosed to health workers, 9% had disclosed SOGIE on social media. Whilst 10% stated they were ousted.

To Whom participants 'come out to (n=79)			
	N	%	P
Friends	41	52	0.886
Health Workers	12	15	0.501
Was outed	8	10	0.705
Social Media	7	9	0.558
Parents/Relatives	17	22	0.771

Moreover, the survey revealed that there was no statistically significant relationship between SOGIE and whom participants come out to.

5.3 EXPERIENCE OF STIGMA, HARASSMENT AND VIOLENCE

Participants were asked about their experiences of violence, stigma and harassment related to their SOGIE. Results show that one out of five participants had once experienced stigma in their lifetime. Furthermore, 61% (n=48) have been harassed and 43% (n=34) have been violated.

Experience of Stigma, Violence, Harassment (n=79)			
	n	%	p
Stigma	63	80	0.875
Harassment	48	61	0.005
Violence	34	43	0.195

Test for association reveals that there is a statistically significant relationship between SOGIE and harassment, the result is highly significant at 1% level of significance. The results are an indication that harassment is among the highest risks that LGBTQI+ persons face in Malawi.

Above a quarter of all participants had experienced all three types of risks in their lifetime, this is 30% (n=24) of participants had experienced stigma, harassment and violence. Also, 15% had experience stigma and harassment whilst 4% had experienced stigma and violence. Moreover, 3% had experienced both violence and harassment. These results show that an individual is likely to experience more than one type of violence. A further disaggregation by SOGIE is presented below.

Disaggregation of SOGIE by experiences (n=79)										
SOGIE	Bisexual		Gay		Lesbian		Queer		Total	
Experience	n	%	n	%	n	%	n	%	N	%
Harassment	3	4	6	8	1	1			10	13
Harassment, violence			1	1	1	1			2	3
Stigma	9	11	6	8	4	5	4	5	23	29
Stigma, Harassment			8	10	4	5			12	15
Stigma, Harassment, violence	1	1	15	19	7	9	1	1	24	30
Stigma, violence	2	3	1	1					3	4
Violence			2	3	2	3	1	1	5	6
Total	15	19	39	49	19	24	6	7	79	100

5.4 TYPE OF RISKS ENVISAGED BECAUSE OF SOGIE

Majority of participants identified as main risks, the financial insecurity (57%), followed by family refusal (46%), online smear campaigns (45%), refusal from community/friends rejection and sexual violence (41%). A full disaggregation of all risks is presented below.

Risks experienced (n=79)			
	n	%	Total %
Domestic violence	23	9%	31%
Family refusal	34	13%	46%
Sexual violence	30	11%	41%
Homelessness	15	6%	20%
LGBTQI+ Community/friends rejection	33	12%	45%
Death threats	25	9%	34%
Police violence	14	5%	19%
Online smear	33	12%	45%
Exclusion from health	8	3%	11%
Forced marriage	12	5%	16%
Financial insecurity	42	16%	57%
Total	269	100	365

The table below shows chi-square test results on risks and association with SOGIE. Chi square/Fisher's exact test p-value significant, at p<0.10; fewer variables test significant; this may be because the sample size was small. The results show that there is a statistically significant relationship between SOGIE and participants being at risk of police violation and the result is significant at 10% level of significance.

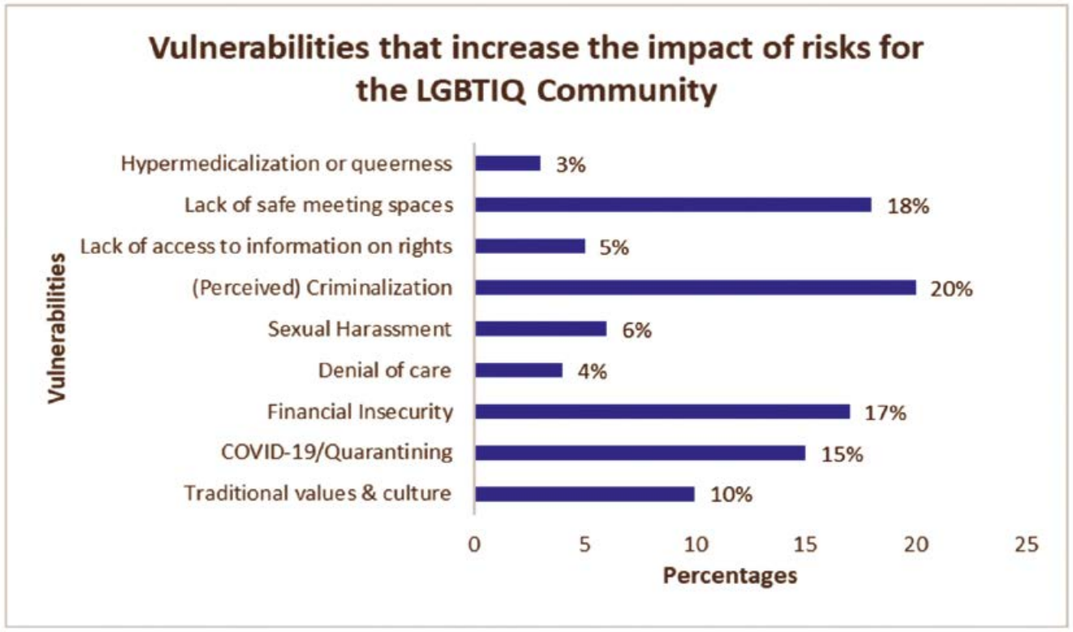
Overall sample (n=79)			
	n	%	P
Domestic violence	23	29,1	0.787
Family refusal	34	43,0	0.836
Sexual violence	30	38,0	0.548
Homelessness	15	19,0	0.539
LGBTQI+ Community/friends rejection	33	41,8	0.916
Death threats	25	31,6	0.380
Police violence	14	17,7	0.038
Online smear	33	41,8	0.904
Exclusion from health	8	10,1	0.648
Forced marriage	11	13,9	0.255
Financial insecurity	42	53,2	0.778

The research provides also an overview of the risks experienced because of SOGIE in the overall sample of participants.

SOGIE and risks (n=79)						
	Lesbian	Gay	Bisexual	Queer	Total %	
Domestic violence	7	11	4	1	23	29
Family refusal	8	18	5	3	34	43
Sexual violence	6	16	7	1	30	38
Homelessness	3	8	4	0	15	19
LGBTQI+ Community/friends rejection	7	16	7	3	33	42
Death threats	3	15	5	2	25	32
Police violence	1	7	6	0	14	18
Online smear	7	17	7	2	33	42
Exclusion from health	1	5	2	0	8	10
Forced marriage	2	9	0	1	12	15
Financial insecurity	12	20	7	3	42	53

5.5 VULNERABILITIES OF LGBTQI+ PEOPLE

Multiple responses were recorded on the vulnerabilities that increase the impact or likelihood of risks for the LGBTQI+ community in Malawi. A majority of participants considered themselves most vulnerable to the impact of risks through criminalization or perceived criminalization (20%) and lack of safe meeting spaces (18%). Hyper medicalization of queerness was ranked as the lowest vulnerability that increases the likelihood of risks faced by the LGBTQI+ community.



The effect of COVID/quarantining opens up an important conversation about the effect of lockdowns on LGBTQI+ communities. Many people reported that they rely on being able to spend time outside the home to be able to express themselves and find support groups. Lockdown restrictions associated with the pandemic increases the likelihood of violence, stigma and exclusion.

5.6 PROTECTION NEEDS AND SUPPORT SYSTEMS

Participants were asked to whom they would go to for support if violated. Only one participant did not state that they would not visit LGBTQI+ organization if violated, otherwise 99% (n=78) of participants stated that they would visit LGBTQI+ organizations. Only one participant wound go to a friend for support if violated and 4% (n=30) stated that they would go to Ombudsman for support. Also, 18% (n=14) stated they would report to the police and 15% (n=12) stated that they would seek legal aid.

Assistance when violated (n=79)		
	n	%
LGBTQI+ Organizations	78	99
Friends	1	1
Legal aid	12	15
Police	14	18
Ombudsman	3	4

In aim to find out the most vulnerable groups within the LGBTQI+ community participants were asked whom should benefit from the temporary emergency fund. A larger proportion (66%) of participants stated that LGBTQI+ homeless persons should benefit from the emergency fund. Out of 100 participants 51 participants stated that LGBTQI+ community members should benefit from the emergency fund, which is half of the participants who participated in the survey. Also, 46% of participants stated that LGBTQI+ survivors and victims of violence should benefit from the emergency fund. Lastly, 35% of participants stated that LGBTQI+ HRDs and activists should benefit from the emergency fund.

Beneficiaries of emergency support (n=79)		
	n	%
LGBTQI+ community members with humanitarian situations	40	51
LGBTQI+ HRDs activists harassed and persecuted	28	35
LGBTQI+ survivors and victims of violence	36	46
LGBTQI+ homeless persons	52	66
Total	156	204

To understand the needs of the LGBTQI+ community, participants were asked what sort of emergency support they would need. Relocation (75%), psychological support (68%), medication (48%), food (44%) and housing (39%) were the highly requested forms of support suggested by participants. In addition, transportation (28%), employment (1%) and tuition (1%) were suggested as form of support by participants.

Emergency support needed (n=79)		
	n	%
Food	35	44
Medication	38	48
Housing	31	39
Relocation	59	75
Psychological support	54	68
Transportation	22	28
Communication	26	33
Employment	1	1
Tuition	1	1
Total	267	337

CHAPTER 6

COUNTRY ANALYSIS: ZIMBABWE

The participants were a balanced group of female and male in majority aged 25-30yrs who identified as gays or lesbians, with the highest level of transgender (26) and gender non-conforming/neutral (24%) people among the three sampled countries. Still, in large majority the participants were single (76%), with a bit less occurrence of children (25%) than in the other two countries' samples. The level of education was the highest of the overall sample with 100% of people who completed secondary education. However, the level of unemployment remains high also among the LGBTQI+ community in Zimbabwe with 30% of participants stating that they were unemployed at the time of the survey. This shall be seen in the framework of the average unemployment rate of the country (5.7%, World Data Atlas, 2020), which significantly raises to 27.5% in the youth population (World Bank, 2019). A large component of the participants (39%) did not disclose their SOGIE. Out of those who did it, 27% used social media and 22% referred to family members. Overall, 85% of participants experienced stigma, 56% harassment and 35% violence. Aggression towards them ranges from verbal abuse and bullying to social discrimination, physical violence and psychological torture. High levels of risks are reported for all SOGIE categories, with particular reference family refusal (60%), financial insecurity (55%), partly to be read in connection with the high unemployment rate, police violence (53%) and online smear (52%). A statistically significant association can be found between SOGIE and homelessness, with 29% of participants declaring to be at risk of being homeless. This factor, linked also to the high risk of family refusal, indicates that the LGBTQI+ people experience stigma and discrimination at familial level before they are discriminated and stigmatised by the community at large and affected by the environmental laws and policies in Zimbabwe. Participants considered themselves most vulnerable mainly due the financial insecurity (67%), which confirms to be the most critical lens to contextualise the analysis, followed by traditional values and culture (58%), criminalisation (43%) and sexual harassment (43%).

6.1 DISAGGREGATE ANALYSIS OF THE SAMPLE

The effective sample size for Zimbabwe was 80 LGBTQI+ community members. A majority of participants who participated in the survey were between the 18-30 age group accounting for 77% (n=61) of participants. The modal age group was 25-30 years which accounts for 53% (n=42) of participants. Also, 24% (n=19) were between 18-24 years and 13% (n=10) were in the 31-34 years age group and 11% (n=9) were above 30 years.

Age group (n=80)	n	%
18-24	19	24
25-30	42	53
31-34	10	13
35+	9	11
Total	80	100

A quarter stated that their gender was female, 23% (n=23) stated that they were males. Furthermore, 26% (n=21) stated that they were transgender, 18% (n=14) stated that they were gender non-conforming, 3% (n=2) stated that they were gender neutral and 6% (n=5) stated that they were queer.

Respondents by sex (n=80)		
	n	%
Female	20	25
Gender Neutral	2	3
Gender non-confirming	14	18
Male	18	23
Queer	5	6
Transgender	21	26
Total	80	100

Above a quarter of all participants that participated in the survey were gay, 28% (n=22) of participants identified as gay, 26% (n=21) of participants identified as lesbian, 11% (n=9) identified as queer, 9% (n=7) identified as bisexual, 5% (n=4) identified as transgender and pansexual and one participant identified as intersex. Below a further disaggregation by SOGIE and gender.

SOGIE and gender (n=80)																		
SOGIE	Bisexual		Gay		Hetero		Intersex		Lesbian		Panse		Queer		Trans		Total	
Gender	n	%	n	%	n	%	n											
Female	4	5							13	16	1	1	2	3			20	25
Neutral									2	3							2	3
			3	4			1	1	4	5	2	3	4	5			14	18
Male	3	4	14	18	1	1											18	22
Queer			1	1	3	4			2	3			2	3			8	10
Transgender			4	5	8	10					1	1	1	1	4	5	18	22
Total	7	9	22	28	12	15	1	1	21	26	4	5	9	11	4	5	80	100

Results show a high level of education for all participants as no participants had primary education or no education. All participants had secondary education (64% n=51) and tertiary education (36% n=29).

SOGIE and Educational level (n=80)							
Educational level	Secondary		Tertiary		Total		P
SOGIE	N	%	n	%	N	%	0.010
Bisexual	2	3%	5	6%	7	9	
Gay	15	19%	7	9%	22	28	
Heterosexual	5	6%	7	9%	12	15	
Intersex	0	0%	1	1%	1	1	
Lesbian	3	4%	18	23%	21	26	
Pansexual	0	0%	4	5%	4	5	
Queer	2	3%	7	9%	9	11	
Transgender	2	3%	2	3%	4	5	
Total	29	36%	51	64%	80	100	

The results show that there is a statistically significant association between SOGIE and educational attainment.

More than one in four participants were unemployed, which accounts for 30% (n=24) of all participants, whilst 31% (n=25) of participants were employed. Furthermore, 21% (n=17) of participants were self-employed, 16% (n=13) were students and one participant stated that they were qualified.

SOGIE and Occupational status (n=80)													
	Employed		Qualified		Self-employed		Student		Unemployed		Total		P
SOGIE	n	%	n	%	n	%	n	%	N	%	n	%	0.053
Bisexual	3	4%	0	0%	0	0%	1	1%	3	4%	7	9%	
Gay	3	4%	0	0%	4	5%	3	4%	12	15%	22	28%	
Heterosexual	7	9%	0	0%	3	4%	2	3%	0	0%	12	15%	
Intersex	0	0%	0	0%	1	1%	0	0%	0	0%	1	1%	
Lesbian	6	8%	1	1%	3	4%	5	6%	6	8%	21	26%	
Pansexual	2	3%	0	0%	1	1%	1	1%	0	0%	4	5%	
Queer	4	5%	0	0%	1	1%	1	1%	3	4%	9	11%	
Transgender	0	0%	0	0%	4	5%	0	0%	0	0%	4	5%	
Total	25	31%	1	1%	17	21%	13	16%	24	30%	80	100%	

The results show that there is a statistically significant association between occupational status and SOGIE. The chi square test results are significant at 10% level of significant, signalling a potential SOGIE division of labour among participants.

Results show that about one out of three (76%) participants who participated in this survey were single, 5% (n=4) were married and 3% (n=2) were engaged. Furthermore, 13% (n=10) of participants stated that their relationship status was complicated and 3% (n=2) were in relationships and one participant was cohabitating.

SOGIE and Marital status (n=80)														
	Single		Married		Engaged		Relationship		Coha.		Compli		Total		p
SOGIE	n	%	n	%	N	%	n	%	n	%	n	%	n	%	0.027
Bisexual	6	8%	0	0%	1	1%	0	0%	0	0%	0	0%	7	9%	
Gay	20	25%	1	1%	0	0%	0	0%	0	0%	1	1%	22	28%	
Hetero	7	9%	2	3%	1	1%	0	0%	0	0%	2	3%	12	15%	
Intersex	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	1	1%	
Lesbian	17	21%	0	0%	0	0%	1	1%	0	0%	3	4%	21	26%	
Pansexual	3	4%	0	0%	0	0%	0	0%	0	0%	1	1%	4	5%	
Queer	4	5%	0	0%	0	0%	1	1%	1	1%	3	4%	9	11%	
Trans	4	5%	0	0%	0	0%	0	0%	0	0%	0	0%	4	5%	
Total	61	76%	4	5%	2	3%	2	3%	1	1%	10	13%	80	100%	

SOGIE and having children (n=20)			
	Yes		p-value
SOGIE	n	%	0.021
Bisexual	4	20	
Gay	0		
Heterosexual	4	20	
Intersex	1	5	
Lesbian	5	25	
Pansexual	1	5	
Queer	4	20	
Transgender	1	5	
Total	20	100	

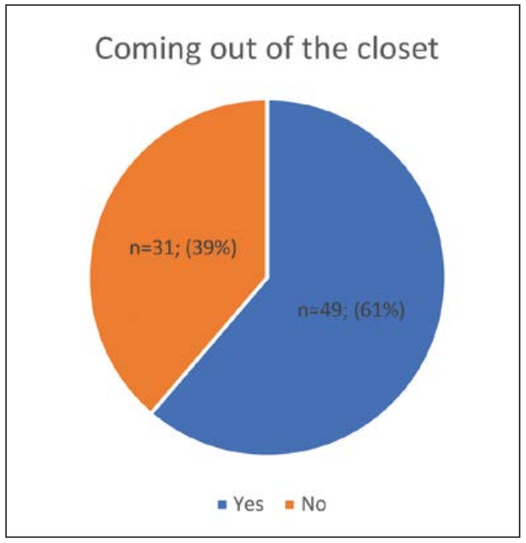
The results show that there is a statistically significant association between marital status and SOGIE. The chi square test results are significant at 10% level of significant, signalling a potential SOGIE division of marriage among participants.

A quarter of participants who stated that they had children identified as lesbian, 20% (n=4) of participants who stated that they had children were bisexual and queer. Lastly, 5% of participants who stated that they had children were; intersex, pansexual and transgender.

The results show that there is a statistically significant association between number of children and SOGIE. The chi square test results are significant at 10% level of significance, signalling a potential SOGIE division amongst participants who had children.

6.2 OPEN VISIBILITY OF LGBTQI+ PEOPLE

Participants were asked if they had "come out" of the closet. Results show that 61% (=49) of participants were out of the closet and 39% (n=31) were still in the closet.



A quarter of participants who had come out of the closet identified as gay, 22% as lesbian, 11% as queer, 8% as transgender and 6% identified as bisexual and pansexual. Results show that most participants who had come out of the closet identified as gay and lesbian people.

SOGIE and coming out of the closet (n=49)			
	Yes		p-value
	N	%	0.317
Bisexual	3	6	
Gay	12	25	
Heterosexual	10	20	
Intersex	1	2	
Lesbian	11	22	
Pansexual	3	6	
Queer	5	11	
Transgender	4	8	
	49	100	

To measure support participants were asked whom they had disclosed SOGIE to. Participants had mostly disclosed their SOGIE to social media (27%), family or relatives (22%), health workers (18%), friends (13%), and partner (10%). Lastly, 10% of participants were outed.

Whom participants "come out to"			
	n	%	P-value
Family/Relatives	46	22	0.271
Partner	22	10	0.483
Friends	28	13	0.110
Health workers	38	18	0.403
Social media	56	27	0.627
Was outed	20	10	0.034*
Total	210	100	

The results show that there is an association between SOGIE and being outed. This can be attributed to the fact that sometimes individuals are outed through association with the LGBTQI+ community. The result shows a significant relationship at 10% level of significance.

6.3 EXPERIENCES OF VIOLENCE, STIGMA AND HARASSMENT

Participants were asked about their experiences of violence, stigma and harassment related to their SOGIE. The results show that 85% (n=68) of participants had been stigmatised before, followed by 56% (n=45) of participants who stated that they had been harassed and 35% (n=28) of participants who had experienced violence

Experience of stigma, harassment and violence (n=80)			
	n	%	P-value
Stigma and discrimination	68	85	0.40
Harassment	45	56	0.426
Violence	28	35	0.780

The table below provides a further disaggregation by SOGIE:

SOGIE and experiences (n=80)										
	Bisexual	Gay	Hetero	Intersex	Lesbian	Pans	Queer	Trans	Total	%
Stigma	7	20	12	1	13	4	7	4	68	85
Harassment	2	13	8	1	11	2	7	1	45	56
Violence	3	9	5	1	6	1	2	1	28	35

6.4 TYPES OF RISKS ENVISAGED BECAUSE OF SOGIE

The table below provides an overview of the risks experienced because of SOGIE in the overall sample of participants. Additionally, the table also shows these risks experienced by participant's SOGIE. More than half of participants had experienced family rejection (60%), financial insecurity (55%), police violence (53%) and online smear (52%).

Risks experienced (n=80)			
	n	%	Total
Domestic violence	18	5.3%	22.5%
Homelessness	23	6.7%	28.8%
Family rejection	48	14.1%	60.0%
Sexual Violence	21	6.2%	26.2%
Partner violence	16	4.7%	20.0%
Police Violence	42	12.3%	52.5%
Online smear campaigns	41	12.0%	51.2%
LGBTQI+ community	31	9.1%	38.8%
Exclusion from healthcare	24	7.0%	30.0%
Financial Insecurity	44	12.9%	55.0%
Death threats	14	4.1%	17.5%
Forced marriage	19	5.6%	23.8%
Total	341	100.0%	426.2%

Below all risks disaggregation according to SOGIE

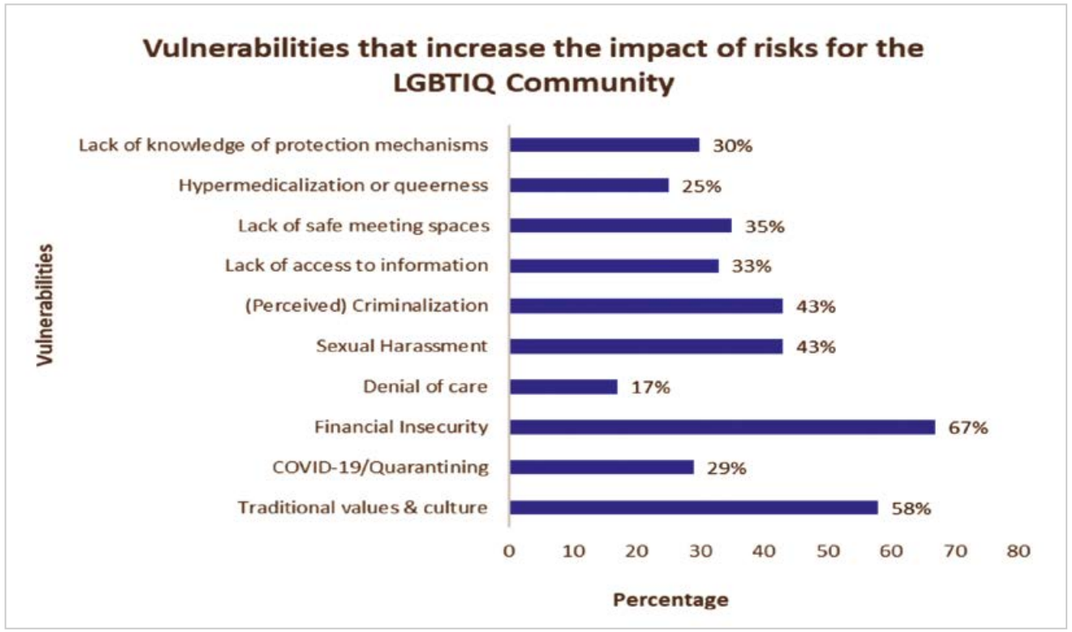
SOGIE and risks (n=80)										
	Bi	Gay	Hetero	Intersex	Lesbian	Pansexual	Queer	Trans	Total	%
Domestic violence	2	9	1	0	2	0	2	2	18	23
Homelessness	6	6	2	1	4	1	2	1	23	29
Family rejection	6	11	7	1	13	2	6	2	48	60
Sexual violence/abuse	2	5	3	0	4	2	4	1	21	26
Partner violence	0	5	2	0	4	1	3	1	16	20
Police violence	5	15	7	1	4	3	4	3	42	53
Online smear campaigns	5	10	8	0	8	4	5	1	41	52
LGBTQI+ community rejection	4	9	8	0	3	2	3	2	31	39
Exclusion from healthcare	1	6	6	1	5	3	1	1	24	30
Financial insecurity	4	11	8	0	13	2	4	2	44	55
Death threats	1	7	2	1	1	1	1	0	14	18
Forced marriage	3	2	4	0	4	1	5	0	19	24

Chi square/Fisher's exact test p-value significant, at p<0.10; fewer variables test significant this may be because the sample size was small. The results show that there is a statistically significant relationship between SOGIE and being at risk of being homeless and the result is significant at 10% level of significance.

Chi-square test results			
	n	%	P-value
Domestic violence	18	23	0.138
Homelessness	23	29	0.028
Family rejection	48	60	0.773
Sexual violence	21	26	0.803
Partner violence	16	20	0.854
Police violence	42	53	0.30
Online smear campaigns/ hate speech	41	52	0.196
LGBTQI+ community/ friends' rejection	31	39	0.120
Exclusion from healthcare	24	30	0.125
Financial insecurity	44	55	0.884
Death threats	14	18	0.118
Forced marriage	19	24	0.119

6.5 VULNERABILITIES OF LGBTQI+ PEOPLE

Participants' multiple responses on the vulnerabilities that increase the likelihood of risks revealed that participants considered themselves most vulnerable to the impact of risks through financial insecurity (67%) and traditional values and culture (58%)



The abuse faced by LGBTQI+ people occurs due to the collision of personal preferences and what society has defined as norm. The high ranking of traditional values and culture (58%) and sexual harassment (43%) highlight an important relationship between conservatism and sexual violence, which are both often used to control sexual and gender minorities.

6.6 PROTECTION AND SUPPORT SYSTEMS

In aim to find the most vulnerable groups within the LGBTQI+ community, participants were asked whom should benefit from the temporary emergency fund. A larger proportion (80%) of participants stated that LGBTQI+ homeless persons should benefit from the emergency fund. Out of 100 participants, 60 participants stated that all LGBTQI+ community members should benefit from the emergency fund and 69% of participants stated that LGBTQI+ survivors and victims of violence should benefit from the emergency fund. Lastly, (75%) of participants stated that LGBTQI+ HRDs and activists should benefit from the emergency fund.

Beneficiaries of emergency support (n=79)		
	n	%
LGBTQI+ community members	48	60
LGBTQI+ HRDs activists harassed or persecuted	60	75
LGBTQI+ victims of violence	55	69
LGBTQI+ homeless persons/refused by family	64	80
Total	227	284

To understand the needs of the LGBTQI+ community, participants were asked what sort of emergency support they would need. Psychological support (73%), medical support (58%), communication (43%), food (38%), housing (33%) and relocation (30%) these were the mostly requested forms of support suggested by participants. Lastly, 19% requested transportation.

Types of emergency support (n=80)		
	n	%
Food	30	38
Medical support	46	58
Psychological support	58	73
Housing	26	33
Relocation	24	30
Transportation	15	19
Communication	34	43
Total	233	294

CHAPTER 7

FINAL CONSIDERATIONS AND CONCLUSIONS

This report has explored self-reported experiences of stigmatisation, violence and harassment among the LGBTQI+ community in three countries: Malawi, Eswatini and Zimbabwe. These patterns are in line and reinforce the findings of previous researches in the region[1]. LGBTQI+ people confirms to be highly vulnerable to violence, stigma and harassment across the different sexual orientations and gender identities. The high level of education of the participants to the survey indicates that the education level does not constitute a factor that can minimize the likelihood of stigmatization, harassment or violence. The evidence from the results in this survey shows that LGBTQI+ people face rejection from their families, communities and wider society, and additional barriers in accessing services such as health and employment. Environmental laws and political powers play a huge role in influencing the lives of LGBTQI+ people in the three countries, with particular regards to Eswatini and Zimbabwe. Police officers often physically assault, arbitrarily arrest and detain them, sometimes without due process or a legal basis, at other times as punishment for simply exercising basic rights, including seeking treatment in health institutions. The reported risk of experiencing police violence shows the reason why participants are not comfortable in reporting experienced violence as police officers can become other perpetrators. The report further shows that criminalization also contributes to a climate of impunity for crimes committed against LGBT people by members of the public. The abuse faced by LGBTQI+ people occurs under the collusion of state and society. Societal rules and conventions act to bolster state sanctioned violence and vice versa. The high ranking of traditional values and culture and sexual harassment highlights an important relationship between conservativism and sexual violence, which are both often used to control sexual and gender minorities. The interlinked vulnerabilities of financial insecurity (unemployment and job insecurity), family refusal and homelessness increase the impact and likelihood of the risks to occur for the LGBTQI+ community in the three country. This results amplified by the COVID-19 pandemic even if structural pre-existing factors seem to play a major role. However the reported impacts of COVID/quarantining opens up an important conversation about the effect of lockdowns on LGBTQI+ communities. Many people have to make the best of difficult living situations because they rely on being able to spend time outside the home for peer support and to express their SOGIE. With lockdown, being forced to remain home increases the likelihood for conflict and violence.

The experiences of the LGBTQI+ community documented in this report indicate that intra-categorical intersectionality is a useful and necessary approach for exploring the lives of the LGBTQI+ community and is also a promising path for future research. Adopting an intra-categorical intersectional lens, we have given a contribution to the literature on the LGBTQI+ lived experiences in these countries. The results show that trans-individuals are at a heightened risk of experiencing negative and life-threatening incidents including violence and harassment while gay men are mostly likely to experience stigmatisation across all three national contexts. This may suggest gendered patterns for different experiences for the LGBTQI+ community.

Exploring the national contexts, we see that all three countries show

Among others: Müller, Alex & Daskilewicz, Kristen & Health, Southern. (2019). Are we doing alright? Realities of violence, mental health, and access to healthcare related to sexual orientation and gender identity and expression in East and Southern Africa: Research report based on a community-led survey in nine countries. The Civil Society Report on LGBTI Rights (Contribution to the List of Issues Prior to Reporting), submitted for the adoption of the List of Issues Prior to Reporting at the 131st session of the Human Rights Committee - March 2021

similar patterns in the likelihood of LGBTQI+ identities' experiences of stigma, harassment and violence. However there are some interesting contextual differences that support the role of contextual factors in explaining the experiences faced by the LGBTQI+ community and highlight the need for further comparative research, particularly on the extent to which contextual factors account for different forms of incidents experienced by the community.

In conclusion, the survey reveals interesting results, albeit several data limitations. While the survey data has information on a substantial number of LGBTQI+ + identities and allowed us to conduct a quantitative analysis of LGBTQI+ experiences, it does not claim to be representative. Additionally, the country specific sample sizes were large enough to control for a series of variables, which could lead to selection bias. Interesting qualitative comments and reported episodes have been reported and can provide insights on the interpretation of the data, while they remain individual perceptions.

Lesbian women reported that they suffer persecution based on their gender and their sexual orientation and are exposed to gender-based violence, including rape, at the hands of family and community members. Some lesbian women have been forced into compulsory heterosexual marriages and also have children from these marriages.

Bisexual persons claimed to remain largely unseen. They reported to be persecuted because they are perceived to be gay or lesbian and forcedly categorised as such. Their capacity to be physically, romantically or emotionally attracted to both men and women create a misperception that their sexuality is a matter of choice, not identity. They are be stigmatized by both heterosexual and non-heterosexual communities.

Transgender persons reported to be severely marginalized and subject to violence. They frequently experience abuse and discrimination by state authorities and hatred from family and community members. They are subject to sexual abuse and are frequently excluded from tertiary education and access to housing and employment.

Intersex individuals expressed that they endure persecution because they do not conform to mainstream gender expectations, or are viewed as having a physical disability related to their atypical sexual anatomy. They are subject to ritualistic abuse where it is believed that "body diversity is evil".

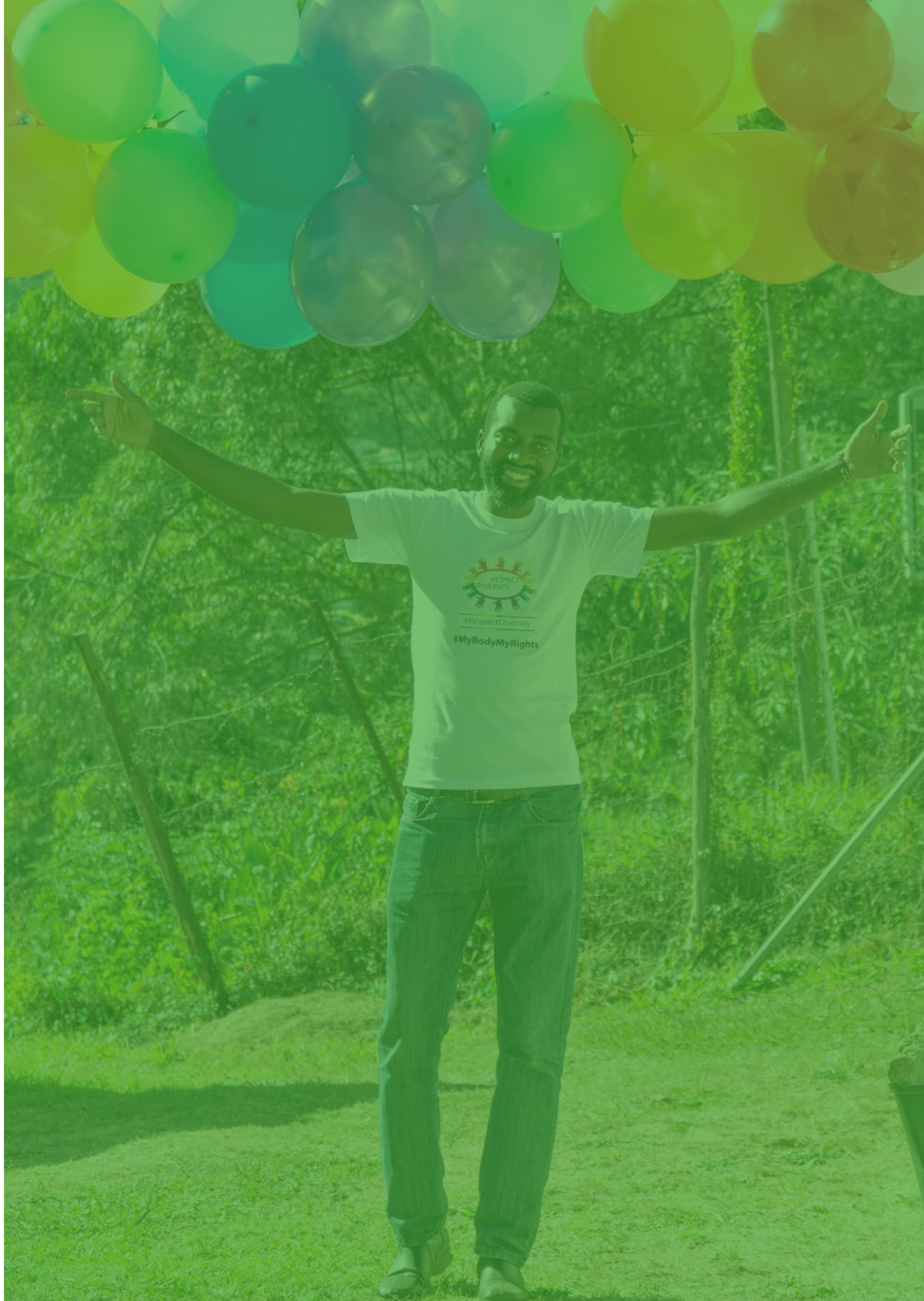
It is however, encouraging to note that participants across all three countries make extensive use of LGBTQI+ organisations when in need of help and that they received the help they needed. The survey offers also some practical insights that can inform programmes to support the strengthening of those organisations and support systems. The need for strengthening administration and financial management points to challenges faced in resource poor settings, which is worth acknowledging if we want to understand how political and social environments impacts on the work that LGBTQI+ civil society organisations do. It is often an area not enough covered by donors who support direct out-reach activities but not enough capacity building for the organisational strengthening. For many organisations, members are learning by trial and error, which often costs them mistakes they cannot afford to make.

The survey has also contributed to identify the needs to be addressed in terms of training and protection and the key issues to be included in the shadow reports and other advocacy actions that can be promoted at national and international level to challenge discrimination and exclusion of LGBTQI+ people.

The core legal obligations of States with respect to protecting the human rights of LGBT people include obligations to:

- Protect individuals from homophobic and trans phobic violence
- Prevent torture and cruel, inhuman and degrading treatment
- Repeal laws criminalizing same sex relations and transgender people
- Prohibit discrimination based on sexual orientation and gender identity
- Safeguard freedoms of expression, association and peaceful assembly for LGBTQI+ people.

Giving visibility to the risks, impact and probability for them to occur can be a key step to provide evidence to call for States accountability in fulfilling those obligations



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