

Introduction

GIN-SSOGIE is providing input for the upcoming report of the Working Group on discrimination against women and girls focusing on women's and girls' sexual and reproductive health and rights (SRHR) in situations of crisis (to be presented at the 47th session of the Human Rights Council in June 2021). The report aims at examining women's and girls' SRHR within an overarching framework of reasserting gender equality and countering roll-backs. The Working Group will take a broad approach to crisis notably examining long-standing situations of crisis resulting from structural discrimination deeply embedded in histories of patriarchy, colonization, conquest and marginalization.

GIN-SSOGIE aims, through its input, at underlining the discrimination and violence lived by lesbian, bisexual and trans (LBT) women as a result of such deeply embedded systemic violence, including within national and global political systems (including the UN) and the impact of religious institutions today and throughout history. Through a series of national and regional case studies (from Tonga, Brazil, Tanzania, South Africa, Brazil, Egypt, France), GIN-SSOGIE aims at examining how existing laws, policies, and practices have been and are still contributing to negative reproductive health outcomes for LBT women and girls.

Background information

[GIN-SSOGIE](#) is a global organization headquartered in South Africa, focusing on LGBTI rights at the intersections of faith, religion, politics and culture. As a member-led organization, with 400+ members around the world, it is working to provide safe spaces to convene, document best practices, develop resources, and together create local, regional, and international strategies for the inclusion and mainstreaming of LGBTI identities.

It is from within this vision that GIN-SSOGIE wishes to contribute to this report, shedding light on the health and rights of lesbian, bisexual and trans (LBT) women. These women have consistently been sidelined, set at the margins of women's rights struggles, including within the UN system and religious institutions. Yet, LBT have specific and unique needs, which need to be taken into account especially in times of crises: continued access to hormonal treatment (HRT) for trans women, protection from violence, safe abortions, safe treatments in cases of sexually transmitted diseases (STDs), psychological and gynecological assistance including in instances of corrective rape, and access to safe medical assisted procreation (MAP) for all LBT women who wish to have children.

Yet, such rights and needs seem to remain systematically ignored including in times of short-term crises. This year, as the COVID-19 pandemic has been a global issue, sexual and gender minorities have been some of the most marginalized groups. It has been repeatedly demonstrated that gender and sexual minority people are at greater risk of worse health

outcomes, due to their marginalisation, and the fact that often they encounter discrimination in the course of attempting to access health care. In the context of COVID-19 this has also translated into difficulties in accessing. for example, emergency support provided by states and other actors. These phenomena lead to disparities in access, quality, and availability of health care, as the discrimination can result in outright refusal to provide care, or poor quality care and disrespectful or abusive treatment.

National and global political systems are deeply patriarchal and heteronormative, including the UN system. This is also the case with many religious institutions today and throughout history. Colonization, led by States, and with the support of religious leaders and communities, played a huge role in globalizing and institutionalizing such tendencies. The impact, to this day, is a systemic and systematic sidelining of minorities' needs and rights, including LBT women, globally and throughout faith traditions.

GIN-SSOGIE would here like to present several country-case and regional studies brought forward by our network's members and partners.

Case Studies

Egypt & Iran:

In Egypt, it is forbidden to live openly as a homosexual, to promote homosexuality, or even to talk about it. This outright homophobia is inscribed in the Constitution, based on conservative religious and traditional values. Such State-led repression has been extremely violent, pushing many LGBT Egyptians to flee the country, with impacts on their mental and physical health. More recently, several voices in the Egyptian government have been expressing a wish for fiercer restrictions, moving toward the so-called "Iranian model". In Iran, gender reassignment is legal allowing trans people to access medical care to facilitate the transition (there is even public financial support that now has reached up to 50% of the operation costs). But it also aims at erasing the existence of homosexual persons, both women and men, within Iranian society. For example, lesbian and bisexual women are given the choice between the death penalty or gender reassignment surgery. Extremist government and religious groups have rejected the distinction between gender and sexual orientation, wishing to erase sexual diversity.

Such state-led policy has deeply detrimental health impacts on sexual and gender minorities, including LBT women. The impacts of conversion therapies have been widely researched, including, most recently, by the UN Independent Expert on Sexual Orientation and Gender Identity, Victor Madrigal-Borloz, who has clearly identified it as a form of torture (for more information, please read [his latest report presented at the 44th session of the Human Rights Council](#)).

In Iran, in the few hospitals that carry out gender reassignment operations, there is no room to be different or to deviate from the dominant social structures. Homosexuals are seen as sick and abnormal and doctors are treating them to save them from “deviating”. There is thereby no place for homosexuality and to “free themselves from their perverted tendencies” they have only the option of undergoing gender reassignment surgery and medical treatment. In Egypt, it has not yet come to this but many fear that it is going in this direction. This path was taken by Iran when it legalized gender reassignment. In Egypt, legalization is also happening reluctantly according to the same principles at a time in which the Egyptian parliament is also preparing a bill to criminalize homosexuality.

Please find below the link to the article (in Arabic) for further information:

<https://bit.ly/2FYQBHL>

Tonga:

Sexual and gender minorities, including LBT women, have historically always been stigmatized in the Pacific, including in Tonga, where religious groups (mainly Christian groups) have held to very discriminatory conservative discourses and actions.

During the health crisis related to COVID, this situation has become more critical. The first person known to have contracted the virus and brought it to Fiji was a gay flight attendant, something which triggered the hatred of Christian leaders and communities who quickly accused LGBTI+ people of being the main cause of the spread of the virus, a symbol of God’s anger for LGBTI+ people’s “way of life”. LGBTI+ people are often accused of being the cause of world crises, including earthquakes, cyclones, or pandemics, and this year, this has been the case as well (in the Pacific but also globally). The result has been an increase in stigmatization including for trans women and lesbians.

People have also conflated issues of sexuality and gender identity with health status, accusing LGBTI+ people living with HIV of being at increased risk of contracting and spreading Covid-19, leading to an increase in acts of discrimination and violence against sexual and gender minorities. This problem of HIV-related stigma has clearly made LBT people more vulnerable and facing more stigma because of their gender. Covid-19 is pernicious and underlies complex risks, and although the virus does not discriminate, it clearly disproportionately affects marginalized communities.

France:

After years of political delays, medically assisted procreation (MAP) will be provided to lesbian couples and single women in France. This is already the case in several countries

across Europe (including Belgium, Spain, the United Kingdom, Ireland, Portugal and Denmark) and constitutes a step forward for LB women in France. For many years LB and single women have been obliged to travel to neighbouring countries to begin the process of starting their family, with the French government thereby responsible for forcing many women into dangerous medical situations. The main opponent to such law was the conservative Catholic group, “La Manif Pour Tous”, linked to many other Catholic groups around the world, and to the Vatican, which applied strong political pressure on the French government for many years. This new law is thereby a positive step forward for the right of LB women and single women.

Yet, the law has sidelined transgender men and women, whose chance of forming their own family is now reliant on them being in a relationship with a cis woman (the only possible carrier according to French law). This matter is being discussed by many civil society organizations in France and around the world, and needs to remain within the public debate, regarding what a family is, and who has the right to form one. Again, we do not want to see harmful medical situations including trans men becoming pregnant (testosterone does not stop pregnancies) and not able to access appropriate medical healthcare. This reality cannot continue to be ignored by government(s).

Brazil

Religious fundamentalism in Brazil is challenging the rights of women and girls to legal abortion (including in case of rape, risk of death and anencephaly). Lately, there was the case of one little girl of 10 years who after being abused by her uncle since she was 6 years old, became pregnant. After a difficult process she was able to get an abortion, but not in peace, because some fundamentalist Christians shared her name and the address of the hospital on social media and they came there to shout out : « murder, sinner ! » And to pray for the fetus' life.

After several days, the Brazilian government announced a new administrative rule, Ordinance No. 2,282 / 2020, in terms of which, to perform the abortion procedure, doctors are required to notify the police and must preserve possible material evidence of the crime of rape to be handed over immediately to the police authority, including fragments of the embryo or fetus. In addition, before approving the termination of pregnancy, the medical team must inform the pregnant woman about the possibility of visualizing the fetus or embryo via ultrasound.

The main change in the ordinance is in perspective : legal abortion ceases to be a care procedure and becomes an investigation ! This is a violation of rights and a disrespect to the victim.

Ressources :

<https://www.theguardian.com/world/2020/aug/17/brazil-protest-abortion-recife-hospital>

<https://www.deccanherald.com/international/brazil-expands-requirements-for-abortion-in-rape-cases-879458.html>

On the African continent :

Issues of sexuality, gender, SRHR and faith are still extremely contentious everywhere in the world, including on the African continent, where these are often portrayed as Western imports, contrary to local and regional tradition. There has been an enormous amount of work carried out including by CSOs and FBOs in terms of dialogue with religious leaders on such matters. Yet, there tends to be a reversal of this work accomplished with religious leaders and LGBTI people in times of crisis: as people focus on getting by, it becomes increasingly difficult to have discussions around sexuality and gender and inclusion. The space for discourse around the “humanity of all people” and “your God calls for this” tends to be reduced to practically nothing when people are thinking of survival. Moreover, the UN system itself, especially in terms of humanitarian aid, tends to be very patriarchal and heteronormative, not allowing space for sexual and gender minorities, including in terms of how it defines “families” or “access to health for women”.

“LGBTI rights” are often added to ongoing policies and systems, nourishing the perspective that they are an “add on” by Western political systems. It is therefore important today to think about new terminologies to allow for more fruitful discussions between LGBTQ movements and religious groups. Sexual and gender minorities are intrinsically part of African traditions and historical culture, but often different terms were used (not LGBTI). It is therefore crucial to mainstream such matters and find ways of discussing issues to avoid causing immediate outrage and rejection of the discussion and allow for wider acceptance locally. These discussions are important because it is important to recognize the existence of LGBTI people, by whatever name, in order to acknowledge their needs.

This is especially the case for LBT people who have specific health needs, and needs for protection against violence, yet systems, including the UN humanitarian aid system, are often blind to such crucial matters.

It is crucial to continue to mobilize voices from the Global South to undermine the discourse that claims that LGBTI identities are Western imports, and it should be noted that these voices often hold together faith, sexuality and gender. Moreover, we must continue to work on intersectionality, integrating different forms of identity, actually “leave no one behind”, and thereby mainstream LBT issues. This will require the UN system, a very conservative, patriarchal and Christian-focused system, to reform itself and become truly inclusive, step-by-step, through incremental changes.

Resources:

<https://gin-ssogie.org/gin-programmes/the-family-and-traditional-values-seminar-series/>

<http://iam.org.za/>

<http://ujamaa.ukzn.ac.za/AfricanQueerTheology.aspx>

<http://blogs.sun.ac.za/urdr/theory-building/>

https://www.rsi.ch/la1/programmi/cultura/segni-dei-tempi/Da-Ginevra-a-Citt%C3%A0-del-Capo-13062471.html?fbclid=IwAR3V_4z1ZPnycy_8keQaSncyzK7wWmJmDGgF9-Iq1jMWxxRtFckWYaZQAAM

Tanzania

The Evangelical Lutheran church in Tanzania with the support of ACT Church of Sweden is collaborating with health facilities and religious leaders to increase access among adolescents and youth. Gender-based violence awareness is still a challenge in most places in Tanzania, because of the clear connection between gender based violence and cultures. Most gender based violence acts are not taken as gender based violence but as part of normal practices. The ELCT with support from ACT church of Sweden and Norwegian Church Aid has started working with religious leaders to transform the dominant norms affecting girls and women. Services at the health facilities e.g. for HIV prevention and emergency contraceptives are provided but people's awareness of those services is low. Police gender desks are also available.

Please find attached the answers to the questionnaire to highlight the issue of access to SRHR for youth in Tanzania.

South Africa

In South Africa, the situation during COVID was not very easy for women and more specifically for LBT women. According to the South African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (**SANERELA+**) many women are still facing so much discrimination and violence. During the COVID crisis many women found themselves trapped at home with their abusers with nowhere to go.

SANERELA+ has received many calls and cries for help as most women do not know what to do. There has been a rise in women getting raped and killed and that makes women live in fear.

This also had an impact on LBT women as some have been impacted by intimate partner violence. They find themselves trapped and many cases were reported also, but the police

does not take any of the violence and violation that happens within the LGBTIQ community seriously. The Government has made so many promises to try and eradicate violence towards women and LGBT people in South Africa. This violence is considered as a second pandemic. Because of the impact of COVID-19 on the economy many women have lost their jobs, which has also had a great impact on women's lives, and it is worse for LBT women, many of whom were already marginalised.

When COVID-19 hit SA and lockdown measures were put in place, no one knew how this would look like and the impact it would bring to women but mostly to LBT women. LBT women are fighting for economic inclusion, access to education and health and against gender inequality. Despite having a beautiful constitution and the Bill of Rights in the country, LBT women find themselves fighting to be included as women in women's issues in the country. The sad part is that women in general have the same issues as LBT women. It makes it hard to have these conversations about women's issues and never include LBT women.

When COVID-19 hit, it brought so many challenges. Several questions arose: how can people do without healthcare, without work, and especially women? A lot of people lost their jobs, also within the LBT community. Most LBT women have difficulty in finding jobs as many companies still discriminate against them. Now add COVID-19, and this becomes even more of a burden especially for them. SANERELA+ identified cases where LBT women could not even get food parcels. Fortunately, LGBTIQ people have organized chains of solidarity and mutual aid to provide access to fundamental needs.

There have been several demonstrations for women's rights and more specifically LBT women's rights but no improvement has been made. For example, most women especially LBT who have existing mental health conditions were not able to access care in public hospitals. This has put them in a very vulnerable position.

SANERELA+ has set up psychological support where therapists have counselled LBT women who have mental health needs. There has been a rise in intimate partner violence in LBT which was not taken into consideration. During this time of COVID-19 SANERELA+ has received a whole lot of these cases happening - the case that started this conversation was one where a lesbian couple fought each other and one of the partners used an axe to try to kill her partner.

The partner handed herself in to the police but two months later the victim decided to drop the case. That caused most people on social media to start talking and raised concerns about how much still needs to be done within the LBT community. Issues of substance abuse, issues around health and what the LBT community can do together to fight for their own justice, are some of the issues under discussion. The health of LBT women is at stake

because when the issues of women are being raised, LBT women are excluded in conversations and that has created a lot of discrimination. LBT women are not really included in South African women's interventions. Something needs to change and fast. LBT women cannot be sidelined forever.

<https://www.facebook.com/SCREVAWSA>

<http://out.org.za/index.php/library/reports?download=30:hate-crimes-against-lgbt-people-in-south-africa-2016>

<https://justice.gov.za/vg/lgbti/NIS-LGBTIProgramme.pdf>

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The Evangelical Lutheran church in Tanzania

ACT Church of Sweden