

BARRIERS TO THE ENJOYMENT OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR LESBIAN AND BISEXUAL ADOLESCENT GIRLS AND YOUNG WOMEN IN MOZAMBIQUE

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Short Abstract

Enjoyment of sexual and reproductive health and rights (SRHR) for adolescent girls and young women (AGYW) is generally a challenge, but for those who identify as lesbian or bisexual, the obstacles can be much greater. This marginalized group often face a hostile and uncomfortable environment uncondusive to expressing their sexuality and seeking sexual and reproductive health services. Based on qualitative in-depth interviews with AGYW aged 18-24 who identified themselves as lesbian or bisexual collected between July and August 2023 in two districts of Nampula province, Mozambique, this paper explores the individual, societal and institutional obstacles they face to enjoying their sexual and reproductive health and rights. Understanding the specific sexual and reproductive health needs of this group, from their own perspectives, is an important step needed to inform the development of programs and policies to improve access to information and services.

Extended abstract

Background

Young people in general face a number of challenges to fulfil their sexual and reproductive health and rights (SRHR). However, enjoyment of SRHR for adolescent girls and young women (AGYW) of diverse sexual orientations and gender identities is likely to be even more challenging. Research shows that people of diverse sexual orientation are at a greater risk of negative sexual and reproductive health (SRH) outcomes partly due to social and structural

stigmatization and discrimination (Liang et al. 2022; Taşkın et al. 2020) which create a hostile and uncomfortable environment for them to express their sexuality and seek SRH services. Lesbian and bisexual AGYW face additional barriers to accessing services since the standard of SRH service provision is historically based on a heterosexual model. When there is a need to disclose their sexual orientation to receive appropriate healthcare, there may be little to no safeguards in place for people of diverse sexual orientations and/or identities who are vulnerable to discriminatory attitudes and lack of assurance of confidentiality and the need to disclose their sexual orientation (Khozah & Nunu 2023; Silva & Gomes 2021). In Mozambique, people of diverse sexual orientations and gender identities, including lesbian and bisexual young women, are exposed to social stigmatization, discrimination, sexual violence (Chipenembe-Ngale 2018) which may deter them from expressing their sexuality as well as from seeking sexual and reproductive health services. This impedes their visibility in society and health care system and reduces the likelihood that their SRH needs and rights are being met.

While the fulfilment of sexual and reproductive rights of all Mozambicans has been a concern of the Mozambique government as expressed in the strategic plan of the health sector (MISAU 2013), the specific challenges faced by lesbian and bisexual AGYW are largely unknown. The recognition and understanding of specific sexual and reproductive health needs for this group are important so that adequate evidence-based programs and policies can be developed and implemented to help them enjoy their sexual and reproductive rights. This paper aims to explore the individual, societal and institutional barriers to SRH information and services faced by lesbian and bisexual AGYW in two districts of Mozambique. It also identifies the available and preferred sources of sexual and reproductive health information for lesbian and bisexual young women and how they engage with and assess the accuracy of such information.

Methods

Data for this study are based on 28 in-depth interviews of lesbian and bisexual AGYW in Nampula province, northern Mozambique. The participants were selected among those who

were in and out of school, aged 18-24-years, and who identified themselves as lesbians or bisexual. Lambda, a Mozambican association working to protect the rights of the LBGTQI+ population of Mozambique, assisted the research team in identifying eligible participants. Lambda peer educators first discussed the study with potential respondents, making clear that the young women were under no obligation to participate and that their information would not be shared with the study team if they chose not to. Those who were willing to participate, were then introduced to the interviewers who explained the study in more detail and consented them to participate before conducting the interviews. To minimize interruptions and to provide confidentiality to respondents, all interviews were conducted in a private location identified by the respondents, usually outside their home or at the Lambda office.

The interview guide was designed in English and translated into both Portuguese and Emakwa (the language of the study site) and then back translated to assure consistency. The guide focused on sexual orientation and identity and adolescent girls' and young women's experiences living their sexuality including disclosure, access to sexual and reproductive health information and services, real and perceived stigma and discrimination and sexual violence. All interviews were audio recorded, transcribed and translated into Portuguese (Mozambique). The transcripts were reviewed for any inconsistencies by the field supervisors and the research team and all sensitive information (names, addresses, etc.) were removed from the scripts.

A codebook was created based on the primary themes of interest. The development of the codebook was an iterative process, drafted by a small team and then reviewed by other members of the study team, and revised. The coding team included three co-authors (CA, MF and AM) who were familiar with the content of the interviews and fluent in Portuguese. The codebook was imported into NVivo (Version 14), and each team member coded the same transcript to establish inter-coder reliability to ensure that the coders were in at least 90% agreement. Subsequently, the remaining transcripts were divided among the coding team. The team communicated and troubleshooted in weekly meetings throughout the coding process to ensure that consistency in coding was maintained. After coding was complete, preliminary inferences were made which captured the most important barriers to

enjoyment of sexual and reproductive health rights of lesbians and bisexual adolescent and young women in Mozambique. Quotes are translated into English.

Preliminary results

The sample characteristics are presented in Table 1. Sixteen (57.1%) respondents identified themselves as bisexual and 12 (42.9%) as lesbian. About 80% were aged 20-24, almost all had at least a secondary education, about half were Christians and the other half were Muslims. Slightly more than half (53.6%) were attending school at the time of the interview, and about 18% (32% of bisexual) were married to a man.

Respondents reported concerns about and experiences of discrimination at home, in the community and at health facilities when seeking sexual and reproductive health services. Because of fear of discrimination, some respondents do not live their sexuality openly. To avoid their sexual orientation being discovered by the members of their community of residence, most seek sexual and reproductive health services at health facilities far from their homes.

Preliminary findings appear to suggest that health providers are not prepared to treat lesbian and bisexual women: in some cases, they refuse to provide services after learning that the patient is a lesbian or bisexual. There were also some reports of sexual harassment and violence perpetrated against lesbian and bisexual women at the health facilities.

Lesbian and bisexual young women lack sexual and reproductive information specific to their needs. Most of the available information from the national health system is oriented towards heterosexual relationships. Because of this, lesbian and bisexual young women rely on the information available from the internet, social media and peers but they do not always have the necessary means to assess whether the information is accurate or reliable.

Table 1: Respondents socioeconomic characteristics

Socioeconomic characteristics	Study district		Total	
	Nampula City	Nacala-Porto	No.	%

Age				
18-19	4	2	6	21,4
20-24	9	13	22	78,6
Sexual orientation				
Lesbian	7	5	12	42,9
Bisexual	6	10	16	57,1
Education				
In school	7	8	15	53,6
Out of school	6	7	13	46,4
Level of education				
Primary	1	0	1	3,6
Secondary	10	11	21	75,0
Tertiary	2	4	6	21,4
Religion				
Christian	9	6	15	53,6
Muslims	4	9	13	46,4
Marital Status				
Unmarried	12	11	23	82,1
Married	1	4	5	17,9
Total	13	15	28	100,0

Next Steps

Data analysis is ongoing using Nvivo software and will be completed by the UAPS Conference to be able to give a full representation of the challenges faced by lesbian and bisexual youth in Nampula, Mozambique, to highlight their challenges with accessing healthcare and policy recommendations on how services could be improved to meet their needs to help them enjoy their sexual health and reproductive rights.

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