LGBTIQ
EXPERIENCES IN ESWATINI

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VISION STATEMENT

SOCIAL COHESION IN ESWATINI, WHERE LGBTI PERSONS ATTAIN FULL RIGHTS AND SOCIAL WELL-BEING, RESULTING IN HIGH QUALITY LIFE FOR ALL.

MISSION STATEMENT

ESWATINI SEXUAL AND GENDER MINORITIES IS FOCUSED ON ADVANCING THE PROTECTION OF HUMAN RIGHTS OF LESBIAN GAY BISEXUAL TRANSGENDER AND INTERSEX PERSONS IN THE KINGDOM OF ESWATINI.

THE ORGANISATION IS FURTHER WORKING ON REDUCING HARM THAT AFFECTS THE WELL BEING OF EMASWATI BASED ON SEXUAL ORIENTATION AND GENDER IDENTITY & EXPRESSION.

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Mr. Melusi S. Simelane
Founder & Executive Director.

Director's Remarks

Currently, LGBTIQ identities are not criminalised, but ancient colonial laws that included the 'crime' of sodomy criminalise consensual same sex intimacy amongst men, suggesting homosexuality is simply about a sexual act rather than a broader issue of love and respect. These outdated laws violate constitutional rights as supported by the International Covenant on Civil and Political Rights (ICCPR) as well as no longer being relevant in the countries that first set them.

Though the government insists on not prosecuting consenting adults, it is quite the opposite when it comes to the everyday living for LGBTIQ persons in the country. Notwithstanding the fact that the National Register for Sex Offenders will enlist anyone arrested under the common law offense of sodomy, according to the Sexual Offences and Domestic Violence (SODV) Act of 2018, the government has written to Eswatini Sexual and Gender Minorities (ESGM), an advocacy organisation, that we cannot be registered because the objects of the organisation are 'misleading' and 'annoying'. They quoted the common law offense, contrary to their assumed policy of not prosecuting consenting adults. This, coupled with the government blatantly saying the constitution doesn't list sexual orientation on the list of protections against discrimination, suggests that the government refuses to recognise our existence and further our rights and freedoms.

When addressing policy makers, evidence of human rights violations is necessary to make the case for LGBTIQ equality. In a society that scares people into silence and invisibility, evidence becomes a scarce commodity. The erasure caused by these circumstances fundamentally impact advocacy in that it stifles meaningful engagement with citizens who are not a part of the LGBTIQ but are potential allies. Opportunities for learning become difficult to enable when sentiments of criminality and/or immorality are attached to the LGBTIQ, and fear of being identified as a part of the community stop people from learning or offering ally-ship.

With these issues prevalent, we wrote to the Rapid Response Fund, at Frontline AIDS. We were seeking assistance with the goal to *"develop a network of LGBT activists to consistently monitor and record violations of people's rights to access relevant HIV services in order to target law makers to remove legal and policy barriers."*

The status of LGBTIQ rights in Eswatini can be likened to a family secret. Everyone knows a violation is happening, but nobody finds it worth standing up for. The few that do stand-up are systematically silenced. This move to speak back to the power that seeks to silence the movement is unprecedented and stands as quite historic. The outcome, still to be determined as this is only the beginning, promises to set a precedent that will change the course of history forever.

These are the human stories of LGBTI persons in Eswatini. I personally thank all the members of our organisation, especially the volunteers who took it upon themselves to carry the mandate of recording these experiences. I also thank those who attended our trainings, workshops, and the inaugural conference, who contributed to these findings.

The work that is evident in this document, and any other document cited, is the result of your courage to share your experiences and subsequently empower those around you.

By: **Mr. Melusi S. Simelane**
Founder & Executive Director.



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Background and Introduction

Eswatini, like many countries in Africa holds one of the worst records of upholding LGBTIQ rights. Although LGBTIQ identities are not criminalised, colonial 'common law,' – common law offense of sodomy and unnatural acts, still criminalise consensual sexual relations between men. Broadly speaking, LGBTIQ identities are preferably unrecognised and deliberately ignored by government and subsequently society. This neglect leads to a range of negative outcomes for LGBTIQ people which spill over into social, family and healthcare settings. Additionally, advocacy under such conditions prove very difficult. The proven methods of constant consultation, discussion, demonstration and persuasion directed at society and government cannot gain traction where the issue at hand is constantly denied. Simelane (2018) notes how important evidence is to do the necessary advocacy:

When addressing policy makers, evidence of human rights violations is necessary to make the case for LGBTI equality. In a society that scares people into silence and invisibility, evidence becomes a scarce commodity. The erasure caused by these laws fundamentally impact advocacy in that it stifles meaningful engagement with citizens who are not a part of the LGBTI but are potential allies. Opportunities for learning become difficult to enable when sentiments of criminality are attached to the LGBTI, and fear of being identified as a part of the community stop people from learning or offering allyship.

The work being done by civil society organisations, alongside Eswatini Sexual and Gender Minorities (ESGM) is making inroads which has led to the hosting of two LGBTIQ Pride events and the institution of September as Pride Month for eSwatini. In November 2019, the first LGBTIQ conference was hosted by ESGM aimed at informing some of the recommendations of this document. This work is done in spite of the government and the focus of ESGM is to build a case for the protection of LGBTIQ rights, thereby compelling government to act. This document aims to initiate the process.

Objectives of project

The objectives of the project were the following:

Develop a cadre of well trained and motivated LGBT volunteers to encourage LGBT people in communities to share their experiences of accessing and using health services.

To build this evidence into policy briefs which can be used for advocacy purposes at national level with State and non-State actors

To improve LGBT activists opportunity to represent themselves at senior levels to change harmful policies, laws and strategies.

Activities undertaken through the project relating specifically to the volunteers included:

Identifying a group of LGBT volunteers to be trained to become community level activists. In order to be representative, identify both gay men and women as well as transgender people in all four regions of eSwatini.

Undertaking training and advocacy workshops with identified volunteers over a period of 2 days. Creating an opportunity for people to share their own experiences of discrimination and to come together to prioritise where change is most needed in the legal or policy environment. The training aims to first and foremost understand the experiences of LGBT persons in eSwatini in relation to the access of HIV services. The laws used to target and discriminate against them.

Collect the testimonies gathered by the LGBT activists from all four parts of the country and use them to build a strong evidence-based case of the current experience of LGBT people across the country with regards to their access and use of existing HIV and health services. It will attempt to identify examples of good practise as well as examples of discrimination and stigma.

The objectives above frame the project and the recommendations for future research. Mostly the process culminated in the creation of this advocacy roadmap which will be used to present as evidence when addressing violations of LGBTIQ citizens.

Review of current and past literature

Research on LGBTIQ lives and experiences in eSwatini has not been very abundant or comprehensive in the past. Although it must be noted that civil society has been documenting their work for years, the motivation to address LGBTIQ lives academically has been lacking. In neighbouring countries like South Africa such research is abundant and although the political situation differs significantly, similar experiences have been noted. Although hailed for having one of the most progressive constitutions in the world, in South Africa formal equality does not necessarily translate into equality on the ground (Reygan & Khan, 2018). Much of this inequality is experienced by LGBTIQ citizens and those who work to defend them (Matthews, 2018). According to Dlamini (2018) eSwatini has not regard for human rights at all and human rights defenders are subject to police brutality at any opportunity. ESGM has recently published a report on LGBTIQ experiences in eSwatini, as part of a multi-country study by Müller and Daskilewicz (2019). The study looked at the realities of violence, mental healthcare related to sexual orientation and gender identity and expression.

The study found that 79% of participants experienced verbal harassment in their life due to their SOGIE, while 50% were survivors of sexual violence. 50% also reported being treated poorly while reporting to the police or a medical centre. The study also looked at mental health outcomes and found that over 40% of participants had suicidal ideation while just over 10% had attempted suicide. Such results are cause for concern and should be at the top of any government's agenda.

In response to this conundrum, Simelane (2018) states that "in eSwatini, rampant homophobia is built not only into laws but into the societal fabric. A country's laws and the values of its people share relationships and feed each other constantly. In this case, an absolute monarchy, laws are based on the preferences of a select few and citizens often have little choice but to

abide, in the midst of private and public protest." This makes for a claustrophobic existence for LGBTIQ citizens who are caught between state sanctioned discrimination and social exclusion. This report aims to add to the record of LGBTIQ experiences which continue to diminish the quality of life of queer Swati citizens.

eSwatini policy position on LGBTIQ rights

Not much has been recorded in the way of eSwatini's policy position on LGBTIQ rights because it does not exist. Due to government refusal to acknowledge LGBTIQ existence, legal protections or even liberties are denied. In the past the government has also denied discriminating against LGBTIQ people who are expected to consult the constitution for help. Recently, they have inadvertently revealed their blatant refusal to serve LGBTIQ citizens. ESGM as the first organisation which has attempted to register itself as an LGBTIQ rights and health advocacy organisation has been categorically blocked by the government.

In the response to the legal proceedings the organisation had initiated to demand action on registration which was initially delayed, the government stated the following as reasons, among others, for denying registration:

The registrar of companies cannot register a company by a name which could ***annoy*** *or* ***mislead*** *the he public*. It further mentions that *the constitution clearly states that marriage is between a man and a woman and ESGM aims to promote same sex relations.* It also explicitly stated that the constitution does prohibit discrimination based on sexual orientation, thereby admitting that they can and will discriminate on those grounds.

The paranoia demonstrated by government illustrates the states of LGBTIQ rights in the country perfectly. No concrete evidence can be provided for why LGBTIQ people should not enjoy equality, but paranoia about the undoing of supposedly self-evident entitlement to right by other citizens dictates decision making that keeps LGBTIQ people oppressed.

When reporting back, many LGBTI Champions demonstrated a lack of interest and awareness of policy implications for LGBTIQ lives from people, making this a key focus area for future research. In feedback sessions, some recommendations were offered to focus on building anti-discrimination into labour laws on the grounds of sexuality, prohibiting police violence on LGBTIQ citizens, anti-discrimination policies in healthcare facilities and laws against LGBTIQ hate crimes.

Taking from the Queer Eswatini Breaking Barriers conference, inputs from various sectors and stakeholders revealed multiple gaps between society and policy. The European Union mission to eSwatini outlines a clear action plan to combat discrimination and human rights violations, with very clear focus on LGBTQ rights. The plan headlines the following:

Decriminalisation and combatting discriminatory laws and policies
Promoting equality and no discrimination
Combatting LGBTI-phobic violence
Support and protection of human rights

The government of eSwatini has made commitments, such as signing the international covenant on civil and political rights, to assisting the execution of anti-discrimination work, but contradict these commitments through hostile or non-existent policies. The commitments made are not binding which make it difficult to hold government to account.

From a legal perspective in the country, human rights are understood as entitlements accrued to someone by virtue of being human. They are universal, indivisible and interrelated, inalienable and non-derogable. Despite this understanding, human rights are not equally protected, as can be seen from the omission of sexuality from protection under the country's constitution. However, an omission of rights does not mean an exclusion. These understandings of the law and how it works are generally unknown by the average citizen. In this way, discriminatory practices continue to occur. Additionally, some communities don't recognise the constitution as the supreme law of the country making access to recourse for rights violations difficult.

Healthcare has a major influence on LGBTIQ people's lives with many experiencing discrimination or even denial of services. The Ministry of Health has particular challenges when it comes to LGBTIQ people. Healthcare workers cannot cater to all the needs of gender minorities because there are no policies that allow them to do that. For example, because policy does not endorse gender affirming hormonal therapy for transgender patients, doctors cannot provide services because their practice is guided by laws that do not protect them if anything goes wrong. Biometric systems are set up to exclude access to certain services according to gender marker, which excludes transgender people. In order for transgender people to change their gender markers, they need endorsement from a doctor. Policies do not allow doctors to endorse such changes. This highlights the need for multi departmental approaches to policy changes.

Civil society organisations are working to pressurise government to honour their commitments and implement new policies that do not discriminate. There needs to be a joint effort by all departments in government to amend their policies, otherwise the interrelated nature of human rights will not be realised.

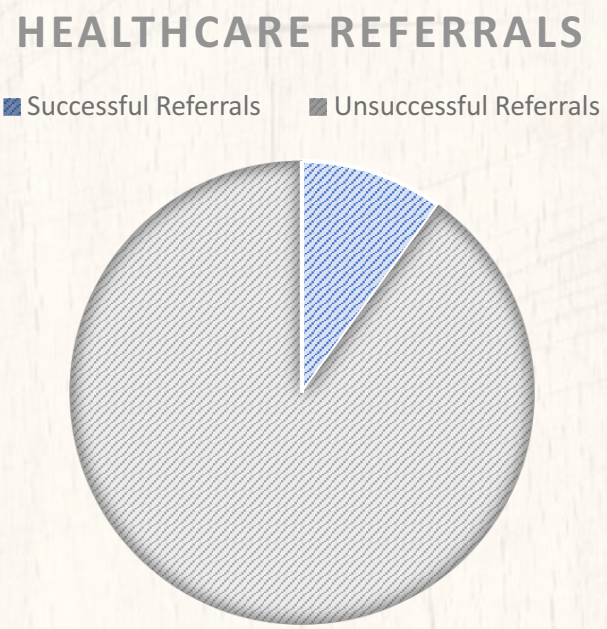
Results

ESGM dispatched a total of thirty volunteers to undertake the process of observation, collection and documentation of the different experiences of the various spheres of the LGBTIQ community. Before the actual collection, volunteers were asked if they clearly understand the objectives of the study. Of the 30, 10 identified as having fully understood the objectives, while two of them better understood the objectives in practice (in the field).

When asked whether our volunteers were able to capture all the data as originally planned in all the different spheres of the LGBTIQ, an unsettling majority were unable to capture all the data required. Of the selected 30, only 2 were able to capture data as planned. The remaining 28 were unable to do so, which may be a key factor influencing the findings of the study, as well as any ensuing recommendations.

The volunteers engaged with 67 participants in total. The quantitative data shared in this section illustrate the experiences and responses in relation to a total of 67 captured experiences. A mix of quantitative and qualitative data will sketch the emergence of an initial picture of LGBTIQ life in eSwatini.

Participants shared experiences in various social spheres. The figures below illustrate their experiences of some spheres.

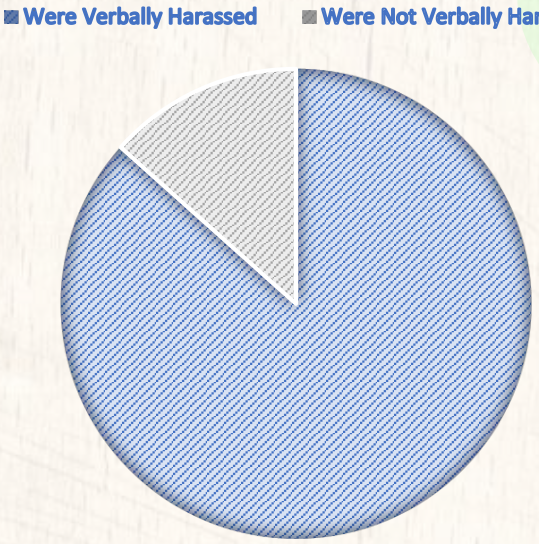


Successful Referrals – 10% | Unsuccessful Referrals – 90%

Difficulty in navigating the healthcare system is frequently reported by LGBTIQ people in eSwatini. Here participants confirmed that 90% or 60 out of 67 were not successful in receiving referrals to healthcare professionals due to discrimination on the grounds of sexuality.
A great deal of the discrimination was highlighted in the LGBTIQ Conference, where the 'key populations' specific services were discussed on how it relates to the LGBTIQ community as a whole.

It was clear that these service provider are donor driven, and therefore only interested in accounting for the numbers the donor requires. These, in particular relates to the MSM (HIV positive) community. Over and above the continued neglect on the gender minorities, it is clear that some in the sexual minorities remain left behind in this approach. This includes lesbian women and transmen as well. Though there were some complaints from some gay men, it was unanimously agreed that they remain the beneficiaries in the KP programs, though it leaves out other factors like mental healthcare and psychosocial support.

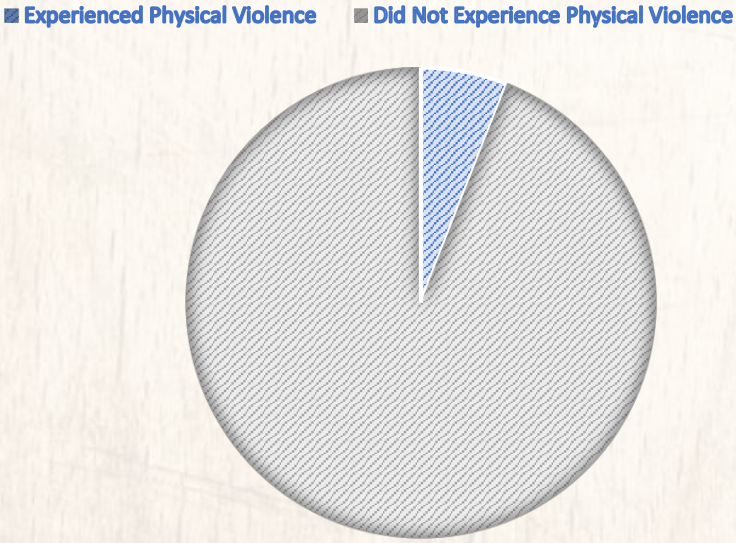
VERBAL HARASSMENT



Have Been Verbally Harassed – 86.6% | Have Not Been Verbally Harassed – 13.4%

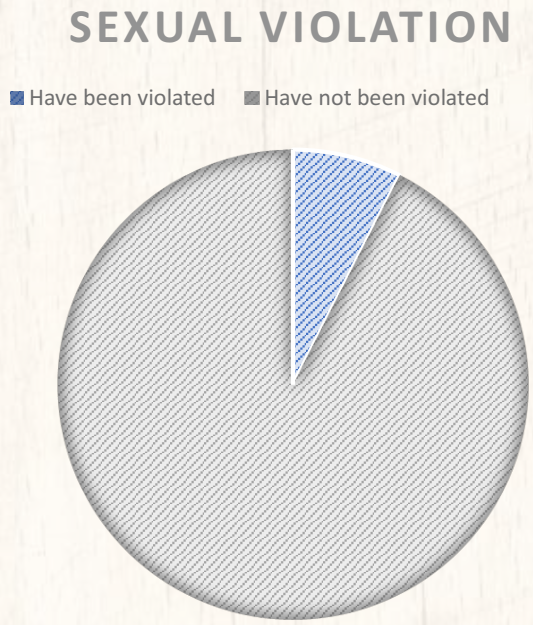
86.6% of participants reported being verbally harassed because of their sexuality. The study by Müller and Daskilewicz (2019) reported that 87% of participants from eSwatini experience verbal harassment due to their sexuality, thereby clearly supporting our findings. This can be directly linked to the access to healthcare services at state/public hospitals and clinics.
It becomes the biggest driver to the continued dwindling number of LGBTIQ persons accessing healthcare services in any clinic. Public or private.

PHYSICAL VIOLENCE



Experienced Physical Violence – 5.97%
Have Not Experienced Physical Violence – 94.03%

The response of physical violence illustrated above paints an unexpected picture and is in complete disparity with the Müller and Daskilewicz (2019) study which showed that more than half of participants experienced physical violence. Noting the challenges with the research, it could be that stigma and trauma played a role in how participants responded to this question. The challenges faced by LGBTIQ citizens in the form of psychosocial support more than likely impacts on their willingness to share openly about any experiences of violence and abuse, highlighting yet another necessary intervention the community is in need of. The sample size is also to be considered when understanding the scope of the responses which could be realistically captured.



Have been violated – 7.5% | Have not been violated – 92.5%

Here again, the results present a major disparity with the Müller and Daskilewicz (2019) study which showed that an alarming 50% of participants had experienced sexual assault. This either demonstrates an unlikely, but drastic improvement on these experiences or an unwillingness to share such traumatic experiences.
In a time where the government had already come out to publicly denounce the protection of LGBTIQ person in eSwatini, it is easy to see why the number of victims who are willing to share their stories went down.

Qualitative responses could possibly reveal more.

Respondent 1:

My family kicked me out of home many years ago as soon as my mother died as she was the only one who tried to understand me.
I have a talent for making things with my hand, so I have been plumbing and tiling for people around town over the years to survive. I had a partner who passed away 2 years ago who was very supportive to me. Since then I have no one else to turn to when I have problems because even all the other lesbians, I know are very young to understand my problems.
I dated a woman late last year for a short while after which she went around saying bad things about me to the community and my life has been stressful since then and I have tried to commit suicide 2 times due to the pressure and the piece jobs have not been so forth coming. I am grown now and know my responsibilities but all I need is a second chance to start my life afresh free from depression.

Respondent 2:

I was kicked out of my family home after my father died. Luckily, he had left me and my siblings an inheritance. I moved to a cheap one room flat in a rather unfamiliar area in the outskirts of town. I have been staying in the area of New Village for about three months and even though I have met other LBGTI persons around the area it always seemed like people hated me. I get called nasty names every time I go the shop or even leaving the house is a hassle. One day on the 13 March 2017 my girlfriend was visiting me, and we went out for drinks in a nearby chilling area.

We were just sitting alone when we noticed a group of men and women staring at us and it was clear that they were talking about us because they were pointing in our direction. My girlfriend stood up and went to get a drink when one of the guys followed her to the counter and made homophobic remarks to her. When she came back and told me I immediately told her that we should leave the place as we did not know the intentions of the group to us. One of the girls from the group tried to stand in my way but I humbly apologised and told her I don't need any trouble and we were leaving.
She started shouting and being homophobic saying we deserve to die. We went out and left her there but just before we reached the gate the crew came out and started beating us saying we don't deserve to be a part of society. They beat us up and when I tried to fight back the one guy took out a knife and stabbed me six times in my chest and head.
People just stood and watched while we were being attacked until I was unconscious.
My girlfriend was also badly hurt but they didn't stab her, so she was able to call a taxi to come and fetch us and she took me to the hospital. The hospital experience was also worse as we were made to wait after my girlfriend had said we are a couple.
The doctor said he did not understand what we meant by that and until we decide what we really want he was not going to be able to attend us. Even though I was bleeding profusely we were refused treatment and told that this is a Christian hospital, we must go and spread our demons in private hospitals. Luckily my girlfriend had called my sister who came and found us in the corridors, and she tried to find a nurse she knows who works in the hospital. When I was treated, I thought I was going to be fine, but I still didn't feel okay. My sister took me to a clinic the following day where they discovered that the wounds were not cleaned properly, and an infection was spreading the wounds. They tried to help me, but I still get headaches, yet I can't afford to keep going to private clinics

Respondent 3:

I used to live in the outskirt of Piggs Peak with my grandmother until the 4TH June 2019 when she came back from home and beat me up and also asked my two uncles to beat the DEMON living inside me. She threw me out of her place and said she won't be harbouring demons at her place. She said if I ever set foot at her place, she will burn me alive I have disgraced her, and her family name and she also said that my parents were so sad at their resting place and I'm a GOD forsaken soul.

The stories above all reveal the burden of shelter suffered by LGBTIQ people who are often evicted from their homes. The host of challenges that emanate from not having a stable home to occupy makes LGBTIQ people vulnerable to many different kinds of violence without support or recourse as demonstrated above. These few responses are only a small demonstration of as widespread challenge faced by LGBTIQ people.
The treatment experience in healthcare facilities further compounds the victimisation faced by people.

Respondent 4:

They beat us up and when I tried to fight back the one guy took out a knife and stabbed me six times in my chest and head. people just stood and watched while we were being attacked until I was unconscious. My girlfriend was also badly hurt but they didn't stab her, so she was able to call a taxi to come and fetch us and she took me to the hospital. The hospital experience was also worse as we were made to wait after my girlfriend had said we are a couple. The doctor said he did not understand what we meant by that and until we decide what we really want he was not going to be able to attend us. Even though I was bleeding profusely we were refused treatment and told that this is a Christian hospital, we must go and spread our demons in private hospitals. Luckily my girlfriend had called my sister who came and found us in the corridors, and she tried to find a nurse she knows who works in the hospital. When I was treated, I thought I was going to be fine, but I still didn't feel okay. My sister took me to a clinic the following day where they discovered that the wounds were not cleaned properly, and an infection was spreading the wounds. They tried to help me, but I still get headaches, yet I can't afford to keep going to private clinics

Respondent 5:

I went to Mkhuzweni clinic to refill my ART medication. Upon reaching the clinic I took my weight and stood in the queue just like all other patients. When my turn came the nurse called me in, I entered the room and she immediately laughed sarcastically and said 'wait sisi I'M not calling you but I'm calling Thabiso. I told her that I am Thabiso and she continued to laugh at me and looked at me like psycho in front of her. I felt uncomfortable and uneasy and she called another sister nurse to come and look at me. She told her she had called her in to be her witness to this shameful thing that had befell her. I was heartbroken but continued to wait because I needed my medication. I tried to explain to her about my gender identity, but she just brushed me off and told me she does not have time for stupid nonsense.
She told me to get out and rather take my card somewhere else because she does not attend to sisiboys.
When I took my card to leave, they were laughing so hard and shouting after me, ridiculing me in front of the other patients who were waiting in line. I was so ashamed and very embarrassed by this episode and I ran to the gate where I cried, feeling helpless and alone. I thought about going back to report to authorities, but I did not know how to take the first step and who I could go to. Eventually I left the clinic and went home with a crushed spirit. I changed my clothes to be male presenting so I could shield myself from any further ridicule and borrowed money to board a bus to the government hospital which is two and a half hours away from my home. I got to the hospital after lunch and got my medication under a fake guise which did not represent me, who I really am and lost an opportunity to share my honest history to get better help. But I was happy to finally get my medication even though I got home late in the evening.
The horrendous treatment LGBTIQ people face in healthcare facilities pose more than a threat to morale but impugns on their dignity and health. This prejudice can lead to loss of lives where they are supposed to be saved. For this reason, many LGBTIQ people stop seeking healthcare services which is dangerous in a country with such high HIV prevalence. The behaviour of healthcare providers is a great cause for concern.
An often-unspoken experience is intimate partner violence within LGBTIQ communities. The silence around abuse and the fear to seek support from the justice and healthcare systems that engage in secondary victimisation cause many to suffer in silence.

Respondent 6:

On the 16th of May 2019, my boyfriend came back from work and demanded to have sex with me, I refused because I was not feeling it and recently, I found out that he was cheating on me thus I lost trust in him. He started beating me up saying that he goes to work for us and I remain behind sleeping with our neighbour's husband, I told him that was not true and he knows it for sure but he said for me to prove that it was not true I needed to sleep with him. I refused and he boated my face and force himself on me, he raped me and upon being done he said he will kill me if I tell anybody what has happened. I couldn't believe what has just happened I was so hurt and scared. I didn't know what else to do since I have nobody to turn to, he is the only family I have. In the middle of the night the same day he forced himself on me again ,I could not sleep ,I was scared for my life ,I'm so depressed and sometimes I have suicidal thoughts due to the fact that I do not understand what I have done wrong to go through. I have healed now.

The response above illustrates how isolation from family, who would normally be a support system makes LGBTIQ people vulnerable to intimate partner violence with nobody to turn to.

Respondent 7:

They beat us up and when I tried to fight back the one guy took out a knife and stabbed me six times in my chest and head. people just stood and watched while we were being attacked until I was unconscious. My girlfriend was also badly hurt but they didn't stab her, so she was able to call a taxi to come and fetch us and she took me to the hospital. The hospital experience was also worse as we were made to wait after my girlfriend had said we are a couple. The doctor said he did not understand what we meant by that and until we decide what we really want he was not going to be able to attend us. Even though I was bleeding profusely we were refused treatment and told that this is a Christian hospital, we must go and spread our demons in private hospitals. Luckily my girlfriend had called my sister who came and found us in the corridors, and she tried to find a nurse she knows who works in the hospital. When I was treated, I thought I was going to be fine, but I still didn't feel okay. My sister took me to a clinic the following day where they discovered that the wounds were not cleaned properly, and an infection was spreading the wounds. They tried to help me, but I still get headaches, yet I can't afford to keep going to private clinics

Respondent 8:

Growing up I realised that I was intersex even though my family chose to raise
me as a girl. I showed signs of being different from other kids in the family. Both my parents
passed away when I was very young, and I had to be raised in my grandparents' homestead.
Since I was young, I was treated like an outcast for being different even though at the time I did not even know what was wrong with me. My uncle started raping me when I was 9 years old. He said he wanted to see if I was a real woman and if not, his actions would make me one proper woman like other normal people. I tried to tell my family and my grandmother, but I was beaten up and told that I was lying and trying to tarnish the reputation of my uncle. It happened for years by my uncle and later on my elder cousin while I suffered in silence and alas my genitalia did not change whatsoever as promised by my rapist. When I was fourteen, I became pregnant and when they realised, they took me out of school. I was sent to live in a very rural place with relatives I had never met before who were told I was a problem child who was going around sleeping with boys hence the pregnancy. The baby was taken away immediately I gave birth and I have never seen its face ever until today. Another aunt then offered to continue paying my school fees until I finished school. I found a school that was very far from home so I could get away from all the pain. During the year 2016, I had difficulties in the family when they showed me their homophobia by their actions. My uncle told me if I don't change, I would have to find my way out of the family. It was no longer interesting to be at home as I didn't know when the next incident would occur. It's not easy being around people who would always be cold when trying to interact with them. I am
a person whose Gender expression in terms of clothing is male. I bought my clothes with no
assistance from anyone, they called a meeting and swore at me calling me a disgrace to the family. In the meeting they decided to burn my clothes which they said were the ones giving me an impression that I was a man. It was during a period where high school results had been
released and I had applied for entry into tertiary since I had exceptionally good marks. After that I was kicked out of the family home and went to stay with my elder brother who I thought understood my problems and challenges. Unfortunately, I had given my home address in my applications and even though I tried many times to find out if I had received any acceptance letters, I failed.

Respondent 9:

I am 30 years old lesbian of Matsapha. I used to work in one of the companies in Matsapha and I was an office clerk. My boss was homophobic and before he hired me, he didn't know about my sexuality until one day when one of my colleagues saw me in town with my girlfriend and they went back to report me about my sexuality I did not know it was a problem at work but unfortunately, I was called in the office by the admin and they told me I was not going to work for the company anymore because of my sexual orientation.

I was qualified for my job but just because of my sexuality I lost my job. Right now, am jobless and I don't get hired because he went around talking about me in a bad way as he is a well-known guy around. I once went to one of the clinics around but then I went with my partner but when we got there we were told that they don't attend same sex couple because they don't believe same sex people would come for counselling or something we were told to go somewhere else. Fortunately, we knew about Flas and some of the clinics that are lgbti friendly we went there, and we were helped with my partner.

Respondent 10:

I was a student in one of the universities in Eswatini and my sexuality was known to me and my friends but unfortunately some of the admin people learnt about me and was called inthe office. Knowing that I am in the university and to get my degree, but I did not get thatbecause I was told that I am expelled because of my sexual orientation tried to fight it butit was in vain I was expelled, and I didn't not get my degree. Courts never helped me because I did try to fight them but just because of my sexuality. I left that university because they said I was a bad influence on the other students. Security we don't have in this country. I had a friend who was assaulted for her sexuality and when she reported to the cops she was never helped because the cops just saw her as a lesbian and her case was left unattended. She had to escape the country because of that.

The experience of an intersex person related above is generally omitted from conversation. It however demonstrates the brutal reality for sexual and gender minorities dictated by misogyny, homophobia and heteropatriarchal conservatism. A common thread throughout the listed and unlisted experiences is how many LGBTIQ people are vulnerable to homelessness and unemployment due to deliberate efforts by family and society in general to marginalise them through ostracising them or maiming their bodies. The intersections between these systems of power conspire to make sure that LGBTI people are locked out of full participation in society. When such circumstances collide with discriminatory policies, there is little LGBTIQ people can do to emerge from their circumstances.

Respondent 11:

I went to the Mbabane Government Hospital to seek medical attention. I arrived at the hospital at around 6 am to try and run away from the long queues. On entering the main hospital reception area with my headsets on I noticed that there was a man standing in front of the reception area and most of the people inside were seated. Still with my headsets on I sat down in line to see a medical professional. After a few minutes I noticed that everyone had bowed their heads and then I noticed that something was going on. I removed the headsets from my ears then it was then I realised they were praying and the man in front was preaching. Before the man prayed, he referred to a scripture in the bible which he loosely translated as "the bible clearly states that no woman shall dress like a man and vice versa." After saying this everyone in the room began to stare at me, others giggled and some shook their heads with disapproval. Some of the healthcare workers were also shaking their heads with disapproval. I felt like an outcast and decided to go back home and abandon the hospital. I went home and told my mother about it. I will never go to a public hospital again.

The effect of religious conservatism in eSwatini is well known for its power to discipline minorities. When such beliefs are allowed to dictate the work of a healthcare facility, the outcomes can be deadly. Although healthcare workers are not allowed to deny services or endorse discrimination, such experiences keep LGBTIQ people excluded from accessing healthcare.

Although few, these responses paint a poignant picture of the how many compounded struggles LGBTIQ people face in a society that ostracises and isolates them. The experience of victimisation from outside the community and within can and has had deadly outcomes for unchecked mental health. Though there are experiences which are not as devastating and, in some cases, quite affirming, the overwhelming majority of experiences recount experiences of abuse and violation. This research highlights the need to continue bringing more experience to light in order to engage government and civil society to create a more equitable supportive society for all.

I was 15 years old when I discovered that I am gay and I knew that my life would instantly change for the worst. I remember being overwhelmed with tremendous antagonizing thoughts and feeling alone. I thought of how my family would treat me and if my sexual orientation would blur family bonds. In order to preserve my dignity and that of my family, staying in the closet was the best remedy for my situation.

For quite sometime community members were oblivious to my sexuality, of course There were few young men who made homophobic comments towards but in attempt to squash the whole incident, I remained indifferent. Throughout high school no one knew about my true identity. In a way I enjoyed the privilege of living a life not true to my being. Self preservation was imperative. I finished high school without anyone being aware of my sexuality, not even my family.

It was in the year 2016 when I was a freshman at university that I got first hand experience of the brutal effects of homophobia. At first my classmates would make homophobic comments when they thought I was not listening. I remember that they would laugh and it was the kind of laugh intended to make aware that they had known about me. I never needed to come out to anyone, people drew inferences from my conduct. I suppose I had not hidden myself well enough.

One of my most mortifying experiences was during my second year. I had come back from the shops to get dinner when I approached a squad of the popular boys at school. I was still a target and I knew that they would not pass at the chance to ridicule me for being gay. As soon as I went past them, ready to sigh, one of them said "Iompana utabane lo" and the rest of his mates backed him up by laughing while another one said he'd rather die than be gay. I was left distraught. The homophobia got so intense that I had to solicit the intervention of a therapist to help minimise my

trauma. However that did not stop people at school from harassing me. It was after I came out to my friends that I started to feel safe and accepted. At that moment I felt a sense of relief, like my life meant something. I started to come to terms and acceptance of who I am. That moment of self acceptance became a defining moment for me and a state of self reliance.

After accepting myself, I became indifferent to what people had to say about my sexuality. There were times when I did fear for my life because of the disgusted look on people's face every time I was in a public place. People still make rude comments like why can't not be with a girl? out of every kind of life how could I choose this one? It became apparent that people were basing their homophobic comments on a sexual perspective, like my life was one long sexual episode and I had never felt so degraded.

I dated a lot of people and my parents had no idea, it was my own choosing to do so, I wanted to but I just did not know how to, but most importantly how they were going to react. I did not know if they were going to disown me. Thankfully my mom was receptive of me, My telling her of my sexuality came about because I had met someone who I strongly felt like he was the one and for some reason, I felt the need for my mom to know. She accepted the news with no objection, but we made it a deal that sexuality would remain between her and me and that has not changed since then.

I have experienced challenges when I had to get medical assistence at a public clinics. Most medical practioneers are not boldly homophobic, but from their conduct I could deduce that they saw me as an abomination, I've even gone to the extent of lying about my illnesses to avoid questions that might lead to my sexuality. I have not endured traumatic or horrifying experiences as some of my peers, but I know that homophobia stings, it oppresses us, it descends us to a sub-class of inhuman existince. I have been prayed for by priests

who think that I'm possessed. They have read scriptures for me, and sprinkled with holy water. I have also had some people that I regarded as my friends ask me why I cannot change as if it was that simple. Even the police turn a blind eye and deaf ears to our sufferings. I know of people who have been assaulted and turned away at law enforcement without justice. The notion is creatures like us (as they call us) do not deserve any justice or that we are unworthy of protection. These are just a few of the problems I have faced as a gay man. Each day I wonder when it will stop or if it will ever end. I still wait for the day when our lives will matter.

By Bijelwa Ntshongase

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Discussion & Limitations

Several challenges were recognised during the project. Central to these was the general stigma and sense of taboo currently associated with the LGBTIQ community. Many of the participants showed considerable reluctance to share fully their different experience. Some of the reluctance seemed to stem from the interviewer's 'expected' responses. Interviewees had a de facto reservation that the interviewer might react to the responses in a certain way. Another prominent challenge was perceived gains. Many interviewees wanted to know what they would gain by divulging their personal intimate experiences. Trust, more specifically the lack thereof, seemed to be a causal factor here. Apart from personal benefit, some participants found it difficult to truly open up and talk about deeply confidential matters. This is understandable in context where full expression of identity for LGBTIQ people is denied and could have dangerous consequences.

Stigma was a barrier, as well as general trust. Societal perceptions did impact volunteers' ability to collect the data. A more interpersonal approach which allowed time for relationship building between volunteers and participants could have provided more opportunities for open and honest feedback. Gaining insight into how the experiences continue to mould the participant in the present may be as important as the revealing of the experience itself.

While the study was able to correctly achieve a large number of its initial objectives, several fractions of data remained uncaptured. The first of these is emotional involvement. Volunteers could not get participants as emotionally involved as would have been desired. Several factors led to this, and include a genuine fear of exposure, and by extension, victimisation. Some of the participants were still in the proverbial closet and were expectedly hesitant to open up. Further, a lack of time to fully commit to this exercise, could be linked to a fundamental need to garner trust. Participants need to be given time to open up and commit to sharing more involved experiences and testimonies.

ESGM volunteer researchers highlighted that there was a glaring need for more of these stories to be told. In effect, that mandates the provision of better platforms for expression, while simultaneously protecting the interests of those who engage in the exercise. Taboos and stigma around LGBTIQ identities highlight the greater need for major communities to be sensitized. This applies in particular to parents and people of sizable influence, including community leaders. Volunteers also revealed that a subsection of health care facilitates do exhibit signs of unfair treatment, leading participants to prefer mobile clinics to traditional medical establishments. The same applies to other areas of life, such as law and justice, where cases of sexual and gender-based violence regarding the LGBTIQ community received poor treatment in comparison to heterosexual citizens. Needless to say, this disparity does not favour the LGBTIQ community.
The participants called for the better provision of public sexual utilities such as condoms and lubricants. Volunteers reported that people still needed much education, in all spheres of community. Members of the LGBTIQ community needed to know where to access related services. The exercise was seen as a good initiative that should be kept going. It was duly noted that times were changing, and with them were the experiences. Both positive and negative experiences were shared, and the general feeling was to continue this initiative over time. The researchers also got exposure to the different challenges faced by the LGBTIQ community. While some people were still uneasy and unsure of who they are, others were happy and unashamed of who they were. Emphasised here was how difficult it is to establish a basis of trust. This was especially evident when some participants stated that their profession discouraged them from disclosing the sexual orientation. Lastly, we recognised a need for social groups, platforms for more people to share their stories and impact change.

The observations noted above provide steady encouragement for more research and documentation of LGBTIQ experiences. Volunteers noted several recommendations for future research.

Recommendations for future research and advocacy

This project forms the foundation of an ongoing effort to collect and report on the lived experiences of LGBTIQ people. With more resources, time should definitely be extended to allow volunteers to build relationships with participants which allow for better sharing of information. More sensitisation needs to be done with communities to combat stigma and discrimination. This is particularly necessary when it comes to healthcare and law enforcement. From those responses which reported positive outcomes, there may be value in researching the factors that influenced such unusual circumstances. On the training of volunteers, more time could be spent on making sure that the objectives of future projects are understood to ensure better execution of tasks.

Out of the Queer eSwatini Breaking Barriers conference the following recommendations were put forward:

All sectors of society should be organised to champion various causes
All CBOs must demonstrate solidarity for each other's causes to strengthen activism
More literature needs to be generated on sexual and gender minorities and access to jobs, dignity and food
Entities like the Foundation for Social and Economic Justice should work with CBOs to make sure that various issues are at the centre of their campaigns
More sensitisation of media must be done
Social media must be used strategically to control narrative around LGBTIQ issues
Have more conversations and broaden scope to understand that any struggles for justice are of importance to everyone
More conferences like the ESGM conference must happen

Of great importance is the need for multisectoral approaches and for CBOs to support each other's work. In the quest to hold government accountable, all sectors must support the issues being championed.

Recommendations for national government

- Decriminalise same-sex activity: legal reform to abolish laws which contribute to sexual orientation and gender identity-related stigma, prejudice and discrimination against sexual and gender minority people living in eSwatini, including men who have sex with men and women who have sex with women.
- Take into account sexual and gender diversity when programming for gender issues, including gender-based violence;
- Improve access to mental health services for LGBTI populations:
- Ensure that mental health services are affirming of sexual and gender diversity;
- Ensure that mental health services are provided without sexual orientation and gender identity-related stigma, prejudice and discrimination;
- We recommend following the guidelines on sexual and gender diversity published by the Psychological Association of South Africa;
- Include mental health assessments, care and referrals into the HIV-related package of care for key populations.

- Build knowledge, skills and capacity within the public health sector to reduce sexual orientation and gender identity-related stigma, prejudice and discrimination in healthcare:
- Provide mandatory sensitisation on sexual orientation, gender identity and expression, as well as values clarification, for healthcare providers at health facilities;
- Provide continuous professional development education and training for healthcare providers to raise awareness of the mental health needs of LGBTI people in eSwatini;
- Include teaching on sexual orientation and gender identity-related health concerns into health professions education.
- Support the work of civil society organisations who provide services, including mental healthcare, for sexual and gender minorities.

Recommendations for civil society organisations

- For LGBTI civil society organisations:
- Provide affirming counselling services for LGBTI people, and actively raise funds for such services;
- Recognise that staff at LGBTI civil society organisations may have experiences with violence, or mental health concerns, and prioritise interventions and programmes for staff well-being;
- Include mental health as an important aspect of the health of LGBTI people in advocacy, programming and outreach work;
- Build relationships and referral services with mental healthcare providers who are willing to provide LGBTI-affirming services.
- Continue advocacy, public awareness and values clarification work to address the causes of violence, namely discrimination, stigma and prejudicial social and cultural attitudes.
- For civil society organisations providing services to survivors of violence:
- Ensure that all staff, especially psychosocial and court support staff, are able to provide affirming services to LGBTI survivors of violence;
- In gender-based violence advocacy and programming, take into account how sexual orientation, gender identity and expression can increase vulnerability to genderbased violence;
- Actively build links to LGBTI civil society organisations.

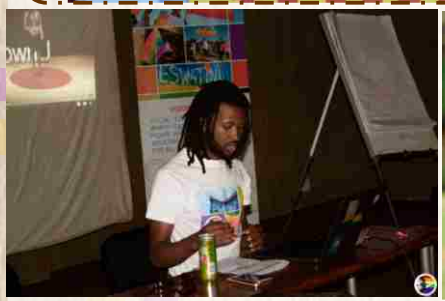
Recommendations for donors

- Provide funding for services, programming and advocacy work linked to mental health and sexual orientation, gender identity and expression;
- Raise awareness of the need for mental health services and education for LGBTI people with other donors;
- Ensure that funds for violence prevention and programming build programmes that take into account vulnerabilities linked to sexual orientation, gender identity and expression, and are inclusive of people with diverse sexual orientations and gender identities and expressions.

About ESGM

Eswatini Sexual & Gender Minorities was founded on the basis of a fundamental need to augment the efforts on the LGBTIQ movement in Eswatini. In April of 2019, we gathered to found the very first human rights based LGBTIQ organisation that is membership based to use the voices of each and every sexual and gender minority in the kingdom to raise awareness and advocacte for a change.

The Organisation is focussed on advancing the protection of human rights of Lesbian Gay Bisexual Transgender and Intersex persons in the Kingdom of, Eswatini. The organisation is further working on reducing harm that affects the well-being of Emaswati based on sexual orientation and gender identity & expression



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