LESBIAN AND BISEXUAL ADOLESCENT GIRLS' AND YOUNG WOMEN'S SEXUAL REPRODUCTIVE HEALTHCARE EXPERIENCES IN NAMPULA PROVINCE, MOZAMBIQUE

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Short Abstract
Lesbian and bisexual young women have to navigate the challenges of coming of age while at the same time they are navigating a marginalized sexual identity. In Mozambique, they face social approbation which can manifest in a hostile healthcare environment, which act as a barrier to seeking sexual and reproductive health services. Based on qualitative in-depth interviews collected between July and August 2023 in Nampula Province in northern Mozambique with lesbian or bisexual 18-24 year olds (n=28), this paper explores the individual, dyadic, societal and institutional obstacles they face in attempting to exercise their sexual and reproductive health and rights. Understanding the specific sexual and reproductive health needs of this group through listening to their experiences can inform the development of programs and policies to improve access to information and services for this vulnerable population.

Background

A complex interaction of social, cultural and political factors contribute to unfavourable experiences of healthcare for people of diverse sexual orientation (DSO) and gender identity (Lee & Kanji, 2017; Zeeman et al., 2018). These factors include: i) cultural and social norms that preference and prioritize heterosexuality; ii) minority stress associated with sexual orientation, gender identity and sex characteristics; ii) victimization; iv) discrimination and; v) stigma (Zeeman et al., 2018). A growing body of literature on health inequalities, in particular comparing health outcomes of sexual and gender minority groups to the general population, have linked those inequalities to Minority Stress Hypothesis/Theory (Frost, Lehavot, & Meyer, 2015; Lacombe-Duncan, Andalibi, Roosevelt, & Weinstein-Levey, 2022; Lick, Durso, & Johnson, 2013; McConnell, Janulis, II, Truong, & Birkett, 2018; Meyer, 2003; Thorpe, Tanner, & Hargons, 2023; Zeeman et al., 2018). Minority stressors such as stigma, prejudice and discrimination, may influence how often people access or seek health care services (Thorpe et al., 2023). Where heterosexuality prevails as a norm at institutional as well as societal levels (Zeeman et al., 2018), sexual minority individuals are at greater risk for health problems than heterosexuals because they face greater exposure to social stressors (Frost et al., 2015; Thorpe et al., 2023). According to Lick et al. (2013) there are three levels of stressors: (i) interpersonal stressors which are discreate acts of prejudice and discrimination that sexual minority individuals are frequently exposed to when living in stigmatizing environments; (ii) institutional stressors that limit access to and quality of health care due to unfavourable health care settings and discrimination by healthcare providers and; (iii) structural stressors, which include less supportive policies that limit access to adequate healthcare and affect subsequent health outcomes among sexual minorities.

In response to these stressors, sexual minority individuals may avoid seeking healthcare services because of anticipated discrimination and mistreatment at health facilities (Kcomt, Gorey, Barrett, & McCabe, 2020). Because of heteronormative assumptions, healthcare providers may not anticipate the possibility of a homosexual patients and they may be unprepared or lack skills when a homosexual patients seek healthcare services (Kamazima, 2023; Kcomt et al., 2020; Luvuno, Mchunu, Ncama, Ngidi, & Mashamba-Thompson, 2019). Furthermore, they may lack knowledge and understanding of the experiences and needs of a person of DSO (MacDonnell, 2014). Sexually minority patients often do not disclose their sexual orientation to healthcare providers for fear of discrimination or judgment or changes in the patient-provider relationship if the provider learns of their sexual orientation (Thorpe et al., 2023; Wiwattarangkul & Wainipitapong, 2023); anticipated discomfort or uneasiness due to the provider's disapproval; lack of emotional support from the provider (Dahl, Fylkesnes, Sørlie, & Malterud, 2013) or fear of the provider making discriminatory comments (Lacombe-Duncan et al., 2022).

Research, most of which has been conducted outside of Africa, shows that people of DSO are at 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 an hostile and uncomfortable environment in which to express their sexuality and seek SRH services. Work from South Africa, Kenya, and in a cross-country comparative study (all countries included in the study are in Africa) highlights the marginalization sexual

minorities face in general and also when seeking public health services (Haase, Muller, & Zweigenthal, 2022; Müller, 2017, 2018; Müller et al., 2021). LGBT patients in South Africa reported experiencing discrimination at the hands of nurses, doctors, counsellors and even administrative and security staff at public facilities (Müller, 2017); they also reported disrespectful treatment, been called names and ridiculed because of their sexual orientation or gender when visiting clinics (Müller, 2017). In Lesotho, religion and cultural values were used to justify the physical and emotional harm that was imposed upon the LGBTQI population (Matsúmunyane & Hlalele, 2019). Lesbian, gays and bisexuals in Addis Ababa reported not being consistent in health seeking because they reported fearing homophobic reactions and being stigmatized or subject to judgment when accessing health services (Tadele & Amde, 2019). In Dar-es –Salaam, women who have sex with other women reported various coping mechanisms to minimize the risk of discrimination when experiencing a sexually transmitted infection (STI) to avoid having to go to a public health facility including waiting for sexually transmitted symptoms to go away, relying on self-medication, buying medicines from trusted pharmacies or seeking care at private facilities by trusted practitioners (Kamazima, 2023). DSO populations have been found to attend health facilities only when complications have set in, and it becomes an emergency (Kamazima, 2023; Luvuno et al., 2019). Gender minority adolescents face the multiple barriers of being excluded from LGBT-specific services aimed at adults, and at the same time, being excluded from heteronormative adolescent SRH services (Müller, Spencer, Meer, & Daskilewicz, 2018).

Although some progress has been made in Africa towards the attainment of human rights for sexual minorities, homosexuality is still a social taboo and illegal in most African countries (Epprecht, 2012). Sexual minority individuals usually hide their sexual and gender identity for fear of homophobic hatred and violence (Matsúmunyane & Hlalele, 2019; Tadele & Amde, 2019). In Mozambique, people of DSO and gender identity including lesbian and bisexual young women, are exposed to social stigmatization, discrimination and sexual violence at home, in healthcare facilities, and in their communities (Chipenembe-Ngale, 2018; Gamariel et al., 2020). This may deter them from expressing their sexuality as well as from seeking sexual and reproductive health services (Müller, 2017). Homosexuality in Mozambique was decriminalized in 2014 when the new Penal Code was approved(República de Moçambique, 2014). Strategic Plan of the Ministry of Health (MISAU, 2013), which has been in place for over a decade, stats clearly that nobody should be discriminated against when accessing health services on any basis. However, the mechanisms for holding entities accountable are weak and there are no special protections in place for people who identify as LGBTQI+. Associação Lambda, a Mozambican civil society organization that advocates for the recognition of the human rights of the LBGTQI+ population of Mozambique, has been fighting for its official recognition since 2008. Nevertheless, Associação Lambda collaborate with different government institutions for more inclusive and sensitive approaches to diversity. They have been effective at getting some public policies to be responsive to some of the needs of gay and bisexual men and transgender people (CNCS, 2021; MISAU, 2016) and getting the government to identify “non-discrimination” of any kind as a key guiding principle of the policies and promote respect for human rights of young people (República

de Moçambique, 2024). Previous studies in Beira (Gamariel et al., 2020) and Maputo and Nampula (Chipenembe, Longman, & Coene, 2023; Chipenembe-Ngale, 2018) reported experiences of discrimination experienced against LGBT communities, including stigma and breaches of confidentiality. For instance, Chipenembe et al. documented how lesbian and bisexual women in Mozambique have been subjected to rituals including sexual violence aimed at "healing" or converting them from homosexuality to become heterosexuals(Chipenembe et al., 2023).

The specific challenges faced by lesbian and bisexual AGYW in Nampula Province are largely unknown. This paper addresses this gap by exploring the individual, societal and institutional barriers to SRH information and services faced by lesbian and bisexual AGYW in two districts of Mozambique, Nampula and Nacala-Porto. 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. Recognizing and understanding the challenges this population experiences obtaining relevant SRH information and seeking healthcare are important so that adequate evidence-based programs and policies can be developed and implemented to facilitate access to needed services.

This study is nested within a larger project entitled *Stand Up for Sexual and Reproductive Health and Rights* being led by Oxfam Canada (2021-2027). The full study is taking place in both Mozambique and Uganda, and includes focus groups with 15-24 year old boys and girls who are in-school and out-of-school, refugee/internally displaced persons (IDP) and non-refugee/IDPs. The research partners of the study are Makerere University School of Public Health [Uganda], *Centro de Pesquisa em População e Saúde* (CEPSA) [Mozambique], and the Guttmacher Institute [USA].

Methods

Data for this study are based on 28 in-depth interviews of lesbian and bisexual AGYW ages 18-24 in Nampula province, northern Mozambique, the most populous province in the country, home to seven million of the Mozambique's population of 34 million in 2025 (INE, 2020). Nampula is one of the provinces with poor sexual and reproductive health indicators for adolescent and young women: the contraceptive use is low, and the rates of child marriage and adolescent pregnancy and childbearing are high (Arnaldo, Sengo, Manhice, Langa, & Cau, 2017; Baatsen, Josaphat, Issa, Buwalda, & Juanola, 2018; MISAU, INE, & ICF Internacional, 2018).

The interviews were conducted in Nampula and Nacala-Porto districts, both of which are predominately urban with 1 million and 400,000 inhabitants respectively, of which about 20% are aged 15-24 years (INE, 2020). In Nacala-Porto about 80% of the population is Muslim (INE, 2012b) while Nampula district has equal proportions of Muslims and Christians (40% and 42%, respectively) (INE, 2012a).

The participants, all of whom identified as lesbian or bisexual, were selected to have an equal balance between those who were in- and out-of-school. Associação Lambda assisted

the research team in identifying eligible participants. Associação 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 participate. Those who were willing to participate were then introduced to an interviewer who explained the study in more detail and administered the informed consent form before conducting the interviews. All invited participants accepted being interviewed. The consent forms are posted here: https://osf.io/gek2y/. To minimize interruptions and to provide confidentiality to respondents, all interviews were conducted in a private location identified by the respondents, usually somewhere outside their home. Sometimes this was at the Associação Lambda office. All the transcripts can be found here: https://osf.io/73asz/.The study received Institutional Review Board approval from both the Mozambique Ministry of Health review board as well as the Institutional Review Board of the Guttmacher Institute.

The interview guide was designed in English and translated into both Portuguese and Emakwa (the language of the study sites) and then back-translated to assure consistency. The interview guide can be found here: https://osf.io/gek2y/ . The guide focused on sexual orientation and identity; experiences living their sexual identity including disclosure, access to sexual and reproductive health information and services, feared as well as experienced stigma, discrimination and sexual violence. Interviewers were trained over a 7-day period which included a day and a half of field tests. Eight interviewers were trained, and the best five were retained. Four were charged with data collection, and one acted as a field mobilizer, increasing sensitization about the study and liaising with community members. The interviewers all had interview experience and were fluent in both Portuguese and Emakwa. Supervision took place by members of the study team (BC, EM, MF), who spent time in the field observing interviews and providing feedback to the interviewers to improve their implementation of the study instruments; they also shared out with the rest of the study team their observations from the field for the rest of the field team to be able to participate in trouble-shooting as well as study design modification. All interviews were audio recorded, transcribed and translated into Portuguese by professional transcribers and then checked for fidelity to the Emakwa by the interviewers. The transcripts were reviewed for any inconsistencies by the field supervisors and the research team, and all sensitive information (names, addresses, etc.) were removed.

A codebook was created based on the logical flow of the interview guide to capture the information most relevant to the study objectives. 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 until the team was confident that the codebook captured all relevant information. The coding team included three people who were familiar with the content of the interviews and fluent in Portuguese. The codebook was imported into NVivo 14 (Melbourne, Australia). Each team member coded one transcript and then an inter-coder reliability test was conducted to ensure that the coders were in at least 90% agreement on all nodes. Once that threshold was reached, the remaining transcripts were divided among the coding team. The team communicated and troubleshot in weekly meetings throughout the coding process to ensure that consistency in coding was maintained. After coding was

complete, preliminary inferences were made to capture the most important barriers to enjoyment of sexual and reproductive health rights of lesbian and bisexual adolescent girls and young women in Nampula Province, Mozambique.

Results

Respondents' characteristics

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

[Table 1 about here]

Experiences of stigma and discrimination

Stigma and discrimination against lesbian and bisexual women were commonly reported in our study area and seemingly rooted in social and religious norms that consider same sex relationships as sinful and abnormal. Respondents reported concerns about and experiences of discrimination at home, in the community and at health facilities when seeking sexual and reproductive health services. The discriminatory attitudes took the form of rejection, threats of violence from parents or close relatives, bullying at home or in a public space, insults or mocking in public and threats or even violence, including sexual violence.

Respondents report how they suffered bullying and other discriminatory attitudes from family members, including being expelled from their homes because of their sexual orientation:

> … my youngest aunt… when sitting at home … said, "[…] Your life is about putting your fingers in each other, putting your tongues out, after all, what do you feel?" I only looked at her, but when she said, "Waste of a person here", it really hit me when she said I was a waste of a person, it really hit me' (Lesbian, 23 years old, Nacala-Porto)

> …my cousin… she makes bad jokes about me, if we talk to each other, it is because we live in the same house. There's no way she wouldn't talk to me if it were up to her, xahh...nothing...she doesn't like me because of that [my sexual orientation], according to her it's a waste of a person (Bisexual, 21 years old, Nampula)

> … I used to bathe with my sister who is older than me … and she said "I can no longer bath with a Maria-rapaz [girl-boy]"… is it not a discrimination, hum? … After I have disclosed that I like women, this is what happened … First was my friend who said that she could not dress in front of me … "I cannot dress in front of a *Maria-rapaz*, don't confuse me"… then it was my sister also say those things … "I cannot dress in front of her" (Lesbian, 23 years old, Nampula)

> … it was my aunt … when I told her about how I am, she … she acted very bad… yes, she said … 'You cannot come and bury my sister [participant's mother], we don't want you here, we want… we want only marriage with a man not with a woman… That is a sin, we don't want you here, we don't want, go and find another mother, another aunt to tell you that, I don't want you here anymore, if my sister dies you cannot come to bury her. Even if I die, you can even go away from here, go away from Nampula, we don't want to see you anymore'… and I felt bad (Lesbian, 18 years old, Nampula)

A respondent recounted the threat of violence from her father:

> [...] my father he... he said that I had to change and [...] if I didn't change, he might kill me... I, I felt very, very bad about his words... they were offensive to me at the time (Lesbian, 20 years old, Nampula)

This respondent's father was not a part of her life; she had a very painful relationship with him. But as he was not a part of her life, she said she was not that worried about the threat.

Within community and public spaces, discrimination took the form of bullying, ridicule, threats of violence including sexual violence and sexual abuse. Two lesbian respondents reported how they were laughed at and/or bullied in public:

> … bad, bad … it's just that I pass by, it's already a reason for them to change the subject... if they're talking about something else it's already a reason for them to change the subject and talk about my situation... 'That's a lesbian' [they say while laughing a lot]... at some point I felt bad (Lesbian, 20 years old, Nampula)

> … with a lot of bullying … a lot of bullying to be honest … with a lot of bullying and discrimination… sometimes when I walk past, they talk... and then I just look and shut up, because I don't really have any friends because of that, ahh (Lesbian, 23 years old, Nacala-Porto)

One bisexual respondent recounted how one of her female peers who was presenting in a more masculine way was physically assaulted in a public place:

> (...) they tried to take her clothes off to really see what sex she was, they really offended her, some people laughed at her (Bisexual, 22 years old, Nampula)

Respondents described how they were threatened with sexually abuse by school colleagues and members of the community who justified doing so to "cure" them from their 'wrong' sexual orientation:

> […] all this at school (...) they said 'ihh that one... that one... we heard that she gets it on with women, now we're going to rape that one. This month here shouldn't end without us doing things to that one'[…] They went looking for me a lot… in my neighborhood, they came with my photo on their phones and asked people 'Do you

> know this girl here?', showing the children my photo. The children didn't speak, they even found my cousin, and said 'Do you know this girl here? My cousin said no, I don't know her'. They said, 'You don't want to tell us, we're going to catch her, she is playing at going out with women, while there are men here in the world, there are men'... (Lesbian, 18 years old, Nampula)

> I have been threatened, yes … 'You can't walk at night because if you walk at night, we're going to show you what it's like to have sex... that what you are doing, putting your finger in there isn't having sex, so we're going to show you what it's like to have sex'... those are the threats and by 4 or 5 PM I was already inside the house... (Lesbian, 20 years old, Nampula)

> … me ... they threatened to come after me... 'One day we're going to program [plan to rape] you (...) [eh] one day we're going to program [rape] you... we will come to your house, use you well... to see if you'll continue to say that you like women'... (Lesbian, 23 years old, Nampula)

In one of these cases, a respondent was in fact raped.

> (...) sexually, I've already suffered, I've suffered with my own friends, right...they raped me... that ...I've never told anyone about it, and I've never reported, they've sexually abused me..., I just say, 'What harm have I done to them to make them do that?' It's hard... to say... (Lesbian, 21 years old, Nampula)

These dangers prevented lesbian and bisexual young women from having social lives or expressing their sexuality. The lesbian respondent who was raped by friends reported staying at home for fear of being stigmatized or suffering violence.

> … me, for me now I prefer to stay at home, I leave the home to go to the university, to go to my sister's house and going to the market and I come straight home, because even if I want to have fun, I prefer staying at home playing my music, epah, I invite my girlfriend to come and stay with me … friends, I can't have, because what I have gone through is something that prevent me from having many friends, I prefer to only have my partner as my friend, as my partner (Lesbian, 21 years old, Nampula)

Access to health services and interactions with healthcare providers

Respondents sought psychologists to help them to better process and understand their sexual orientation. Talking with psychologists was important among our respondents to better understand their sexual orientation and prepare them to disclose to parents and close relatives, or to deal with inappropriate treatment by parents or relatives. One lesbian reported how it was important for her to see a psychologist at the university where she was studying:

> I've already had this experience [...] there was a psychologist there. So, because of the problems I was having, I went to him to seek help. I explained and told him what my problems were, what I was facing. And he told me that it's not a disease. [...] It happens because it's normal, so what you should do is try to ask your parents not to let you [...] not to take you out of school. He even said he could do it with my

> permission, he could talk to my parents, but I got scared. I preferred not to talk to my parents. (Lesbian, 20 years old, Nampula)

Respondents sought out nurses or medical doctors for information about their sexual orientation and treatment for sexual and reproductive health-related issues. In contrast to how respondents were received by psychologists, after the health professional learned of their sexual orientation, the environment at the health facilities was generally unfriendly and discriminatory. This discrimination took the form of disclosure of the respondents' sexual orientation by health professionals to other health professionals, ridicule based on the way they were dressed or ridicule for contracting an STI.

> The nurse even clapped her hands. 'Are you a man dressed like that?' [...] You know, [...] everyone started laughing [...] some people were shocked, but she told me to go back, [...], 'Go back and change, put pants on [and] come [back] here'. (Lesbian, 24 years old, Nampula)

> Yeah, we arrived there and explained: we have this situation, I don't know [...], they're already starting to say: 'How did you catch that if you are two women, how did you manage to do that? It is full of men out there, you can do that with men instead of doing […] that which you sometimes […] if this kind of things happened is because of that things that you have been inserting to yourselves, I don't know […] that is why you catch those things. You should look for men'. (Lesbian, 24 years old, Nampula)

Respondents felt that the health system is still not prepared to meet SRHR needs of people with diverse sexual orientations and most of the available SRHR information is oriented towards heterosexual relationships. They were refused treatment, ignored or left waiting for a long time, and subject to judgment/jokes/mocking, and violent and humiliating treatment. Some respondents reported how they were refused treatment or ignored by nurses at health facilities:

> We spoke to a lady [nurse] there [at the health facility], but at a certain point, on the same day, she asked us [participant and her partner] to come back tomorrow. Tomorrow? We came back the following day but no …. she was saying the same thing, we noticed that she was not willing to see us, because of that we went looking for another person. (Bisexual, 19 years old, Nampula)

> [...] he left me there and went out [...] he was seeing other people, and I was waiting there [....] (Lesbian, 24 years old, Nampula)

> I was with my girlfriend who was sick, I took her to the hospital and when we arrived there, he [the healthcare provider] was harassing me. I told him, 'You are harassing me in front of my partner', he said 'Shee… so you carried yourselves and brought yourselves here… go back home'. He did not help us, no … seriously, he did not help us. We had to go to another health facility. (Lesbian, 23 years old, Nacala-Porto)

> […] I've also been to a health centre […] I was one of the first to arrive that day, I was with my friend who is trans man […] we went there […] believe me, that nurse looked at us, taking the measure us as if to say, “I am not willing to help you” and we noticed. That lady was doing everything for not helping us, because we were dressed differently too [...] ‘We know they are women but they are dressed like that […]’ So we thought that was prejudice and we ended up not using that health facility. We had to go to another heath facility that was close to home […] (Lesbian, 23 years old, Nacala-Porto)

A lesbian described a violent and humiliating experience at a health facility:

> He took it [the tablets for STI treatment] and started trying to insert it [on her genitals], but I was feeling pain. I said to him, ‘It's hurting,’ and he said, ‘How am I going to get it in here?’ I said, “I don't know but it's hurting.” And really, because he insisted so hard, it started bleeding [...] We go to a [...] hospital. We told them about our situation, and instead of receiving support, sometimes it's the same people who throw stones at us, the people who could help us. Instead of helping us, they start saying many things, they humiliate us and, well, a lot of things happen there that we can't even understand. (Lesbian, 24 years old, Nampula)

One respondent Reported how a nurse breached her confidentiality about her sexual orientation:

> She [the nurse] called up her colleague: ‘Come here and see this, they say are couple…’ She called up other colleagues even when we’re leaving, people pointed at us there at the hospital, they didn’t keep [our sexual orientation] secret and were only shouting. […] She shouted [at us]. I didn’t understand [...] She called many of her colleagues even when she was handing me the prescription. She said, ‘Wait here a bit, it is taking a long time’ because she wanted more people could come and look at us, so it was very embarrassing for me. (Lesbian, 23 years old, Nampula)

However, there were some respondents who reported being treated well at health facilities. In most cases the health professionals were friends or close relatives, or their sexual orientation was not known to the health professionals either because they did not disclose or the way they were dressed could not identify them as of diverse sexual orientation or seeking sexual and reproductive health services at health facilities that were far from their residences. Whenever it was possible not to reveal their sexual orientation, the participants preferred not reveal it to avoid discriminatory treatment. However, as soon their sexual orientation was revealed, the mood of the heath provider usually changed to a more unfriendly relationship.

One lesbian reported how she felt that the disclosure of her sexual orientation made the healthcare provider change the way they were interacting:

> […] you could be having a good interaction, but if you mention your sexual orientation, you've spoilt it. She [the healthcare provider] who was understanding you well, will stop talking. The environment changes. If you don't reveal your sexual orientation, from my side as a lesbian, there is no problem, […] but as soon as you introduce the issue about [sexual orientation], there's no good interaction, they discriminate a lot, it is just that, there's a lot of discrimination (Lesbian, 23 years old, Nampula)

Access to and gaps in SRHR information for lesbian and bisexual young women

Lesbian and bisexual young women reported relying on information available from the internet, social media and peers. They also lack information on how to fulfil their reproductive rights, including understanding how or why they are different (bisexual young women particularly expressed this) and how to disclose their sexual orientation to their family.

Respondents related that they sought specific types of information that they couldn't find:

> The information that I wanted most was to know why do they criticize us too much if that is what we chose to be, why do they criticize us if that is what we chose, is what makes us feel better, why? (Bisexual, 19 years old, Nacala Porto)

> What I want to know but I never get the answer, is about rights, human rights. If I talk about human rights, it is because [I see] some of my brothers which are from the same community [LGBT community] as me suffering even if they have their rights. So, I would like to know more what did we do wrong not to have the same rights as those of normal people [heterosexuals], how are failing if it is said that regardless of color, race, religion […] we all have the same rights? So, I would like to know about those rights. They say we are equal, but we don't have [those rights]. Where are we failing to not have the same rights as the others? (Lesbian, 21 years old, Nampula)

One lesbian woman spoke about a lack of information on how to have a baby with her partner:

> ...difficulties I have, for example, I have my girlfriend, that girlfriend of mine I love, and I want to have a child with her, what am I going to do? I'm asking... 'What am I going to do with her to have a child?' (Lesbian, 22 years old, Nacala)

This information is not accessible mainly due to discriminatory attitudes from both society and health professionals or because the people or institutions that our respondents contacted are not able to provide support in these domains. However, the respondents noticed some positive changes mainly due to ongoing civil society organizations' advocacy activities and the increase in visibility of people of diverse sexual orientation in the media.

Keeping in mind that all our respondents were connected to Associação Lambda, some respondents reported having their SRHR information needs met through the Associação Lambda network they belong to:

> I called a friend... to find out what it [a sexually transmitted infection] really was [...] That's when I went to [Associação] Lambda to talk to someone there. I said, “There's a disease,” because it's practically a disease. There's already a disease on the lips, the lips get so hot, so they explained it to me, so I went to the hospital, and they prescribed some medication, and I started taking it. (Lesbian, 21 years old, Nampula)

The assessment of the accuracy and reliability of the information is not always done. When it is done is mainly based on the source and trust on the source. Respondents tend to trust more on the information received from the health facilities and peers, who almost all are from the Associação Lambda:

> […] I like more people that are my friends, who have always brought information about our sexual orientation and [Associação] Lambda. So, someone share information from people I see on social media, and are part of our … our [sexual] orientation. So, I already see that as trustful source for me, because I believe that it is trustful… (Lesbian, 24 years old, Nampula)

> Th only friends who give me that kind of information is the one I talked about, who does a lot of research. I preferer to hear him over the internet. I think that is because is live, I can talk to him physically. I preferer the information from him over that from the internet. (Bisexual, 20 years old, Nacala Porto)

Discussion

This study was aimed at exploring how Lesbian and bisexual women navigate through minority stressors to access SRH information and services in Nampula, Mozambique. The findings show that negative attitudes towards lesbian and bisexual individuals persist even among healthcare providers which leads to barriers to health care access. This is consistent with findings from other sub-Saharan countries (Kamazima, 2023; Müller, 2017) and with the minority stress model according to which a combination and accumulation of minority stressors (such as stigma and victimisation, and the distress felt in response to stigma and concealment of sexual orientation) their ability to cope (Brooks et al., 2018). Lesbian and bisexual women in Nampula (and Mozambique in general) face challenges of lack of social acceptance within the family, in public institutions and in society. This lack of acceptance restricts their ability to experience psychological as well as physical safety, and exposes them to violence, including sexual violence.

Many respondents reported being subject to bullying, inappropriate comments, isolation (within the family) and threats of violence at home which is consistent with an environment dominated by heterosexual values. Due to anticipated rejection, the disclosure was preceded by a long and careful period of preparation, in particular psychological preparation

before making the decision to come out. This is consistent with what has been documented in other African countries which found that fear of family rejection was found to influence the decision of sexual minority men to not disclose their sexual orientation in Ghana (Shamrock et al., 2023); in Lesotho, many homosexuals lived secret lives for fearing possible discrimination from their families and community and those who did disclose their sexual orientation reported experiencing family rejection and abandonment (Matsúmunyane & Hlalele, 2019); in Mozambique, some lesbian women who disclose their sexual orientation were taken by their parents to traditional healers or religion ceremonies where rituals are performed which are believed to "cure" lesbian sexual orientation (Chipenembe et al., 2023).

The disclosure of sexual orientation was even more challenging at the health facility when seeking healthcare services. In our study, the disclose of sexual orientation often meant discrimination, and poor or no access to healthcare. Because of the unfriendly environment at the health facility, lesbian and bisexual women avoided disclosing their sexual orientation. These findings confirm what has been reported in previous studies in Mozambique (Gamariel et al., 2020), South Africa (Müller, 2017) and Tanzania(Kamazima, 2023) which reported discrimination of people of DSO by nurses, doctors and other healthcare staff when visiting the heath facilities. People of DSO in many studies from a South African scoping review by Luvuno et al. (2019) reported being subjected to religious teachings, verbal abuse, micro-aggressions and sometimes being denied care when visiting health facilities seeking treatment. Brooks et al. (2018) shows that the anticipated response by health professional (visual/language) and their lack of preparedness to deal with the sexual and reproductive health needs of people with DSO are among the barriers to disclose, while good communication skills of healthcare professionals such as inclusive and open body language and visual clues (leaflets, stickers, and posters that are deemed LGBT friendly, such as the Human Rights Campaign logo or a rainbow), work as facilitators to disclosure.

Healthcare providers in Mozambique are bound by service provision documents such as the Strategic Plan for the Health Sector (MISAU, 2013) and other health service provision documents (ex: CNCS, 2021; MISAU, 2016) that prohibit discrimination of any kind. Nevertheless, the health system in Mozambique is not yet prepared to respond to the needs of people of DSO both in terms of SRH information and SRH service provision specific to the needs of lesbian and bisexual women. This may be a combination of a lack of healthcare professionals having the necessary skills in dealing with lesbian and bisexual reproductive health issues, as well as their own stigmatizing attitudes. (Kcomt et al., 2020) Advocacy activities that are being carried out by Associação Lambda at different levels including at the Health Ministry and health facilities are slowly sensitizing health professional to be more responsive to the sexual and reproductive health needs of people of DSO but the fact that Associação Lambda is yet to be legally recognized make it more challenging to expand these activities.

Finally, our study shows that lesbian and bisexual women are subject to stigma and discrimination in the form of bulling, mocking, and threats of violence, including sexual

violence in public spaces. Of particular relevance is the threat and sexual violence to lesbian women was seen by the community as way to "correct" their sexual orientation. "Corrective" rape carried out on lesbians was also reported as common in Lesotho (Matsúmunyane & Hlalele, 2019) and South Africa (Brown, 2012), in the believe that it will 'cure' them of their homosexual status; in Mozambique, apart from the community "corrective" rape, some of rituals that traditional healers perform to "cure" homosexuality include forced sexual intercourse between the traditional healer and his lesbian "patient" (Chipenembe et al., 2023). Fearing these discriminatory attitudes, lesbian and bisexual women in our study adopted protective strategies such as limiting their movements, particularly at night or interacting with few people. This is consistent with a study in Ghana where sexual minority men in the slums of Accra and Kumasi chose to reduce the number of acquaintances or friends to stay anonymous and prevent the family from knowing about their sexual orientation and avoid being subjected to physical harm (Shamrock et al., 2023). Similarly, many homosexuals in Lesotho live secret lives, for fear of possible discrimination from their families and community (Matsúmunyane & Hlalele, 2019).

The fulfilment of sexual and reproductive rights of all Mozambicans has been a concern of the Mozambique government as expressed in the strategic plan for the health sector (MISAU, 2013). Yet despite the Strategic Plan of the Ministry of Health (MISAU, 2013), which has been in place for over a decade, stating clearly that nobody should be discriminated against in accessing health services on any basis, young women with diverse sexual orientations are experiencing discrimination, demonstrating that health facilities are not prepared to meet the SRHR needs of people of diverse sexual orientations.

Limitations

Our study has several limitations. First, due to our sampling strategy, we were only able to speak to lesbian and bisexual women already connected to Associação Lambda. These young women are anomalous in that they have already become affiliated with this advocacy organization which is providing psychosocial support and other services. This means that our respondents are probably better supported and able to navigate the challenges that accompany living in this social context as a lesbian or bisexual than their peers who may not be connected to Lambda. Second, all the data were collected in Emakua, translated into Portuguese, and then the selected quotes were translated into English. We have confidence that we have presented faithful summaries of the data, but it's possible that with these multiple layers of translation, meanings may have shifted and the texture of some of the original speech may not be getting retained in the quotes. Thirdly, the fact that we did not speak to other people in the young women's lives including family members and healthcare providers, limits our insight into health provider's attitudes and knowledge about the sexual and reproductive health needs of lesbian and bisexual women. These data can only speak to the experiences of the young women as recounted by them.

Conclusion

This paper adds to the limited literature on the experiences of people with diverse sexual orientation in Africa. It presents evidence of the challenges that young women who identify

as lesbian and bisexual residing in Nampula Province, Mozambique, experience discrimination and health care access. By demonstrating the discrimination experienced by this vulnerable population, this work brings attention to the social norms which disenfranchise and harm these vulnerable individuals. To live into its laws, Mozambique must enforce non-discrimination and shift social attitudes towards greater acceptance of people with diverse sexual orientation.

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Table 1: Respondents socioeconomic characteristics

Socioeconomic characteristics	Study district		Total	
	Nampula	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

Source: Qualitative interviews with lesbian and bisexual women in Nampula, 2023