

Thesis submitted for the degree of Doctor in  
Gender and Diversity & Gender and Diversity  
Studies

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**Sexual rights activism in Mozambique**

**A qualitative case study of civil society  
organisations and experiences of “lesbian, bisexual  
and transgender persons”**

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## **Dedication**

To my parents Mário Domingos Chipenembe, Maria Laura Inácio Nota and their lovely grandchildren Káleb Joina Chipenembe - Ngale, Dário Chipenembe, Derek Joaquim, Denzel Chipenembe, Maron Guideon and Zuneid Mussá.

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## **List of Abbreviations**

AIDS- Acquired Immunodeficiency Syndrome

AMETRAMO- National Association of Traditional Healers

CRCG- Center for Research on Culture and Gender

CSO- Civil society organisation

DHS- Demographic Health Survey

FGDs- Focus Group Discussions

GBV- Gender-Based Violence

GPHS- Global Public Health Strategy

HIV- Human Immunodeficiency Virus

HIVOS- Dutch Organisation for Development

ICPD- International Conference on Population and Development

IDIs- In-depth Interviews

INE- Instituto Nacional de Estadística/ National Institute of statistics

INS- Instituto Nacional de Saúde/ National Institute of Health

LGBT- Lesbian, Gay, Bisexual and Transgender

LGBTQI- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex

LHR- League of Human Rights

MSM- Men who have Sex with Men

NCHR- National Commission on human rights

OXFAM- Oxford Committee for Famine Relief

PSI- Population Service International

RHEA- Center of Expertise on Gender, Diversity and Intersectionality

SOGI- Sexual Orientation and Gender Identity

SRHRs- Sexual and Reproductive Health and Rights

SSIs- Semi-Structured Interviews

STI- Sexually Transmitted Infection

UN- United Nation

UNDP- United Nations Development Program

UNFPA- United Nations Population Fund

UOS- University Development Cooperation

VLIR- Flemish Interuniversity Cooperation

WHO- World Health Organisation

WLSA- Women and law in Southern Africa region, Mozambique

WSW- Women who have sex with women

## Abstract

A body of queer African knowledge has suggested that civil society organisations play an important role in the struggle for sexual diversity in the Southern Africa region. However, little is reported on Mozambique. This dissertation explores how global public health strategies and discourses impact on lesbian, gay, bisexual and transgender people's activism in this country. Purposeful and snowballing sampling were applied to select 132 participants for a multiple case study, who introduced themselves as heterosexual or LGBT. Focus Group Discussions (n= 71), semi-structured interviews (n=30) and in-depth interviews (n=31) were performed in the cities of Nampula and Maputo. By using feminist post-colonialism, intersectionality, gender and queer theories as a lens of analysis, some categories and forms of oppression and violence were identified in the participants' narratives. Key results indicate that, notwithstanding the implementation of the bill of rights on sexual orientation and gender identity in Mozambique, global public health strategies and discourses on sexual and reproductive health and rights also reinforce a context of "normative violence." The global health discursive practice empowered activists and stakeholders from feminist and human rights organisations to speak about male-on-female gender-based violence and the population of men who have sex with men, as a singular category, but women in same-sex relationships were rendered invisible. This approach limited the experience of civil society organisations in working with "lesbian" and "bisexual women" at both research sites. Nevertheless, the forms of violence reported by these women were related to compulsory marriage, sexual violence, traditional and religious practices dealing with homosexuality. This challenges the public health notion of a "key population at risk of HIV/AIDS" as one that does not allow women to speak about and articulate their sexual rights and needs within a society that is strongly influenced by the colonial past, and with different religions which reinforce gender norms of discrimination based on matrilineal, patrilineal and patriarchal kinship systems. Therefore, the study concludes that an intersectional approach is needed in local public health strategies to address "harmful cultural practices", reported by "lesbian" respondents as one of the factors setting the stage for the silence on and invisibility of the violation of their sexual rights. In other words, it is necessary to go beyond the focus placed on patriarchy and women's position in society by gender scholars and policymakers in Mozambique.



## Abstract

Uit wetenschappelijk onderzoek blijkt dat maatschappelijke organisaties een belangrijke rol spelen in de strijd voor de bevordering van rechten en bescherming van seksuele diversiteit in de regio Zuidelijk Afrika. Er is echter weinig bekend over Mozambique. Dit proefschrift gaat na hoe globale volksgezondheidsstrategieën en discours het lesbische, homoseksuele, biseksuele en transgender activisme in dit land hebben beïnvloed. Selecte en sneeuwbal steekproeven werden toegepast om 132 deelnemers, die zichzelf beschouwden als heteroseksueel of LGBT, te selecteren voor een meervoudige casestudy. Focusgroep-gesprekken (n = 71), semigestructureerde interviews (n = 30) en diepte-interviews (n = 31) werden uitgevoerd in de steden Nampula en Maputo.

Aan de hand van feministische postkoloniale, intersectionele, gender en queer theorieën, die aangewend werden als lens voor de analyse, werden enkele categorieën en vormen van onderdrukking en geweld geïdentificeerd in de narratieve ervaringen van de deelnemers. Uit dit onderzoek blijkt voornamelijk dat, niettegenstaande de implementatie van gelijke rechten van seksuele geaardheid en genderidentiteit in Mozambique, globale strategieën ter bevordering van seksuele en reproductieve rechten en gezondheid, ook een context van ‘normatief geweld’ bekrachtigen. Globale volksgezondheidsdiscours stellen activisten en stakeholders van feministische en mensenrechtenorganisaties in staat om te spreken over gender-gerelateerd geweld van mannen tegen vrouwen, en over de groep van mannen die seks hebben met mannen, maar vrouwen in seksuele relaties met andere vrouwen worden erdoor onzichtbaar gemaakt.

Dit beperkte de mogelijkheid van maatschappelijke organisaties om te werken met ‘lesbische’ en ‘biseksuele’ vrouwen in de beide locaties. In deze studie rapporteerden deze vrouwen echter diverse vormen van geweld, zoals gedwongen huwelijken, seksueel geweld en traditionele en religieuze praktijken die homoseksualiteit beogen te bestrijden. Deze ervaringen dagen de notie uit in het publieke gezondheidsdiscours over een ‘sleutelpopulatie met een risico op HIV/aids.’ Dit laat vrouwen die relaties hebben met andere vrouwen immers niet toe om hun seksuele rechten en behoeften te articuleren binnen een samenleving die sterk beïnvloed is door het koloniale verleden en met verschillende religies die de gendernormen van discriminatie versterken op basis van matrilineaire, patrilineaire en patriarchale verwantschapssystemen. Deze studie concludeert dat een intersectionele aanpak vereist is in lokale gezondheidsstrategieën om



‘schadelijke culturele praktijken’ aan te pakken, die door de ‘lesbische’ respondenten werden gerapporteerd als een van de factoren die leiden tot de stilte en onzichtbaarheid van de schending van hun seksuele rechten. Met andere woorden, onderzoekers én beleidsmakers in Mozambique dienen veel verder te gaan dan een loutere focus op patriarchale verhoudingen en de ondergeschikte positie van vrouwen in de samenleving.

# CHAPTER 1

## Introducing the study

As a lecturer at Eduardo Mondlane University (UEM) and an outsider in the Lesbian Gay Bisexual and Transgender (LGBT) community, I characterised this research journey as a personal learning process on the topics of sexual rights activism and gender identities in Mozambique. To this end, I explored the social and cultural contexts in which civil society organisations (CSOs) and individuals spoke about their experiences of working with people who reported being victims of what Butler, in her book on “gender trouble”, refers to as “normative violence”. This form of violence stems from the fact that gender norms have established “what will and will not be humanly intelligible, and what is considered to be normal in a particular society” (Butler, 2007, p. xxv). In this context, as Chambers and Carver (2008) have shown, gender is a performance which has clear punitive consequences, particularly for those who fail to correspond to the gender binary labels or categories. That is: “doing our gender ‘wrong’ is to open ourselves up to normative violence, because we mark our gender and sexuality as potentially non-normative” (p. 89).

I begin describing this journey by mentioning the role played by Professor Conceição Osório in my initial career on gender studies and my current focus on gender studies and diversity, which is rarely addressed in Mozambique. Professor Conceição was one of my professors at university and later on a colleague at the Sociology Faculty - Eduardo Mondlane University. In 2009, she invited me to participate in the “gender and human rights project”, organised by the Women and Law in Southern Africa - Mozambique (WLSA) and funded by the United Nations Development Program (UNDP) in Mozambique. The research culminated in the publication of a section in a book on “the dynamics of gender discrimination within the context of domestic labour in the city of Maputo”, edited by sociologists Nair Teles and Dr Eugénio Braz, on the issue of “gender and human rights in Mozambique”, published in 2010. My contribution to this paper was to describe how the State’s absence in the regulation of domestic labour reinforced the norms of gender discrimination and enabled the experiences of oppression among female domestic workers in the country to become invisible. Professor Samuel Quive, one of the directors at the Faculty of Arts and Social Science at UEM, convinced me to apply for a PhD candidacy in the “Gender,

Family and Health Issues” project, sponsored by the Desafio/ VLIR-UOS scholarship, which was accepted in August 2014.

In February 2015, while preparing the research proposal, I read the first “Integrated Biological and Behavioural Surveillance survey (IBBS) among Men who have Sex with Men” conducted in the three main cities in Mozambique, namely Nampula, Beira and Maputo. This report was published in 2011 by the National Institute of Health and other international organisations working in the field of Sexual and Reproductive Health and Rights (SRHR) in the southern hemisphere. The designation of Men who have Sex with Men (MSM) caught my attention for two reasons. Firstly, its use as an SRHR working language to reach “people vulnerable to HIV/AIDS” revealed an essentialist position that erases the needs and identities of individual males involved in same-sex relationships, by putting them into a singular category. Secondly, the absence of data related to the situation of lesbian and bisexual women in the aforementioned report. These two aspects ignited my curiosity to try and understand the silence on and invisibility of these women in public and social protection policies in the country.

During the exploratory phase of fieldwork in Maputo, I was confronted with some difficulties in locating these groups, in order to conduct the interviews. In order to address this situation, I decided to involve activists, supporters and stakeholders from the LGBT associations in the first phase of the research. With this in mind, I focused on the experiences of these groups in working with sexual minorities, and in particular with women in same-sex relationships or with same-sex desires. After gaining the trust and confidence of Lambda’s members and supporters, I used snowballing samplings to reach this cluster of women for the second phase of the research. I also used this later on, with the traditional healers<sup>1</sup>, to evaluate the stories of cures told by the previous group. The option of involving CSOs as the point of entry into the field was consistent with previous studies, which showed that these organisations are a platform for the emergence of LGBT movements as well as a means to locate participants in the continent with whom to discuss these sensitive topics (Currier and Cruz, 2014; Epprecht, 2012; Beyer, 2012; Allen, 2010; Meyer, 2012; Young & Meyer, 2005; Brown, 2003).

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<sup>1</sup> Traditional healers in Mozambique is a term used to refer to those who diagnose ailments resulting from social transgressions, spirits, curses and sorcery (Honwana, 2002).

Over these last three years, I have been questioned by many different people, both family members and colleagues from various universities in Mozambique, who were given the opportunity to participate in the presentation session on my research proposals and chapters of this dissertation. Why are you studying homosexuals? Lesbians! They do exist? During the Joint Steering Committee organised by the VLIR - UOS at UEM, in Maputo, one of my colleagues said: “I do not believe that you will find “lesbians” or “bisexual women” in Nampula, because most of the people there are Muslim. You can find these weird people in Maputo, because they learn these things from white male foreigners.” Other people asked about my position in relation to the LGBT community: Why are you defending homosexuals? What are the benefits of involving these weird people in your research? I think you are going to become a lesbian at the end of your research. I was unable to provide an answer to all of these questions, and even now, at the end of writing of this dissertation, I have used these narratives as a source of reflection.

Although I had never met individuals who self-identified as LGBT community members or activists before the fieldwork at the research sites, I had gained some insights from epistemological and postmodernist perspectives on sexuality, when I found myself reading about the researcher’s biography and choice of object and reflexivity in qualitative research (Allen, 2010; Narayan, 2003; Finlay, 2003; 2002; Rhoads, 1997; Foucault, 1980; 1978; 1972). By focusing on this perspective, I became familiar with the role of the researcher, as an outsider or an insider of queer or LGBT communities, and how sexual identity research may impact on the object of the study. As Atkinson, Delamont, & Coffey show, similar debates arose in the field of anthropology, where commentators and practitioners had maintained the polarity, arguing the need for a scholar who was a member of the culture being studied by Europeans (2003, p. 36). For instance, based on the postmodernism and feminism debate, Rhoads suggests that in the context of little attention to homosexuality, there needs to be a collaboration between the researcher and the participants (Rhoads, 1997, p. 7). Along the same lines, Allen (2010) states that “sexual identity does not determine the production of anti-normative knowledge” (Allen, 2010, p. 147). Both of the above-mentioned scholars agreed that the discussion on cultural diversity and the intersection between race and gender forced many heterosexual researchers to explore sexual minority groups and that, by focusing on these groups, they contributed to producing findings on “representing the other”. Atkinson, Delamont, & Coffey (2003) have contested the fixed and dualist position of the researcher that entails labels such as outsider/insider, observer/observed, subject/object and

familiar/strange. Rather than knowing “the other,” there is a series of interactive and interpretative actions that simultaneously construct and question the process of altering (Atkinson, Delamont, & Coffey, 2003, p. 43). As they argue, this position leads to the celebration of an internal world of subjectivities, through biographies and autobiographies. In line with this, some authors have suggested the use of a reflexive approach because it allows the participants’ narrative to be described taking into account the limitation of representing others as not being an objective truth (Finlay, 2003; 2002; Finlay & Gough, 2003). In this regard, the Foucauldian concepts of discourse as a “regime of truth” and “biopolitics” as a technological means, which enable the population to be controlled, have had significant influence on many genders, feminist post-colonialist, intersectionality, and queer scholars interested in the study of human sexuality (Foucault, 1972; 1980). “It is a given that discourse is about the production of knowledge, which influences social practices and has real consequences and effects on peoples' lives”. In this sense, Hall suggests the definition of discourse as a group of statements which provides a language to discuss – i.e., a way of representing – a particular kind of knowledge on a topic (Hall, 2006, pp. 165-169). This concept is in line with Foucault’s suggestion that discourse is created to establish a particular regime of truth, which has implications on peoples' lives (Foucault, 1980). By following this view, one can see how the discourse of sex and gender as fixed categories has been contested for producing what Butler calls “normative violence” (Dhawan, 2012; Butler, 2007; Valentine, 2004; Halberstam, 1998).

By arranging a triangulation of theories, introduced in the sections below, my aim was to give a voice to sexual minority groups, particularly lesbians, bisexual women and transgender persons, who are ignored by the Ministry of Justice and police makers in Mozambique and who, for many reasons, preferred to live within a “culture of discretion”. The term “culture of discretion”, proposed by Epprecht (1998), is used to show that the term “closet”, as well as other western LGBT vocabulary, is not adequate to address same-sex practices in the African continent and where, as my findings from the fieldwork reveal, Mozambique is no exception. By following queer scholars such as Butler (2007), Halberstam (1998) and Sedgwick (1990), the binary positions and labels prevailing in gender studies and policies were contested. In this view, the concepts of masculinity and femininity cannot be defined according to the male/female body or male sex assigned at birth. My focus in this research is on experiences of participants’ self-identification, which varied according to cultural practices as well as social and political regimes. For instance,

the patriarchal and matrilineal norms of kinship, which determine the interpretation of the gender system in Mozambique, were referred to in the discourse of different clusters of participants and are a source of “normative violence” not only against heterosexual women and children, the beneficiaries of the CSOs’ civic education, but also against sexual non-conforming people, who remained invisible at both research sites.

### **1.1. Aims, research problem and statement**

The dissertation aims at producing a socio-historical and critical account of the experiences of civil society organisations (CSOs) and individuals in working on SRHRs of lesbians, gay, bisexual and transgender people in the aftermath of colonial Mozambique. I define a critical account as a description of practices or phenomena which have social, economic and political consequences and which need to be understood or changed in a particular context (O'Regan, 2003, p. 3; Laughlin, 1999, p. 73). The use of this descriptive method was significant to situate local LGBT activism experiences and sexual and gender identities within the context of high HIV/AIDS epidemic rates in the southern Africa region. Studies have shown that CSOs working on HIV/AIDS frameworks have had a profound impact on the visibility of LGBTs activism in this region (Currier, 2014; Epprecht, 2012; Johnson, 2009). Not least because, in the global health discourse, MSM have often been blamed for being responsible for the worldwide spread of the epidemic (Epprecht, 2012; Johnson, 2009; Garcia & Parker, 2006; Parker & Aggleton, 2003).

In Mozambique, little is known about this subject, and in particular about the vulnerability of lesbians, bisexual women and transgender persons, who remain invisible. Drawing on intersectionality, and feminist post-colonialism, gender and queer theories, my research questions focused on how CSO activists, stakeholders and supporters of the LGBT Association spoke about their experiences of activism relating to sexual minority rights in the cities of Nampula and Maputo. How do they address the SRHRs of lesbian and bisexual women? Which voices, categories and domains of power emerged in the participants’ narratives, regarding personal experiences of activism and expression of sexual orientation and sex/sexual/gender identity?

Therefore, three specific objectives guide the preparation of this dissertation and were aligned to the main research questions and sub-questions, namely to: (i) identify experiences of

CSOs and individuals working on SRHR for sexual minority groups; (ii) describe the language of self-identification used by the participants; (iii) give voice to women in same-sex relationships and describe the context in which categories of oppression/forms of violence emerged in their narratives. Findings from the field show the different experiences of oppression among heterosexual women and children, who are the beneficiaries of CSO's activities, and the population of MSM. Some of these narratives related to harmful practices that reinforce the silence surrounding and invisibility of the violation of "lesbian" and "bisexual" women's sexual rights.

In this dissertation, I aim to contribute to the production of experience-based knowledge relating to sexual rights activism and gender identities as a source of reflection. The key findings may help to fill the data gap on sexual and non-conforming people in the field of gender studies in Mozambique, and also to rethink local public and social protection policies and strategies for using binary positions and essentialist labels to identify marginalised people. In this context, it may provide evidence that justifies the urgent need to create a culture of competence in professionals' curricula and to formulate inclusive public policies and legislation to address the needs of vulnerable people, regardless of their sexual orientation and gender identity (SOGI). Lastly, the voices of activists, stakeholders, members and supporters of the LGBT association in Mozambique serve to enrich the socio-historical account of gender and sexual diversity in the Southern Africa region.

## **1.2. The structure of the dissertation**

The thesis is organised into seven chapters. The first introductory part, chapter one is composed of five sections, in which I present the aims and the background of the research and the literature review. The second chapter addresses the methodology, which was based on a triangulation of intersectionality, feminist post-colonialism, gender and queer theories. The combination of the three approaches allowed me to focus on the analysis of experiences and categories, described by the participants of a multiple case study involving organisations and individuals in Nampula and Maputo. The third chapter discusses civil society's experiences in the struggle for sexual minority rights, the manner in which activists and stakeholders from feminist and human rights organisations spoke about their experiences of working with sexual LGBT individuals, at both research sites. Chapter IV explores the context in which peer-educator activists, members and supporters of Lambda Association self-identified as "transgender persons".

In this part, I argue that the participants' age range and the lack of appropriate health care services to ensure their biological transition and/or hormone therapy influenced their vocabulary of self-identification using "gender identity as a fluid category". Chapter V addresses the issue of transgender vulnerability, where I gave voice to and exposed experiences of violence among "transgender" peer-educator activists, members and individual supporters of the LGBT Association. The chapter VI is about silence and fear; the voices of women who agreed to speak about their fear of being activists and how they were subjected to diverse forms of violence which, in my view, is related to what has been defined by the United Nations as "harmful practices and traditions". Rounding off the thesis is the conclusion. The four chapters of data analysis are in line with the main and three specific objectives of this dissertation.

### **1.3. The context of SRHR and LGBT activism in Mozambique**

Mozambique is one of the African developing countries most affected by gender inequality, with 13,2 % of its population aged 15-49 being infected with HIV/AIDS (World Bank Group, 2017; UNDP, 2016; INE, MISAU & ICF, 2011; INS, INE, & ICF, 2017). Forty-three years after the country's liberation from the colonial and racial system, situations of discrimination, in its different forms, still persist and have restricted people's access to their right to education, health, employment, citizenship as well as their right to enjoy sexual pleasure free of stigma, etc. (Lambda, 2014c; Matsinhe, 2005; Serra, 1998; Mondlane, 1969). Many scholars have suggested that SRHRs must form a key element in the struggle against poverty and the achievement of the Sustainable Development Goals established in the United Nations Agenda over the last decade (UN, 2015a; Bernstein & Hansen, 2006; Glasier, Gulmezoglu, Schmid, Moreno, & Look, 2006; Crossette, 2005).

In 2005, the Ministers of Health of the African Union adopted a continental SRHR policy, reinforced by the African Union's 2016-2030 Maputo Plan of Action (following on from the 2007-2015 Maputo Plan of Action), which describes the challenges of addressing SRHR and comprises the key strategies to be implemented over the coming years (The African Union Commission, 2016; 2006; (Oronje, Crichtoni, Theobald, & Lithur, 2011). However, not all vulnerable people who belong to sexually non-conforming groups have benefited from social and health policies



worldwide, and in Mozambique in particular (Altman et al., 2012; Da Silva, et al., 2010; Altman, 2008; Hlatshwayo & Klugman, 2001, p.14). Furthermore, the Southern Africa region has the worst sexual and reproductive health indicators than any other region in the world, which is evidence enough to justify the connection between sexuality and SRHR, as a conceptual unity, capable of addressing situations of human rights abuse that increase women's vulnerability to HIV and Sexually transmitted infections (STIs) in the continent (Oronje, Crichtoni, Theobald, & Lithur, 2011; Fathalla, 2006; Hlatshwayo & Klugman, 2001). According to the “Global AIDS Response Progress Reporting 2014”, epidemic prevention programs also face challenges to reach the population of MSM, and most of the current data gathered on this group are not based on representative samples (UNAIDS, 2014). However, evidence of violence and discrimination against LGBT people in Africa has been well documented since the end of the 20<sup>th</sup> century (Altman et al., 2012; Epprecht 2012; Thoreson & Cook, 2001). The myth of “Africa as a heterosexual continent” or “homosexuality as un-African” has been refuted by growing evidence of an increasing number of MSM reached by HIV/AIDS programs in Africa (Epprecht, 2012; 2008; Murray, 2000). Nevertheless, same-sex relationships, practices or desires are still considered taboo in the African continent. Although there is increased recognition of the risks of HIV among MSM in developing countries (Beyrer, et al., 2012; Johnson, 2009), little is known about these same risks faced by lesbians, bisexual women and transgender persons in Portuguese-speaking African countries, particularly in Mozambique (COC- the Netherlands, 2015).

In general, one of the reasons behind the existence of taboo, silence and invisibility of people involved in same-sex relationships or desires in the African continent is related to the way in which, historically, classic anthropologists and ethnographers approached the topic of sexuality during the period of colonial power in Africa (Zabus, 2013; Epprech; 2008; Murray, 2000). By using the terms “sodomy” and “paederasty” or “situational homosexuality”, these early scholars failed to take into account same-sex practices in the continent (Zabus, 2013; Wieringa & Blackwood, 2003; Murray, 2000). According to Zabus, Africa was seen as uncontaminated by European, Arab and other predators’ “sexual perversion”, considered to belong only to homosexuality, and the terms “sodomy” and “paederasty” were not suitable to identify same-sex practices in this region. She states that “the shift from the idea of a “pure” to a “pervert Africa” can only be understood against Michel Foucault’s notion of discourse-as-manipulation of knowledge” (Zabus, 2013; p., 20). African sex was transformed into “discourse” as early as the

first contacts between Europeans and Africans in the fifteenth century. In this discourse, the idea of homosexuality as alien to African culture, reinforced by Christian values of human procreation, became crystallised over the last three decades (Zabus, 2013; Kaoma, 2009; 2012; Epprecht, 2008; 2004).

Some authors pointed out the need to rethink the notion of African sexuality, which means going beyond the colonial and post-colonial imagination that oscillates between the notion of exotic, noble, depraved, savage and “something other”, which masks female and male sexualities in this continent (Arnfred, 2015; 2004a; Tamale, 2011). Similarly, it implies to go beyond a mere health approach and to take “problems of pleasure and desire” into account, which are invisible in mainstream thinking (Spronk, 2005; Manuel, 2012; Arnfred, 2004a, p. 7). As Manuel (2012) states, in Africa “whenever sexuality is treated, it is usually in relation to disease, and death”. For instance, the focus on heterosexual women and MSM health issues reinforce the exclusion and invisibility of, and homophobia against some sexually non-conforming people in Africa and also the idea of homosexuality as un-African. To illustrate this point of view, some authors have shown how the public health policies particularly on HIV/AIDS identify MSM as HIV/AIDS risk group and do not take in to account their sexual orientation and identities and how the MSM terminology is sometime discriminatory (Altman, 2012; Young & Meyer, Martucci, 2010; 2005; Dworkin, 2005; Parker & Gagnon, 1995). The policies aforementioned are implemented in the context where African leaders have considered homosexuality as un-African (Epprecht, 2012; Msibi, 2011). As Zabus (2013) states, the term un-African is linked to homosexuality as a “means of controlling variant gender performance or sexualities, and include punitive behaviours such as beating, rape and, in some contexts, a version forcible sex change and even murder”.

In Mozambique, the transition from colonialism to socialism (after independence in 1975) and from the socialist regime to the democratic neoliberal system (1990), influenced the way in which gender studies and policies were formulated in the country (Arnfred, 2011). In this regard, the Portuguese colonial state invented and imposed a notion of womanhood according to “early European imagination”, constructing a binary gender system which naturalised patriarchy. In other words: “gender relations matching a Christian idea are taken for granted as an aspect of the civilising, Christianising and Portugalising mission” (p. 122). For instance, education in the colonial system featured a gender-differentiated course of study that emphasised domestic science

skills for girls (Sheldon, 1998, p. 595). Another example, as Arnfred noted, relates to “the difficulties Portuguese observers encountered in coming to terms with the matrilineal societies of northern Mozambique” (Arnfred, 2004a). In this project of a civilisation based on Christianity, the colonisers never recognised the dual headship structure of the Makhuwa people, where every male chief had a female boss at his side. This perspective had implications on the naturalisation of male/female gender hierarchies in what is called the “coloniality of gender” which means that in the context of the expansion of European colonialism, the notion of gender parallel to racial classification was imposed on the population of all colonies (Lugones, 2008; Oyěwùmí, 1997; Amadiume, 1987). However, it is also observed that during the socialist regime (1975-1990), the position of women in “traditional society” was not so different from the colonial perspective, since they continued to be humiliated and oppressed (Arnfred, 2004a).

The 1990 and 1994 democratic Constitutions of the Republic of Mozambique provided room for the emergence of CSOs. According to Matsinhe (2005), this fact was also directly related to the evolution in the conceptual response to the HIV/AIDS epidemic in Mozambique, which was sponsored by the WHO and other international organisations concerned with global health. In this regard, these organisations acted as an intermediary between international non-governmental organisations (NGOs) which funded the State Budget and local partner NGOs (Kleibl & Munck, 2016; Andre & Santos, 2003). Accordingly, given that the 1884 colonial penal code was still in force, and articles 70 and 71 therein provided for measures to be applied to “those who committed crimes against nature”<sup>2</sup>, the previous regimes were not favourable toward CSOs<sup>3</sup> and sexual minority rights.

At the beginning of the 1990s, feminist and human rights CSOs emerged with the purpose of contesting the situation of human rights violations and played a significant role in influencing the legal reforms on gender equality and in promoting this view across the entire country (Casimiro & De Andrade, 2009). These were an important platform used in the revision of the colonial penal code, approved in 2014, which removed all articles criminalising same-sex practices and relationships (República de Moçambique, 2014a; WLSA, 2006, p. 11; Arthur, 2013). In Mozambique, the 1886 penal code was finally revisited in 2014, after being in force for one hundred and twenty-eight years. The Mozambique colonial penal provided for the application of

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<sup>2</sup> The colonial penal code was approved by decree 16<sup>th</sup> September 1886 and last until 30<sup>th</sup> December 2014.

<sup>3</sup> Ibid.

“security measures against those who were involving in acts against nature. The measures included “confinement in an insane asylum, in a workhouse or agricultural colony, probation, taking of a pledge of good conduct, and/or disqualification from the practice of a profession<sup>4</sup>”. However, with the help of Amnesty International’s campaign, all articles which infringed on women’s rights and referred to homosexuality as a crime were removed in the final reviewed draft (WLSA, 2006). “As a result, same-sex practices and relationships are no longer criminalised in Mozambique, but in practice there is much silence and discrimination as this study shows” (Lambda 2012). For example, the Lambda Association, which was informally established in 2007, is the only LGBT organisation working in Mozambique to secure sexual minority rights; yet it has been waiting for approval for its registration for ten years. In his opening speech addressed to African leaders, published in the African Reporter in 2014, former president of Mozambique and co-chair of the high-level task force for the International Conference on Population Development (ICPD), Joaquim Chissano (1986-2005), appealed for greater tolerance and respect for LGBT people in the continent. His letter was both a response to the increase in homophobic attitudes by politicians and religious leaders in recent decades as well as an indication of just how much the rights of sexual minorities have been disregarded in the continent, and particularly in contemporary Mozambique. Although significant research has been done on CSOs’ struggles to achieve sexual diversity in Africa (Currier & Cruz, 2014; Epprecht 2012), I have focused my research along the same lines of the experiences of sexually non-conforming individuals and the fact that little is reported on the SRHRs of sexual minority groups that not belong to the key population most at risk of HIV/AIDS.

#### **1.4. The struggle for sexual diversity and rights in Africa**

This subsection introduces the discussion on the emergence of sexual rights activism and same-sex relationships in Africa, and particularly in Mozambique. The debate begins with the definition of sexual rights, established by United Nation’s (UN) policymakers as being a sub-set of SRHR. Following this line of thought, it shows the criticism surrounding the Eurocentric perspective of human rights, which influences the course of SRHRs discourse in the same way that the existence of homosexuality is considered by politicians and religious leaders across the

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<sup>4</sup> Ibid.

continent as a Western practice and un-African. Before defining the struggle for sexual diversity and rights, which in some countries of the third world emerged within the context of the HIV/AIDS epidemic, or in what Halberstam (2005) calls “in a queer time and place”, I shall start by defining the concepts of sexual rights, human rights violation and sexual minority rights and follow this with the issue of homosexuality as un-African.

#### **1.4.1. Sexual rights as a sub-set of SRHR**

Studies undertaken on SRHR in Africa have traditionally focused on women and children’s vulnerability to the HIV/AIDS epidemic (Oronje, Crichtoni, Theobald, & Lithur, 2011; Fathalla, 2006; Hlatshwayo and Klugman 2001). Sexual rights became important in the field of Family Planning, Public Health and Sexology as well as Human Rights Advocacy, in the context of HIV/AIDS. Over the last twenty years, it has been coined as a subset of SRHR (Lottes, 2013; Corrêia, Petchesky, & Parker, 2008). Although the relationship between SRHR and the impact of HIV/AIDS among the heterosexual population has been well documented, the focus on heterosexual women is criticised for not including all vulnerable people (Oronje, Crichtoni, Theobald, & Lithur, 2011; Fathalla, 2006; Hlatshwayo and Klugman 2001; Corrêia, Petchesky, & Parker, 2008). Hlatshwayo and Klugman (2001) argue that in Africa, differently from the United States of America, Europe and Australia, sexual rights are about the dynamics of unwanted sexual advances or coercion, decisions regarding a woman’s body, spacing between pregnancies, etc. and not about seeking greater freedom to express their sexual identity. One of the reasons for this position relates to many women’s inability to experience their full potential for well-being through a positive experience in relation to their sexuality, which also becomes a health problem (2001, p.15). In this regard, they recognise the way in which this framework neglects the claims and needs of LGBT people. Nonetheless, Lottes (2013) has shown that over the last decade, advocacy campaigns have been expanded to health services, in order to promote non-discrimination policies for those with non-normative sexual or gender identities. According to Lottes, SRHR was developed as a conceptual framework for the UN, its policymakers and national and international NGOs working with HIV/AIDS programs Southern hemisphere countries. Along the same line, Corrêa (2008) argues that during the last decade, the increase in feminist and gay movements’ criticism of the concept of sexual rights based on heterosexual women's reproductive function and

their sexual health, highlighted the urgent need to revisit the sexual and reproductive health and rights framework in order to include all individuals, regardless of sexual orientation and gender identity. Some authors suggest evidence of sexual rights promotion as a source of social exclusion and discrimination, which has flourished in the same way that LGBT people rights-based civic organisations have progressively expanded across the African continent (Marc Epprecht, 2012; Kaoma, 2012). For Corrêia, Petchesky, & Parker, 2008 and Lottes (2013), SRHRs in Africa emerged in the context of high HIV/AIDS prevalence among heterosexual women, which posed a challenge when it came to guaranteeing equal sexual rights for LGBT individuals. Miller (2000) suggests that the focus on women's reproductive function is a consequence of international norms which have contributed to the "gendered regulation of sexuality". As Miller indicates, contemporary theories of "socially constructed sexuality" propose a focus on the condition that also contributes to the right to choice and to the links between sexuality, conduct, identity, social structures, and reproduction (Miller, 2000, p. 68). As Fried has noted, Miller explores and disentangles the relationship between reproductive rights and sexual rights, noting that these two interconnected concepts are often "inappropriately conflated" (Fried, 2004, p. 282). That is, according to Fried, sexuality is also variable and fluid. In line with this, Miller and Roseman (2011) note that after more than two decades of SRHR advocacy, only a few standard rights were formally recognised. They suggest that a careful reflection on the implementation of SRHR reveals "fractures and stagnation in the development of standards and a lack of energy among advocates and between the rights frameworks used" (Miller & Roseman, 2011, p. 102). Notwithstanding this fact, as they argue, sexual rights advocacy recently reached what is called a *crescendo* after having included the Yogyakarta Principles on Sexual Orientation and Gender Identity (SOGI), the International Planned Parenthood Federation's (IPPF) Declaration on Sexual Rights and strong advocacy debates in almost every body of the UN Human Rights system.

The issue of SOGI took a long time to be included in the official documents of the UN and was confronted with many difficulties; its inclusion was considered to be a major achievement (Corrêia, Petchesky, & Parker, 2008; Miller and Roseman 2011; Lottes 2013). Nevertheless, most of the activities based on promoting the link between sexual health and human rights discourses, as Lottes (2013) noted, have also undermined the meaning and understanding of sexual rights and, as a result, the concept remains unclear. Lottes further suggests that sexual rights, for instance, are often referred to as human rights, without an adequate explanation of what human rights are and

“why sexual rights are indeed human rights” (Lottes, 2013, p. 367). This argument relies on evidence provided by previous scholars showing how the terms sexual rights and human rights are not part of the common vocabulary used by many people and, as such, need to be clarified before being used (Barroso, 2010; Wronka, 2008; Miller, 2000, p. 68). This gap can be clarified based on the discussion about the “invention of sexuality” during the 19<sup>th</sup> and 20<sup>th</sup> centuries, which had implications on the contemporary concept of sexual rights, which fails to include non-normative practices and relationships (Parker & Gagnon, 1995). Thus, there are three noteworthy phases for “thinking sex” to describe the SRHR concept background: (i) the emergence of sexology as a scientific understanding of sexuality and sexual behaviour, developed during the late nineteenth to mid-twentieth century; (ii) the growth of social constructionism, focusing on the nature of sexual life after the mid-twentieth century; and (iii) the massive expansion in the research and discourses on sexuality, following the HIV/AIDS pandemic in the 1980s-1990s (Parker & Gagnon, 1995; Corrêa, Petchesky, & Parker, 2008).

The focus on sexuality as a scientific object went through all of the above-mentioned stages, from the naturalistic approach to social constructionism and then to the way in which the concepts of power, language and discourse, in Foucault’s sense of the terms, contribute to the contemporary concept of sexuality, which includes different sexual orientations. This concept also laid the groundwork for a different understanding of sexuality underlining many of the most contentious debates around contemporary sexual politics. These historical contexts, as Parker and Gagnon (1995) and Corrêa, Petchesky & Parker (2008) consider, also paved the way for the possibility to allow for a change in discourses, as well as to move away from research and epistemology into practice, interaction and action. Despite the latter phase indicating that sexual rights were invented (and contested) within the United Nations, as a consequence of the negative impact of the HIV epidemic on the population, and the need for governments to recognize that, in reality, it was a reflection of an ongoing negotiation process within the UN conferences during the 1990s (Lottes, 2013; Corrêa, Petchesky, & Parker, 2008; Saiz, 2004; Parker & Gagnon 1995). Historically, the idea of attaching rights to sexuality was introduced at the 1994 ICPD held in Cairo and at the 1995 Fourth World Conference on Women held in Beijing. Ever since, advocacy on women’s reproductive health has been considered as the moment when the claims of sexual rights were introduced as part of SRH (Saiz, 2004; Miller, 2000). As Hlatshwayo and Klugman (2001) mentioned, the sexual rights of LGBT people were mentioned indirectly in those conferences, and

were also ignored. The definition given at the Conference of Women in Beijing, for example, shows that: “human rights for women include their right to have control over and decide freely and responsibly on matters related to their sexuality, free of coercion, discrimination and violence, equal relationship between men and women” (UN, 1995, p. 38). In years subsequent to the two conferences, both publications on SRHS matters by international organizations as well as the focus on advocacy have increased (Lottes, 2013). Notwithstanding the emphasis on the eradication HIV/AIDS in Africa, the emergence of sexual rights activists and the visibility of LGBT have challenged the global concept of gender as a single category of analysis (Corrêia, Petchesky, & Parker, 2008; Fried 2004; Butler 1990). The work done by Judith Butler, at the beginning of the 1990s, in unravelling the regulative discourses and disciplinary techniques which designed the cultural construct of the sexed body that demystified the dominant concept of gender, had a huge impact on gender studies and public policies (Corrêia, Petchesky, & Parker, 2008; Chambers & Carver, 2008; Butler, 2007). Consequently, as Saiz (2004) has stated, the rights and sexuality of LGBTQ people appeared in the public sphere and posed challenges to the connection between sexual rights and reproduction. For many scholars, the introduction of the issue of sexual rights at the above-mentioned conferences (as well as at the Vienna World Conference on Human Rights held in 1993), was a significant moment in the history of LGBT movements (Kollman & Waites, 2009; Garcia & Parker, 2006; Saiz, 2004; Sanders, 1996). Nonetheless, Lottes observed that a comprehensive understanding of sexual right as a human right is still lacking in the field of sexuality as well as among the vast majority of the general public (Lottes, 2013). By following Miller (2000), who argues that sexual rights could be “sexual but not reproductive”, Lottes argues that the linkage between those concepts benefits heterosexual people more than LGBT groups who have had their sexual identity denied. Any change in this perspective has implications on the definition of sexuality, particularly when attempting to combine “sexual identity and orientation”, “gender and identity”, “sexual desire and sexual practices”, which together form an individual’s sexual subjectivity in society (Fried, 2004, p. 274). Following Fried’s position, sexuality is affected by social location and, in particular, by experiences of race, class, culture and community. This is the postmodern view of sexuality as variable and fluid. It is a concept that entails more than one combination of both hetero and non-normative relationships, desires and identities (Tiffany, 2016; Roseneil et al., 2013; Tamale, 2011). Tiffany summarised the definition of sexuality as “a construction of sexed and gendered bodies, identities and behaviours, sexual feelings, desires, acts.



Sexual knowledge, skill and information” (Tiffany, 2016, p. 34). In other words sex, gender and sexuality cannot be seen as fixed bi-polar oppositions (feminine heterosexual female versus masculine heterosexual male, where diversity is neglected, rendered invisible, pathologised, demonized or declared a fallacy or a wrong choice). The modern concept of sexuality, which was based on heterosexual relationships, was replaced by the post-modern paradigm to which I intended to connect this research. Following that, sexual rights are human rights “that should be upheld and defended as such” (Hlatshwayo & Klugman, 2001, p. 14) for everyone, regardless of sexual orientation. The concept also changes the meaning according to the context. This discussion on sexual rights as a subset of SRHR, which for some authors such as Miller (2000) should be sexual but not reproductive, was relevant to understand the correlation between the public health focus on the SRHRs of women and of MSM, and the HIV/AIDS epidemic in Mozambique (Da Silva et al., 2010; Disney, 2009). Da Silva et al shows that, in Mozambique, SRHR programs do not fully encompass all LGBT people (Da Silva, 2010). Generally speaking, most of the SRHR data available relates to heterosexual women living their sexual rights within the matrilineal or patriarchal society, where their reproductive function, as a means of their recognition as women, is compromised by the negative impact of HIV/AIDS (Arnfred, 2011; Mejía, Osório, & Arthur, 2004). Therefore, the Eurocentric perspective of human rights and African sexuality, which affects the discussion of an inclusive approach to sexual rights violations, is introduced in the next section.

#### **1.4.2. Human rights violation and sexual minority groups in Africa**

The postmodern transformation of the concept of sexuality poses a challenge to the general discussion of human rights as a goal for Africa as well as for the entire world. The Western concept of homosexuality or sexual orientation, as I showed in the previous section, was disseminated by international LGBT movements. Thus, it is a given that the pressure made by movements on the UN Human Rights bodies was responsible for the controversial debate on sexual rights as human rights during the 1990s (Lottes, 2013; Waites, 2009). The concept of human rights is commonly defined, according to the UN, as a person’s right as a human being and how these are inalienable and indivisible (Gupta, 2005, p. Vii). However, as Gupta has suggested, the problem arises when LGBT persons are covered under general laws which, for a number of reasons, fail to provide the necessary protection against human rights abuse.

Previous scholars have shown that discussions on human rights in Southern hemisphere countries consisted in criticising the Eurocentric perspective of human rights and its connection to the impact of the UN's policies in developing countries (Spivak 2004; Kilson & Thomson 1998; Mahmud 1993 Shivji, 1989; Howard 1984). The UN is criticised because of its political and cultural roots, which are based on universal rights and, as such, fails to consider the local specificities of other countries in the Southern hemisphere. The political roots are built on the idea that the brutal violation of human rights in Africa is related to the international slave trade, colonialism and apartheid, where cultural refers to the idea that "Africans are not individualists; they are a much more group- or community-oriented people than the westerners" (Howard, 1984, p. 163). Shivji (1989) for example, states how the true focus on human rights in the continent should be defined as the struggle against imperialism rather than the position of specific human rights abuse that classify Africans as helpless victims (Shivji, 1989, p. vii). This criticism, which is consistent with the African Charter of Human and People's Rights (ACHPR) as Shivji highlights, is also built on the idea of a developed world interested in compensating for its past and present, based on injustices and social inequalities.

If, on the one hand, the colonial era is described as a stage where the status of human rights was abysmal in Africa, as Shivji (1989) makes a case, on the other hand, it is given that most of these rights continued to be abused, even after the colonial independence (Kilson & Thomson, 1998). Likewise, some scholars have shown that in Southern Africa, people have been exposed to some severe forms of violence such as, for example, the impact of apartheid, ethnic persecution, civil war, assassination of albino people, human trafficking, sexual exploitation, xenophobia, homophobia and corrective rape, which are the worst forms of human rights violations in the post-colonial era (Clarke & Beale, 2018; Kaoma, 2012; Anguita, 2012; Serra, 2005; Howard, 1984). If, on the one hand, Sen (2004) and Spivak (2004) not only contested the human rights approach as an imperialist project with a complex impact on the Southern hemisphere countries, Kilson and Thomson (1998), on the other hand, argue that the machinery used to manage the ACHPR also failed to demonstrate "good" progress in terms of social and political protection from the 1980s to the end of the 1990s. Consequently, the discussion of human rights in Africa emerged with the main focus on files of human rights violations or abuse (Mahmud, 1993). Thus, at the end of the 1990s different forms of violations occurred across the continent more often than the implementation of programs, with the resulting consequences for the victims.

The issue of rights' violations is problematic particularly if one takes into account that very little was done to understand the phenomenon in the continent. No doubt the human rights violations were considered to be acts of bad governance or political leaders' actions, but the frequency and severity of the violations indicate that such an assumption was not correct. Since the beginning of their governance, African leaders have been demanding rights that tend to focus on and protect national rights, rather than individual rights. The problem, as Mahmud (1993) suggests, rides on the fact that the structure of the administrative apparatus has not been adequate enough to institutionalise or create a reason to protect an individuals' rights. EI-Obaid and Appiagyei-Atua (1996) point out that the discussion of human rights in Africa must be grounded in its political and ideological background, related to nationalism/anti-colonialism (1996, p. 819). Mahmud (1993) highlighted the fundamental needs of people regardless of race, sex or culture as being an inalienable right of everyone, everywhere. Kilson and Thomson (1998) see the future status of human rights in Africa as more of a matter of political will and political vision, like in the North, rather than a juridical measure. Seen from this perspective, the violation of human rights is obviously not unique to Africa. Hawkins (2007) suggests paying attention to "how easily human rights abuses occur in the name of human rights - qua imperialistic intervention at the end of the nineteenth century or the war on terrorism today. We should be equally aware that these are not exceptional circumstances, but the result of human rights language that is highly susceptible to perversion" (Hawkins, 2007, p. 394). In this line, Hawkins shows that although the post-colonial critique of the Western based language of human rights complicates the picture in Africa it also suggests possible solutions, for instance the idea of focusing on the problems inherent to the efforts of ensuring human rights in the continent. Thus, without deviating far from the Universal Declaration of Human Rights, I took into account the idea that the concept of human rights is not only about "having and claiming a right or a set of rights", but it is also about "righting wrongs, about being the dispenser of these rights" (Spivak, 2004, p. 524). By following this view, I explored the experiences of human rights and feminist activists working on SRHR for sexual minorities groups, and particularly the way in which they spoke about the vulnerability of "lesbian, bisexual women and transgender people". The concept of minority also varies according to both social and cultural contexts. Henrard (2010), drawing on a juridical approach, states that there is no legally accepted definition of the concept of minority. He stated that the academic proposals, even within international organisations, reveal the existence of objective and subjective elements

for such a definition. There is more “specifically agreed on about the requirement of stable ethnic, religious or linguistic characteristics, which are different from the rest of the population, a position of numerical minority, non-dominance and the wish to preserve the own, separate identity” (Henrard, 2010, p. 209). The concept of minority cannot be viewed only from the position of disadvantages, discriminated against and excluded. For instance, the HIV prevalence in Mozambique indicates that in the population aged 15-49, heterosexual women are more infected (15,4 %) than men (10,9%), (INS, INE, & ICF, 2017). Both groups may represent a minority when compared to the rest of the population that is not infected. Nonetheless, different from the majority of LGBT people, their SRHR’s needs are fully covered by local public health policies in the country (Global Fund, 2014). The South African context, also reinforce the example aforementioned by indicating how the privileged people in the apartheid system belonged to a minority group of white people that were in power for many decades. Sexual minority is a term used by a number of activists and organisations working on sexuality and gender as a means of embracing a variety of stigmatised and disadvantaged groups (Petchesky, 2009; Young & Meyer; 2005; Savin-Williams, 2001). By following this debate, I identified LGBT people as a sexual minority group whose valuable attributes come from their position of disadvantage, compared to the privileged dominant heterosexual population.

### **1.5. Homosexuality or same-sex relationships and desires in Africa?**

This sub-section introduces two perspectives about same-sex relationships, practices or desires in the Southern Africa region which influenced my decision to examine the experiences of sexual rights activism and how the research participants self-identified in terms of sexual orientation and gender identities. The first perspective is about the concept of “homosexuality”, which has been criticised for not being appropriate to address same-sex relationships or desires in Africa and poses challenges to the effort of collecting evidence on the existence of the phenomenon during the pre- and post-colonial eras (Epprecht, 2004; Murray and Roscoe, 1998; Amory, 1997). In this context, many scholars have disrupted the “myth of “homosexuality as un-African” or Africa as a heterosexual continent” advanced by early scholars and political and religious leaders in the continent (Murray, 2000, p. 23; Parker & Gagnon, 1995; Fry & MacRae, 1985). The second

approach also unravelled the misconceptions about “African sexualities”, and shows how, in the context of the HIV/AIDS epidemic, CSOs have contributed to the visibility of LGBTIQI organisations and, in particular, the population of MSM in the Southern African region (Currier & Cruz, 2014, Epprecht, 2012; Johnson, 2009 Garcia & Parker, 2006, Stychin, 2004).

Regarding the debate about “homosexuality”, Murray argues that this concept does not describe all people involved in same-sex relationships, even within Western society where the term was popularised (Murray, 2000, p. 23). Consequently, we should talk about “homosexualities”. As he noted, the Northern European and American notion that everyone who repeatedly engages in same-sex relationships is a “homosexual”, a distinct “species” with unique characteristics, is not universally credited (2000, p. 1). Same-sex sexual contacts probably occur everywhere and in contexts of intra-cultural diversity and with a few recurring patterns. Murray highlights four types of homosexualities: (i) age-structured, (ii) gender defined; (iii) profession defined; and (iv) egalitarian/gay relationships. However, according to him, the first two and the last one can be used to describe the phenomenon throughout the history of different societies, including societies in the Southern Africa region. The age-structures, for example, comprises three subtypes for male homosexuality described by Murray as follows: “a boy’s erotic relationship with an older male (within the culture) as enhancing the boy’s masculinity, preparing him to be a masculine adult warrior; the boy is neither masculinized nor-permanently feminized in the local cultural concept of age discrepant male-male sexual relations, and the boys who take the assertive role in sex with their elders, often for hire or in exchange for other rewards beyond any sexual pleasure they may experience” (Murray, 2000, p. 23-24).

Despite the existence of types and subtypes of homosexualities across the globe, the “modern” concept of homosexuality describes persons as gay or lesbian. Though the concept of modern homosexuality does not involve invariant and imperfectly balanced sexual reciprocity, equal status between partners in egalitarian homosexual relation was also found in pre-modern societies (Murray, 2000). Although the objective of my research did not focus on the types and sub-types of homosexualities, the ambiguity of this term influenced my decision to pay attention to the participants’ language of self-identification and their background, during the fieldwork in Nampula and Maputo.

Similarly, Fry and MacRae (1985) state that there is no absolute knowledge relating to homosexuality because, historically, this is a concept produced within concrete societies. In this regard, the rationale behind the construction of social roles for boys and girls, which happens during the socialisation process, is not applied to the discussion or interpretation of homosexuality. Despite this, there is a tendency to believe that female or male homosexuality is biologically and psychologically different from heterosexuality, in the way that their behaviour must be explained in biological or psychological terms, instead of through social interpretation. Fry and MacRae (1985) suggest the idea of disconnecting the concept of homosexuality from the field of Psychology and Medical Science, and placing it in the field of culture and politics. They reject the biomedical concept of homosexuality which links sexuality to the sole purpose of reproduction; homosexuality is considered a pathological condition (Gooren, 2010). Many contemporary gender and queer scholars have reiterated this position. Parker and Gagnon (1995), similarly to Fry and MacRae (1985), highlight the relationship between personal identity and behaviour that “has always been problematic for the researchers of what was once called “homosexuality” (Parker & Gagnon, 1995, p. 09). Nonetheless, the previous authors describe how homosexuality, as well as terms such as men-who-have-sex-with-men (MSM) or women-who-have-sex-with-women (WSW), currently applied in social sciences, public health and UN policies, were the object of inquiry from the earliest days of the “sexuological period” (1890-1980): “the name applied to people involved in same-sex relationships or desire have changed from “sinners” and “criminals” to members of “sexual minorities” or individuals with alternative lifestyles” (Parker & Gagnon, 1995, p. 6). They also criticise the psychoanalysis’ distinctions between “true” homosexuals (also so-called “obligatory” in some formulations) and “situational” homosexuals. Patrick and Gagnon defend the idea that the relationship between identity and behaviour is variable and complex in most cultural and historical settings, where categories such as homosexual and LGBTQI are social constructs which are ambiguously tied to behaviours. In other words, ethnicity, religion, gender and class are often bound to private identities. Similar to this view, contemporary queer studies carried out on the Africa continent have shown that the western vocabulary of “the non-normative” is not, in fact, appropriate to describe same-sex practices and relationships, and also how homophobia, transphobia and western imperialism inhibit the visibility of LGBTQI people in Africa (Zosky & Alberts, 2016; Matabeni & Msibi, 2015; Sokari & Hakima, 2013; Epprecht, 2004, 2008, Kaoma, 2012). In this regard, I noticed that the research on “homosexuality” or same-sex

practices and desires evolved from evidence that poses challenges to these Western vocabularies and also from evidence contradicting the myth of “homosexuality as un-African”. Some scholars have referred to the Uganda anti-homosexuality Bill of 2009, for example, as proof of one of the most severe attacks on LGBT and reproductive rights in all of Africa (Tufté, Wildermuth, Hansen-Skovmoes, & Mitullah, 2013, Epprecht, 2012; Kaoma, 2012).

In this context, the idea of homosexuals as “sinners” or “criminals” still persists across the continent and is propagated by politicians and by religious discourse. For instance, on the one hand, due to the attention of the international community, some African leaders like Robert Mugabe, Bingu WA Mutharika, Rupiah Banda as well as religious leaders like Julius Oyet, contested the homosexual agenda, meaning that this is a product of the capitalist system and Western deception (Epprecht, 2008; 2012; 1998, p.631; Kaoma 2012). For instance, Epprecht (1998) shows how many black people in Zimbabwe believe that homosexuality was introduced by the white settlers and propagated by the West (1998, p. 631). However, the misconceived ideas referred to above are just some of the many myths created about Africa. Murray and Roscoe describe the context in which early historians, anthropologists and many contemporary Africans alike, have denied or overlooked African same-sex practices and also claimed that such patterns were introduced into Africa by Europeans. However, as previous scholars suggest, “the absence of evidence of such practices can never be assumed to be evidence of absence” (Murray & Roscoe, 1998, p. 268). By conducting their systematic investigation, which covered 51 countries across the African continent, they produced substantial findings regarding same-sex practices and patterns as “traditional” and indigenous to the continent. That is, even given the fact that the contact between Africans and non-Africans influenced sexual patterns in both groups, there is no evidence that one group ever “introduced” homosexuality to the other. Even though the idea of homosexuality having been introduced by Europeans as an effect of colonisation was considered to be false by many scholars, the myth of “homosexuality as un-African” was exacerbated in the last three decades of the twenty-first century. To illustrate the negative impact of the above-mentioned expression, Zabuz (2013) shows how this idea is often used as a means to control variant gender performance or sexualities and enforce punitive measures including beatings, rape and, in some contexts, a version of forcible sex change and even murder. This expression was invented during the colonial era and has had negative consequences on the lives of LGB people in Africa.

Epprecht (2008) argues that since the beginning of the 1980s, the HIV/AIDS epidemic in Africa has been associated with promiscuous heterosexual relationships, which led many scholars to focus on so-called “African sexuality”, particularly over the last three decades. The unprecedented rates of the epidemic among heterosexual men and women in the continent was different from the Western context, where infections occurred mostly among gay and bisexual men. This disparity influenced many scholars to fill the aforementioned critical gap in producing knowledge about HIV/AIDS as manifested in Africa. As Epprecht states, the notion that a singular African sexuality exposes many heterosexual women to the risk of HIV transmission, was used to support the idea that homosexuality or bisexuality do not exist in the continent (2008, p.1-2). This perspective also led to the idea of heterosexual promiscuity, GBV and a lack of morals among Africans which increased the spread of HIV. In the same context as the myth of heterosexual promiscuity among Africans as a determining factor of HIV/AIDS transmission in the continent was invented by foreign researchers, the myth of homosexuality as un-African was also built.

Although Murray and Roscoe (1998) had already described the reasons for African sexuality being highlighted as mostly heterosexual by previous scholars, Epprecht goes further, by referring to evidence about the falsehood of Rhushton’s penis theory. Basically, this is the idea that Negroes have the largest penis length and diameter and the theory of heterosexual promiscuity being singular to African sexuality. Since the mid 1980s, evidence of the existence of homosexuals in the Southern Africa region has been available and their behaviour was not connected to HIV transmission models, as it was in the West. For Epprecht, the gap between such accounts and the silence in mainstream HIV/AIDS discourse is dramatic, and one is tempted to suspect that homophobia lies behind the determined refusal to admit the existence of “homosexualities in Africa” (2008, p. 05). Similarly, Spronk (2005) observed that the focus on sexuality from a health perspective is problematic particularly when HIV/AIDS related research tends to place sexuality in a negative perspective: “seeing sexuality as the problem that result in HIV infection (Spronk, 2005, p. 270). For Epprecht (2012) and Beyrer (2012) the health perspective contributed to the stigmatisation of MSM and invisibility of certain sexual minority groups such as women involved in same-sex relationships and sexual practices.

Murray and Roscoe (1998) as well as Mott (2007) referred to some anthropologists, such as Evans Prichard, Herskovits Alam Meriam, Henri Junod and MacDermol and historian Edward



Gibbon, as individuals who helped building the idea of the non-existence of homosexuality in Africa. These early scholars denied or dismissed the existence of the phenomenon and in the few times they mentioned it, their ethnocentric attitude was often too evident. For most of them, as Murray and Roscoe (1998) suggest, the negotiation of the African identity remained tied to European standards of morality. Even in Evans-Prichard's well-known report on male homosexuality among the Azande warriors of Congo, one can see how married men became temporary wives, and how this was reported only decades after conducting his fieldwork. Recent records show that if attention is paid to the history of Southern Africa, local terms which mean homosexuality or same-sex practices are found (Zabus, 2013; Epprecht, 2008; 2004, p.). According to Epprecht, *hungochani* appeared in ChiShona, one of Zimbabwe's local languages and *boukonchana* which means "boy wives" or "mine marriages", is found among Tsonga informants from Southern Mozambique; both terms are understood in the majority of African languages. Systematic research on the subject of homosexuality in Africa, according to Epprecht, is increasingly found in his "history of dissident sexuality". Gays or MSM are found today as they were found the past: "they do in a variety of ways, including anally, between the thighs, mouth and hand. They do it for money, love, or when drunk. They identify as gay, straight, he, she or some other person" (Epprecht, 2008, p.6). Despite politicians and religious leaders agreeing with the myth of homosexuality as un-African, the number of LGBT associations has been on the rise in the continent (Epprecht, 2012; 1998, p.631; Kaoma, 2012; Thoreson & Cook, 2011). The discussion on their [LGBT] rights and Africa as a homophobic continent is recent in Southern Africa, and particularly in contemporary Mozambique (Awondo, Geschiere, & Reid, 2012). The discussion emerged at the beginning of the 1990s, when some authors started to describe the sexual behaviour, as well as the visibility of gender identities and conflicts associated with LGBT individuals. In line with this, by exploring same-sex practices and relationships in Zimbabwe and South Africa, Philips (2004) indicates the extent of the tension between legal formalism of rights and the historical authority of customary structures, which support the regulation of sex and sexual rights claims, in these two countries. In both contexts, sexism and homophobia were combined to restrict the sexual rights of LGBT groups. That is why it is for Philips important to explore how sexual public health and public health programs might better engage in the development of sexual agency. Differently from Zimbabwe and other African countries, South Africa, for instance, one

of the most developed countries in Africa, contains a provision in its Constitution on the protection of all sexual orientations (Thoreson & Cook 2011; Epprecht 2012).

In addition to the trend of producing evidence of homophobia and existing sexual practices to disrupt the expression of homosexuality as un-African, some scholars have criticised the neo-imperialism in queer African studies (Currier & Migraine-George, 2017; Nyanzi, 2014; Munro, 2012; Msibi, 2011). In this context, Msibi (2011) agrees with Epprecht (2004) on the idea that African societies have never historically had a “gay” identity or pathologised “homosexual” category because the practises were known and in some ways accepted. For Msibi, homophobia is publicly approved by African Leaders who belies that homosexuality is un-African in a context of colonial outdate laws. Nyanzi (2014) recognise the work done by Marc Epprecht, Rudolf Pell Gaudio, Wieringa Saskia and Africanist non- Africans who contributed to the growth of knowledge about non-heteronormative sexual orientation and non-conforming gender identities in South Africa. Nonetheless, she highlights the need to look at Africa as a vast continent. In this regard, she states that: “South African lenses cannot be the only frames through which queer Africans from the other fifty-five countries make meaning of our queer lives and realities” (Nyanzi, 2014, p. 61).

The second perspective of homosexuality in Africa I mentioned in the first paragraph of this section, is related to the emergence of CSOs in the struggle for sexual diversity and rights in the context of the HIV/AIDS epidemic. The target is on the MSM population, rather than women in same-sex relationships (Currier & Cruz, 2014, 2012; Epprecht, 2012; Kaoma, 2012; Johnson, 2009). The CSOs’ struggle for sexual diversity in Africa dates back to 1966 in South Africa (Currier and Cruz, 2014; Thoreson & Cook, 2011; Gevisser, 1995, p. 18). However, only in the last two decades did these organisations begin to defend sexual minority rights and to contain the HIV/AIDS epidemic. By sexual diversity struggles, Currier and Cruz mean the African CSOs’ strategic efforts to defend gender and sexual dissidence and promote laws and policies that affirm gender and sexual diversity. This struggle, in different African contexts, progressed from discussions on invisibility or visibility of LGBT people in the public arena to applying pressure for social acceptance, religious tolerance and political recognition. To this end, they show examples of LGBT people persecuted by the government and how LGBT activism does not always contain gender and sexual diversity activism and, as a result, the need to revise their strategies,

social and public policies. Epprecht (2012) and Johnson (2009) have shown how the HIV/AIDS programs have failed to include women who have sex with women (WSW) when in some countries, such as South Africa, evidence of lesbians being raped is reported by the media. Nyanzi shows that “queering sex beyond the anus is important because many same-sex loving Africans never eroticise their anus and rectums throughout their lives” (Nyanzi, 2014, p.64). As she states, queer Africa, as a production of knowledge, should focus on relationships, pleasure, parenthood, education, voice and expression, representation and so on.

Currier and Cruz have stated that CSOs have participated in the redefinition of gender and sexualities by contesting heteronormative socio-political arrangements in the context of homophobia. Schilt and Westbrook (2009) proposed a definition of heteronormativity. By this, they mean, a cultural, social and political institution that codifies privileges and rewards monogamous, marital heterosexually and gender conformity, and vilifies and punishes non-heterosexuals and perceived gender transgressions. To this end, they argue that most CSOs involved in defining sexual minority rights are composed of LGBT people who operate informally and who faced difficulties in accessing funding from international donors. Overall, the expansion of LGBT activism in recent decades is related to “queer time”. Halberstam used this term to understand the way in which the “institution of family, heterosexuality and reproduction have been challenged and emerged at the end of the twentieth century, from within those gay communities whose horizons of possibility have been severely diminished by the AIDS epidemic” (Halberstam, 2005, p. 2).

In Mozambique, little is known about the history of the LGBT movement, and there are scarcely any references to same-sex practices and relationships during the colonial era. The first reference to homosexuality in the country appeared in Henri Junod’s novel *Zidji*, published in 1911, where the words *tintoncana* and *bukhonxana* were used to mean “boy wives” or “mine marriages”. Henry Junod, a missionary and anthropologist, identified same-sex practices among Mozambican miners in South Africa as an innocent African practice or a temporary preparation for heterosexual marriage (Epprecht, 2008; 2004; 1998, p.631). Similarly, some scholars have referred to the poet Guilherme de Melo, a Portuguese man born in Mozambique, who in his novel “*As Sombras dos Dias*” published in 1981, described a remarkable account of growing up as a homosexual in the privileged environment of a white family in colonial Mozambique

(Brandenberger, 2014; Aldrich, 2003). In the post-independence context, I also found very few references about this subject.

In 1996, Brigit Bagnol drafted a first report on the “assessment of sexual orientation in the cities of Nampula and Maputo” that was sponsored by the Embassy of the Netherlands (Bagnol, 1996). In this report, she referred to the challenges she faced in identifying people in same-sex relationships, while almost two hundred LGBT people were meeting regularly and informally in the Country’s capital city. Souza (2014), in her study of young homosexual boys’ lifestyles in the city of Maputo, suggested that homosexuality is seen as being of foreign influence and is considered to contradict African values. For many participants, homosexuality is a vice of foreign men. In this sense, the western model of homosexuality, widely found throughout LGBT associations, and homophobia are related to foreign ideas inherited from the Portuguese colonial system.

In the last ten years, evidence from the field of public health SRHR has shown the risk and vulnerability of HIV/ADIS among MSM in the country (Guambe, 2017; Nalá et al., 2015; Da Silva, 2010). Nalá et al, argue that MSM has been largely ignored in HIV-related policies and programming and little is known about the contribution of MSM to the HIV epidemic. Based on an integrated biological and behavioural study among this group, conducted in three of the country’s main cities, results show that HIV prevalence was 8.2% in Maputo ( $n=496$ ), 9.1% in Beira ( $n=584$ ) and 3.1 % in Nampula/Nacala ( $n=353$ ). These data are the first historical account of same-sex practices among males, reported within a context where the Ministry of Justice refuses to register the LGBT Association. In his PhD dissertation on “health devices: equity and human rights of MSM in Mozambique”, Guambe (2017) reveals that weak dissemination of information to MSM, deficient health counselling and testing programs, and discrimination and fear of exposure are the main barriers in the access to and use of available health services for this population, in general. Guambe highlights the need for preventive strategies and to contain sexually transmitted infections especially among the MSM population. Jobson, Kaggawa, & Kim (2012), have suggested the need to recognise that male to female transgender in the group of MSM are an important group at risk of HIV/AIDS. As they state, the invisibility of these groups in the epidemiological data from Africa can be connected to the criminalisation of same-sex behaviour in many countries, the subsequent fear of negative repercussions from participating in research

studies and probably the confusion among researchers on whether to ask questions about gender identity or to ignore them. In Mozambique, these groups are also invisible both in the statistics on people vulnerable to the epidemic as well as in gender studies (Young & Meyer, 2005; Theron & Kgositau, 2015).

### **1.5.1. Female same-sex desire in Africa**

In this section, it is first important to stress that studies on “lesbians” and “bisexual” women and their vulnerability in Mozambique are scarce. Souza (2014) suggests that lesbian and gays are invisible in the city of Maputo because they are afraid of publicly exposing their sexual orientation. When she found some women, who disclosed that they were in same-sex relationships, they were not available to be interviewed. This fact influenced her focus on reporting the voices of homosexual males who acknowledged themselves as such.

Earlier scholars indicate that female same-sex desire in Africa has a long history and is poorly documented or frequently misunderstood in the continent as a whole (Murray and Roscoe, 1998; Epprecht, 2004, 2008). For Murray and Roscoe (1998), the absence of native writing systems before the nineteenth century influenced the European writing, which was based on a moral discourse where sexual identity, roles and acts were represented according to the Judeo-Christian code, which was unfavourable toward same-sex practices, relationships and desires. Murray and Roscoe referred to some anthropologists such as Evans-Pritchard and Alan Merriam, who ignored or denied the existence of homosexuality/female same-sex desire in the continent (p. xiii). Kendall revealed some disappointment in the efforts made to find African lesbians, which were not successful due to the prevailing taboo of addressing sexuality in Lesotho (Kendall, 1998; 1999). By following the discussion about homosexuality as un-African, she observed that love between women is as native to Southern Africa as the soil itself, but homophobia, like Mugabe’s Christianity, is a Western import to the continent (Kendall, 1998, p. 224). She mentioned Robert Mugabe, the former president of Zimbabwe, for the fact that he declared a moral war against homosexuality as a western phenomenon imported by European colonialists. Similarly, Blackwood (2002) indicated that it is problematic to use the Western concept of lesbian as a global signifier to describe same-sex practices between women: “it imposes a Eurocentric term, which

connotes a fixed sexual identity, on practices and relationships that may have very different meanings and expectations in other cultures” (Blackwood, 2002, p. 70).

Over recent decades, researchers have shown that female same-sex relationships in Africa constitute a recent field of study found in various disciplinary formations such as ethnographic case studies, and literary and visual studies (Currier & Migraine-George, 2017, Spronk, 2017; Epprecht, 1998). For Currier and Migraine-George (2017) the stories of women in same-sex relationships have been affected by silence, repression and uncertainty. They suggest the use of interdisciplinary methods as a strategy to address “the complex mesh of historical, sociocultural and economic conditions that characterise the experiences of women who love women” (p. 13). Likewise, Tamale (2011) indicates how the topic of “sexualities” is often not only wrapped in silence, taboo and privacy, but also the fact that in Africa, many acts associated with “sexualities” are criminalised or highly stigmatised. Consequently, this subject should be treated with care and sensitivity, because there is no uniform or monolithic way of experiencing “sexualities” within a culture or community or even among individuals. By “African sexualities” she means the political call to conceptualise sexuality outside the normative social orders and frameworks based on binary positions and labels and not diverse forms of sexual orientation identity. As she argues, “the premise of multiple sexualities provides a starting point for any study” and it is important to understand the African context in which the language of western colonialists has dominated sexuality discourses as well as the shape, meanings and definitions of related concepts, which necessarily reflects realities and experiences outside of Africa (Tamale, 2011, p. 12-14)”. The concept of silence is one of them: “in the dominant Western tradition voice is valorised and silence constructed as a total blank, while in many African cultures, silence can be as powerful and as empowering as speech (Tamale, 2011, p.14; 2005). Tamale’s view is consistent with what some scholars have suggested on why one should not avoid speaking within the context of normative or epistemic violence (Dhawan, 2012; Kaber, 2010; Butler, 2007, Spivak, 1988). That is to say, as shown by some scholars, the concept of silence cannot be automatically related to disempowerment and voice to agency (Papart, 2010). In line with this view, Spronk (2017) explored experiences of women in Kenya and Ghana who, at some point in their lives, had engaged in same-sex eroticism without necessarily having to self-identify with any particular identity. Since female same-sex patterns or eroticism were not linear and varied from person to person, she

suggests rethinking the notion of sexual diversity based on the idea that sexual subjectivities are suppressed and inhibited.

By following the discussion on sexualities and female same-sex desire in Africa, as suggested by the scholars mentioned above, I paid attention to participants' experiences by looking at factors of silence and agency in their sexual preferences and disclosure. Epprecht coined the term "culture of discretion": "do not ask, do not tell" captures the silence among people involved in same-sex practices, within the context of taboo regarding open discussions on sexual matters. This view was significant to unravel the voices of these women in the cities of Nampula and Maputo, which contribute to the history of LGBT people in Southern Africa.

Most of the queer African studies have explored the subject of female same-sex relationships or desire in English-speaking African countries, with Mozambique being left out and sometimes mentioned only in general terms (Spronk, 2017; Currier and Migraine-George; 2017; Awondo, Geschiere, & Reid, 2012, Blackwood, 2002; Kendall, 1998). The fact that many of these scholars agree that western vocabulary of gender, sexuality and LGBT were not appropriate to address the complexity of "African sexualities", influenced my decision to use a triangulation of theories and methods as strategies to deal with the sensitivity of the topic, the taboos surrounding sexualities and the invisibility of the participants. In the next chapter, I describe the aforementioned methodology, which I used to build this dissertation.







## **CHAPTER 2**

### **Methodology**

#### **Introduction**

In terms of methodology, I used a triangulation of theories and methods to capture the context in which civil society organisations and individuals spoke about their experiences of activism and gender identities in the cities of Nampula and Maputo. Despite the ontological and epistemological criticism around the concept of triangulation, it is known for its advantage of increasing the validity and reliability of data coming from different sources through a cross verification (Carter et al., 2014; Modell, 2009; Thurmond, 2001, p. 253). This interactive combination of theories, materials and methods of data collection allow me to access multiple sources of information in order to analyse the participant's perspective, at both research sites. The term "context", which I borrowed from the postmodern perspective and used throughout the dissertation, has to do with a socio-historical space in which a discourse or course occurs (Kamuf, 1991, p. 82-111; Foucault, 1972, p.135-140).

Informed by both of the views described above, I look at different intersected elements of analysis in various sources of information that influenced the participants' experiences of violence in a developing country, where little was known about same-sex practices, relationships and desire. Thus, the triangulation of theories, methods and source of data was used to describe the participants' narrative. The chapter is organized into four main sections.

Firstly, I introduce the theoretical framework where I define the concepts of identity politics within a frame of intersectionality, which leads to the description of the different systems of oppression such as gender, religion, kinship lineage and public health discourses that shaped the experiences of participants at both research sites.

Secondly, feminist postcolonial theory inspired this research with the concept of "representation of the other" and experience as not authoritative evidence that helped to demystify the prevailing essentialist concepts of 'women' and MSM in local public health and social protection policies.

Thirdly, by drawing on queer studies, the concept of gender and sexual orientation was crucial to understanding the “ownership” of the western LGBT vocabulary disseminated by magazines and soap-operas from both global hemispheres. Lastly, I present the multiple case study, methods and context in which the participants were recruited to participate in the Focus Group Discussion (FGDs), Semi-structured Interviews (SSIs) and In-Depth interviews (IDIs) at both research sites.

## **2.1. The theoretical and conceptual framework**

### **2.1.1. Intersectionality**

Here, I start by describing how, over the last three decades, the concept of intersectionality evolved through criticism based on its different meanings as a critical response to white feminism and gender theory’s essentialism. There is a blurred line depicting this concept as a methodology or theory applied to both qualitative and quantitative research.

The idea of intersectionality travelled from its roots in black feminist theory and activism to critical legal and race studies, to other disciplines across countries and continents (Collins, 1998; Yuval-Davis, 2006; Verloo, 2006; Lutz, 2011; Cho, Crenshaw, & MacCall, 2013). As a heuristic term, it was coined in 1989 by Crenshaw “to denote how race and gender interact to shape the multiple dimension of black women’s employment experiences” (2006, p.8). In that sense, it can be defined as structural or political. The first dimension locates black women’s experiences which could not be analysed by looking at the intersecting boundaries of race and gender discrimination within the United States. The second approach analyses the way in which feminism and anti-racist politics operated to marginalise the issue of violence against women of colour.

As Nash (2008) indicates, a myriad of scholars has disrupted the notion of “universal woman”, proposed by white feminism, without explicitly using the term intersectionality, which leads one to note that Crenshaw provided a name for a pre-existing theoretical and political commitment. In the early 1980, for instance, black feminist theorists and activists, which Crenshaw claims to be a part of, criticised the feminist mainstream and its devaluation of black womanhood and third world women (Smith, 1978; hooks, 1981; Lorde, 1983). Given that, intersectionality was

established in close relationship with the concept of identity politics, which came up to challenge the dominant system of oppression produced by feminism and anti-racial policies which silenced the voices of marginalised people (McCall, 2005; Zack, 2005; Nash, 2008; Shields, 2008). Nash (2008) identified two critical aspects in Crenshaw's perspective: the consideration of black women as a unitary entity of analysis, opposite to that of white women, and the way in which intersectionality as an analytic tool could not help black feminist theory in providing a more complex theory of identity.

Although the concept of intersectionality is controversial, its use evolved from the idea that: 'the meaning of gender and sexuality that is prior to social transformation is the opposite of social constructionism - to the idea that biological attributes only come to have meaning within a historical and social formation' (Elspeth, 1997, p. 133). The concept of identity politics, in its different meanings, has been competing to include the relationship between experience, culture, identity, politics and power. Identity politics, according to Crenshaw, has been in conflict with the dominant concept of social justice: race, gender and other identity categories which are most often treated in mainstream liberal discourse as a vestige of bias or domination. By this statement, she means that there is an intrinsically negative framework in which social power works to exclude or marginalise those who are different (Crenshaw, 1991, p. 1241). Buckingham summarised the concept of identity politics as related to social power: "It refers primarily to an activist social movement that has explicitly sought to challenge this process: they have struggled to resist oppressive accounts of their identities constructed by others who hold power over them and claimed the right of self-determination" (Buckingham, 2007, p. 7). As he notes, it is related to race, ethnicity, gender, sexuality, disability and other categories of oppression.

Yuval-Davis states that one of the problems of intersectionality-based research remains in the emphasis on the level of the analysis of experiences. In her view, the level of experience does not allow one to distinguish the "discourse of naturalisation, which tends to homogenise social categories, from how to treat all individuals who belong a particular social category and share the particular equally positive or negative natural attribute" (Yuval-Davis, 2006, p. 199). She calls attention to the existing "different kind of differences": In different cultural traditions naturalising narratives can be different, and certain naturalised categories can be emphasised more than others" (p. 199). This perspective constitutes a critical response to feminist essentialism claiming to speak universally for all women and put aside racial, ethnic, class and sexual differences. As Zimmerman

has shown, the postmodern feminist looks at identity as a fiction, a misrepresentation and effect of discourse where subjectivity is produced across multiple discourses of gender, sexuality, race, class, of which no single discourse can be isolated from the others” (Zimmerman, 1997, p. 153). Consequently, intersectionality is recognised as the most significant theoretical contribution to women’s studies and social science.

Yet, the idea that intersectionality includes all women and their needs has been interrogated (McCall, 2005; Zack, 2005; Verloo, 2006; Nash, 2008; Shields, 2008; Cho, Crenshaw & MacCall, 2013). By emphasising the multiple dimensions and modalities of social relationships and the formation of the subject as a central category of experiences, McCall introduces three approaches that attempt to explore intersectionality in social life: *anti-categorical complexity* that focuses on deconstructing analytical categories; *intracategorical* that embraces marginalized international identities and their complexity of lived experiences and, the *intercategorical* that uses existing analytical categories to document relationships of inequality among social groups and changing configurations of inequality along multiple and conflicting dimensions (McCall, 2005, p. 1773-1774). The first viewpoint is built on feminist theory, poststructuralist and anti-racial studies, the second was inaugurated by the concept of intersectionality from a black feminist background, and the last new proposal of intersectionality comprises the third-wave of feminism. Although the term “third-wave feminism” is controversial, Zack (2005) considers it an urgent approach that fills the gap left by the first and second-wave feminism. In this regard, she argues that “what women have in common is a relation and not a thing”. Her standpoint of view leads one to see that the first and second - wave feminism were not an inclusive approach. For Zack, there is no question about women as being different, so the questions are on how they are different and how their differences as a result of gender, ethnicity, religion, class and disability, sexuality and class get constructed. Intersectionality and its praxis, in her view, have not been inclusive of varied points of intersections.

In this dissertation, I identify third-wave feminism as encompassing more than queer theory, because: “it demonstrates all inclusion of all types of feminism, recognises each person’s multiple identities and the consequent ambiguities and contradictions in standpoints and embraces living feminism in everyday activities” (Bobel, 2010, p. xii; Mann & Huffman, 2005, p. 57). As Mann & Huffman indicate, four major perspectives contributed to third-wave feminism: Intersectionality theory, postmodernist and poststructuralist feminist approaches, feminist post-

colonialism and the agenda of new generation of younger feminists. In this context, as Zack has shown, it would be misguided and misleading to claim that feminism is responsible for the overall whiteness of the academy or field of philosophy. Subsequently, the term intersectionality can refer to the: “multiple oppression experienced by non-white and poor women in particular, but more generally to all women, because differences in sexuality, age and physical ableness are also areas of oppression” (Zack, 2005, p. 7). As a result of the upturn in studies on black women’s experiences, Yuval-Davis, in reacting to British black feminists, criticised the notion of “triple oppression” they used, for instance to describe the way in which individuals suffer oppression as blacks, women and members of the working class. As she states: “there is no such thing as suffering from oppression “as black”, “as woman” and as a working-class person because each social division has a different ontological basis, which is irreducible to other social divisions” (Yuval-Davis, 2006, p. 195). In this regard, each social division has a different ontological basis, which is irreducible to another social division (Yuval-Davis, 2006). That is to say, diversity among groups is crucial in research-based intersectionality approaches because the social division is expressed in a specific institution and organisation, such as State laws and agencies, trade unions, voluntary organisations, the family and in how people subjectively experience inclusion and exclusion in their daily lives. Episodes of violence against black women were not considered by white feminists when Crenshaw coined the term intersectionality. However, Nash emphasised other critical elements underpinning intersectionality. Nash points to the lack of precision in the definition of intersectionality as a methodology or theory, the use of black women as prototypical intersectional subjects, and the empirical validity of the coherence between the vague concept of intersectionality and lived experiences of multiple identities (Nash, 2008, p. 4). Since this internal paradox starts with Crenshaw’s definition of intersectionality, as a “theory about black women’s experiences” and a “theory of multiple grounds of identity”, Nash suggests that the future project look at systems of privilege (heterosexuality) and oppression (multiple marginalisation that haunts intersections) at a subjective level to account for the differences in the marginalized groups which disrupt the essentialist myth of black womanhood as a single identity (Nash, 2008, p. 10-12).

Many scholars have unravelled the invisible systems of privilege that people enjoy according to their social position such as heterosexuality, masculinity and patriarchy, which determine unequal social relations (Coston & Kimmel, 2012; Blanchett, 2006; Cain, 2000; Wildman, 1994). As Yuval-Davis suggests, it means to extend intersectionality analysis to any

grouping of people, advantaged or disadvantaged, and transform it into a “major analytical tool that challenges hegemonic approaches to the study of stratification as well as reified forms of identity politics” (Yuval-Davis, 2006, p. 202). But the question relies on how many social divisions are involved, which one should be considered in the analysis of the intersectionality process and how positioning and necessarily corresponding identities and political values are constructed, interrelate and affect each other in a particular location and context. As noted by Shield, in intersectionality research “one category of identity such as gender takes its meaning as a category in relation to another category”. In this context, it is important to highlight that the definition of intersectionality varies according to research context, but a “consistent tread across definitions is that social identities which serve as organising features of social relations, *mutually constitute*, *reinforce*, and *naturalise* one another” (Shield, 2008, p. 302)”. Shield (2008) uses the words “mutually constitute” to refer to the way one category of identity, such as gender, takes its meaning as a category in relation to another category. The word “reinforce” was used to show that the formation and maintenance of identity categories is a dynamic process in which the individual herself or himself is actively engaged; and the term “naturalise” to denote the idea that identities in one category come to be seen as self-evident or basic through the lens of another category as it happens with multiple genders or temporary genders (Ibid). As Brah and Phoenix indicate, the concept of intersectionality emphasises that “different dimensions of social life cannot be separated out into the discrete and the pure strands” (2004, p. 76). In this regard, it also involves multiple axes of differentiation, such as economic, political, cultural, psychic, subjective and experiential dimensions intersected in historically specific context. That is, any individual, regardless of race and sexuality, can be a participant of this intersectionality research as it fits into the sampling criteria that is based on the research problem to be investigated. By taking into account the criticism around intersectionality, Collins and Bilge (2016) suggest to look not only at different intersected axes of discrimination but also the way in which these categories are related to the Foucauldian concepts of power and dominance.

Intersectionality as a method or theory has been applied to the study of black gay, black lesbian or indigenous women in the Southern Africa region (Graziano & College, 2004; Cock, 2003; Wells & Polders, 2006). The term black lesbian or black gay is commonly referred to in the history of the LGBT movement and gender identities in South Africa because of the impact of the apartheid system, which divided classes of whites and blacks. Conversely, the use of black

people's terminology was not politically appropriate to refer to the participants of this research. I used this option not only because of their ethnocentric background, that is a reminder of the ideology of colonialism, but also for the reason of undermining the concept of agency to problematize the image of subaltern and victimised women, produced by gender scholars in the colonial and postcolonial time and space in Mozambique. The colonial legislation, for instance, was changed in the country and the Constitution does not provide any space for men and women to address the issue of the racial condition of being black, as is the case in South Africa, the United States and Mozambique's colonial era. Since the women in the latter context had to deal with imperialism, gender inequality and ethnicity (Penvenne, 1994), nowadays imperialistic violence is not as visible as it was in the past.

Consequently, I use the terms lesbian, gay, bisexual and transgender (LGBT) in quotation marks, and did not mention the term "black" because participants did not self-identify as such. By using intersectionality as a theoretical framework, I explored "categories, and domains of power" emerging in the perspective of the participants (Collins and Bilge, 2016). I found this angle fundamental in rethinking the essentialist position that identifies women or MSM as single identities prevailing in gender studies and public health policies, which are based on binary positions and labels in Mozambique. Thus, I described the identities of coexisting people in patriarchal, patrilineal and matrilineal systems of oppression, which are reinforced by the GPHS that does not adequately address the needs of all people vulnerable to HIV/AIDS.

### **2.1.2. Feminist post-colonialism**

I begin this section by defining post-colonialism as critical feminism which has focused on the invention of the "other", the marginalised and particularly on the demystification of "third-world women", whether classified as "indigenous women" or "native". As Gandhi stated, this process entails "ambivalent cultural moods and formations which accompany periods of transitions and translations" (Gandhi, 1998, p. 5). As a subject of enquiry, it is contested for its theoretical and political ambiguity. In this regard, for Hall, post-colonialism is contested because of its "multiplicity of positions" that embraces what Shohat (1992) summarised as: "a-historical universalising displacements and depoliticising implications" (Hall, 1996, p. 242). According to



Hall, it is important to distinguish post-colonialism from colonialism and post-colonial times to avoid an unclear interpretation. As Gandhi argues, the incorporation of antagonist theories such as Marxism and post-structuralism explains the lack of consensus regarding the content, scope and relevance of postcolonial studies. Some critics rely on the hyphenated form post-colonialism as a decisive temporal marker of the colonising process and others on the separation between colonialism and its aftermath (Gandhi, 1998, p. 3).

Although the term postcolonial time refers to the colonial aftermath, colonialism is defined according to the imperial project that comprises the binary division between coloniser and colonised. In this respect, Hall points out the importance of underlining the way in which the post-colonial time is also considered a time of difference, with implications on the forms of politics and subject format in the late modern era. For Hall (1996) and Gandhi (1998), the term colonialism in the postcolonial perspective refers to a specific historical moment, and at the same time the way of staging and narrating a story within a distinctive paradigm. They agree on the distinction between colonisation as a system of rule, power and exploitation and colonisation as a system of knowledge and representation that has been the subject of scrutiny by postcolonial theory. They aim to disrupt the universal essentialism responsible for undermining the “others”, the “third world”, the “south”, the “rest” and the likes thereof. Consequently, the distinction between the postcolonial and the colonising process, as Hall has suggested, relies on the discussion about the binary of the west and the rest, in which the reconstruction of power and knowledge encompasses the process of globalisation in its historical forms, where the periodization of the post-colonial term is challenged.

In this context, colonisation, imperialism, neo-colonial, dependency and third world are used to show the degree in which each term, apparently innocent in its powerful epistemological dimension, is conceptual and politically packed to be understood discursively. That is, the distinction between power and knowledge, according to Hall, is “exactly what the discourse of the post-colonial (or rather, what thinking both “the colonial” and “post-colonial” discursively) has displaced, the power knowledge field of force” (1996, p. 253). In this debate, Gandhi suggested three areas of controversy: the discussion about third-world women, the problematic history of feminism as imperialist and the colonialist use of “feminist criteria” to bolster the appeal of the “civilizing mission”, so that “the most collision and collusion of postcolonial and feminist theory occurs around the figure of “third-world woman” (Gandhi, 1998, p. 83). Notwithstanding the

relevance of these controversies in providing insights for future researchers, it is clear that feminist, postcolonial scholars exert pressure on the mainstream postcolonial theory to consider gender issues in a two-fold project “to racialize mainstream theory and to insert feminist concerns into conceptualization of colonialism and postcolonialism” (Lewis & Mills, 2003, p. 3). In this line of thought, while black feminist and intersectionality theorists were disrupting the white feminist, Spivak was concerned in highlighting the silenced voices of women as subaltern subjects produced by the epistemic violence in the third world. Based on Foucault’s concept of the episteme and Gramsci’s concept of the subaltern, and drawing on some Marxism pitfalls and subaltern studies, she highlights the context of patriarchy and imperialism where “the subject-constitution and object formation, the figure of the women disappears, not into a pristine nothingness, but into a violent shuttling which is the displaced figuration of the “third-world women” caught between tradition and modernization” (Spivak, 1988, p. 208). Spivak’s contribution to feminist postcolonialism relies not only on the concept of women as subaltern subjects of epistemic violence but also, as Gandhi highlights “places us squarely within the familiar and troublesome field of representation and “representability”. How can the historian/investigator avoid the inevitable risk of presenting herself as an authoritative representative of subaltern consciousness? Who - if any - are the true or representative subalterns of history, especially within the frame of reference provided by the imperialist project” (Gandhi, 1998, p. 2).

Similar to the previous approach, Mohanty points out three critical presuppositions which should be considered useful to demystify the concept of third-world women constructed by US and Western Europe feminism. The first is related to the singular and universal categorisation of women and the context of analysis: the assumption of women as an “already constituted and coherent group with identical interest and desires regardless of class, ethnicity, racial location which implies a notion of gender or sexual differences, or even patriarchy can be applied universally and cross-culturally” (p. 52). The second relies on the methodological aspect: “the uncritical way “proof” of universality and cross-cultural validity are provided”, and lastly the politics and strategies of analysis and intervention, namely, the model of power and struggle implied and suggested by the Western white feminists about the third world women (Ibid.).

Within the previous two frames described above, Mohanty describes how these women were categorised by the feminist scholars through an essentialist perspective of feminine gender as sexually constrained. In this regard, “third world women” were considered to be: “ignorant,

poor, uneducated, tradition-bound, religious, domesticated, family oriented, victimised, etc.” and the “implicit self- representation of Western women as educated, modern, individuals who have control over their bodies, sexualities and the “freedom” to make their own decisions” (M ohanty, 2003, p. 53). In this way, the term colonisation, according to Mohanty, is also used discursively by some feminists’ texts to characterise the so-called third-world women as a singular monolithic subject. As a major discursive ideology and a political project, post-colonialism looks at how certain modes of ownership and codification of “scholarship” and knowledge about women in the third world can be easily deconstructed. According to Mohanty, the relationship between woman and women is one of the central questions that feminist essentialism seeks to address. The former approach is upheld by the cultural and ideological construct or representation of the other through a discourse (scientific, literary, juridical, linguistic, cinematic etc.) The latter deals with the real, material subjects of their collective histories, therefore, the connection between women as a historical subject and the representation of woman produced by hegemonic discourses as relation, set up in particular cultural and historical contexts.

Likewise, Narayan, also departing from the notion that culture is not homogeneous and society is differentiated, emphasises how the idea of anyone as an authentic insider is questioned. She argues against the fixed distinction between “native” and “non-native” anthropologists. Instead of emphasising the dichotomy mentioned above, she suggests that we should be interested in the identification and interpretation of power relations in communities (Narayan, 2003, p. 285). Categories of experiences and analysis such as education, gender, sexual orientation, class and race may at different times outwit the cultural identity that is associated with the insider or outsider status of the researchers. Narayan is concerned with the quality of the relationship between the researcher and the people he/she sought to represent in the texts: “are they viewed as mere fodder for professionally self-serving statements about generalizing other, or are they accepted as subjects with voices, views and dilemmas - people to whom we are bonded through ties of reciprocity and who may even be critical of our professional enterprise?” (Narayan, 2003, p. 286). The third-world, native or indigenous women/people are terms socially constructed in the context of imperialistic domination and supported by a kind of “Anthropology of Primitive Society”, in the sense that discourage its use to describe women in the aftermath of colonial Mozambique that also comprises the “periods of transitions and translations” described by Gandhi. Both terms were disseminated by the Portuguese colonization and missionary ethnologists in order to describe how Mozambican

people were inferior to the Portuguese (Mondlane, 1969; Newitt, 1995). In order to overcome their primitive status, the former group had to be baptized, changing their original names and culture to become Christians and civilized citizens through the assimilation of Portuguese ideology. As Gandhi already pointed out, two reasons make the term “third-world women” very colonial: ethnocentrism that disregards the enormous material and historical difference between “real” third-world women and the composite “othering” of third-world women that became a self-consolidating project of western feminism (Gandhi, 1998, p. 85). Notwithstanding the relevance of the link between gender and imperialism to describe the condition of third-world women in the colonial context, as Spivak (1988) correctly stated, nowadays the imperial power is not as efficiently visible as it was in colonial Mozambique.

Even in the colonial spaces, as Mills suggests, there is a variety of spatial frameworks which are operating both for women and men. That is why, instead of a monolithic view of space she puts forward the possibilities of developing a materialist-feminist analysis of representational space which can take into account the way that women and men, colonizer and colonized, negotiate their position in space through their interrogation with their respective social position (Mills, 2003, p. 694). The important fact is that a materialist-feminism analysis can look at the relationship among women and men as different agents - colonized and colonizers. This perspective allowed for a description of how the politics of location shaped the experiences of activism on sexual rights violations in the history of Mozambique in the colonial aftermath. Although the concept of experience in feminist postcolonial studies has been criticized (Scott, 1991; Mohanty, 1982), in this study I followed the perspective of Stone-Mediatore, which argues that experiences can be defined as “a source for a critical reflection” instead of undebatable evidence (Stone-Mediatore, 1998).

### **2.1.3 Gender and queer theories**

Intersectionality, feminist post-colonialism and queer theories emerged as contesting feminist essentialism based on universal binary positions and labels. Post-modern feminism is characterised by its emphasis on deconstructing gender identity and gendered representations as categories of analysis. Gender identity is currently defined according to a person’s deeply feeling of the internal and individual experience of gender, which may or may not correspond to the sex

assigned at birth. It includes both the personal sense of the body – which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means – as well as other expressions of gender, including dress, speech and mannerisms (Blondeel, et al., 2018). Butler was a pioneer in observing that “the cultural matrix through which gender identity has become intelligible requires that certain kinds of identities cannot exist” (2007, p.24). Her work on “gender trouble”, published in 1990, contributed to the emergence of queer theory as a critical response to gender theory and feminist essentialism that looks at binary categories of sex gender as a social construct (Turner, 2000). According to Butler, “if gender is the cultural meaning that the sexed body assumes, then a gender cannot be said to follow from sex in any one way. Taken to its logical limit, the sex/gender distinction suggests a radical discontinuity between sexed bodies and culturally constructed genders. Assuming for the moment the stability of binary sex, it does not follow that the construction of “men” will accrue exclusively to the bodies of males or that women interpret only female bodies” (Butler, 2007, p.7. In her essay on “critically queer”, published in 1993, she argued that the essentialist approach of gender is based on the notion of identity as a fixed category which identify homosexuality always in relationship to heterosexuality and how the relationship between the two concepts has to do with the power of discourse that produces what is named and the question of performativity. Performativity is thus one domain in which power acts as discourse in the Foucauldian sense of the term (Butler, 1993, p. 17). The term queer, as she states, derives its force precisely through the repeated invocation by the discourse which it has become, linked to accusation, pathologization, and insult.

The term queer theory was coined in 1991 by a feminist, Teresa De Lauretis, to refer to the “continuing failure of representation and the enduring silence on the specificity of lesbianism in the contemporary gay and lesbian’s studies” (De Lauretis, 1991, p. iii). Some scholars have shown that initially, the term queer, which emerged at best as slang for homosexual, became the worst terminology that describes homophobic abuses (Turner, 2000, p.1; Jagose, 1996). It has been used as a coalition of culturally marginal sexual self-identification as well as to describe a theoretical approach in gay and lesbian studies. As Turner has shown, queer theory is a subject that points out the issue of hideous forms of violence against racial and sexual minorities (Turner, 2000, p.1). As a branch of post-structuralism, critical theory discusses the multiple, complex and fluid identities of queer individuals (Turner, 2000; Oakes, 1995, p.378). For Oakes (1995) and Turner (2000), queer theory contests fixed categories, representations and the process of attaching individuals to

their identities which are taken for granted and aims to deregulate the heterosexual hegemony. Thus, queerness indicates a failure to fit precisely within a category. For instance, as Turner has argued, all persons at some time or another find themselves discomfited by the bounds of the categories that ostensibly contain their identities, particularly in the western language and philosophical tradition that encourage people to believe that valid category poses some universality (Turner, 2000, p.8).

In line with the preceding perspective, Abustan and Rud (2016) suggest that queer individuals or communities are not homogeneous and involve identities that are less predictable than LGBT identities (Abustan & Rud, 2016). They referred to queers as allies of intersectionality for the fact that the definition of queer differs for each individual and community and involves diverse identities. Sedgwick (1990) introduced the “closet” as an important concept in queer studies by defining it as a structure of oppression which has regulated the private lives of lesbians and gays for the last century (p.71). This concept, as Brown suggests, simply and efficiently expresses the specificity of oppression based on norms of gender and sexuality (Brown, 2000, p. 1).

In the “queer time and place” Halberstam (1998) states the transgender body as a contradictory site of postmodernism, by which the gender-ambiguous individuals represent a very different set of assumptions about gender. In this regard, she pointed out the post-modern gender theory that has been misinterpreted as a description of gender flexibility and fluidity in a context where many young gays and lesbians think of themselves as a part of “post-gender” world. As she states, for many of them the idea of labelling becomes a sign of oppression (Halberstam, 2005, p. 19). For Valentine (2004), gender and sexuality are themselves categories that hold certain meanings which are historically produced and are drawn on in particular contexts. They are heuristic concepts coined to describe the social meaning by which masculine and feminine are defined and what “those gendered bodies do with one another or feel about one another in a realm we call sex” (Valentine, 2004, p. 215). Valentine is concerned with the tendency to claim, as empirical fact, that gender and sexuality are separate and separable experiences which result in a substitution of an analytic distinction for actual lived experiences. That is to say, they constitute a model that describes western identities well and is not the only model available.

Influenced by post-structuralist views and Foucault's work<sup>5</sup> queer scholars have to rethink the concepts of gender and sexuality that underpin LGBTQ as subjects of inquiry. The form in which Butler (2007), Halberstam (1998) and Valentine contextualise the categories of analysis such as gender and sexuality as conflated empirical categories of analysis influenced my decision to focus on the context in which participants used their language of self-identification regarding Sexual Orientation and Gender Identities (SOGI) at both research sites. SOGI are terms used to contextualise global human rights discourses by LGBT and human rights activists (Kuper, Nussbaum, & Mustanski, 2011; Hanssmann, Morrison & Russian, 2008; Waites, 2009). The first one is used to refer to "each person's capacity for profound emotional affection and sexual attraction to (and intimate and sexual relation with) individuals of any sex", while the second refers to "a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes both the personal sense of the body – which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means – as well as other expressions of gender, including dress, speech and mannerisms" (Blondeel, et al., 2018).

Many queer scholars have questioned the traditional notions of gender and SOGI that are at "the centre of LGBT people's sense of identity and their struggle for civil rights and a happy and fulfilling life" (Austin, Johnson, & Wojcik, 2010; Butler, 2007, Halberstam, 1998, Sedwick, 1990). The concept of SOGI is commonly used in the human rights approach to address LGBTQ individuals. Sexual orientation, as defined by Kauth (2005), involves same-sex attraction and attraction for both sexes, which is commonly related to the "sex" or "gender" categories. Therefore, sex is a category that differentiates males from females. While *sex* is biological and has physiological characteristics that distinguish males and females, for example, sex chromosomes, hormone levels, testes, penis, mammary glands, ovaries, vagina, etc., *gender* refers to social characteristics and roles that typify men and women, for example, masculinity or femininity, husband or wife, mannerisms, occupations, and clothing (Kauth, 2005, p. 83).

Although the ambiguity of the definition of sexual orientation is related to sex and gender, it is essential to take in to account the variety of sexual attractions. The definition of SOGI is separable and separate concepts, which I use in this dissertation, and is consistent with the

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<sup>5</sup> "History of Sexuality, Vol. 1", "the Power of knowledge", and "discipline and punishment".

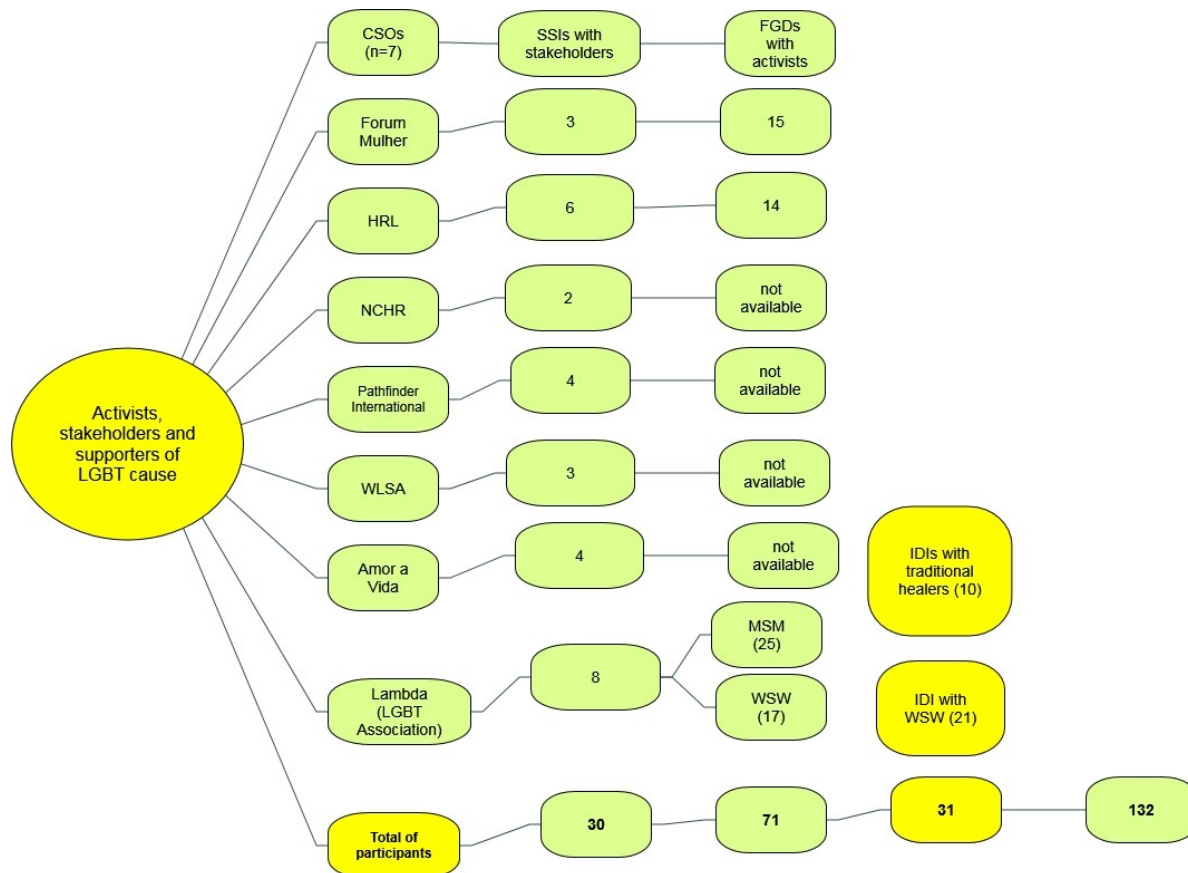
Yogyakarta principles and human rights policies for sexual minorities (ICJ, 2007). By taking into account the queer scholar's proposal of fluidity and flexibility that entails both gender and sexuality concepts, which varied according to each cultural and social setting, I paid attention to the context in which participants expressed their experience of sexual preference and identity.

## **2.2. The multiple case study**

To achieve the goal of examining CSOs' experiences of working with LGBT people, I involved six organisations and one public institution in the cities of Nampula and Maputo (see Fig. 1.) By taking into account that more than a thousand CSOs have been operating in Mozambique since 1990 (Jensen, Psico, Salimo, & Lameiras, 2015), I purposefully selected human rights and feminist organisations working in partnerships with the Lambda Association in the field of SRHR, the theme proposed by the VLIR-UOS/ Desafio project three, regarding "gender, health and family issues".

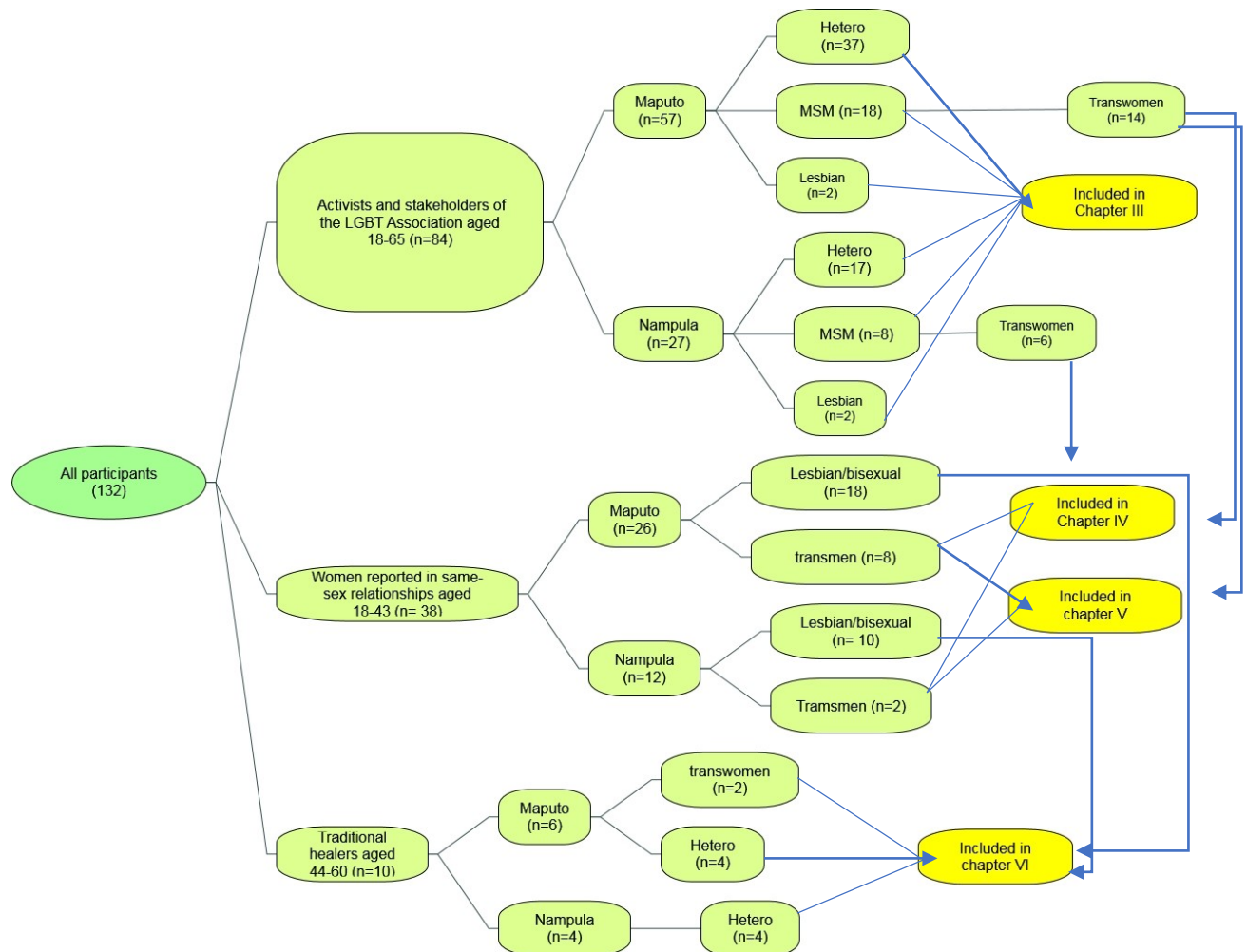


Figure 1. The mind map of activists and stakeholders involved in this study in Nampula and Maputo



The decision to undertake a multiple case study was influenced by the sensitivity, invisibility, and difficulties in finding sexual minority participants, and in particular women in same-sex relationships for interviews, as reported by previous scholars (Souza, 2014; Bagnol, 1996). The method is defined by involving individuals from more than one organisation involved in the same manner in research (Creswell, 2013; Yin 2012; Baxter & Jack, 2008). It is an empirical inquiry that investigates “a contemporary phenomenon in-depth and within its real-life context, especially when the boundaries between phenomenon and context are not evident...” (Yin, 2009, p. 18). Consequently, it allowed different variables of interest from multiple sources of evidence such as document analysis, observations and interviews to be managed, which enabled me to describe the experiences of participants at both research sites.

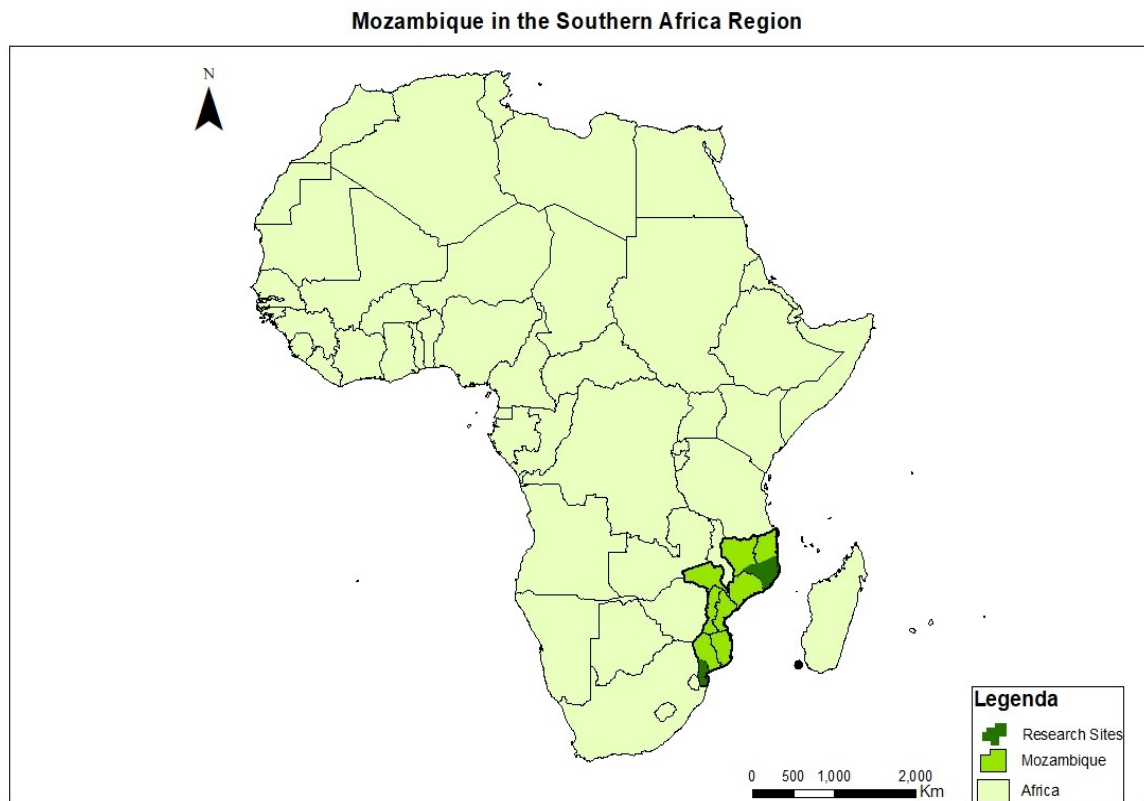
**Figure 2. The Mind map of the multiple case study**



### 2.3. The research sites

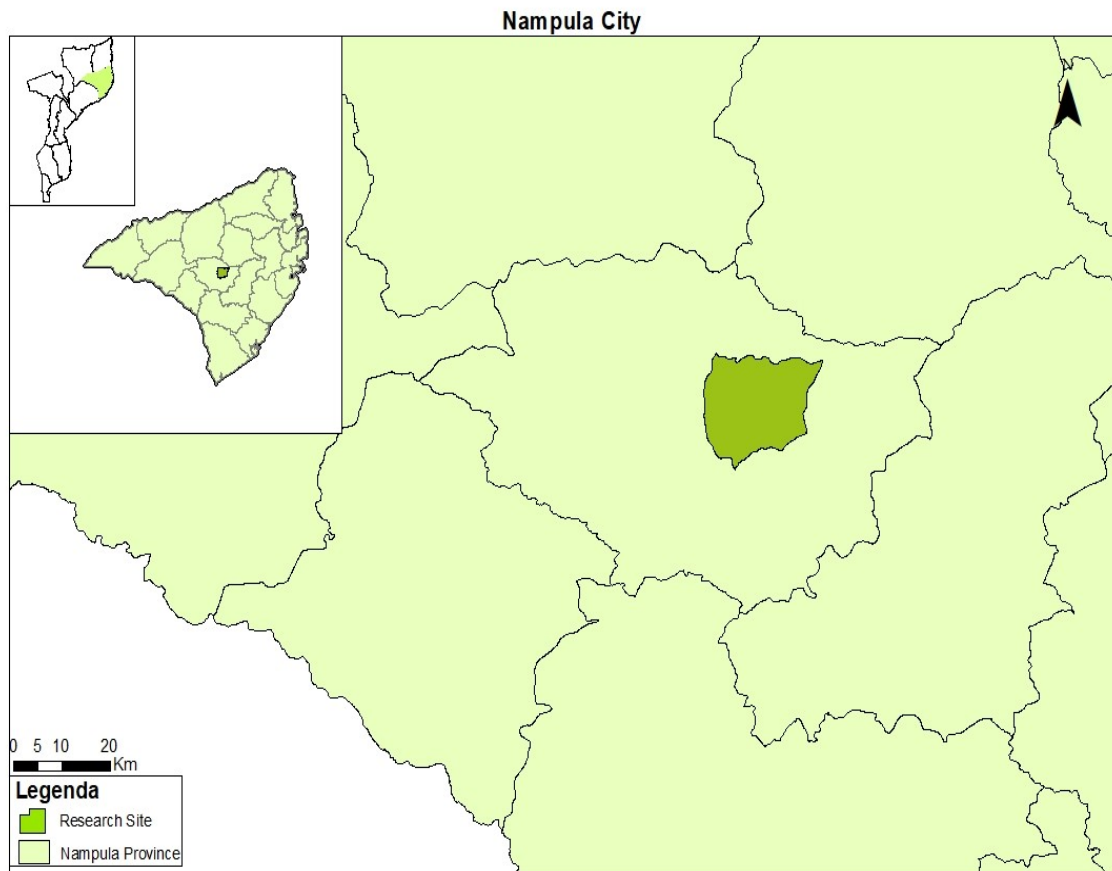
Mozambique is situated in the Southern Africa region, on the border with South Africa and Swaziland in the South, Malawi, Zambia and Zimbabwe in the West, the Indian Ocean in the East, and Tanzania in the North (República de Moçambique, 2013). The 2017 population census estimated that almost 29 million inhabitants, distributed across eleven provinces, were living in the country (INE, 2017). The fieldwork was conducted between April and December 2016, January, February and October 2017, in the cities of Nampula and Maputo (see Fig.3).

*Figure 3. The Map of Mozambique in Africa*



Nampula is one of the largest cities located in the North of Mozambique (Fig.4). In 2017, its population was estimated at 743,125 inhabitants, of which 363.157 were men and 379,968 women (INE, 2017).

*Figure 4. The map of Nampula City*

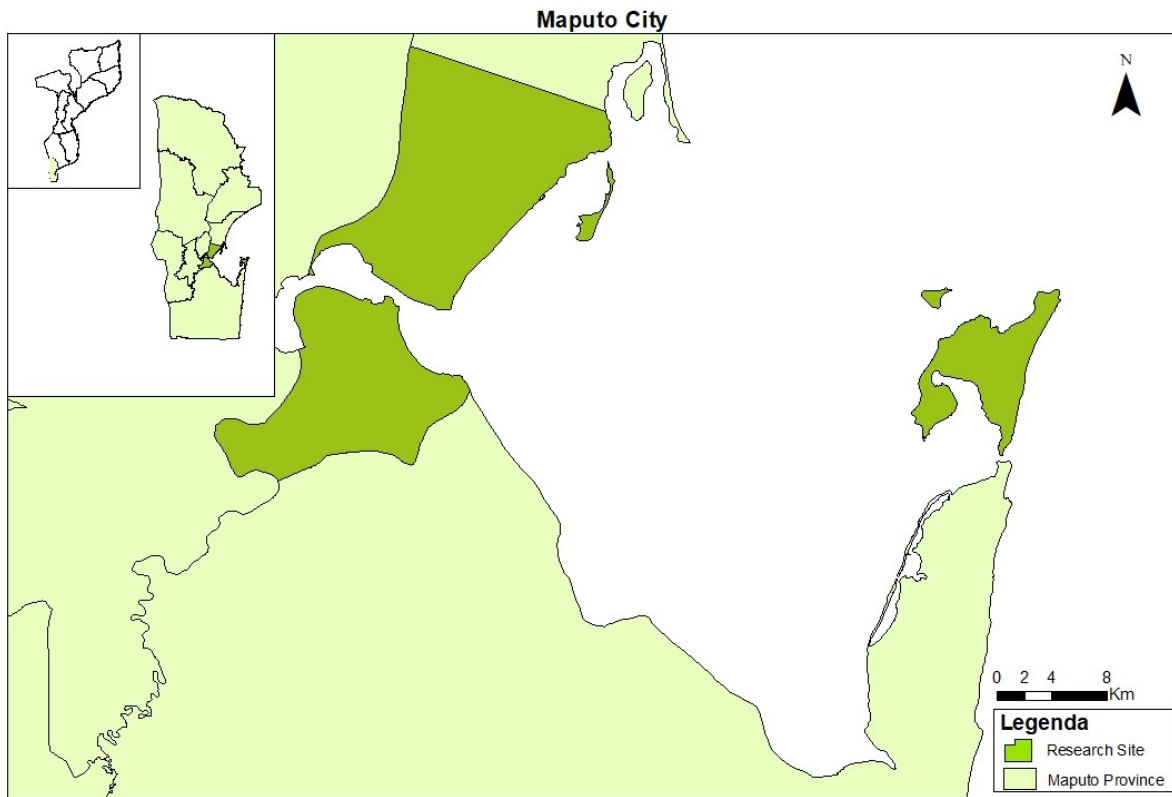


Makhuwa is the most widely spoken local language. This research site was selected for two reasons: (i) its recognition as a matrilineal society, which differs from the central and southern regions of Mozambique, where gender and sexuality of the native population has been regulated by “patrilineal and patriarchal traditions” (Arnfred, 2011; Bonate, 2006, 2003; Cipire, 1996) and; (ii) it was reported as a place where a number of individuals involved in same-sex relationships, particularly the Lambda Association’s MSM beneficiaries were fewer (3,609) compared to other cities such as the city of Maputo (10.121), (INS et al., 2013; Bagnol, 1996).

The Makhuwa society of Nampula is matrilineal and not matriarchal. Gottner-Abendroth (2004) have shown that not all societies combine matrilineal with matriarchal norms of kinship. As he states, matriarchal societies are defined according to economic, social, cultural and political criteria. Economics reveal that “women have the power over the disposal of the source of nourishment; constant adjustment of the level of wealth through the circulation of essential goods in the form of gifts at festivals in societies of reciprocity.” Socially it involves the matriarchal clan, regulated by the matrilineal system (kinship is acknowledged exclusively in the female line) and matrilocality (the women live permanently in their mother’s home within the clan when they marry). The politics is the absence of classes and structures of domination – egalitarian societies of consensus and, lastly, the culture of “concrete belief in rebirth in the same clan” (Gottner-Abendroth, 2004, p. 8). In the matriarch clan, men never regard their wife’s children as their own, because they do not share his clan name and they are related to their mother's clan name. In the Makua matrilineal society, as some scholars have described, the power between men and women stems from the men born to the mother’s birth-line, which is strongly reinforced by the Muslim tradition that also gives power to men (Arnfred, 2011; Bonate, 2006; Martinez, 2008; Geffray, 2000).

The second research site is Maputo (fig. 5), the Country’s capital with an estimated population of 1,101,170 inhabitants of which 592,510 were men and 571,660 women (INE, 2017). It is characterised by religious diversity, and the native people speak Rhonga and Changana; the patrilineal and patriarchal traditions, which are based on male dominance over women, are followed (Mahumane, 2015; Feliciano, 1998). Many scholars have shown that, in this particular context, the women’s role in raising children is insignificant compared to the matrilineal system I described above (Disney, 2009; Smith, 2008). In this case, the social father coincides with the biological father and the descending line of kinship belongs to the husband’s family; the male lineage also regulates the inheritance of property.

*Figure 5. The Map of Maputo City*



Although many studies have demonstrated that in both the patriarchal and matrilineal systems, male dominance over women is present and that it reinforces gender inequality (Arnfred, 2011; UN-Habitat, 2005, p. 53), the selection of the two research sites was significant toward understanding how these norms influence the participants' experiences of sexual rights activism and sexual identities in the aftermath of colonial Mozambique.

## 2.4 Recruitment of the participants

Purposeful and snowballing sampling were applied to select 132 individuals who self-identified as heterosexual (n=61), MSM or LGBT (n=71) for the focus group discussion (FGDs), Semi-structured interview (SSIs), and in-depth interviews (IDIs). Purposeful sampling is typically used in the qualitative study and the criteria used to select the participants depends on the researcher, who decides the best site for the study (Etikan, Musa, & Alkassim, 2015; Palinkas, et al., 2015). Some authors have criticised the use of purposive sampling, particularly in recruiting LGBT individuals from institutional settings, due to the emphasis on discourses of victimisation (Morris, 2017; McCormack, 2014; Savin-William, 2001, p. x). In this case study, the recruitment criteria of participants were useful to locate and select non-heterosexual women participants for in-depth interviews, which was also consistent with previous studies using CSOs to locate sensitive or hidden populations (Sandfort et al., 2015; Nalá 2015, Beyrer, et al., 2012; Young & Meyer, 2005; Da Silva 2010; Browne, 2003).

The sample size followed the normal range of qualitative research, which varied from 20 to 30 interviews to ensure data saturation (Marshall, Cardon, Poddar, & Fontenot, 2013). I interviewed participants from the Mozambique League of Human Rights (HRL), Pathfinder International, the National Commission of Human Rights (NCHR), Albino Association (Amor a Vida) and feminist organisations such as Fórum Mulher, Mozambique Women in Law in Southern Africa Branch (WLSA) and Lambda Association. The first CSO was established in 1995 to promote human rights, where there is an institutional vacuum (André & Santos, 2003); the second is an international organization working in Mozambique since 1997 and promotes policies on SRHR and against gender-based violence (GBV); the third was founded in 2014 to promote albino people's rights; the fourth is a state institution created in 2014 by Law 33/2009, of the 22<sup>nd</sup> of December, to promote human rights; the fifth was founded in 1993 as a civil society network composed of almost 70 associations across the country committed to women's human rights and gender equality from a feminist perspective; the sixth is a branch of the African regional and feminist organization founded in 1989 to promote women's rights; and the seventh is an informal organization established in 2007 to defend sexual minority rights in the country and was the main focus of the research.

Although many activists and stakeholders had little experience in working with LGBT people, they introduced me to women involved in same-sex practices and whom they knew would participate in my research. They explained to the participants the importance of my work on the visibility of their rights in society, and after that, I had the opportunity to interview 38 women, who accepted to take part in the FGDs (n=17) and second phase of the IDIs (n=21). The snowballing sampling was essential in my research to access women involved in same-sex relationships. This strategy is commonly applied to investigate sensitive and hidden populations (Sandfort et al., 2015; Nalá et al., 2015; Beyrer, et al., 2012; Young & Meyer, 2005; Da Silva 2010; Harwood, et al., 2010; Browne, 2003). Lambda's activists used their social network to identify women who self-identified as lesbian, bisexual, butch and transwomen. This option was crucial in locating these women for IDIs, because the activists learned how to use their social networks, namely the people they knew and how to convince them to become involved in their programs, during the peer educator training provided by Pathfinder project officers to reach the “key population most at risk of HIV/AIDS”. I highlight the significance of this knowledge because, as I showed in previous chapters, the literature or statistics on these groups is very scarce and the few scholars working in this field failed to locate “lesbians” and “bisexual” women for research samplings at both research sites (Souza, 2014; Bagnol 1996).

## **2.5. Procedures**

I selected participants according to three variables, namely, age, years of working as an activist in the field of SRHR and SOGI. Individuals under 18 years were not included in the samplings. Participants from the six organisations were human rights, gender and SRHR activists and stakeholders, while at the Lambda association they were working as peer-educators in health projects designed for MSM and on other activities. Although the majority of the women had experience with activism, their account of sexual identity was important to achieve my research goal, which focused on factors of their invisibility.

The research was in harmony with the ethical guidelines of the National Institutional Committee on Bioethics in Health, Faculty of Medicine - from Eduardo Mondlane University/ Central Hospital of Maputo in Mozambique (ref. CIBSFM&HCM17/2016). The seven



organisations formally accepted the research authorisation letter, and each participant aged 18 or older received a letter of informed consent, which was read and signed before the interview. Therefore, only those who accepted to be part of the interviews were included in the samplings. I read the letter of informed consent before each FGD session and interview to get volunteers and permission for the research. All of the interviews were recorded after obtaining the participant's acceptance and signature. The data recorded were saved in the VLIR-UOS/*Desafio program* computer, with two passwords to protect the information and also to guarantee confidentiality. The first password is to access the computer and the second is to access each file of the recorded interview. The main researcher was the only person who had the password for each of the interviews recorded. Two research assistants transcribed the interviews but were not given access to the names of the participants. The names of the participants used in this dissertation are fictitious.

During the interviews, participants were invited to identify themselves by age, sexual orientation and position as activist, project leader, member or non-member of the CSOs. Each file recorded was given a unique number, which was different for each interview. The information in the transcription of the questionnaires and the informed consent obtained from the participants was saved and locked away in the Sociology Department archive at Faculty of Arts and Social Sciences at Eduardo Mondlane University. Only the main researcher had the key to access the archive. Ensuring the participants' protection was important in order to preserve LGBT or MS personal information in the dissertation and in future articles to be published in international journals. Therefore, the field work was first negotiated with the leaders of the seven organisations, with a pilot phase being initiated in March and April 2016 and concluded after the approval of the project by the Ethical Clearance Institution in June of the same year.

## **2.6. Organization of the fieldwork and data collection**

As a multiple case study research, I used a diverse source of information where participants answered three different sets of questions and sub-questions (see appendix 1 to 4). By taking into account the experiences of Bagnol (1996) and (Souza, 2014) mentioned in section 2.3, I organised the fieldwork into three phases, which helped to identify transgenders and women in same-sex

relationships who were interested in speaking about their personal experiences of SOGI. The first phase involved FGDs and SSIs with activists and stakeholders, to access their experiences in addressing sexual minority groups concerns, and particularly the “lesbians” and “bisexual” women who I included in the second phase, based on IDIs. By using social networks, they invited women, friends, parents, partners and so on, whom they knew, to come for the interviews. Lastly, the traditional healers were included in the IDI sessions because they were mentioned by the participants as perpetrators of violence against lesbians. This last group was included in the research to share their experiences of healing same-sex relationships at both research sites.

### **2.6.1 The FGDs**

FGD is a qualitative research technique commonly used in marketing, public health and social science research. I used Morgan’s perspective, which shows the process of data collection through group interaction on a topic determined by the researcher. He defines three essential components: “data collection, group discussion as a source of data and the researcher’s active role in creating the group discussion for data collection purposes” (1996, p. 130). Given that, I considered the minimum number of participants involved in the discussion of sensitive topics. For some authors, a small group is a one-off meeting of between four to eight individuals who are brought together to discuss a particular topic, chosen by the researcher, who moderates or structures the discussion” (Hopkins, 2007; Bedford & Burgess 2001). For others, however, the size of the groups varies from 8 to 12 individuals (Stewart, Shamdasan, & Rook, 2007, p. 130). The small groups are more suited to address sensitive topics because, as Morgan has shown, “emotionally charged topics generate high levels of participant involvement, and it is easier for the moderator to manage the active discussion, whereas larger groups work better with more neutral topics that generate low levels of involvements” (Morgan 1996, p. 146, Hopkin, 2007). Although there is some criticism surrounding the use of FGDs, their efficiency and contradictory evidence, this approach is in line with the purpose of generating ideas (Fern, 1982), in comparison with other methods such as an in-depth interview and survey (Morgan, 1996). Thus, taking in to account the existence of myths surrounding when to use it or not (Morgan & Krueger, 1993), I considered the standardized set of questions and procedures to guarantee any data quality concerns, which rely

on a number of factors such as “whether the research locates enough participants, selects the appropriate sample, chooses relevant questions, has a qualified moderator and uses any effective analysis strategy” (Morgan, 1996, p. 147). Similar to that which has been informing the FGDs since the end of the twentieth century, I took into account the five aspects proposed by Morgan (1996) to guarantee the data collection quality in my research: number of groups, their size, and information on the group composition/relevant background, source for locating participants and recruitment procedures and ethical issues. In my research, each FGD was composed of eight to nine individuals who worked together or in partnership in the seven CSOs or who were supporters of the LGBT association. I moderated all sessions, took notes and recorded the discussions. I used a “diplomatic approach” in order to overcome my position of outsider in the LGBT groups (Morgan, 1996; Hopkins, 2007), which included not only the relevance of the topic to their sexual rights activism, the small size and timing for participants, but also the informed consent and briefs on the main topic days before the FGDs. This strategy was helpful in preparing them for the interview and avoiding tension during the FGD sessions. In this regard, all respondents had time to decide whether or not they were willing to participate in the study. As the session moderator, I spoke about the confidentiality of the data gathered and the guarantee of their anonymity during the writing and reporting process. This approach resulted in an enthusiastic and honest discussion with the participants, who shared their personal experiences as peer-educator activists and victims of the different forms violence I present in the following four chapters of data analysis. Even so, I had more difficulties interviewing the groups of women involved in same-sex relationships, because most of them were not activists and found it difficult to speak about their experiences of SOGI with a stranger. Of the list of 70 contacts I received from the Lambda activists at both research sites, only 17 agreed to participate in the FGDs and 21 in the IDIs. Therefore, I explained the purpose of my research to the participants and all of them signed the informed consent before each session. Studies have shown that demographic factors such as age, sex, income, occupation, education, religion and race may influence the dynamics of a group’s discussion and its pervasiveness is often difficult to determine (Stewart, Shamdasan, & Rook, 2007, p. 20). In this study, I involved participants using two criteria, namely occupation (activists or stakeholders in the selected organisations) or sexual orientation (women involved in same-sex relationships). This meant that I had two different groups for FGDs: (i) the 54 activists/ stakeholders (table 1) and (ii)

17 “lesbians”, “transmen” and “bisexual women” (see table 1). I interviewed both groups separately and according to the research objectives.

Table 1. Demographic characteristic of FGDs participants: Activists aged 18-65

Research sites:	Nampula				Maputo			Total
No. of FGDs	FGD 1	FGD 2	FGD3	FGD 4	FGD 5	FGD6	FGD7	7
The organization involved in the study	Lambda	Forum Mulher	HRL	Lambda	Lambda	Forum Mulher	HRL	
No. of participants	7	6	6	9	9	9	8	54
Sex (female/Male)	1:6	3:3	0:6	0:9	0:9	9:0	2:6	15:39
Age range	18-26	19-50	35-62	20-25	23-25	30-40	35-65	18-65
Sexual orientation								
(Homosexual: Heterosexual)	7:0	1:5	0:6	8:1	8:1	0:9	0:8	24:30
Lesbian: MSM	1:6	1:0	0:0	2:6	1:8	0:0	0:0	4:20
Transgender male to female	6	0:0	0:0	7	5	0:0	0:0	18
Education: University degree	0	0	2	0	0	0	8	10
Undergraduate Student	1	1	0	1	3	4	0	10
Below high school	6	5	4	8	6	5	0	34
Occupation: Activist	6	6	5	8	8	7	7	47
Project officer/Coordinator	1	0	1	1	1	2	1	7
Place of birth (Nampula/Southern Mozambique)	6:1	5:1	6:0	0:9	0:9	2:7	1:7	12:34
Ethnicity	5:2:0	5:1:0	6:00	0:6:3	1:5:3	2:5:2	1:4:3	20:23:11
(Makhuwa/Changana/other)								
Religion (Muslim/Christian/None)	5:1:1	4:2:0	5:1:0	0:8:1	3:6:0	1:5:3	1:5:2	19:28:7

The participants came from Nampula, Maputo, Inhambane and Gaza provinces. Their ages ranged from 18 to 65, and most of them speak Changana, followed by Makhuwa, Chopi and Tsua (see table 2). The majority were Christians, followed by Muslim and non-religious affiliation. The demographic background of the participants did not interfere in the discussion of the proposed topics. They were asked to introduce themselves in terms of SOGI and years of experiences in working as activists. The majority self-identified as heterosexual (n=34) and homosexual (n=24), and very few as a lesbian, working as an activist at the Lambda Association (see table 2). At both research sites, participants self-identified as lesbian and transmen or butch at the same time and bisexual women. Most of the participants came from Maputo with a few from Nampula and other provinces such as Inhambane and Sofala.

The FGD sessions lasted between 1.5 to 2.5 hours and were consistent with the standard time defined for this method (Morgan 1996; Stewart, Shamdasan, & Rook, 2007). The core purpose of this method was exploratory, in order to identify women involved in same-sex relationships for the second phase of the fieldwork. Therefore, I explored how respondents spoke about their experiences of activism regarding sexual rights violations: activities, cases of violence/discrimination they had dealt with.

Table 2. Demographic characteristics of FGDs participants: women involved in same-sex relationships aged 18-43

Research sites:	Nampula	Maputo		Total
No of FGDs	FGD 8	FGD 9	FGD 10	3
No. participants	4	5	8	17
Member of Lambda Association	2	3	4	9
Age range (18-25:30-43)	4:0	4:1	6:2	14:3
De facto union/ Single	1;3	1;4	0:8	2:15
Sexual orientation: lesbian/bisexual	4:0	5:0	6:2	15:2
Gender (female: Female to male)	1:2	4:1	6:2	12:5
Education:				
University degree	0	1	4	5
Undergraduate Student	3	2	2	8
High school	1	2	2	5
Lambda membership (yes: No)	1:3	1:4	4:4	6:11
Occupation (employed: not employed)	1:1	3:2	6:4	10:7
Place of birth (Nampula/ Maputo/other)	2:2:0	0:4:1	0:4:4	2:10:5
Ethnicity (Makua/Changana/other)	2:1:1	0:2:3	0:5:3	2:8:7
Religion (Muslim/Christian/ None)	0:4:0	0:5:0	0:6:2	0:15:2

### **2.6.2. The SSIs with stakeholders**

To promote the disclosure of data among the participants, the CSOs' leadership were excluded from the FGD sessions which were included in SSI. I used open-ended interview questions, which allows quoted phrases and sentences that “help present the participant's perspectives and thinking” (Yin, 2012, p. 62). Given that, I purposefully selected 30 stakeholders, (leaders, project officers or national program coordinators) from seven organizations, for SSI (see table 3). They had significant experience with human rights activism which varied from one to five years or more working in activism. Their point of view was used to describe the emergence of the Lambda Association and its partnership with the five CSOs working on SRHR as a strategic response to address its illegal status in the country. The SSIs aimed at producing data to complement the FGDs on the experiences of sexual rights activism at both research sites. The number of participants was lower in Nampula because there was no representation of two of the organisations, namely WLSA and NCHR (see Table 3). The interviews took 45 minutes to 1.5 hours per participant, each day. I stopped the interview when the participants were repeating the same answers and topics.

Table 3. Demographic characteristics of SSIs participants: stakeholders from CSOs aged 23-65

<b>Organisations</b>	<b>Lambda</b>	<b>Forum Mulher</b>	<b>HRL</b>	<b>NCHR</b>	<b>Pathfinder Int.</b>	<b>WILSA</b>	<b>Amor a vida</b>	<b>Total</b>
No. of participants	8	3	6	2	4	3	4	30
<b>Sex</b> (female/Male)	4:4	2:1	2:4	1:1	2:2	3:0	3:1	17:13
<b>Age</b> range	23-37	30-50	38-65	38-42	36-45	47-65	18-26	18-65
Sexual orientation:								
Homosexual? Heterosexual	6-2	0:3	0:6	0:2	0:4	0:3	0:4	6:24
Lesbian/MSM	2:4	0:0:	0	0:0	0:0:0	0:0:0	0:0:0	2:4
Transgender male to female)	2	0:0		0:0	0:0	0:0	0:0	2
Education								
University degree	3	4	3	2	4	3	0	19
Undergraduate Student	3	0	1	0	0	0	1	5
High school	1	0	2	0	0	0	3	6
Occupation:								
Activist	2	1	4	0	2	2	2	13
Project officer/Coordinator	6	2	2	2	2	1	1	17
Years of experience in the actual position	1-4 years	1-5 years	2-5 year	Four years	1-4 year	4 years	1 year	1-5 year



### **2.6.3. In-depth interviews with women in same-sex relationships and healers**

In-depth interviews were used to collect stories of women involved in same-sex relationships and their experiences of sexual rights violations and self-identification. The life story interview is mostly used in ethnography and narrative analysis and applied in a variety of fields. The function of the stories depends on psychological, social, mythical religious and even cosmological-philosophical assumptions (Atkinson, 1998, p. 9-18; Cortazzi, 2001; Riessman, 2008). It originates from many sources such as biographies, autobiographies, letters, journals, short interviews, photo, video diaries etc., as well as in the form of long and short, past and present, accurate and general, fuzzy and focused, surface and dark, ordinary and extraordinary stories (Plummer, 2001). For Plummer, it is a resource that helps to understand a cycle of life, a culture by way of something important that needs to be understood, and a topic composed, constructed and created with less concern about what the stories tell us. In this ambit, the life story evolved from oral history, life history and ethnographic approaches as one of the fundamental ways that “humans organize their understanding of the world, making sense of experiences, sharing with others, and as a text and process can inform reflexively the various stages of doing ethnography” (Cortazzi, 2001, p. 384). Personal narratives, for instance, connect the inner world to the outer world, speak to the subjective and the objective, and establish the boundaries of identities of who one is and who one is not (Plummer, 2001).

Although the term narrative covers a variety of meanings and a range of types of talk and texts, Plummer, uses it to refer to the structure of knowledge and storied ways of knowing. (Cortazzi, 2001). According to Plummer (2001) as method informed by postmodernism focuses on the production of knowledge, storytelling remains a fundamental form of human communication that can serve an essential function in our lives. Likewise, Atkinson states, we often think, speak and bring meaning to our lives through a story form. Thus, storytelling is about giving a narrative account of an event” (Atkinson, 1998). It can be a first-person oral telling or retelling of events related to the personal or social experiences of an individual” (Ollerenhaw & Creswell, 2002, p.332). As an individual experience life story is considered no more than a “story a person chooses to tell about the life he or she has lived, told as completely and honestly as

possible, what is remembered of it and what the teller wants others to know of it, usually as a result of a guided interview by another (Ollerenhaw & Creswell, 2002; Atkinson, 1998, p. 8).

Influenced by this framework, I explored personal narratives of women experiencing different types of oppression related to gender discrimination, religion and cultural practices in Mozambique. Influenced by theoretical and conceptual frameworks presented in the previous sections, different types of violence such as “corrective rape”, forced and early marriage constituted events reported by the participants at both research sites.

The life story interview in this research involved not only “the entire experience of life as whole, highlighting the most important aspects” (Atkinson, 1998, p. 08), but also the most significant aspects in childhood and adulthood regarding sexual identity disclosure in their families and society, the way in which they build strategies of resilience to deal with stigma and discrimination and guarantee their own right of enjoying sexual pleasure, marriage and reproduction. Following Atkinson’s perspective, the interviewee is considered the storyteller, the narrator of the story being told, whereas the interviewer is a guide assisting in composing and constructing a story

The challenges of identifying women involved in same-sex relationships and traditional healers willing to participate in the interview justified the option of doing in-depth interviews. I took into account that the narrative research sampling comprises one or two individuals, such as research participants and, in some cases, a larger pool of participants in order to develop a collective story (Creswell, 2013). By using snowball sampling through recruitment from Lambda activists and stakeholders working in the field of SRHR, “the people who know people who know what cases are information-rich” (Creswell, 2013, p. 158). In-depth interviews involved 21 women who self-reported being in same-sex relationships and ten traditional healers from AMETRAMO who were willing to participate in the study (see table 4 and 5).

Table 4. Demographic characteristics of IDI participants: women self-reported in same-sex relationships aged 18-43

<b>Research sites:</b>	<b>Nampula</b>	<b>Maputo</b>	<b>Total</b>
Number of participants	8	13	21
Age range (18-25:30-43)	6:2	4:9	10:11
De facto union/ Single	4	4	8: 13
Sexual orientation: lesbian/bisexual	8:0	12:1	20:1
Gender: female/transgender female to male	7:1	8:5	15:6
Education:			
University degree	2	3	5
Undergraduate Student	6	7	13
High school	2	1	3
Lambda membership (yes: No)	1:9	4:7	5:16
Occupation (employed: not employed)	3:6	5:7	8:13
Place of birth (Nampula/ Maputo/other)	8:2:1	0:7:3	8:9:4
Ethnicity (Makua/Changana/other)	7:1:2	1:7:3	8:8:5
Religion (Muslim/Christian/ None)	4:5:2	1:7:2	5:12:4

Table 5. Demographic characteristics of IDI participants: traditional healers aged 45-70

<b>Research sites:</b>	<b>Nampula</b>	<b>Maputo</b>	<b>Total</b>
No. of participants	4	6	10
Age range (44-60)	4	6	10
Married/ Single	3:1	4:2	7:3
Sexual-orientation lesbian/bisexual/transwomen/heterosexual	0:0;0:4	0:0:2:4	0:0:2:8
Gender (Male: Female)	4:0	2:4	6:4
Education:			
University degree	0	0	0
Undergraduate Student	0	0	0
High school	2	1	3
Lambda membership (yes: No)	0:0	0:0	0:0
Place of birth (Nampula/ Maputo/other)	4:0:0	0:6:0	4:6:0
Ethnicity (Makua/Changana/other)	4:0:0	0:6:0	4:6:0
Religion (Muslim/Christian/ None)	4:0:0	1:0:5	5:0:5

The research topics and questions followed the “elements of context” suggested by Plummer, such as a descriptions of event: what happened or presumed to have happened in the interviewee’s past in terms of SOGI and their sexual rights violation (implication of disclosure, stigma and discriminations; experience (feelings and meanings of recounted event), tacking in to account the time and place, interpreting them in terms of causality, teleology and rationalization: what is told, the teller, the principal, the audience, the researcher, and the telling. In this regard, participants answered questions about their sexual orientation during childhood, adolescence and adulthood. Many of them came from Maputo and other regions of the country such as Nampula, Gaza, Inhambane and Quelimane.

## **2.7. Document analysis**

Document analysis is commonly defined as a qualitative research method, a “systematic procedure for reviewing or evaluating documents - both printed and electronic (computer-based and Internet-transmitted) material” (Bowen, 2009, p. 27; Corbin, 2008). To elicit meaning and understand the vocabulary mentioned by activists and stakeholders, I read and analysed the Mozambican legislation and its relationship with the international bill of rights, public health policies and reports on SRHR. During the interviews, the participants mentioned the illegal status of the Lambda Association as a human rights violation; the LGBT terms and the health vocabulary comes from public health policies and strategies such as MSM, the key population most at risk of HIV/AIDS. My focus on reading and analysing the documents produced by Lambda and public institutions was to confirm what the participants had said and to understand the reason for the use of these terms. By using this method, I took note of Foucault’s method on how “through the use of discourse power is exercised” in a particular society. The global public health strategies and speeches based on SRHR used by the participants had implications on their lives. The health vocabulary was aligned with the National Strategic HIV Response Plan and the “global public health policies and strategies” (República de Moçambique, 2015; WHO, 2014; Global Fund, 2014; Brown, Cueto, & Fee, 2006). Apart from these documents mentioned by the participants during the interviews, I analysed documents, reports, manuals, and flyers produced by the Lambda Association and used to empower their members in the western LGBT vocabulary. This analysis

was important to explore why the Lambda participants used different languages of self-identification such as LGBT, MSM, I am him/her and butch.

## **2.8. Observation**

I interviewed different groups of participants, activists and stakeholders, members and supporters of the LGBT associations in their natural settings without interfering in professional or personal activities. By adopting this approach, which is considered a non-participant observation in many qualitative studies (Creswell, 2013), I observed how peer-educators and activists from the Lambda Association organised some health workshops and who the beneficiaries of their services were. During the fieldwork, I participated in three meetings organised by stakeholders from Pathfinder to discuss lesbian invisibility in Maputo and the four health workshops organised by Lambda activists in both settings. In the health sessions, they discussed HIV/AIDS prevention and distributed the sexually transmitted disease prevention kits. In this context, I noticed that few “lesbians” and “bisexual” women participated in these activities during the two months in Nampula and four in Maputo. All of them felt comfortable and accepted my presence in these meetings after I presented the research goal of my research during the FGDs and interviews. I went to both settings in different months, for instance, April 2016 and January 2017 in the first place and June/August 2016 – December/ February 2017 in the second.

## **2.9. Data Analysis**

All the interviews were recorded, transcribed and the summary of findings or representative transcripts translated from Portuguese to English. The main themes and their subthemes were generated from participant responses through thematic analysis based on the use of Nvivo (pro 11), a software designed for qualitative data analysis (Bazeley & Jakson, 2013). These themes were described in four main chapters of data analysis, namely GBV and HIV/AIDS, the language of self-identification- I am he/she; the vulnerability and violence of transgender persons and the culture of discretion and fear. Out of 71 interviews, 61 were individual and ten were in groups. All

of them were imported, and different nodes created according to the theoretical framework and research goals. The coding process and transcripts selected are consistent with categories and domains of power. Gender, violence, culture/traditions and the structure of public health principles emerged in the perspective of the participants through experiences of oppression and events describe.

The nodes corresponded the classification of the information in themes and subthemes provided by each participant. Here, we highlighted common and divergent aspects in the participant's responses about experiences of working with sexual minority groups and personal stories of self-identification within the society participants lived in. I read each interview more than once to created nodes during thematic analysis. I looked at the participants' interviews as a narrative in which the analysis begins not only with: "sketching ideas, taking notes, summarizing field notes" during the data collection process, but, also "working with words, identifying codes, reducing them to a theme, counting frequency of codes, relating categories to analytic framework in literature and creating points of view and displaying the data" (Creswell, 2013, p. 181).

## **2.10. Limitation of the study**

The lack of statistical data regarding LGBT groups in Mozambique influenced the implementation of purposeful samplings and the multiple case study that cannot be generalized to the entire population of activists and sexual minorities. Consequently, the data collection relied on the willingness and acceptance of the research participants. The perspective of the respondents revealed the existence of multiple intersected spaces of discrimination which involves parents, teachers, police personnel, health providers and traditional healers as perpetrators of violence. I did not explore the perceptions of the majority of these individuals, however, the assumption that related them to perpetrators of violence opens spaces of further research on this subject. As some queer African studies have suggested, it is time to go beyond a mere health focus and explore other aspects of sexuality and pleasure (Spronk, 2017; Tamale, 2011). For instance, the key findings of this research were consistent with previous studies suggesting the inclusion of the "culture of competence" in the professional curriculum, which helps to address the issue of sexual orientation and gender identities in diverse spheres of society (Chisolm-Straker, Logan, Cyril, Morency-

Brassard, & Coy, 2017 (Hanssman, Morrison, & Russian, 2008). Therefore, there is need for more detail about traditional healers, health professionals, and parents of homosexuals and their experiences of dealing with sexual minority groups in the country.

### **2.11. Dissemination**

The dissemination involved the research participants from the beginning of the research until the final results. The research proposal was presented and discussed at the academic workshops at the research centres on gender and diversity at Ghent University and the Vrije Universiteit Brussel (CRGC and RHEA). I also discussed in Chapter Four, “Experiences of civil society in the struggle for sexual minority rights in Mozambique” at the seminar organised by the Centre of African studies at the Eduardo Mondlane University in Maputo, in December 2016. The same chapter was presented at the 2<sup>nd</sup> World Conference on Medical Sociology - Atlanta, Georgia - USA in September 2017 and its abstract published by the Journal Community MED Health Educ, Volume7, Issue 4 (Suppl). Thus, on 26<sup>th</sup> of April 2018 I presented the chapter five; “Experiences of vulnerability and violence of transgender people in Nampula and Maputo” at the International Symposium “II Men Engagement Africa” held at Eduardo Mondlane University in Maputo. In both events aforementioned, participants from the Lambda Association and feminist and human rights organisations participated in the discussion of the final results.

### **2.12. Data validity and reliability**

To ensure the quality of the study I took into account the fact that in qualitative research, different from quantitative analysis, the validity and reliability of the findings rely on the use of methodological strategies to ensure the trustworthiness of the results (Noble & Smith, 2015; Carter et al., 2014; Modell, 2009; Thurmond, 2001, p. 253). One of these strategies is to minimise the “bias” during the outline of the research designed and its implementation – “true value, consistency, neutrality/confirmability and applicability (p. 2). Influenced by a postmodern approach, and particularly the Foucauldian concepts of biopower and knowledge, I recognise the



existence of multiple realities in the discourses of the participants, which cannot be seen as authoritative evidence or a regime of truth. The multiple case study combined different sources of information, namely, FGDs, SSI, IDI, observation and document analysis of progress and research reports mentioned by the participants during the interviews. The triangulation of methods and theories as one of the strategies that guarantee the saturation point in the participants' responses pointed out a similar pattern in the participants' experiences, such as the homophobia in the implementation of the bill of rights and fear of violence at both research sites. The FGD was an entry point which determined the identification of women in same-sex relationships. The use of snowballing sampling and presenting my research proposal a few days before the interview, contributed to building the trust of the peer-educators activists who recruited these women. All the questions posed to the participants were consistent with the theoretical framework and research questions which focused on categories of oppression.

## CHAPTER 3

### Civil society's experiences in the struggle for sexual minority rights

#### Introduction

In this chapter, I examine the manner in which activists and stakeholders from feminist and human rights organisations spoke about their experiences of working with sexual minority rights groups in the cities of Nampula and Maputo, based on the given fact that civil society organisations (CSOs) have influenced the visibility of Lesbian, Gay, Bisexual and Transgender people (LGBT) in the Southern Africa region. As I indicate in chapter one, some scholars have shown that HIV/AIDS programmes fail to address the needs of these groups made up of heterogeneous identities and which require protection against sexually transmitted diseases and homophobia (Currier & Cruz, 2014; Beyrer, 2012; Epprecht, 2012; Johnson, 2009). Little is known about this subject matter in Mozambique, and public health policies and strategies do not adequately address the SRHRs of all LGBT groups, since most of them are not considered to be vulnerable. I applied the concept of sexual minority groups as a set of individuals involved in same-sex relationships or desires and who consider they live a life faced with stigma, discrimination and disadvantages, within a particular society (Young & Meyer, 2005; Savin-Williams 2001). By using this concept, which comprises persons who self-identify as LGBT, I focused on the different characteristics inherent to their need for protection against violence and concerns regarding their sexual and reproductive health and rights (SRHR). Both purposeful and snowballing samples were applied when selecting the participants. A total of 84 participants from different religious and educational backgrounds participated in seven Focus Group Discussions (FGDs) and Semi-Structured Interviews (SSI) at both research sites. The FGDs were made up of 30 individuals who self-identified as heterosexual and 24 as “homosexuals”, while the SSI sample included 22 individuals who stated they were heterosexual and six who were “homosexual”. Despite this concept being considered controversial or outdated (Zosky & Alberts, 2016; Tamale, 2007, 2005; Murray 2000) in its use to describe the complexity of “African sexualities”, some participants used it to refer to a heterogeneous group of individuals involved in same-sex relationships which may or may not

belong to LGBT identities, as well as to refer to Men who have Sex with Men (MSM). The context in which they reported the vocabulary used and experiences of self-identification are analysed in the next chapter. Here, I have focused on the voices of members and supporters from seven CSOs based on the analysis of their activity plans and their progress or research reports. Key public health and gender policies, as well as SRHR-related guidelines and legislation, which were mentioned by the participants during the interviews, were part of the documents<sup>6</sup> analysed. This complementary procedure was crucial in contextualising the participants' experiences in activism on sexual rights at both research sites. The FGDs comprised 54 activists from three CSOs, namely the Mozambique League of Human Rights (HRL), Fórum Mulher, and the Lambda Association. The SSIs included 30 people from the National Commission on Human Rights (NCHR), Women and Law in Southern Africa (WLSA) in Mozambique, the Mozambique's Albinism Association (Amor a Vida), Pathfinder International and the four above-referred-to organisations. Data were analysed thematically and the quotations selected according to one of the research sub-questions, which looked at categories and "domains of power" in the participants' "discourse" (Foucault, 1978). Based on the intersectionality approach, I noted how experiences in activism on sexual rights were influenced by many factors that interact and affect each other (Collins & Bilge, 2016).

The results are presented in one section divided into four subsections, with the main topic being gender-based violence (GBV) and HIV/AIDS; The sub-topics focus on women and children's rights, the State's human right's violation through its failure to recognise LGBT associations, the "key population at highest risk of HIV/AIDS", and the continued struggle to include MSM in the National HIV/AIDS Strategic Response Plan. These topics provided explanations about how the majority of respondents used public health speeches to mainly address the issue of heterosexual women and children being the population most vulnerable to domestic violence, and MSM as the "key population most at risk of HIV/AIDS".

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<sup>6</sup>Participants referred to the following documents : the National HIV/AIDS Strategic Response Plan (PEN III and IV), the National Gender profile, National Poverty Reduction Strategy Paper (PARPA II), Constitution of the Republic, Family and Labour Acts, the Domestic Violence Act and the Law on Associations.

### **3.1. The context of Gender-Based Violence and HIV/AIDS**

Throughout this section, I analysed CSO participants' responses on how they served and addressed the issues concerning sexual minority groups, particularly women involved in same-sex relationships. The focus is on what they did to protect these groups from human rights abuse; the selection criteria used to decide on the beneficiaries of their projects; and the challenges faced and strategies used to overcome daily work constraints. In summary, the key findings for both research sites showed that of the 84 activists and stakeholders, 40 had little experience in working with LGBT rights, 37 were working with the population of MSM and 7 had never dealt with people involved in same-sex relationships. Thus, most of the participants were engaged in protecting women and children's rights. These two groups were defined in key public policies as the people "most vulnerable" to GBV. Cases involving this kind of human rights abuse were described within the context characterised by some participants as the "feminisation of AIDS or poverty". Activists from WLSA and Fórum Mulher used the above-mentioned term in their survey reports on domestic violence to indicate that in Mozambique, the incidence of poverty and HIV/AIDS has been given a "feminine face" (Cruz e Silva, Andrade, Arthur, & Osório, 2007; Cruz e Silva & Andrade, 2004). Even though a few of the respondents reported having tried to introduce the topic of "homosexuality" during public SRHR campaigns, they referred to some factors that hindered the implementation of this inclusive approach, i.e., the fact that talking about sex with the communities they worked was considered taboo; receiving death threats as a result of defending victims of human rights abuse; and the illegal status of the Lambda Association. These key factors were critical obstacles to the activism on SRHR, at both research sites. In general, it was also noted that during the interviews, all stakeholders involved in the research (n=30) agreed that the non-legalisation of LGBT activism by the State, hindered their activism on sexual rights and limited the scope of their actions to simply implementing the Global Fund and World Health Organisation (WHO) guidelines for HIV/AIDS for the Southern Africa region. These documents have recommended the inclusion of Men who have Sex with Men (MSM) and transgender people as beneficiaries of SRHR programs in countries affected by HIV/AIDS (WHO, 2014a; Global Fund, 2014). As a result, the aforementioned factors limited the work done by the majority of CSOs to merely focusing on sexual minority rights. Under these circumstances, activists and stakeholders from Pathfinder International (n=4) and Lambda Association (n=33) were the only two groups

with experience of working with MSM, as a result of having been formally considered the “key population at highest risk of HIV” in the 2010 National HIV/AIDS Strategic Response Plan (República de Moçambique, 2014b). This fact, which was the result of pressure applied by international donors funding the Ministry of Health’s HIV/AIDS programs, is one of the LGBT community’s greatest achievements to date in the country. However, this policy failed to address the SRHRs of all LGBT individuals. The needs and concerns of “lesbian” and “bisexual” individuals, at both research sites, continued to be “invisible”, both in this public policy and within society. As I described in chapter VI of this dissertation, these women reported being subjected to cultural practices defined by the United Nations as harmful. I heard stories at both research sites of sexual abuse, as well as of early and forced heterosexual marriage, which may expose these girls/women to HIV infection.

### **3.1.1. The focus on women and children’s rights violations**

This subsection explains the reasons why the majority of the participants had more experience in protecting heterosexual women and children, than in protecting sexual minority groups. All of the participants were working in advocacy, civic education campaigns, legal assistance services, health workshops, and research reports on human rights abuse and prevention of sexual diseases involving the above-mentioned group. In order to make the voices of activists and stakeholders heard, with regard to their activism know-how, I started by presenting the regular cases of human rights violations they managed in their daily work.

**Jamal:** “More recently we have received cases involving the Albinism Association as well as cases of summary executions of ordinary citizens. As you may have followed in the news, the first example I gave you, regarding the assassination of people living with albinism, is related to witchcraft beliefs, probably introduced by foreign migrants from Tanzania and other African countries. I say this because from the day I began to work as a human rights activist in 1995, I had never been involved in a case where people were being killed or persecuted simply because they were people living with albinism. However, over the last year, most of these cases have been reported here, in the province of Nampula. Summary executions, which are occurring everywhere, is an old issue and a very delicate one, involving the military, police, and powerful persons within government. This type of violence represents the human right most violated by the military (troops) and police officers across

the entire country. For instance, these situations have been mentioned in annual reports published by us since 1995. In the case of this specific situation, I can tell you about something very serious that happened here in the city of Nampula. In December 2013, on the way to the Murrupula district, which is more or less 80 km from here, five people were executed by the police without being sentenced by a court of law. These were simply people who were arrested by the police, and subsequently held in the police cell here. The police caught them, placed masks over their faces, put them into a car and took them to an area called Gazuzu, where they were pushed into the bush and shot. After I began to investigate this case, I was myself persecuted by the government. I received a call during night, from someone who threatened me in order to force me to stop working on these types of cases” (FGDs, heterosexual man, Activist, Nampula, HRL, April 2016).

**António:** “Initially we were discussing women’s sexual and reproductive health, and homosexuality was not included in the discussions. Even without referring directly to homosexuality, speaking about these women’s rights in the communities it is not an easy task. There are a lot of constraints, particularly with regard to our project beneficiaries’ level of education and traditional backgrounds. Some community members believe that certain issues cannot be openly discussed in public because these are taboo. Discussing sex with our beneficiaries still causes a big scandal that we [activists] have yet to overcome, while simultaneously continuing with our awareness raising campaigns. For example, when I explain to people that a woman has the right to decide on the spacing of pregnancies in order for her body to fully recover and be ready for another pregnancy, many male beneficiaries react badly to the statement. I remember a case where one of our beneficiaries said the following: “No! Who says this, and where is such a time stipulated? In any case, she is my wife, and I have the right to decide on how many children I want to have. If a new baby results from my intimate relationship, it is ok; no one has to interfere with it. Instead of trying to understand how many times I make love with my partner, you should come here to speak about urgent matters, such as the lack of food, tap water and hospitals for all women to be able to give birth in proper conditions”. We have insisted on explaining that a woman cannot give birth every year without adequate time between gestations, because it is terrible for her health and she needs time to recover after each childbirth. Our priority is to women’s human rights, and we have followed the CEDAW platform, ratified by the Government many years ago, with the principles being established at the ICPD and Beijing Conferences. For instance, to explain what I mean, in 2011, the WLSA, one of our partners, published a brochure on “sexual and reproductive rights in international treaties and documents” taken from the most relevant Global Conferences. These pamphlets are still being distributed, to this

day, to all CSOs working with women and children countrywide” (SSI, heterosexual woman, Fórum Mulher, Maputo, January 2017).

Jamal introduced the cases of human rights violations reported mainly by activists from the Human Rights League. In this perspective, the assassination of people living with albinism was a recent phenomenon reported in Nampula, while the situation of summary executions was reported by participants at both research sites. This data has shown to be consistent with the incidence of human rights violations cases reported by the HRL annually (LDH, 2014; 2003; Nahe, 1997). These reports showed that police officers and military troops were the perpetrators of such violence and, as a result, over the last two decades they have been receiving civic education campaigns on human rights, led by activists. Antonio’s perspective represented the views of all participants working on women’s SRHRs within the context of GBV and HIV/AIDS epidemic. Their actions were aligned with national and international guidelines on combating the epidemic in Africa, with priority being given to heterosexual women and children (República de Moçambique, 2014b; WHO, 2014).

After the interviews, I proceeded to perform a documental analysis of the reports mentioned both by Antonio and by many other stakeholders, and which were used by them as a tool to evaluate their progress over the last two decades (WLSA, 2013, 2011; LDH & FIDH, 2007; (Cruz e Silva et al., 2007). By comparing their viewpoints with the content of these documents, I noted that both local and global public health discussions on women’s human rights had been combined into one, taken on board and disseminated to the communities by all respondents. Following this line of thought, some academic and feminist activists from WLSA have shown that the ratification of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) by the Government in 1997, as well as the inclusion of international and regional treaties on women’s human rights in national legislation and public policies, has contributed to a greater visibility of cases of domestic violence (Osório & Cruz e Silva, 2016). These achievements have allowed the issue of intimate partner violence to be seen as a human rights violation, and has also afforded greater visibility to the emergence of CSOs and the priority they give to discussions on violence against women in public spheres, something which was not done in earlier years. The WLSA reports indicate that, for a long time, domestic violence was not considered a crime in Mozambique. In this debate, the family unit, a sacred place of warmth, is turned into an area of conflict and confrontation. By following the UN recommendations, based on the two above

referred-to international conferences (Osório & Cruz e Silva, 2016), CSOs contributed financially and with their inputs to the discussions on the effective implementation of the Domestic Violence Act, which has been in place since 2009. The 1990 and 2004 Constitutions of the Republic, in which the democratic regime was established, created the necessary conditions for CSOs to emerge, and to roll-out programs on women's empowerment, introduced by the Government following the country's independence in 1975 (Arthur, 2007). As a result, it is now clear why the primary criteria used for selecting the beneficiaries of the CSO's projects and programs was based on the incidence of GBV and HIV/AIDS epidemic in the country. The participants' work experience with women's and children's rights was in compliance with the priorities defined in the national strategic plans<sup>7</sup> and key legislation, included in all international treaties, documents and guidelines related to GBV and the epidemic in the country.

Antonio's view was based on the CSO's struggle in the fight against the violation of women's human rights, which continues even after the ratification of CEDAW. Given this fact, it is easy to see how activists faced challenges in implementing SRHR campaigns within a context of matrilineal and patriarchal norms, which place women and children in the category of the most vulnerable people, at both research sites. Like most participants, António's statement and experience relates more to protecting women's rights, particularly with regard to their sexual freedom, without the fear of unwanted pregnancies and STIs, as well as the number of children and spacing between pregnancies.

On the one hand, the WHO guidelines for HIV/AIDS prevention and treatment have specified the importance of including both MSM and transgender groups as priority in local and public health policies in the southern hemisphere (WHO, 2014; Global Fund, 2014), while on the other, the concept of sexual rights continues to be excluded from local policies, legislation and manuals for activists and, when the implementation of these plans does come up, it is unclear (COC - Netherlands, 2015; República de Moçambique 2016; 2013; WLSA, 2011, 2013). For instance, in 2004, Article 89 of the Constitution of the Republic brought to light international conventions by stating that all citizens are entitled to health and medical assistance, as well as to promote public health, as provided for in the law. However, the Civil Society Shadow report states

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<sup>7</sup> The National Poverty Reduction Strategy Papers (1997-2014), the 2003-2019 National HIV/AIDS Strategic Response Plans, the Gender Profile (2016), the National Sexual and Reproductive Health Policy and the National Social Protection Strategic Plan (República de Moçambique, 2003, 2009, 2014, 2016a)



that this article “does not explicitly enshrine the right to sexual and reproductive health, referring to the right to health implicitly” (UPR, 2016, p.; 4). Both this legislation and local public policies were used by CSOs as the source for the SRHR terminology adopted and subsequently disseminated to communities through civic education campaigns. By analysing CSOs’ reports, it becomes possible to understand the context in which the majority of respondents was empowered to speak more about women’s SRHR than about LGBT rights. Activists from the HRL and WLSA have become experts at documenting the voices of vulnerable people and have suggested some reasons for the incidence of violence and HIV/AIDS among women, as well as the torture of citizens all across the country (Osorio & Cruz e Silva 2016; LDH, 2014; INE, MISAU, & ICF, 2011; Romão, Buque, & Vieira, 2009; Tvedten, Paulo & Montserrat, 2008; Cruz e Silva et al., 2007; Bergh-Collier, 2006; LDH, 2003, p., 27-67). Their reports have shown, for instance, that domestic violence has become a matter of public health in Mozambique. The 2011 Demographic and Health Survey shows the incidence of violence by men against women as one of the reasons that explains this view (República de Moçambique, 2011). Of the 952 women in the country who claimed to be victims of physical abuse, the rates were highest in Maputo (38%) and Nampula (36%). Although the majority of respondents from Fórum Mulher and WLSA stated that Mozambique has a long tradition, beginning in 1975, of implementing gender equality-based programs, some reports indicate the contrary. They pointed out how mainstreaming gender policies and interventions failed to reduce both poverty and the HIV/AIDS epidemic in the country (Tvedten, 2012; Tvedten, Paulo, & Montserrat, 2010). Despite the relevance of this approach, I recognise the importance of CSOs mainstreaming gender-based programs to address the power relations between men and women, particularly in order to highlight the issue of women’s and children’s rights violations across the country. I noted the lack of qualitative and quantitative data on how gender mainstreaming failed to reduce poverty among women. I further noted the need to take into consideration the existence of different factors that influence women’s experiences of human rights violations and highlight the vulnerability of sexually non-conforming people’s rights in public policies. The context in which participants described their experience of activism was characterised by the manner in which the relationship between gender and kinship lineage influenced discriminatory practices against all of the groups mentioned above. The CSOs played a decisive role in promoting talks against GBV, which culminated in the establishment of a Women and Children’s Department in all police stations countrywide, as well as the approval of the

Domestic Violence Act by Parliament in 2009 (Osório & Cruz e Silva, 2016; Mejía, Osório, & Arthur, 2004). I will show in the following sections that despite the illegal and homophobic treatment of people involved in same-sex relationships, these important human rights achievements made it possible for LGBT activism to take place.

Although the WLSA reports show that there is still work to be done, mainly in overcoming matrilineal and patriarchal norms which interfere in the handling of cases of violence lodged with public institutions, they also show that police officers were equipped and trained to address the issue of violence against women and children. Most of the GBV incidents lodged with these departments were classified as grievous or simple and related to physical, emotional and sexual abuse of the group referred to above (Osório & Cruz e Silva, 2016). However, these programs do not sufficiently address all marginalised persons, despite the improvements made in the work to protect victims of GBV. The concept of vulnerability, defined in local policies, failed to include LGBT individuals, resulting in one of the reasons for their exclusion. As a consequence, they were not included, as such, in the statistics on violence, which led to most activists from CSOs having little or no experience in working with sexual minority groups.

When comparing the participants' responses on how they deal with GBV and their research reports, I noted that women's rights activism was considered a national priority; however, CSOs at both research sites continue to face challenges in implementing LGBT peoples' rights. The WLSA and some international organisations' reports on gender program evaluations suggested that one of the factors of this trend was linked to the "context of a male-dominated culture", where matrilineal and patriarchal norms are dominant (Tvedten, 2012; Bergh-Collier, 2007; Cruz e Silva et al., 2007). This line of thought is illustrated in the transcript below, which is representative of the view shared by many participants in the city of Nampula.

**Pedro:** "The focus of our work is the protection of women and children against the violation of their rights, which in turn are related to poverty and culture. I have seen that in both patriarchal and matrilineal traditions, men abuse their wives and refuse to negotiate the use of condoms with their partners or to discuss the number of children a woman wants to have. Statistics have shown higher rates of poverty among women and orphans whose parents died from HIV/AIDS. For instance, if you walk around the city [Nampula], you will see that most of these children are living in the streets as beggars. This situation is [considered] normal because, in areas where the matrilineal system is dominant, the

obligation to educate and care for the children falls to the mother's brother, the children's maternal uncle. The responsibility for educating sons and daughters is connected to direct kinship on the maternal side, which means that in this traditional system, a man who is a father feels free from any responsibility or obligation to take care of his children" (SSI, Heterosexual man, HRL, Nampula, April 2016).

Pedro suggested that the disassociation of a father's role in the education of his child, in accordance with the matrilineal system, is one of the main sources of the violence perpetrated against children by many parents. I noticed that the idea of this cultural norm, which removes all obligations of a father having to provide for his children, was expressed by all respondents in Nampula. Previously, however, this same man had to provide for his nephews and nieces. None of the respondents mentioned this spontaneously. Some scholars have shown that matrilineal kinship, which is the practiced tradition here, continued to be one of the leading cultural features of the northern region of Mozambique), where the descent or group lineage is reckoned through the man, on the mother's side (Martinez, 2008; Bonate, 2006). It is a kinship system based on norms of property inheritance and political succession, as well as on the family residence of the wife (Casimiro & Andrade, 1994; Holden & Mace, 2003). Although the matrilineal tradition is recognised as a system that empowers women in specific spheres of power hierarchy in traditional societies of Mozambique, it does not mean that men have no power (Arnfred, 2011; Bonate, 2006; Geffray, 2000). Similarly, both data from interviews and CSO reports were in line with the idea of patriarchy being a robust set of norms that contributed to the violation of women's human rights in the southern parts of the country (Mahumane, 2015; Tvedten, 2012; Karberg, 2015; Arthur, 2007). Along these lines, some activists and many stakeholders from feminist and human rights organisations, like Rosalina and Anastancia, state that the *lobolo* ceremony is one of the traditions that places women in a subordinate or submissive position within society. Because many of these women, who were victims of violence, were uneducated and unemployed, they had no other option than to accept the violence perpetrated against them by their husbands.

**Rosalina:** "Because a man paid *lobolo* [bride price] to the wife's family, he treats her as his property. I don't think that we should be surprised when the woman accepts the violence perpetrated by her husband and fears losing her marital status or her kids. This is a situation which is defined culturally" (Heterosexual woman, WLSA, Maputo, February 2017).

**Anastância:** “Here in Maputo, most women are victims of gender-based violence, and they are afraid to report their situation to a police officer or the courts, because they think their husband will be put in jail and they will become poor. Many of them say: ‘I was educated to not complain about my husband. If I do this, I mean, if I find the courage to complain against my spouse, I will no longer be a woman. My marriage will fail and how will I live without a husband. I cannot go back to my parents’ house empty-handed and without my children’. So, in these situations, we just keep doing our job of providing civic education and persist with our objective of reducing domestic violence against women and children. We [activists] insist on saying to the beneficiaries that: ‘this traditional teaching is not good because it violates peoples’ human rights’; most of these women prefer to come to the Human Rights League rather than to go to the police station, because they are afraid of the police officers. During the civic awareness campaigns on women’s SRHRs in the communities, many women say: ‘My husband has to prepare a statement saying that he will never assault me again, and if he does not accept this condition, I am going to the police to bring a case against him’. But at the end of the day, they [victims of violence] go nowhere. They come to the Human Rights League because it is a non-governmental organisation, and it is very different from the police station or a court. Here, they feel comfortable because there are no police officers or guards to be afraid of” (FGD’s, heterosexual woman, HRL, Maputo, February 2017).

*Lobolo* is the local name for the bride-price ceremony in the south of Mozambique. It is commonly defined as more than just the “transfer of goods during a marriage ceremony from the fiancé to the fiancée” because it facilitates the union between the new couple and other spiritual entities (Mahumane, 2015; Bagnol, 2008; 2005; Granjo, 2005; Harries, 1994; Feliciano, 1988). Rosalina’s opinion was shared by many activists and stakeholders in Maputo and was consistent with the evaluation of gender policy reports, which have recognised that the “hegemonic patriarchal or male-dominated culture” (Sheldon, 2002; Tvedten, 2012), shapes the relationships between men and women, at both research sites. Participants from WLSA, HRL and Fórum Mulher complained about the elevated number of GBV victims and about the silence, since these heterosexual women refuse to report the perpetrators of violence against them. One of the response patterns that emerged in the FGDs highlighted the fact that women are socialised for marriage and are afraid their husbands will be arrested by police officers. Anastância’s opinion, for instance,

was shared by many HRL activists at both research sites, who provided legal assistance to these target groups and, in severe cases, referred them to the closest hospital and then to the police station.

Another constraint challenging SRHR activism for LGBT individuals are the public health and gender policies, which define the concept and cycle of vulnerability without taking into account sexually non-conforming people (República de Moçambique, 2016b; 2011a; UNFPA, 2008). According to many stakeholders, CSO project beneficiaries were selected based on criteria defined in the aforementioned documents, which are compliant with international guidelines and on which donors funded their HIV/AIDS plans (Pathfinder International, 2015; WHO, 2007). This fact demonstrates the limited experience of the majority of participants from the seven CSOs in working directly with LGBT beneficiaries. Contrary to the participants from this cluster, some individuals reported experiences of having introduced this topic during public SRHR campaigns. As is shown in the quote below, the beneficiaries at both research sites showed some resistance to speaking about sexual minority group issues in the communities.

**Zinaida:** “When we talk about LGBT or sexual orientation in our Association, our members often say: ‘Come on! This lady has lost her mind’. They go away, and the meeting ends right there. We cannot insist on a topic that people do not want to hear about. People living with albinism want to hear things about albinism, full stop. It is difficult to introduce something new relating to albinism, regardless of how important it is, because the response is often: ‘If we want to find out about this matter, we will go read about it somewhere ... we do not need to waste our time on this issue with the Association’. However, in actual fact they do need to know more about how to take proper care of albino skin and all albinism-related matters, because this is a vulnerable group with specific needs” (FGD’s, heterosexual woman, Amor a Vida, Nampula, December 2016).

**Paula:** “It is hard to work with or speak about SRHR for LGBT groups in the communities. Firstly, Lambda is an illegal [unrecognised] association and, secondly, there is strong resistance within the communities to discuss any sex-related issues. Most of the time, when an activist comes to discuss reproductive health, and the topic of homosexuality comes up, the people get tired because they do not want to hear about things related to homosexuality or even about women's sexual and reproductive health. For instance, they frequently say: ‘You come here to tell me how to have sex with my wife. She is my wife,

and I decide how many children I want to have'. It is hard to discuss homosexuality because many people in our society do not expect a man to have sex with another man, and people feel uncomfortable discussing sex in public: 'What is your purpose in discussing this issue? Do you want to teach us how to have sex with a man?' People laugh and do not take this matter seriously. When it comes to women having sex with other women, they say that there is no sex. Many people believe that two women cannot have sex because there is no penis between their legs. A very common question is how can two women have children? Although this topic is addressed in the sexual and reproductive health manuals, oftentimes many activists do not know how to answer these questions. That is why, when it comes to this subject, we invite people from the Lambda Association to address the issue" (SSI, Heterosexual woman, Fórum Mulher, Maputo, February 2017).

**Rebelo:** "Activists have to be prepared to deal with cultural and religious environments and to try and overcome these challenges before taking any decision. I can give you an example: when you talk about early marriage, you are faced with the Muslim law, which states that a man may marry up to seven women, regardless of their age. In this context, there are those who say that girls are the ones who harass the men. I mean, is it true that an 11-year-old girl will harass a 40-year-old man? Thus, some people defend this position fiercely, while others want to test our awareness-raising capacity, to see if we can convince people to change their attitude. We have to be prepared to meet these two groups of people and to continue to disseminate messages on SRHR" (SSI, heterosexual man, HRL, Nampula, April 2016).

The three quotes presented above bring to light the context in which, during the FGD and SSI sessions, participants spoke about how their beneficiaries reacted to the topic of sexual minority rights during civic education campaigns. It shows a lack of interest in learning about and publicly sharing information on sex and "homosexuality", which is considered taboo. Similarly, Lambda Association's illegal status was another obstacle when working with LGBT individuals. These groups of activists introduced the idea of discussing homosexuality in civic education campaigns, within the context of the partnerships between the Lambda Association and the CSOs working on HIV/AIDS programs. Despite the fact that Amor a Vida was the only organisation that did not have a formal partnership with the LGBT association, some activists such as Zinaida, Paula and Rebelo, tried to discuss this subject in the communities they worked with, but they were

unsuccessful. Although national public policies do not cover LGBT rights, many respondents learned of the need to discuss SRHR for LGBT individuals in the women's human rights seminars organised by HRL, WLSA and Fórum Mulher. As is illustrated in the quote below, Lambda Association was considered one of the leading feminist groups included in the civil society platform, where all SRHR matters are discussed and shared by the activists.

**Delfina:** “We [activists] have explained to other activists that Lambda Association is a feminist organisation, not only because most of the MSM are “women” [trans-women], but also because we have been learning about a concept of gender that is no longer a fixed category. Before the existence of this Association, we did not have the opportunity to work with homosexuals because they were “invisible”. For instance, we have worked a great deal with people that come to our office complaining of domestic violence, but very rarely did these cases involve these groups. Therefore, when these groups “came out” to society in 2007, if I am not mistaken, we started to learn how to address this new reality, and requested the State to formally recognise the Association. Through the work we have done together [with the Lambda Association], we have met people with different sexual orientations and gender identities, and this has made us rethink our activism on women's human rights in Mozambique. For instance, how do we deal with a man who appears here and says that he is a woman, and not a man. It is not only difficult for us, as activists, to work on human rights for LGBT individuals, but it is also difficult for society as a whole because, as you know, most people expect every woman to behave like a woman and every man to behave like a man” (SSI, Heterosexual woman HRL, Nampula, April 2016).

Most of the activists working with GBV and HIV/AIDS programs shared Delfina's opinion. Although it shows their limited experience in dealing with LGBT individuals who are victims of human rights violations at both research sites, the homophobic inconsistency in the implementation of the Bill of Rights SOGI was pinpointed as a factor that reinforced traditional and religious norms against these groups, turning them into sexual minority groups in a situation of disadvantage. As stated by many of Lambda's peer-educators: “Here [In Nampula], people think that a man, who is a man of God, must behave as a responsible person and, as such, he is expected to behave in a manly fashion; the same is expected of woman. A woman must behave like a lady”.

### **3.2. The non-recognition of the LGBT Association by the State, as a human rights violation**

This section focuses on the context in which the majority of the participants referred to their right to have the LGBT association legalised by the Ministry of Justice. Although very few of them stated having received reports from these groups as being victims of violence, at least once or twice they were made aware of the need to protect the more vulnerable people, regardless of Sexual Orientation and Gender Identity. In line with this, I begin this part by presenting the conversation held with Telma and with Firoso, on the context in which the right to freedom of association was not upheld.

**Telma:** “We all worked together on the latest revision of the colonial penal code, and we were all of the same opinion. If Lambda Association is not registered, it is an illegal entity. It is an entity without an identification number, and this situation has specific implications. As an unlawful Association, Lambda activists cannot apply for national and international HIV/AIDS funding for their programs. For instance, I know that they [Lambda activists] cannot open a bank account in their organisation’s name. This situation has negative implications on their lives as LGBT groups. Therefore, the State’s refusal to legalise their activism is a human rights violation! It is clear in the Constitution of the Republic, which is based on international instruments, that many articles do not explicitly prohibit the recognition of LGBT associations in the country. Despite the challenges they face, we have worked together in their campaign “Different but Equal”. Last year, during the aforementioned campaign, we distributed Lambda’s flyers along with a questionnaire to ask people in the communities why they thought Lambda Association had not been legalised by the State or accepted by society in general. This event was organised during our 16 days of activism last November. The results of the survey have not yet been examined, however, once they are, it will help us to gain a better understanding of this situation, which has been a challenge to our job” (SSI, Heterosexual woman, Fórum Mulher, Nampula, April 2016).

**Firoso:** “The taboo surrounding any discussion at all regarding LGBT people, including their rights, is not restricted solely to poor communities – it extends to society at large. Even politicians believe that homosexuality is not African. Even though international organisations have put significant pressure on them, [members of government and parliament] to legalise



the LGBT Association, none will even agree to discuss this issue. In the corridors, cultural and religious factors are referred to as issues that have to be respected. This situation is unfair because the Constitution of the Republic states that Mozambique is a secular State, and religion and culture are regularly mentioned when it comes to discussing LGBT rights. In article 52, line 3, on the freedom of association, the Constitution prohibits military or paramilitary associations as well as those that promote violence, racism and xenophobia. Even though Lambda Association does not fall into this category, the assumption of religion and culture are mentioned in the Law on freedom of association, which is unconstitutional, since these two elements are not foreseen in the Constitution of the Republic” (Heterosexual woman, HRL, Maputo, January 2017).

**Camargo:** “We [commissioners] do not have a formal or signed partnership with the Lambda Association because, as you know, this organisation has not yet been recognised by the State. The National Commission of Human Rights, a public institution, has participated in meetings with the Minister of Justice to try and get a better understanding of this situation. Our position in this organisation is unequivocal. We believe that all people must be protected by the State and not the contrary. It will be beneficial for all of us if the Minister recognises the LGBT Association. For instance, it would help us to monitor children who are the object of or subject to homosexuality. Even recognising that homosexuality is not socially and culturally accepted, we must guarantee the recognition of their rights and fight against inconsistencies in the implementation of the Bill of Rights on SOGI. Although Mozambique is a secular State and the Bill of Rights for these groups is clear, religion and culture are mentioned in informal conversations by the staff of the Ministry as being the two reasons for the failure to legalise Lambda activism. Nevertheless, Lambda members have participated in our regular open sessions as one of the civil society organisations working with the “Key population most at risk of HIV/AIDS”. For instance, a few years ago, we [human rights commissioners] also received a formal letter of complaint from the Lambda Association, when one of our colleagues published an article condemning homosexuality. We are eleven commissioners in total, and one of us, who is a Muslim sheikh, represents the religious community; he was the one who wrote the article expressing his opinion on homosexuality, which was published in the Notícias Newspaper. Although he was one of the NCHR commissioners, his opinion was based and focused on a particular religious community, to which he belonged. He stated that: ‘Homosexuality is not referenced in Bible and most of the LGBT people are not prepared to have children. Therefore, according to his belief, they are not human beings, since they do not

procreate'. This offended Lambda's members, who then asked the Commission to comment on this statement. The members wanted to ascertain whether or not this pronouncement was issued on behalf of the entire Commission. We responded in due course, making it clear that the commissioner, as a religious leader, was responsible for the pronouncement and not the Commission; our decisions here are taken by means of a vote" (NCHR, Heterosexual man, Maputo, January 2017).

The three extracts are representative of all of the participants' opinion, which shows the level of collaboration between the feminist and human rights organisation and the Lambda Association in the struggle for the recognition of sexual minority rights in the country. In fact, civil society organisations only started to become more visible at the end of the 1990s, and not only did they contribute to the legal reforms to stop human rights violations in different spheres of society (Kleibl & Munck, 2016; Casimiro & Andrade, 2009; WLSA 2006), but the partnerships established between these organisations illustrates how CSOs are an essential platform for the birth of LGBT activism in Mozambique. Reports from these groups show the struggle activists faced in order to have women and children's rights included in the revised penal code – colonial penal code dating back to 1885 - which was approved in 2014, and to remove all articles from this same document that criminalised same-sex sexual practices and relationships (WLSA, 2006; LDH, 2014). In this regard, respondents like Firoso and Camargo, from HRL and NCHR, spoke about how both culture and religion are reflected in the homophobic inconsistencies in the implementation of these groups' Bill of Rights.

The NCHR is one of the public institutions that agreed to participate in the study. During the fieldwork, individuals working for the Ministry of Justice were unavailable to discuss this subject. Given this limitation, I selected Camargo's opinion to illustrate how, during the discussions on whether or not to recognise the Lambda Association, culture and religion were brought up within a context where Mozambique is defined, by the Constitution of the Republic, as a secular State. Furthermore, a closer analysis of the legislation confirms what participants from both Lambda Association and NCHR referred to as "the existence of inconsistencies in the implementation of the Bill on their sexual rights". The analysis mentioned above showed that there was no legal provision to justify the refusal to legalise LGBT associations or to prohibit LGBT groups' freedom of association.

Article 43 of the Constitution of the Republic stipulates that in the event of any omission, the respective right should be interpreted and included in accordance with the Universal Declaration of Human Rights and the African Charter on Human and People's Rights (United Nations, 2015a); República de Moçambique, 2004). These two legal instruments provide LGBT rights in Resolution 275 “protection against violence and other human rights violations against persons on the basis of their real or imputed SOGI<sup>8</sup>”. Indeed, at local level, the Labour Act explicitly prohibits discrimination against SOGI, and Law 8/91, on the right to freedom of association, does not prohibit the registration of Lambda Association, even given the provision on the transgression of public morals, mentioned in Article 10, paragraph d), regarding the termination of an association (Boletim da República, 1991). The silence in relation to these groups is also evident in the Family Act. However, Lambda activists worked informally on the three SRHR projects, with international support and in coordination with the Ministry of Health, within the scope of the National HIV/AIDS Strategic Response Plan. During the Human Rights Council's session, members of government said that the non-legalisation of the LGBT association as a CSO did not suggest any discriminatory action (HRC, 2016). However, participants mentioned culture and religion as an argument to justify the refusal to grant LGBT activism a legal status, thereby limiting any possible work on sexual minority rights, at both research sites. The excerpts below show that, within this context of illegal LGBT activism, both national feminist and human rights organisations and international partnerships arose as a strategic response to minimise the financial implications of the non-legalisation of Lambda Association.

**Tome:** “Even though we have not yet received a formal explanation as to why the Ministry of Justice rejected our petition, from talks in the corridors among members of government the argument was that homosexuality is not part of our culture and that it goes against all religious principles. We do not understand this argument because, according to the Constitution of the Republic, Mozambique is a secular State. Lambda was faced with many limitations when trying to appropriately address cases of sexual rights violations in the LGBT community. We [Lambda activists] needed support from CSO partners, for instance, to send letters to public institutions requesting or proposing training or civic education in matters relating to sexual rights. We worked together on this issue with WLSA and HRL, particularly in the beginning,

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<sup>8</sup> See: African Commission, Resolution 275 on protection against violence and other human rights violations against persons on the basis of their real or imputed SOGI, 28 April to 12 May 2014.

when the Association was first established. However, today, we are able to send out letters of request without these being rejected by the public institutions. We have provided information on sexual minority rights to health practitioners, police officers and judges, among others. Today, Lambda Association is known and recognised by many institutions across the country. However, there are still some struggles in relation to educational and financial matters. For instance, Lambda Association does not have a bank account in its name to be able to manage its own funds. We have been using a bank account provided by WLSA in order to apply for international funding” (SSI, homosexual, Lambda Association, Maputo, January 2017).

**Hugo:** “The VIDA project helped us to access the provincial civil society organisation platform. Using this platform, we were able to give a presentation to the Provincial Government, after which point we became known. Last week we also had a meeting with the provincial government, where the objective was more or less to present the members of the feminist organisations network, of which Lambda is a member. We work with the feminist groups not only for the sake of sustainability, but also because of the resources we have received from donors, for our work with the key population at risk of HIV/AIDS” (SSI, Gay man, Lambda Association, Nampula, April 2016).

**Renato:** “Yes, Lambda activists faced some difficulties in being included in society at the beginning, because many people did not know about the existence of LGBT people; they were “invisible”. Today, for instance, if they want to hold a lecture/conference on LGBT concerns at a university or elsewhere, many civil society members and others will participate in the event. Lambda’s activism, in partnership with feminist and human rights organisations, has provided these groups with some visibility. When Lambda Association organises a peaceful march, we see some people from their community [LGBT] coming out and giving personal testimonies of their experiences of discrimination. Yesterday, following ten days of training on gender equality, I presented the closing speech to the Ombudsman of the Community of Portuguese Speaking Countries (CPLP), an event organised by the State. I could not stop talking about homosexuals, loud and clear, to an audience of 200 people. I took this opportunity to inform them that our Government has continued to refuse to recognise the LGBT association. They were surprised by this issue, but I asked them to help by placing pressure on the Government to resolve this problem” (SSI, Gay, Maputo, December 2016)

The testimonies presented above suggest that Lambda Association's illegal status did not inhibit the work carried out on civic awareness or training in SRHR matters for LGBT groups in public institutions. It also illustrates how CSOs contributed to increase the visibility of MSM as a key population most at risk of HIV, at both research sites. The excerpts above describe the context of "tolerance" and inconsistencies in the implementation of the Bill of Rights, on which Lambda activists have worked informally over the last decade in order to address the issue of LGBT rights. I used the word tolerance between double quotation marks because sexual minority groups have not been killed, persecuted or prosecuted and criminalised because of the activism carried out on their behalf and for their cause, as happens in other African countries such as Uganda and Zimbabwe (Epprecht, 2012; 2004). Many of the participants' experiences were reflected in Lambda's Annual Narrative Report, which shows that in 2015, Lambda activists participated in 42 meetings where they presented their needs and concerns, as an LGBT group, to be included in public policies (Lambda, 2015). In other words, Lambda Association became an essential partner of the Ministry of Health, as a focal point in the HIV programs designed for MSM in the country (Ibid.).

### **3.3. The "Key population most at risk of HIV/AIDS"**

In this section, I shall introduce the context in which activists and stakeholders from Lambda Association (n=33) and Pathfinder (n=4) were empowered to speak about their experiences of working with MSM as the "key population most at risk of HIV". In this vocabulary, defined mainly by the Global Fund and WHO guidelines for HIV/AIDS prevention and treatment in the southern hemisphere, women involved in same-sex relationships and practices continue to remain "invisible". Participants from Lambda Association spoke about how their organisation emerged within a context of support from CSO partnerships and the need to include all sexual minority groups in the National HIV/AIDS Strategic Response Plan. Pathfinder supported Lambda's activists through a project which focused on Visibility, Inclusion, Rights and Access to Health (VIDA project) and, within this context, MSM were selected and trained in peer-educator approaches, to be able to work as community SRHR agents for key populations most at risk of HIV/AIDS.

Lambda Association has been the only organisation working directly with sexual minority groups over the last decade. Unlike other LGBT movements established at the end of the 1970s in Zimbabwe and South Africa (Epprecht, 2012; 2004), in Mozambique, HIV/AIDS programs, sponsored by international organisations from the northern hemisphere, were crucial to the foundation of Lambda Association as an association that defends sexual rights (see Table 1 below). To better illustrate this point, I shall start by showing how many activists, who affirmed to be co-founders (n=8) of Lambda Association, were aware of the role played by friends from abroad and by international partnerships in consolidating Lambda's main focus, namely SRHR projects specifically designed for MSM.

**Leandro:** “Lambda Association emerged in social networks, particularly among a group of Mozambican and foreign friends during the second half of the 1990s. In 2001, if I am not mistaken, the team grew very fast, and the first LGBT newspaper was launched. We named it the “Colours of Love”. This newspaper still exists today, but at that time it was distributed free of charge in some parts of the city of Maputo as well as by e-mail. In 2006, the Human Rights League held the first national seminar on sexual minority rights in the country. They [human rights activists] invited a Brazilian professor and anthropologist, Luiz Mott, to be the moderator for the seminar. His experience inspired many of us as a LGBT group, because he is one of us [homosexual man, publicly assumed] and he came to Mozambique to speak about his experience of having established the first LGBT movement group in Bahia, in 1980. He referred to many of the books and articles about same-sex relationships he had published as a university professor. At the end of the two-day seminar, all national radio and television channels began discussing the issue of LGBT groups for the first time. This seminar served to show the urgency of establishing Lambda Association, which occurred the following year” (SSI, Gay, Lambda Association, Maputo January 2017).

**Lena:** “When we [LGBT individuals] started this movement, we did not have an office for our meetings. Sometimes we met at a restaurant or at a friend's house. The group was growing day by day and one day, in 2006, we asked the NGO Pathfinder if they could provide us with a room, and they replied: ‘you can hold your meetings there’. Pathfinder officers provided us with a room in their office space, and we were able to hold our meetings there successfully. The group continued to grow even more after having been provided with the office space. Furthermore, international and national partnerships

contributed to the establishment of the Association and to its current position” (SSI, Male-to-female Transgender, Maputo, February 2017).

Leandro’s and Lena’s stories describe the setting in which friendships with foreign individuals, through social networks and international donors, influenced the establishment of the LGBT Association in Mozambique. In fact, Lambda’s progress and research reports have shown that these organisations played a vital role in empowering MSM peer-educators to focus on SRHR programs from 2006 to the present (Lambda, 2015). The summary of key donors presented in Table 6 illustrates this line of thought. The donors included the Dutch Organisation for Development (HIVOS), the United Nations Population Fund (UNFPA), Population Service International (PSI Jeito), Pathfinder, Open Society Initiative for Southern Africa (OSISA), OXFAM, Grupo Africa Suécia (GAS) and Southern Africa AIDS, (Taimo, 2014 (Taimo, 2014; HIVOS, 2012).

Table 6. Lambda Association lender partners from 2006 to 2014

<b>Year</b>	<b>Partner/donor</b>	<b>Area of funding</b>	<b>Location</b>
2006	HIVOS	Institutional costs- infrastructures	Maputo (Southern Mozambique)
2010	UNFPA	SRHR: Training for activists and publication of informative and educational handbooks	City of Beira and Quelimane (Central Mozambique)
	PSI & Pathfinder	SRHR: Providing condoms, lubricants, training in matters of peer-educator approaches, and funding Lambda's administrative/overhead costs.	Inhambane, Nampula and Pemba (northern Mozambique)
2011	OSISA	Human rights and institutional costs (rent of office space, electricity and telephone)	Maputo
2012	OXFAM	All Lambda's strategic plan areas	Maputo, Beira and Nampula
2013	SAS	Health, communication and human rights	Maputo and Pemba
2014	Southern Africa AIDS	Education, theatre and TV	Maputo, Beira and Nampula

*Source:* Adapted from Taimo (2014)



Lambda's Narrative Report for 2015 demonstrates that, due to this support and to the partnerships established, 35 employees and 35 volunteers were performing their tasks at its Head Office, in accordance with Lambda's 2012-2016 Strategic Plan of Activities, and Lambda was represented by focal points in all eleven provinces (Lambda, 2015). This plan proposed a set of 'soft' and 'hard' interventions to address LGBT rights in the country (Lambda, 2014b). The first component emphasises dialogue with the government, lobbying and advocacy activities, civic education and psychosocial support for members and beneficiaries. The second component has to do with research for action and information, and has HIV/AIDS prevention support kits available for all sexual minority groups. During the fieldwork, I noted that Lambda's offices at the two research sites were equipped with different supplies and facilities. Data provided by Lambda Association's national head of human resources indicated that of a total of 44 individuals, eight were gay, seven were lesbian, three were transwomen and 26 were heterosexual men and women working in the Maputo office. Nampula had fewer employees, and of a total of nine, one was gay, two were lesbians, two were transwomen and four were heterosexual men and women.

I used the excerpt below to show how international cooperation has enabled many Lambda activists and stakeholders (n=33) to become familiar with the concept of MSM as one of the "key populations most at risk of HIV/AIDS".

**Filimone:** "Firstly, we work with the concept of a target key population, as defined by the National HIV/AIDS Strategic Response Plan, which prioritises the source of HIV infection and channels of transmission. In the VIDA project, we worked with Men who have Sex with Men, because of the known high-risk factor resulting from anal sex among them; with female sex workers, because they have multiple sexual partners; and with prisoners, providing all of them with all the necessary health care." (SSI, Heterosexual Man, Project officer at Pathfinder, Maputo 21 January 2017).

**José:** "Lambda Association played a significant role in recruiting activists within the MSM community. Otherwise, it would have been impossible for us [Pathfinder project officers] to reach these hidden populations. It was easy for them to use their social networks to identify this particular group. I remember, for instance, that over the course of ten days, we trained many MSM to work as peer-educators in the VIDA project. This was enough time for them to become familiar with sexual and reproductive health terminology. We

taught them how to become community agents, using the snowballing effect as well as social networks to reach MSM beneficiaries. We believe that one MSM can help identify another MSM. For instance, they go to bars, homes, hostels, streets and red light spots where they know that a significant number of the key population will be present or they ask MSM friends if they have seen other MSM” (SSI, Heterosexual Man, Project officer, Pathfinder, Nampula, April 2016).

In the previous excerpt, Filimone identified three Pathfinder-implemented SRHR project target-beneficiary groups, namely female sex workers, prisoners and MSM. Lambda Association was the only association, in partnership with this international organisation that worked with the latter group across the entire country. Similarly, José explains how, in this MSM project, activists were recruited and trained by Pathfinder officers to become peer-educators and community agents for the VIDA Project. Utilising their acquired skills, they used social networks to locate the other MSM and offer them kits to prevent sexually transmissible diseases, which include condoms and water-based lubricants. They also referred the beneficiaries to specific health care services for HIV testing and counselling. They were also responsible for organising Health Workshops to disseminate information on HIV/AIDS prevention, gender identity and sexual orientation. These activities were carried out under three health projects, namely the VIDA project I referred to above, the Linkage project and the Family Health Initiative (FHI 360)<sup>9</sup> project, all of which aim to improve, in particular, the SRHRs of MSM. The first project was implemented in the city of Nampula by Lambda Association, under the supervision of Pathfinder, which has also been involved in a partnership for the past six years with PSI Jeito, the first organisation that started the project for MSM in that city. OXFAM, in collaboration with local CSOs such as the Community Development Fund (FDC), implemented the second and third projects, Linkage and FHI 360, in Maputo. As is shown in one of Lambda’s research reports, HIVOS was Lambda Association’s first funding partner, and after its head office ceased operations in Mozambique, the projects were placed under the responsibility of the Oxford Committee for Famine Relief (OXFAM), in its Action for Inclusive Government (AGIR) program, with the focus continuing to remain on the sexual health of MSM (Taimo, 2014). With this in mind, four health centres were recommended in Nampula, and four in Maputo to offer “MSM-friendly services”. These three projects offered

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<sup>9</sup> Linkage and FHI 360 were sponsored by the Global Health and Development Organization, which has worked in the field of SRHR ([www.who.int.forcealliance/members\\_list/fhi/an/](http://www.who.int.forcealliance/members_list/fhi/an/)).

stigma-free “specialised health services” for MSM, achieved through Pathfinder’s training provided to health practitioners to work specifically with MSMs’ needs and concerns. As many participants said: “Currently, our relationship with the health professionals in the specialised health centres is based on mutual respect. The health practitioners already know about sexually transmissible anal diseases; we can speak openly and freely about anal wounds, and we understand each other”.

However, in Maputo, differently from in Nampula, both female sex workers and MSM participated in the same Health Workshops. The reason for the joint activity was because Pathfinder, which works with both groups, does not have a project for MSM in Maputo. In the health sessions I participated in, both teams discussed the suitability of the social network they used to reach the target groups, in addition to the types of challenges they faced during the fieldwork, and how many beneficiaries were reached and referred to the specialised health centres for HIV testing and counselling. In Maputo, the Health Workshop had only MSM activists, who discussed the same issues and followed the same approach. As is shown in the quotation below, these activities influenced Lambda activists to speak out about the positive impact the three health projects had on their sexual health behaviour, rather than the right to enjoy sexual pleasure free from stigma and discrimination, marriage and reproduction.

**Juvêncio:** “This project came to bring positive change to our lives. In general, we were afraid to go to the hospital because, for sure, people like us [gay and bisexual men] could not openly discuss everything related to certain sexual diseases. We felt ashamed when seen by doctors who did not recognise our sexual orientation. Many people from the community did not feel safe to talk about some illnesses in front of health practitioners. Today it is different, because the specialised health centres have practitioners who are trained to deal with people with different sexual orientations. Anyone from the LGBT community seeking their services can talk freely about sexually transmissible anal diseases. The doctor-patient relationship has improved significantly. In the past, the medical practitioners used to be shocked: ‘What is this? How did you get this? You too! Are you a cow?’ All these questions because of a pimple in the anus” (FGDs, Gay, 27 Years, Maputo, December 2016).

**Bruno:** “Personally, I can say that the VIDA project has helped us a lot. A long time ago, I mean before this project, we had difficulty in getting condoms and water-based lubricants. Although Lambda activists had been distributing these kits for the prevention of sexually transmissible diseases, they were not sufficient to cover the number of MSM we currently reach. Before this project, we used saliva, ointment, cream, butter and brake oil to slip the penis into the anus, (Laughter). Brake oil is a joke, but we used Monapo kitchen oil, Vaseline and that hair ointment that costs five Meticaís - the cheap one. At that time, men who used lubricants were those who had money to buy it from local pharmacies or in South Africa. These days things have changed, and we do not have to run from one side to another looking for lubricants” (FGDs, Bisexual man, 25 years, Lambda Association, Nampula, April 2017).

Juvêncio’s point of view represents that of many peer-educators, who spoke about their fear of stigma and discrimination by a health practitioner before the implementation of the SRHR projects by Lambda Association and Pathfinder, at both research sites. Along the same lines, Bruno emphasises Lambda’s productive work in distributing condoms and lubricants free of charge and promoting safe sex among MSM. Both of the excerpts represent the opinions of many activists, who recognised that the use of peer-education and social networking strategies was an effective method that enabled them to reach these hidden groups, defined in local public health policies as one of the key populations at risk of HIV/AIDS. Most of these peer-educator activists (n=24) had no knowledge of or information about safe sex practices in the five preceding years. Once Lambda Association began to distribute these supplies across the country, unsafe sex practices began to be abandoned, because MSM learned how to use condoms and lubricants to protect themselves against sexually transmissible diseases.

To a large extent, the previous excerpts emphasise how the majority of participants spoke more about MSMs’ risk of HIV, rather than about the SRHRs of women involved in same-sex relationships. Many activists believe there is a need to address all sexual minority groups, because of stigma and discrimination, which makes them vulnerable to violence and to HIV/AIDS. As a result of the three health projects implemented within the context of inconsistent legislation protecting these groups, Lambda Association had few activities for bisexual and lesbian women. The Health Workshops organised by MSM activists were also available to these groups, where women provided disease prevention supplies, such as finger condoms and dental dams, when possible. In 2015, Lambda Association distributed 4,570 dental dams and 6,443 finger condoms

in an attempt to reduce the transmission of STIs and HIV/AIDS among women in same-sex relationships (Lambda, 2015). The excerpt below illustrates how these supplies to prevent the transmission of disease among women were not offered in the country on a regular basis, due to a lack of funding and to the fact that their needs were not included in the SRHR programs.

**Janine:** “There is no regular funding for women's activities at Lambda Association. Very few International organisations have funded supplies for disease prevention among women because these are expensive and are not considered a priority. Dental dams, female and finger condoms are very hard to find at Lambda’s health workshops. For example, the last time we received these supplies was six months ago. Even female condoms, distributed to bisexual women, are hard to come by and are expensive to buy at local pharmacies” (FGD, Lesbian, 25 years, Lambda, Maputo, January 2017).

**Fernando:** “As I said before, this project is about HIV prevention, and we target those groups considered most vulnerable to HIV infection, the key population, namely: men who have sex with men, female sex workers and prisoners. Lesbians are not included as part of our beneficiaries; at least they are not mentioned as a major risk in the National HIV Strategic Response Plan” (SSI, Heterosexual woman, Project officer, Pathfinder, Nampula, April 2016).

Janine’s point of view must be understood within a context in which Lambda Association was the only organisation offering, although not regularly, sexual health components for lesbian and bisexual women. Given this, one of the main constraints for most of the activists in addressing SRHR for these women related not only to a lack of funding, but also to public health and gender discussions, for failing to include sexually non-conforming people as vulnerable groups. Fernando’s opinion, on the other hand, introduces the idea that SRHR activism was based more on public policies that define who is vulnerable or belongs to the key population most at risk of HIV/AIDS. Contrary to Janine, who was one of the few lesbian activists working at Lambda Association, Fernando was a health professional who, for the last four years, has been working on SRHR for an international organisation. His opinion is based on two points of view, shared by the participants at both research sites. The first included the majority of participants, who viewed the national public health policy as a guideline for their activities and for determining the selection of

SRHR program beneficiaries, while the second included some activists and stakeholders who believed that women involved in same-sex relationships were less at risk of contracting sexually transmissible diseases. In the latter group, many participants said: “There may be a lower risk of infection among women in same-sex relationships, because there is no semen produced during sexual intercourse”. Nevertheless, their focus on MSM as one of the “key populations most at risk of HIV/AIDS” was consistent with the National HIV Strategic Response Plan, the Global Commission on HIV, Legislation and the WHO guidelines for the epidemic in the southern Africa region (WHO, 2014; 2009; República de Moçambique, 2014b; Global Fund, 2014). Consequently, participants from Lambda Association and Pathfinder were well acquainted with the HIV/AIDS working language, which was disseminated during the MSM activists’ training course offered by Pathfinder International, OXFAM and PSI Jeito, to become peer-educators capable of reaching the hidden population, for purposes of HIV testing and prevention.

### **3.4. The struggle to include MSM in the National HIV Strategic Response Plan**

In this subsection, I shall conduct an analysis of the participants’ responses to the challenges they faced when working with sexual minority groups. The previous sections show that most individuals in this cluster were from the HRL, Amor a Vida, Fórum Mulher and WLSA, and commented with regard to the taboo surrounding the discussion of sex and homosexuality, the death threats and the illegal status of Lambda Association as the primary constraints facing activism and LGBT rights. It is shown here that activists, also the co-founders of Lambda Association (n=12), spoke about the struggle they faced when trying to include MSM in the National HIV Strategic Response Plan.

During the fieldwork and the documental analysis of their progress and research reports, it was evident that, similarly to many other countries worldwide, the course of LGBT activism was deeply influenced by the international HIV/AIDS movement. All of the CSOs’ HIV/AIDS programs in the country were funded mainly by the WHO, World Bank, European Union, the United States Agency for International Development (USAID), HIVOS and Pathfinder which, coincidentally, also provides budget support to the Ministry of Health for its agenda on controlling the HIV/AIDS epidemic in the country (WHO, 2014; 2009). The excerpt presented below

illustrates the context in which these organisations used their HIV programs to pressure the government to include MSM as a vulnerable group in the National HIV Strategic Response Plan.

**Sebastião:** “I remember an occasion when I was at a meeting of the National AIDS Council, where I witnessed some resistance in accepting MSM as a key population. In the Minister’s intervention, he asked the group a question: ‘So, you are here to suggest that we should work with men who have sex with men? Where are these men?’ By asking this question, he highlighted the issue of the definition of the key populations and the issues relating to visibility. As he said: ‘We cannot create policies for people who do not exist! Where is the evidence of MSM in Mozambique?’ Thus, through the efforts of the senior officer from Pathfinder, who was one of us [gay men], he continued to pressure the Ministry of Health and ignored the look on their faces [policymakers from various ministries] during the discussions on this subject. Finally, after three years of meetings with the Ministry of Health, the MSM target group was included in the 2010-2014 National HIV Strategic Response Plan as one of the key populations at risk of HIV/AIDS. However, the struggle to have lubricants included in the list of essential medications imported by the Ministry of Health still persists” (SSI, Gay man, Lambda Association, Maputo, January 2017).

**Jacinto:** “There was resistance from the government and Ministry of Health to include MSM in the National HIV Strategic Response Plan. Although it took almost two years of intense discussions, it was nothing new. A directive was issued by the World Health Organisation stipulating the key populations in response to the HIV epidemic in the country. I consider this document to be a guideline, indicating what to do and what not to do. Other groups, such as female sex workers, are included in the key population, and no one had to discuss them. But when it comes to MSM, they [people from Ministry of Health] said stop, which resulted in a halt. We had to go back once again, and discuss the inclusion of MSM in the Plan, because it was going to be censored. The Global Fund has placed significant pressure on the Mozambican State, indicating that the HIV problems will be funded, but that precisely these key populations have to be taken into consideration” (SSI, Gay, 37 years, Lambda Association, Maputo, December 2016).

Sebastião and Jacinto are activists who stated they were co-founders of the Lambda Association and described the pressure applied by international institutions, which the State had to “tolerate” with regard to SRHR projects specifically aimed at MSM. The 2010-2014 National HIV Strategic Response Plan, mentioned by Sebastião, provides the criteria for people to be classified as “vulnerable to” or “key population at risk of” HIV/AIDS. On the one hand, the “vulnerable” group refers to young heterosexual women (18 to 24 years), seasonal and migrant workers and discordant couples [when one is HIV-positive and the other is HIV-negative] living with HIV/AIDS. The “key population at risk of HIV/AIDS”, the other hand, refers to female sex workers, MSM, prisoners and drug addicts (República de Moçambique, 2014b). These plans are compliant with the Global Fund and WHO guidelines for HIV/AIDS prevention and treatment, implemented in the Southern Africa region (Global Fund, 2014, WHO, 2014a).

Sebastião highlighted the lack of evidence of MSM as one of the factors explaining the delays by the Ministry of Health in implementing the WHO recommendations for the key population most at risk of HIV/AIDS in the country. This finding is crucial to understand that the first National HIV Strategic Response Plan was implemented in 2003, yet people involved in same-sex relationships were only included in this Plan in 2010. Lambda activists and stakeholders participated in the collection of data for the biological and behavioural survey, published in 2011, in order to address this information gap. Approximately 10,121 MSM were identified in Maputo and 3,069 in Nampula; the percentage of HIV-positive MSM was around 8% and 4%, respectively (INS et al., 2011). As a result of this outcome, many participants stated that the report was significant for their historical records, thereby helping Lambda Association to uphold its argument of MSM being a target group that must be included in the Fourth National HIV Strategic Response Plan (2015-2019).

### **3.5. Discussion**

In this chapter, I have suggested that activists and civil society stakeholders have been using the “global public health strategies and policies” (GPHS) speeches to express their experiences of working with sexual minority rights at both research sites. The GPHS discourse was disseminated through international guidelines for HIV/AIDS, which upholds the belief that “a



person's health or illness affects another's, and the collective agreement and action is to prevent or mitigate health risks within and across countries' borders" (Fairman, Chigas, McClintock, & Drager, 2012; 2009b; Brown, Cueto, & Fee, 2006). The way in which this discourse is disseminated in the northern hemisphere and reproduced by the participants, is consistent with Foucault's perspective on how, in the discourse, "power and knowledge are joined together" (1978, p.; 100). By following this approach, I found two concepts that influenced my view of how power categories and domains were portrayed in the narrative of this cluster of respondents. If, on the one hand, I defined intersectionality as a method that analyses the complexity of experiences and of conditions of social and political life (Collins & Bilge, 2016), on the other, the concept of "biopolitics" is a technological means that enables populations or entities to be controlled within the context of "global governmentality" (Lemm & Vatter, 2017; Lemke, 2011; Kelly, 2010; Foucault, 1978). Kelly (2010) stated that we live in an era where biopolitics has assumed global proportions, and this fact has to be taken into consideration. Within this context, the GPHPS discourse can be defined as a "regime of truth" with implications on peoples' lives. With this information in mind, I noted that the majority of the participants spoke more about what they commonly referred to as "people vulnerable to GBV", violence perpetrated by men against women, than they did about the violation of sexual minority groups' rights. This finding confirms what has been reported by the feminist and human rights organisations in Mozambique over the last two decades, particularly in relation to the fact that power relations between men and women in matrilineal and patriarchal traditions continue to contribute toward domestic violence (Osório & Cruz e Silva, 2016). The discourse against GBV, maintained by the participants, fits in with what is referred to as the "global gender equality regime". This phenomenon encouraged the CSOs involved in my study to highlight the cultural factors involved in domestic violence against women in Mozambique. As Kardam has shown, this regime is the result of norms, principles, legal instruments and compliance mechanisms implemented by the Global Women's Movement, in collaboration with multilateral and bilateral development organisations (Kardam, 2004; p.85). In this study, I noticed that, notwithstanding the relevance of a gender mainstreaming approach to address GBV within a context of high HIV/AIDS prevalence rates, the struggle to highlight sexual minority rights in local public health strategies is still urgent. The State was not there for these groups, at either research site. Similar findings have shown that in some contexts, such as in Indonesia, where the State is not present in protecting LGBT people, the question which remained

is why women and children are considered vulnerable groups in these policies and strategies, while LGBT people are not (Arivia & Gina, 2016). From this point of view, prevailing stereotypes and religion were among the key factors explaining the differences between these groups. I noticed during my study that CSOs have begun to become better informed with regard to same-sex relationships, and are now including them as a sub-topic in their SRHR public awareness campaigns. Nevertheless, the continued struggle to gain acknowledgement of the vulnerability of these groups in public policies, the taboos surrounding any discussions on sex or homosexuality, and the illegal status of the LGBT association, all contributed to limit the participants' experiences and resulted in an unwillingness on their part to discuss the issue of LGBT rights. Although Lambda Association was the only organisation working directly with these groups, it did work in partnership with human rights and feminist organisations within the context of HIV/AIDS programs. Here, participants used the global public health discourse, which empowered them to speak in greater detail of their experiences in working with MSM as the "key population most at risk of HIV". Although this action has contributed to increase the visibility of MSM at both research sites, it failed to include the needs of all sexual minority groups. In this sense, the violation of the sexual rights of women involved in same-sex relationships has continued to be invisible and silent. Activists and stakeholders from Lambda Association continued to face difficulties in providing disease prevention supplies for these women because they were not included in the "vulnerable" or "at-risk" group for HIV/AIDS. This finding is consistent with the perception that the emergence of LGBT movements in some African countries is directly connected to SRHR-based public health programs (Epprecht, 2012; Beyrer, 2012). The participants' experiences illustrate that, despite the fact that the LGBT movement in Mozambique began informally in the early 1990s, the GPHS was the most important platform used to fund its increased visibility, using the discourse of MSM as the key population. The activists' voices illustrate the role played by CSOs in supporting Lambda Association's efforts to achieve the inclusion of MSM vulnerability in the National HIV Strategic Response Plan. As one of the participants said: "In the beginning, we used to meet in restaurants and then Pathfinder provided us with a room". On the one hand, these data highlight the attention given by public health services to the vulnerability of this group to unsafe sex, as suggested by previous scholars (Nalá et al., 2015; Beyrer et al., 2012; Da Silva et al., 2010) while, on the other, it confirms the primary focus on HIV/AIDS, which has empowered some communities in Africa while increasing the stigmatisation of other groups on the continent

(Beyrer, 2012; Garcia & Parker, 2006). Similarly, my study indicates how public health discourses are unable to cover the SRHRs of women involved in same-sex relationships or satisfy their needs, since they continue to remain invisible at both research sites. As Epprecht noted: “How can we achieve the goals of increasing the self-esteem of LGBT groups and nurturing increased political confidence, when their needs are only discussed in terms of health risks?” (Epprecht, 2012). Similarly, some authors have criticised the fact that research on sexuality in Africa is strongly linked to public health discourses based on the impact of HIV/AIDS on their populations, rather than linked to topics relating to sexual preferences or same-sex relationships (Spronk, 2017, Arnfred, 2004). This reasoning highlights Foucault’s position on the manner in which sex and sexuality have been discussed during the twentieth century, and particularly whether attention is paid to “how sex is put into discourse” and “what is said? What are the effects of power generated by what is said” (Posel, 2004., p. 53; Foucault, 1978).

The outcome of this study illustrates that an intersectional approach is needed in public policies to take into account the different factors that influence the lives of MSM or LGBT individuals as a heterogeneous group. As I shall discuss in the following chapters of this dissertation, transgender people, as well as women in same-sex relationships or women in *de facto* unions faced multiple forms of discrimination and stigmatisation that could expose them to violence and sexual diseases. This argument is consistent with previous studies on the vulnerability of lesbian and bisexual women to sexual abuse in countries with high HIV prevalence rates in Africa (Sandfort et al., 2015; Reddy, Sandfort, & Southey-Swartz, 2013; Bowleg, 2012). Lambda activists’ experiences in protecting “vulnerable or key populations” were in line with the goals of the National HIV Strategic Plan and Gender-Based Violence in Mozambique, which are in line with the WHO and UN guidelines for fighting HIV/AIDS in Africa. This demonstrates that the inclusion of MSM as one of the “key populations” in these plans was the culmination of the efforts by donors who funded Lambda activities, the CSOs, and the budget support for HIV/AIDS to the Ministry of Health (WHO, 2009a). In other words, the partnerships established between Lambda and some CSOs became a strategy to overcome the financial constraints resulting from homophobic inconsistencies in the implementation of the Bill of Rights on sexual orientation. As many activists said: “Lambda Association needed to establish partnerships with CSOs in order to apply for funding, because Lambda is unable to open a bank account in its own name. Currently, activists themselves have submitted letters to public institutions offering to provide training on

issues relating to SOGI”. One of the consequences of the GPHS discourse was the increased visibility of MSM, making Mozambique one of the more LGBT-tolerant countries in Africa. Despite the taboos surrounding any discussions on sex or homosexuality and the discrimination against these groups, we did not come across any cases of people who were persecuted because of their sexual orientation or gender identity. This illustrates the assumption that Mozambique is a country that is tolerant towards same-sex sexual practices. This finding is consistent with the 1996 report on the invisibility of same-sex sexual practices and relationships at both research sites (Bagnol, 1996). Thus, similar studies have shown that the failure of SRHR in Africa is also linked to the taboo surrounding any discussions on sex, which my research has revealed to be one of the main constraints in LGBT activism for the majority of CSOs involved in this research.

### **3.6. Conclusion**

The findings discussed in this chapter suggest that most of the participants had limited experience in working with sexual minority groups because they used the language of the “global public health strategies”, which enabled them to speak more about their experiences in protecting the people vulnerable to gender-based violence or “key population most at risk of HIV/AIDS”. The use of this discourse within a context of religious diversity and homophobic inconsistencies in the implementation of the Bill of Rights on SOGI has contributed to increase the visibility of MSM as the “key population” in the public arena. However, the SRHRs of women involved in same-sex relationships or sexual practices remain invisible in both matrilineal and patriarchal societies. Lambda is the only organisation working directly with these groups, and despite the State’s “tolerance” of its work, it continues to be strongly tied to its partnerships with international organisations working on HIV/AIDS in the southern hemisphere. Although Lambda’s activists used the SRHR platform to disseminate information on SOGI, their discussions were more about reproductive health than about other rights, such as the right to enjoy sexual pleasure free from stigma and discrimination, marriage and reproduction. However, an intersectional approach to public health in Mozambique needs to take into account the different needs of people involved in same-sex relationships. My position in this chapter is that the global public health strategies, policies and speeches had a positive and negative impact on the lives of the LGBT community at both research sites. It empowered activists and their beneficiaries in matters of HIV/AIDS

prevention which contributed to the visibility of MSM and the Lambda Association as a feminist organisation. Today, despite stigma and inconsistent legislation, there is a room to discuss MSM health issues in public space. This fact could place Mozambique as one of the “tolerant” countries where sexual rights activism emerged in the context of HIV/AIDS epidemic and where LGBT people are not persecuted, prosecuted or killed because of their sexual orientation and gender identity. Participants did not report any case of people in the condition referred to above, nonetheless the fact that sexual orientation and gender identity categories are not included in the statistics of violence show a scenery of silence that needs to be explored in further research. The negative aspect of the public health strategies relies on the fact that they do not include all sexual minority groups such as lesbians and bisexual women. In the context of a lack of information about sexual orientation and gender identity and a taboo to speak about sex/homosexuality, an inclusive and intersectional approach is needed to revise the homogeneous concept of women in Mozambique.

In the following two chapters I shall explore the different self-identification “languages” used by participants and how increased MSM visibility has been accompanied by violence against female-to-male transgenders in multiple intersected spheres of discrimination. Therefore, the term MSM does not take into account sexual orientation and gender identities, which express different needs and concerns for this “homogeneous” classification of category of people.

## Chapter 4

### **“Eu sou ela/ele”: transgender and gender fluidity**

#### **Introduction**

The previous chapter showed that CSO activists and stakeholders have used “global public health strategies” as their working language to speak out about their experiences of protecting marginalised people from gender-based violence and HIV/AIDS. This framework, which is based on concepts of vulnerability and key populations most at risk of the epidemic, contributed to bring to light the activism done by the Lambda Association on sexual health for Men who have Sex with Men (MSM). Before describing the narratives of violence against LGBT groups, which is a consequence of greater visibility and awareness, this chapter explores the context in which peer-educator activists, members and supporters of the Lambda Association self-identified as “transgender”. To achieve this goal, I argue that the age range of the participants and the lack of health care services to ensure biological transition or hormone therapy influenced their vocabulary of identification in relation to “gender identity as a fluid category” (Butler, 2007; Valentine, 2004; Halberstam, 1998;). The word “transgender” is in double quotation marks because, as shown in previous gender and queer studies (Thompkins, 2014; Butler, 2007; Valentine, 2004; Halberstam, 1998), I noted that not all participants indicated by activists as “transgender” during the interviews, self-identified as such. This chapter comprises three sections, corresponding to two themes that emerged from the narratives of the participants, namely, the vocabulary of “transgenders”; the advantage of disclosing sexual orientation; and lastly, that which constitutes the discussion of the key findings, the gender gap in public policies.

## 4.1. The vocabulary of “transgenders”

Before describing the perspective of “transgenders” as the most vulnerable group in the LGBT community, I start this chapter by showing the context in which participants used different terms of self-identification to express their sense of sexual orientation and gender identities. All peer-educator activists (n =33) regularly use the term Men who have Sex with Men (MSM) to reach beneficiaries and refer them to the specialised health centres for HIV testing, counselling and treatment. Although Pathfinder and International Service Population (PSI) introduced this vocabulary as a working language in the LGBT association, many of these participants introduced themselves based on their sexual orientation and gender identity (SOGI). In this regard, activists used other key terms to refer to LGBT’s or homosexuality and to identify the Lambda Association members, beneficiaries and supporters as people involved in same-sex relationships. Although many of them felt comfortable using these terms, they regularly used the expression MSM to refer to the beneficiaries of the health projects implemented by the association at both research sites. Nonetheless, they were well aware of the rationale of this acronym in addressing the risk of HIV/AIDS among these groups.

Filipe: “MSM is not a sexual orientation, but it represents a tool used to work with one of the key populations most at risk of HIV/AIDS. When project officers from Pathfinder and OXFAM, say: ‘We want to work with the MSM!’ they mean men who have sex with men, because they are not grouped with other aspects relating to the life of MSM. They are not wrong in using this concept because we reach all men who are gay, bisexual, transgender and those who have sex with men, but who do not see themselves in these categorisations. I am aware of the existence of different needs and concerns among homosexual men, but MSM addresses the risk of HIV/AIDS among these groups, regardless of sexual orientation and gender identity. The HIV/AIDS situation is central to the conceptualisation of MSM as the working language in the LGBT association” (SSI, Maputo, December 2016).

MSM and SOGI terms were present in participants’ narratives. Their use of these terms was a result of the Lambda Association’s empowerment of their members and supporters, because all of the handbooks and flyers designed for activists and people interested in same-sex concerns

and identities are included in the definitions of this vocabulary. They were based on public health policies and international legislation regarding the protection of sexual minority rights, such as the WHO guidelines for HIV/AIDS and the principles of Yogyakarta (WHO, 2014; Global Fund, 2014; Lambda, 2014a; 2014b; 2015).

During my fieldwork and in the FGD's and interviews, I found that of the 132 activists, stakeholders and individual supporters of the Lambda Association, 30 participants regularly utilised the word "transgender", as well as female or male names to express the idea of gender identity and experiences of working with these groups' needs, which were also used to contradict their biological sex assigned at birth. In this section, I focus on the stories of participants who self-identified as "transgender" (n=30) and stakeholders from human rights and feminist organisations (n=15), who had experience in managing cases of violence against female-to-male "transgenders", as reported by the beneficiaries of their projects.

Of the 30 individuals, six are MSM peer-educator activists who self-identified by using the expression "*eu sou ela*/I am her" and two lesbians who used the expression "*eu sou ele*/I am him", to refer, in different situations, to being lesbians, "butch" or "active lesbians". These two expressions were dominant in Nampula, whereas in Maputo, the 14 peer-educators used the term "transwoman" for men who have sex with men, and the term "transman", lesbian or "butch" for the eight women who have sex with women (WSM)

**John:** "My real name is John (laugh), I am 28, and I like it when people call me by my female name..."

**Ivo:** "You can tell the truth. People call you Dorothy, that "transwoman" in the Brazilian soap opera! (Laugh)."

**John:** "Yes, I like it when people call me Dorothy because she is very charming, convincing and also because I see myself as her. So, I am her" (FGD, Nampula, April 2016).

This conversation is a part of the FGDs with activists working with the Vida project in Nampula. John and Ivo were part of this group and, like many of them, were dressed as and walked



like a woman. By saying “I see myself as her” John, for instance, demanded a personal female identity, which “she” assumed did not match “her” biological sex assigned at birth. I selected this transcript to show the context shared by some participants who introduced themselves using the names of famous Brazilian “transgender” actors and actresses, at both research sites. For instance, John said that “she” is Dorothy, an artist who performs the role of a female-to-male “transgender” in the Brazilian soap opera “*Geração Brazil* / Brazil Generation”. In this story, television appeared as one of the main sources of the “LGBT vocabulary”, as a result of the characters portrayed in the soap opera. In this context, some participants from both research sites felt comfortable using female names and imitating the famous stars. In Nampula, many participants used: “I am him/her” or “I see myself as her/him”. This vocabulary comes from Makhuwa, the local language, and according to the participants, *Alopuana Athyana* is used to designate male-to-female [effeminate] appearance and *Athyana Alopuana* for female-to-male [masculine] appearance. In Maputo, I noted that a few participants used the expression *ntombihixingajaha* to mean “tomboy” or a woman with a “female masculinity” [masculine] appearance and *Jahaxingantombhi* to mean “transwoman” or a man with a male-female [feminine] appearance. Both expressions are from Changana, one of the dominant languages spoken in the south of Mozambique.

Nevertheless, all activists working on the three Lambda health projects were acquainted with the western “LGBT vocabulary” and spoke about having used it to empower their members over the last ten years. Although few activists in Nampula used this terminology, they had manuals, handbooks and flyers designed for Lambda activists and its members, which contained the vocabulary. The next quote is provided within a context in which participants spoke about the concepts of SOGI during the FGDs.

**Antonio:** “I had difficulties in understanding certain things that happened to me before joining the Lambda Association. At the time, I was confused about my sexuality. However, it is different today, because I know myself better than ever before. In the association, I found people like me; people who explained everything about sexual orientation to me. I learned about the existence of people who feel attracted to people of the same sex. Because of what I went through earlier in my life, I became a full member of Lambda because I felt it necessary to help others like me to understand their doubts, which were the same doubts I had also felt. Today, things are different at the Lambda Association because, as a civil society organisation, it fights against age-old myths and stereotypes relating to LGBT

groups. So, we prepared flyers and manuals to help people to identify themselves as part of the LGBT group” (FGDs, Nampula, 2016).

**Fernando:** “I just did not understand why parents of homosexuals could not understand issues relating to sexual orientation and gender identity. For me, sexual orientation has to do with the way I identify myself within society, as a man who feels attracted to and has relationships with men like me, while gender identity is about being male or female. For instance, in my case, I was born male, but I do not see myself as a man with a penis, I feel I am a woman; this is my gender identity” (SSI, Maputo, December 2017).

Antonio and Fernando were activists who self-identified as “transwomen”, and their perceptions represent the perspective of many peer-educators working in the VIDA project at the Lambda Association. Antonio explained the importance of Lambda Association in introducing him (her) to the LGBT group and clarifying doubts that he (she) had about his (her) sexual orientation. By “people like me”, “she” means people involved in same-sex male relationships with an effeminate male, and the LGBT members in general. In fact, Lambda Association has produced and distributed documents on this subject and made them available at both research sites. In analysing this material, I confirmed the existence of different sources of western LGBT terminology participants had access to. The terms “sexual orientation” and “gender identity” were regularly used to explain those who belong to LGBT groups. In this context, three documents, namely the manuals, handbooks, and flyers provided information that demystifies the prevailing stereotypes against same-sex practices (Capitine, Souza, & Mafundza, 2014; Lambda, 2014; 2014a). The content of these documents discredited the idea of homosexuality as a disease, a western reality, an unnatural practice of non-religious and sexually dissatisfied persons. All these documents are available on Lambda’s website and include the following subjects: “LGBT rights and citizenship”, “How to report LGBT issues in the media”, “Myths and facts about homosexuality”, and the “Guidelines for parents of homosexuals and their families”. For instance, in one of the manuals mentioned by the activists during the FGDs, the term “transgender” was defined as follows:

“The term transgender is used to describe people whose gender identity does not match the socially assigned role of their biological sex assigned at birth. More recently, the term

included individuals who are in transition from one gender to another. The prefix "trans" means "beyond," or "through." It is a descriptive and comprehensive expression which seeks to combine all manifestations of gender identities in all societies. The term emerged in the context of gender studies and was first used to describe all people in different cultures, whose gender identity did not match their biological sex. They would be grouped in the category of transgender, transvestite, transitioned person, and other gender identities” (Capitine, Souza, & Mafundza, 2014, p. 09).

Many participants responded to the meaning of gender identity using this definition and described their male-to-female “transgender” experiences and vice-versa. In order to understand peer educators’ work on the empowerment of their members by using “LGBT vocabulary”, I spoke to Selma, a heterosexual woman who worked as a project officer in a communication program at the Lambda Association for four years.

**Selma:** “Changing peoples’ behaviour and attitudes regarding stigma and discrimination against LGBT people is one of the goals defined in our strategic plan for 2012-2016. Therefore, we have provided positive information to deconstruct myths and wrong ideas about these groups. The impact of MSM health projects across the country is more visible than other activities because of the financial support coming from international organisations that allows us to reach more MSM for HIV testing and counselling at the specialised health centres. In 2013, Lambda published a study about what heterosexual people thought of homosexuality in the cities of Maputo, Beira, and Nampula. This produced a list of stereotypes against homosexuals, which allowed us to develop an advertising program aired on Mira Mar TV and broadcast on Radio FM. In this activity, we provided educational sessions on homosexuality countrywide. The Radio FM program, for instance, is running its 5<sup>th</sup> broadcast and includes ten 60-minute episodes. Here, we invite people from the LGBT community, their friends and parents to talk about their experiences and to explain that homosexuality is common. Two programmes were broadcast/hosted by the television channel Mira Mar, namely, *Atração/Attraction* and *Belas Manhãs/ Beautiful Mornings*. In these shows, experts and people from the community are invited to introduce themselves as homosexual and to explain the meanings of LGBT terms and sexual rights. Two- to three-minute videos are shown, and enough time

is given to chat with people, about what homosexuality is, how parents have to support their son/daughter and what is expected from society to understand and accept these groups. The positive information that empowers LGBT in matters relating to human rights can be found on our Facebook page. This is the most visited page in the group of NGO websites in Mozambique” (SSI, Maputo, Project Communications Officer, Lambda Association, February 2017).

In order to get a better understanding of Selma’s explanation regarding the communication program for empowering LGBT rights, I analysed the 2015 Lambda’s activity report on this subject. The document indicated that 18.000 people received information on the meaning of SOGI terms in Maputo, Beira and Nampula (Lambda, 2015). It indicated that in addition to the three health projects focusing on MSM, activists disseminated and taught people about LGBT concepts and identities all across the country. Both private and public broadcasts were used to disseminate information concerning this vocabulary, where the intention is to put an end to prevailing stereotypes against “homosexuals”. The Lambda Association’s activists used these communication programs as a way to stop discrimination against sexual minority groups. To this end, they published a guideline manual for what they called “Sexual Orientation and Gender Identity Trainers” and 15 activists were trained to work as trainers across the entire country (Lambda, 2015). As many activists said: “We use these manuals and handbooks to show the social minority groups that homosexuality is no longer a crime in Mozambique and that there are no laws prohibiting a man from dressing like a woman”. In these manuals, sexual minority groups are referred to as “people whose gender identity, orientation or sexual practices run counter to heteronormativity, putting them at a disadvantage compared to the rest of society” (Capitine, Souza, & Mafundza, 2014; Lambda, 2014a; 2014b). As a consequence of this approach, the activists saw themselves as sexual minority groups and because of it, they spoke of how they suffered discrimination in various spheres of society (see the next chapter).

By comparing the vocabulary of the participants with the contents of the manuals and flyers used by activists to empower their members in matters of sexual rights and gender identities, I understood why some groups were acquainted with the term “transgender”, and others not. The following transcript is from Helena, a 34-year old Muslim man who explained who is considered “transwoman” in the LGBT community.

**Helena:** “A transwoman is a man! In this case, I also consider myself a transwoman, despite not appearing to be! I am a transwoman because biologically, I am a man who has been through a kind of transition. For instance, as you can see, I dress in feminine clothes every day. Although in some countries, people like me take hormone pills, unfortunately, we do not have that opportunity here. However, if a transgender person has money he/she can travel abroad for this kind of medical procedure. In South Africa, for instance, it is possible to take these pills, to go for surgical sex change and even to have silicone breast implants (...). Myself! I like my penis, but I would like to opt for hormones and changes to my breasts. However, in Mozambique, I have only ever seen one person in our community who went through a biological transition; this may be because we are still a young community fighting for our rights. A transgender person requires a lot of money to undergo the procedures. We do not have that money! I know one ‘transwoman’ who takes hormone pills and got silicone breast implants. So, she did it, but she has not removed “her” penis. So, she has been doing the treatment for a long time because she comes from a high-class family. In general, this is what most of us desire. I mean to go through with the biological transition. However, we do put on fake breasts, buttocks, women's clothing and walk around like that” (SSI, Transwoman, Maputo, December 2016).

I interviewed Helena as a focal point for “transwomen” activities in the MSM health project in Maputo. In this position, “she” could tell me about the idea of “transgender” that was regularly mentioned by peer-educator activists during the FGDs. Helena’s description of who is considered “transwoman” in the LGBT community fits into the concept of male-to-female “transgender” proposed by transgender or queer studies (Kuper, Nussbaum, & Mustanski, 2011; Hanssmann, Morrison & Russian, 2008; Valentine, 2004; Haberstam, 1998). Nonetheless not all participants were interested in a complex sex-change even if would be available. These experiences still fall under the category “transgender” according to western standards, but in practices are not gender-queers. Helena emphasises that the dream of many “transgender” participants is to be given access to biological transition through hormone therapy and surgical sex reassignment. All of them were aware, and complained of the impossibility of going for such medical procedures in Mozambique, which are available in other countries such as South Africa. They became aware of these medical procedures from magazines, handbooks and flyers distributed by the Lambda Association and from the Brazilian soap operas. The referred-to sources of information were mentioned during the interviews, and explain why many peer-educator activists

complained about the lack of a health care service in the country capable of providing medical treatment to change their female or male appearance, which they feel does not correspond to their biological sex assigned at birth, at both research sites. This perception shows that many participants are poor and do not have the means to afford this medical approach.

Since one of the goals of this thesis is to assess the experiences and rights of women involved in same-sex practices and relationships, I asked some activists and stakeholders from the seven CSOs to introduce me to some individuals in order to invite them to come to the association and participate in the life story interviews. Of the 38 participants I met, 11 used the word *sapatão* to mean “active lesbian”/“butch” or the statement “I am a man” or “him” for “transgender butch” and male names to describe experiences of “gender identity as a fluid category”. The term *sapatão* is not a local expression; it has been adopted from the Brazilian soap opera based on the characters representing females with a masculine body. However, the experience of being a “tomboy” during the childhood was described by some participants in the context of matrilineal and patriarchal norms, where girls are educated and forced into early marriage. In this context, few of them were interested in or aware of the possibility of biological transition as a medical procedure to change their male identity, which also failed to correspond to their biological sex assigned at birth. The following quotes are about Henrique, 30 years of age, born female and a Christian Protestant, who self-identified as an “active lesbian” during the interview, and who likes it when people call her *sapatão* or refer to her using a masculine name.

**Henrique:** “It is hard to talk about my story of gender identity because I suffered a lot during my childhood and adolescence! Well, it is a long story, but I will start by saying that I grew up in the rural area, in Magude District. You see! In the midst of so many kids, I always stood out as being a little different. By different I mean, I liked male jokes, to dress like a man and I had a haircut that made me different from the other girls. So, I have been like this since childhood, and it was tough to understand who I was at the time. In the village where I born, there was no electricity, and no information at all was available regarding sexuality. For instance, I had never seen a TV until I was eleven. Could you imagine that! One day I went to South Africa for the holidays. My father was a miner working there, and I went to visit him. So, I was 15 years old when, for the first time, I understood why I could not identify with women’s clothes and why my masculine mind was contradicting my female biological body.

In Johannesburg, I saw some women like me, and for the first time I heard the word lesbian as something connected to my own experience. I think that my mother had already noticed that I was very different from other children. She sensed something wrong in my body but did not know how to deal with the situation. Because in the rural world where I grew up, people called me a “tomboy”. They thought that I had two sexes, can you imagine this? These things disturbed both of us because we did not know how to interpret it; and why was I behaving like a boy if I was born a girl? At that time, people also called me by a masculine name, and I could not understand what was going on at that point. So, I suffered a lot because I felt like two people were living in my body, and you know what? Even today, I still feel the same thing. The difference is that I ended liking the masculine name people called me. I remember when my tits started to grow, I searched for a scarf and tied my breasts for people not to notice them, but after a while I got sick. So, sometimes I feel like a man and the spirit of a woman comes, and I would rather have been born a man with no female tendencies. In the Lambda Association, people like me are referred-to as active lesbians, and I have no problem with that. I do not see myself as a woman” (IDI, Active lesbian, Maputo, December 2016).

Henrique spoke about “his” personal experience of “female-masculinity” in Magude, a rural and poor district of Maputo. It is a transcript representative of women who self-identified as being male, and at the same time assuming an active role in their relationship. Many participants at both research sites said that: “*Sapatão*/“butch” can be an active lesbian, a lesbian who is the “man” (him) or both, acting out a male identity which contradicts their biological sex assigned at birth. “Active” refers to a person who performs the role of man, giving sexual pleasure to a lesbian who is “passive” in the relationship, but is still a woman. Thus, ontologically, “active sexual orientation” towards females is tied to male gender identity and roles which is consistent with gender theory which shows the social construction of men as the stronger sex and the reproduction of heterosexual attitudes toward lesbians and gay men (Courtenay, 2000; Herek, 1988; Zimmerman, 1987). In this case, Henrique described “his” personal experience in a context where people are from a patriarchal tradition of kinship and had no information on “transgender” individuals. He mentioned the word suffering many times throughout the interview, as a consequence of living in this environment, where people connect “tomboys” with the idea of individuals who have both sexes (hermaphrodites). In my opinion, this word reflects the social pressure stemming from a heteronormative society where a girl must behave like a girl, and is not

expected to adopt male behaviours, which as a consequence would mean not bearing children. Following this line of thought, a few heterosexual male activists from the human rights and feminist organisations compared *sapatão*/"active lesbian" or "butch transgender" to infertile heterosexual women: "Those who refuse to accept sexual rights for LGBT groups, do so simply because they don't want to accept it. Those women, who in the Brazilian soap operas are referred to as *sapatão*, are like heterosexual men and women who cannot have children" (SSI, Heterosexual man, HRL, Nampula, April 2016). This quotation is reflected in the perception of many activists at both research sites who had no experience in working with LGBT groups, and who lacked knowledge of the concept of gender making up the different identities. It is not consistent with contrasts the western perspective about reproductive status and capabilities which have been detached from sex, sexual and gender identity. At the subjective level, for example, the previous quote suggest that an infertile person might feel "less of a man" or "less of a woman", however will not be categorized as such.

In Nampula, participants' experiences varied according to the source of information they had about same-sex relationships as well as the matrilineal norms and practices. Joana is one of the few "butch transgenders", who spoke about personal experiences of getting information about her sexuality at a very early age, and the story of other "tomboy" friends who suffered experiences of oppression during their childhood.

**Soraya:** "I discovered that I was different when I was about six or seven years old. At this age, I could see that something was wrong with me because I liked to play more with boys than with girls. My sister had one of those magazines because she wondered what was going on with me and so she bought them. So, one day she left them in my bedroom, and I read them. So, I got information about my sexuality at a very early age. Even coming from a Muslim community, where people feel ashamed to live with guys like me, I was not entirely surprised by that. My parents knew I was a "tomboy" from the beginning, from the time I was born. Maybe because my parents were well-educated, and I think they read something somewhere about gender identity. My mother was not worried because she had her explanation for why I was born like that. My older sister told me, when I grew up, that she [my mother] had visited a sheikh who performed some rituals in order for her to bear a son, because she had only daughters. My father was not happy with the fact that my mother only had daughters instead of sons. They were expecting to have a baby boy and then I was born... a girl. While I was growing up, they noticed that I was not a typical girl



because I was a “tomboy”. For me, the good thing was the fact that they did not expect me to become a typical girl. Despite my male appearance, I kept my female name because I like it. I never felt like I had to change my name, even when I always consider myself to be “butch”. In Nampula, it is not at all easy to be a transman like me. I say this because of those initiation rites that force girls to marry at an early age. While growing up, I had many friends who were “tomboys”, but after going through the rituals, they changed their “tomboyish” behaviours to behave like women, and married a real man. I know many of them, here in Nampula; they are not happy and still keep cheating on their husbands by sleeping with other women like themselves. In my case, I did not go through the initiation rites. I did not want to and my parents did not force me. I think they understood very well what was going on with me. As they normally say: ‘She is a boy, but in the wrong body’. Even when I started dating girls, I don’t think they were surprised. They believed that I was a real man but lost in a female body. At that time, I did all those things that boys commonly do in our society. I dated many girlfriends at the same time, and I did not have to hide my relationships from my parents the way other “tomboys” did. I had total support from my parents. At school, it was ok! My colleagues called me a “tomboy” in primary school, and I did not consider it a problem because I always felt like a boy. However, going back to your question, as I said before, I read those magazines at an early age, and I felt comfortable with being a “tomboy” for a long time. For me, it is too late to go through the biological transition process. It has more to do with feeling comfortable with the procedure rather than the money to go through with it. If I have lived with this limitation for all these years, why now, at the age of 37, would I change my body?” (IDI, Active lesbian, Nampula, January 2017).

Soraya’s story is different from that of other “active lesbian” or “transgender butch” participants. She grew up in the city, and in a matrilineal society where women are subjected to initiation rites as a form of female education to enter into adulthood. This context is different from the patriarchal tradition where, although girls do not go through such rituals [initiation rites], once their breasts develop and they begin menstruating, it means they are ready for early marriage (UNICEF, 2015; Martinez, 2008; Cipire, 1996). Unlike many participants at both research sites, Soraya was not forced to go through with any initiation rites or early marriage. In describing the “female-male experience”, “he” mentioned initiation rites as one of the factors of early marriage and barriers for many girls or women who were “tomboys”, “active lesbian” or “transgender

butch” in Nampula. Nina was one of the few participants who agreed to speak about the initiation rites “he” went through and “his” first experience in a heterosexual marriage at the age of 15.

**Nina:** “I did not enjoy giving pleasure to a man because I was a real “tomboy” during my childhood. It was not something harmful, but I remember that I was not happy to follow all the instructions given to me by strange old ladies. I was scared because no-one had explained anything about this to me before, and at the age of 12, I was sent to the district where my grandparents were living at the time. One of my aunts came and took me to the ceremony. I could not run back home because I was a child and I did not want to get into trouble. There were many girls the same age as me and although no-one was complaining about anything, it was obvious that we were afraid of those old ladies. I do not consider the initiation rites to be a problem, *per se*, since it teaches young girls about many aspects regarding their future adult life; the problem, however, lies in the next step. In Nampula, once the rituals are performed, many parents arrange a husband for the girl and months later she becomes pregnant. I was forced to forget all about the masculine clothing and the idea of being a “tomboy” when I was 15 when, for the first time, I started my relationship with a man. I was not happy because after all those years, I felt pain during sexual intercourse and I could not conceive. Because he was 40 and had a lot of money, my parents were happy with our marriage, but I couldn’t love him. So, after a year he took me back to my parents’ house because I was “barren”. I was still confused in relation to my sexuality, and his decision made me feel free. Two years after the end of the marriage, I returned to school; by this time I was 20, and I had to attend night classes. There I met my partner, who is a passive lesbian, and still lives with me today. Although many people think that we are sisters or friends living together, I felt the need to revert to my more masculine [female-male] appearance. Even though I was 30 years old and financially independent, when I revealed my sexuality to my parents they reacted badly. I shall never forget what my mother said during one of her visits with us: “I never thought you would become a boy again. I do not know where I failed in your education, but if this is what you want, to not give me a real son in law, it is ok” (IDI, Transmen, Nampula, February 2017).

In Makhuwa, initiation rites are called “*wineliwua*/ to be danced to”. By going through this process of initiation rites, girls aged between 8 and 12 learn how to take care of themselves, their personal hygiene after menstruation and how to elongate the labia minora in order to give and receive sexual pleasure from a man (Bagnol & Mariano, 2011; Arnfred, 2011; Kotanyie & Krings-Ney, 2009; Martinez, 2008; Cipire, 1996). They also learn how to behave respectfully, according

to the gender relation and people's age (Cipire 1996). I considered it important to situate Soraya's perspective within this context of rituals and early marriage, in order to show that in the same matrilineal society, "active lesbian" or "transgender butch" participants had had different experiences. For instance, some participants had been forced to follow the ritual, while others had not. Despite the fact that the onset of menstruation signals that girls must go through the initiation rites, or the mere appearance of breasts indicates the age for marriage in the patriarchal and patrilineal society, many participants were not comfortable with this cultural norm. They viewed themselves as male and the rituals in Nampula are designed to empower girls for marriage. Soraya did not go through with the initiation rites because her parents understood that "he" was a "tomboy". As she said: "my parents knew that I was really a boy in the wrong body". This perspective shows that not all parents of 'active lesbian' or *sapatão*/butch forced their "tomboy" daughters to go through with this practice. Although Soraya self-identified as a man and did not dress in feminine clothes, "he" decided to keep "his" female name and is happy with it.

The perspective of the participants at both research sites was based on a heteronormative context, where girls are subjected to early marriage as one of the requirements to fulfil a woman's purpose of reproduction. As one of the "active lesbian" or "bitches" stated:

**Caetano:** "There is no option for an active lesbian or 'butch' to consider biological transition here, because girls are expected to become real women in order to take care of their children and husband and boys are expected to become real men in order to provide food for their family. In the beginning, they believe that we are "tomboys" or people who have two sexes (hermaphrodites) or that this is something temporary to be corrected by undergoing initiation rites. With the onset of breast development and menstruation, it then becomes a problem to have a "tomboy" at home, because parents want their daughters to marry a real man" (SSI, Nampula, January 2017).

In this context, "transgender" girls feel oppressed because of the traditional norms that socialise or force them into early marriage. Participants used different terms to express "female-masculinity", particularly in Nampula, where very few of them used the word "transgender" to self-identify. One of the themes that emerged from the opinions of these groups to explain an appearance of "female-masculinity" was the sexual role adopted in their relationships. The

following transcript is a part of one of the FGDs, where two “active lesbians” provided an explanation about active and passive roles in same-sex relationships.

**Abel:** “In my relationship, I play an active role, and my partner plays a passive role. I have a friend who also lives in marital union. We both have a very masculine appearance and look “*Sapatão*” (“butch”), however, in our intimacy, I am active and she is passive. This is because I see myself as both lesbian and *sapatão*, while she is very lesbian, despite the fact that she likes male clothes”.

**Nelda:** “In my case, it was like that: at the beginning of our relationship she did not like me to touch her. However, I had to change things gradually, and I said to her: ‘No, if you give me pleasure, I also have to give you pleasure’. After that, our intimacy became more pleasant because we have no barriers between us. We no longer have issues of “I can and you can’t” (FGD, Maputo, February 2017).

I introduced the perceptions of Abel and Nelda into the controversial discussion of the idea of a “butch transgender”, who is the one who performs a sexually active role to give pleasure to “his” partner. The distinction between these two terms was not consistent with the participants’ viewpoint because, since many of them had relationships with women, they saw themselves as lesbian. A lesbian woman who plays different roles in her relationships can be either active (the role of a man who gives pleasure), passive (the role of a woman who receives pleasure) or both. According to the participants, “butch” was considered to be a lesbian who self-identifies as a man in terms of gender identity, and plays the role of the active person in a relationship with a lesbian, who is passive and feminine most of the time. This means that not all lesbians are “butch” or the active person, and using masculine clothes does not necessarily mean that this person is “butch”. The term “transmen” constitutes a new word in the vocabulary of this group of participants, since many of them are not members or activists at the Lambda Association. However, a few of them were familiar with the idea that “gender identity is about being male without necessarily belonging to the male sex”.

The term “active” and “passive” role in same-sex relationships was raised during the FGDs with “transwomen” peer-educators, when they were explaining how to reach “transgender” sex workers for health sessions on HIV/AIDS prevention.

**Viola:** “People who see me already know that we belong to the same family, and they come to me to talk. By “family” I mean the LGBT community. So, he will say: ‘Hi, how are you? Listen, you look like my cousin!’ In this case I just ask ‘Where will you be tomorrow? I have something to show you’. But the “passive” people are much more hidden, they like to hide themselves away. We call them sissies because most of them are passive persons. I mean, they are the ones who play the role of a woman during sexual intercourse, and in this case, they are the ones who receive penetration.”

**Ana:** “There are two sexual roles in same-sex sexual intercourse: passive and active. An active person is one who penetrates the anus during sexual intercourse, who gives pleasure, while a passive person is the one who receives the pleasure and shows feminine desires most of the time. We are used to saying: ‘You see that one, she is tired!’ (Laughing). Oh, that is true because most of them always say: ‘I am tired. I’m broken, help me, how about getting together. Oh, what if I go over to that guy, he is so handsome!’ These kinds of words. So, it is difficult to reach the active Men”

**Josefa:** “The term “versatile” is used to describe a person who gives and receives pleasure. I mean, a man who both penetrates the anus, but also accepts penetration in his anus. He does both things in bed and feels happy Laughter” (FGDs, Nampula, April 2016).

Despite the use of the term “active” or “passive”, to express the feminine or masculine role in same-sex relationships, “transgender” peer-educators were more acquainted with the notion of SOGI. They learned from the manuals that gay, lesbian and bisexual had to do with sexual orientation while “transgender” had to do with gender identity. Therefore, differently from the lesbian and gay participants I met during the fieldwork, many “transgender” individuals spoke about not having the option of hiding their effeminate or masculine appearance, which they adopted in childhood in contradiction to their biological sex assigned at birth: “To be “transgender” is not something optional. A “transgender” person is a survivor who does not choose to be “transgender” and cannot hide what he/she is from society”. The word “survivor” was another term mentioned many times to indicate the different types of violence and discrimination a “transwoman” is confronted with during childhood, adolescence and adulthood (see the section on stigma and discrimination).

During my fieldwork, I noted that some women who self-identified as lesbian at different ages dressed in a masculine style. However, they did not identify themselves as an active lesbian

or *sapatão*/'transgender butch' or "I am him/ I see myself as him". From this perspective, I understood that among these participants, a female-masculine appearance is not automatically intended to mean "transgender", because they are happy with their female body, dressing in a masculine style without, however, changing their female identity.

Overall, most of the stories presented in this chapter are about the "transgender vocabulary" used by the participants within a context of matrilineal, patriarchal and patrilineal norms and practices of a developing country. To exemplify this vocabulary, I highlighted different words such as female-male appearance and vice versa, childhood, biological transition, hormone pills or therapy, surgical sex reassignment, wrong body, "tomboy", I am him/ I am her, active or passive person, active lesbian, butch, transmen and transwomen. In general, some participants were interested in undergoing biological transition while others, particularly the female-to-male, were not.

## **4.2. The advantage of disclosing sexual orientation**

This subsection analyses some events that allow us to explore the assumption of a political context that might provide an explanation on the differences in "taking ownership" of Western and non-western (Brazilian soap opera) vocabulary among the "transgender" peer-educator activists and individuals. The traffic flow of the "transgender vocabulary" is not always from western to non-western (or from global north to global south) but also from South to south. The transnational translation and appropriation of the Brazilian soap gender terminology was present in the participants' narratives at both research sites. In analysing this vocabulary, they used to express "gender identity as a fluid category" of themselves. I found the age range of the participants to be one of the factors that explains the differences in understanding LGBT terms, and characterises the context in which they revealed their sexual orientation. Leonard, who referred to be born a woman, self-identified as *sapatão*/'butch' during the interview and mentioned the age at which "he" obtained information about lesbian or 'butch' terms.

*Leonard:* "I did not know that I was a lesbian or a 'butch' until the age of 31. These are terms people use, today, to refer to women who have sex with other women. In the past, it

was difficult to access this kind of information. In 2006, if I am not mistaken, I met Nanda. She was one of my girlfriends who is no longer a lesbian because of her parents, who are very religious people and forced her to abandon the idea of having sex with women. She was the first woman who came out publicly as a lesbian in the city of Maputo. I say this because she gave up being a LGBT activist and is living with a heterosexual man. I will not tell her entire story, but this happened because her parents did not want her to be a lesbian. I just remember that someone who knew that I was dating a woman gave her my number. Nanda was one of the co-founding members of the Lambda Association in Maputo. In the beginning, when she called me, I was afraid of being labelled a lesbian like her. However, one day I gave her the opportunity to talk to me and see what it was she wanted from me. She set up a meeting at a restaurant near the airport. This is how we met for the first time. When I got there, I found five other people like us, and one of them was a butch like me. I knew two of them because they are very famous people, but I did not know that they were homosexuals. We started to talk about building the LGBT movement, and once they had convinced me about Lambda as a project whose vision was to guarantee the rights of sexual minority groups in the country, I began to participate in subsequent regular meetings” (IDI, Active lesbian, 43 years, Maputo, February 2017).

Leonard’s perception of the matter represents the views expressed by participants ranging from 37 to 43 years of age (n=14), regardless of their gender identities. By the age of 25 or older, many of them recognised LGBT terms. For instance, young “transwomen” activists aged between 18 and 25 years (n=24) were more accustomed to this terminology, since they were Lambda Association members. They saw Lambda as their home:

Francisco: “By the age of six or seven, I knew I was a “tomboy”. I did not like cooking, cleaning, washing clothes – all tasks socially associated with female activities. My mother was constantly calling my attention to my behaviour, but I did not want to stop behaving like a boy. At the time I was innocent; my family noticed I was different from other children and they insisted that I had to behave like other girls in the neighbourhood. I disliked women's activities, but my feelings were not respected. I remember one day my mother bought many dresses, and I burned all of them. My mother became very nervous after that incident, and I decided to leave my world, and to accept being the girl she dreamed of, dressing in female clothing; but on the inside, I was not happy. Sometimes I used to dress in my brother's clothes, and play in my bedroom without my mother knowing. Everything was peaceful until the age of 18, when I met the LGBT people at the Lambda Association.

After that, I told my family that I was an active lesbian and I would not be a “girl” anymore. My parents were not at all happy with the idea, since they were concerned with what the neighbours and extended members of the family would think of them “parents who did not educate/prepare their daughter for marriage”. The same day I revealed the truth to them, I was kicked out of the house. Fortunately, I was lucky to have found the Lambda Association before this happened. Here, I feel at home because I interact with people just like me every day, and I do not feel lonely” (IDI, Maputo, February 2017).

Francisco is a 24-year-old woman who decided to assume “his” “transgender butch” identity publicly after discovering the LGBT community. “He” had been working as an accountant at the LGBT association for more than five years and, similarly to many peer-educators, saw “himself” performing the role of those parents who failed to protect a “transgender” daughter or son against stigma and discrimination. The younger participants who are trying to understand their sexuality have the advantage of growing up in a democratic context, where the government has no laws against same-sex practices and relationships. As shown in the previous chapter, there is no record of any person being criminalised, prosecuted or assassinated because of his/her SOGI. The Lambda Association is the only CSO disseminating programmes and information about sexual minority rights in the country.

Despite all the activists mentioned above, and having had access to and distributing informational flyers and handbooks to other new members all across the country, the focus in Nampula was different from Maputo. Here the focus was more on identifying MSM for HIV testing and counselling, rather than running the same health workshops to improve LGBT vocabulary. In order to understand why participants had different experiences in coping with sources of information regarding LGBT terms and identities, I analysed the participants’ narratives according to their age. The age variable allowed me to place these stories into one of the two previous political regimes. The transition from a socialist system to a democratic system influenced the participants’ ability or inability to reveal their SOGI. The following transcript relates to a 43- year- old “active lesbian”, who described “his” experiences of being “transgender” throughout his childhood and adolescence. “His” story is an example of an oppressed “transgender” person during the transition period from socialism to democracy in Mozambique.

**Janet:** “At the time I was shocked, because I did not understand what had been happening to me during my childhood. I had never heard about LGBT groups. No-one had had the



courage back then to talk about this on Radio broadcast programmes as they do today. I learned about these identities very late - I was almost 28 - and it was only because I was not happy having sexual intercourse with a heterosexual man. I grew up in an era where women were expected to marry a man that could provide for them, and I was having a relationship with my husband and with a woman at the same time. It was unfair, but it happened because I did not understand what was going on with me. I decided to do some research on the internet because, by that age, I had already finished college and had started working as an account in a public institution. I remember, however, that when I started secondary school, I had a friend who was a “sissy” or what we today refer to as “transwoman” or transvestite. We became friends because, since I was a “tomboy” and he was a sissy, we were both facing the same problems. People were confused because of the way we dressed and walked. Suddenly he disappeared, just because he walked like a woman. In those days, he was not allowed to dress like a woman; today, it often happens that we see “transwomen” dressing as women at the Lambda Association. All we heard were some whispers about him having been captured by the police during the night when he was leaving the nightclub and being sent to the re-education camps in Niassa. I never saw him again. We were living in a sick country! I say this because we have more information on LGBT groups today than we did five years ago. It is not like in Europe, where this information is available and parents know how to deal with transgender kids. I have heard stories of children at the age of eight or nine being asked by their parents how they felt about having two mothers or two fathers. In those times, we would not have been exposed to this, because there was no information available on LGBT groups” (IDI, Transwoman, IDI, Maputo, January 2017).

In describing “his” experience of self-identification, Janet gave an example of a man who was captured and sent to the re-education camps in Niassa, Northern Mozambique, just because he was a sissy or “transwoman”. This quotation suggests that the narrative came from participants between the ages of 37 and 42, who grew up under the socialist regime (1975-1990). This insight is crucial to understanding the invisibility of people involved in same-sex practices and relationships, regardless of gender identity, in the early post-independence years. The period during which government officials shipped off those considered “marginalised people” to the re-education camps dates back to the childhood and adolescent years of these participants. Many of these participants were unfamiliar with western LGBT vocabulary, and appearing to be “transgender” would fit in with what the socialist government considered ‘deviant behaviour.’

Accordingly, Janet's reference to this political context was important in order to understand the previous quotations, where Henrique and Leonard had little or no information on SOGI during their childhood. The fact of being poor and traditional social norms, are not the only two factors that contributed to the invisibility or oppression of these groups. The re-education camps were places used by the government during the socialist system (1975-1990) to re-educate "people with deviant behaviours, such as sex workers, initiation rites (Arnfred, 2011; 2004; Yanez-Casal, 1996; Machel, 1982). This corrective measure against "deviant behaviour" is one of the factors that explains why many of the participants (n=14) ranging between the ages of 37-43 only learned about LGBT terminology when they were between the ages of 25 and 30.

Unlike the former group, the participants (n=24) between 18-25 years of age, regardless of gender identity, reported having used more sources of information on western LGBT vocabulary than the previous group. For instance, the first survey of the MSM population did not include individuals over the age of 40 (INS et al, 2013). During the FGDs, for example, peer-educator activists said they worked mostly with younger generations. As one of them shows in the quotation below, many of the older adults were married to a heterosexual, and did not show their faces at the Lambda Association.

**Jordan:** "Many adult beneficiaries of the Lambda Project are bisexual married men. Most of their wives were unaware that their husbands were homosexuals or MSM. For the MSM group, we have to take the package of disease prevention products to their workplace. It has to be very well packed, as if it were a gift wrapped in lovely paper. There are those who come in a car with tinted windows; you cannot see the person calling out: "look, give me some lubricants and condoms", or they may open the window and say: "Put those in the bag" and you do it. You will never know who is who, or what colour they are. For us, the most important thing is that people are aware that they must use protection (lubricants and condoms), instead of trying to find out who they are" (FGDs, Maputo, December 2016).

By contextualising the situation of the participants living under the different political regimes, and taking into account their age range, it was possible to understand why some participants self-identified as an "active lesbian" and *sapatão*/"transgender butch" at the same

time, while others were more familiar with distinguishing these categorisations as experiences and identities. Although the Lambda Association has produced different educational handbooks to bring LGBT members up to speed with the western LGBT terminology, the “transgender” participants who were between 37 and 43 years of age, regardless of gender identity, had less information concerning discussions relating to identities. In both cases, many of these individuals were not members of the association and did not participate in the activism for sexual minority rights. As a result, some of them were unable to distinguish the difference between sexual orientation and gender Identity, to provide a reliable differentiation between lesbian, ‘active lesbian’ or *sapatão*/'butch'. When beginning the interview, many self-identified as lesbian; however, during course of the interview they changed their self-identification to active lesbian and then to *sapatão*, or both. Nevertheless, during the semi-structured interviews many participants, particularly the “transwomen” ranging in age from 37 to 43, agreed that they had self-identified as gay before participating in the Lambda health projects and sessions. Notwithstanding the discrepancies in the perceptions of both groups, the general assumption is that “transwomen” are passive in their relationships while ‘active lesbians’ are active in their relationships. The passive aspect corresponds to the male-female (effeminate) and the active aspect to the female-male (masculine) appearance, which they adopted in contradiction to their biological sex assigned at birth.

#### **4.3. Discussion: “Addressing the gender gap in social protection policies”**

Throughout this chapter, I aimed to provide an account of the experiences of peer-educator activists and individual supporters of the Lambda Association who self-identified as “transgender” or expressed their sense of “gender identity as a fluid category”. For the purpose of this section, I discuss the key findings related to the experiences of engaging in what some scholars have called “the western LGBT” or “non-normative” vocabulary (Matabeni & Msibi, 2015; Sokari, 2013; Zabus 2013; Waites, 2009). The socio-historical and cultural context in which different terms were introduced and adopted, or learned by the participants, include forms of violence and fear of disclosing gender identity during political regimes in the aftermath of colonial Mozambique. It addresses the issues of a developing country in the Southern Africa region, where health care providers were not suitably prepared to offer services related to hormone therapy and biological

transition for “transgender” individuals. Consequently, the perspective of “transgender” identity does not involve these medical procedures.

The combination of thematic and documental analyses shows that the discrepancies in the use of “transgender vocabulary” was influenced by the impact of Lambda’s communication programs, from the participants’ perspective, and at both research sites varied according to their age range. In this respect, handbooks, flyers, radio broadcasts and TV programmes were used by activists to empower people involved in same-sex relationships, addressing issues of sexual minority rights and gender identity. These findings are significant in filling in the gap relating to the fine line between the concepts of gender and diversity in Mozambique’s public policies on gender and social security. An analysis of these two key policies revealed the persistent use of “gender” as a binary and fixed concept, inducing policymakers, to focus exclusively on heterosexual women or men as the visible, vulnerable, underprivileged population eligible for social integration or empowerment of their rights (República de Moçambique, 2011a; 2016;a 2016b). In other words, the needs of “transgender” and “non-conforming” people remain invisible in key public policies and within a context of homophobic inconsistency in the implementation of the Bill of Rights on SOGI, as I described in the previous chapter.

The participants’ experiences of self-identification were consistent with the concept of gender identity as a ‘fluid category’ (Butler, 2007) and used ‘transgender vocabulary’ (Phillips, 2014; Garner, 2014; Anders, 2014; Stryker, 2014; Castaneda, 2014; Wilkinson, 2014; Valentine, 2004; Halberstam, 1998). In Nampula, for instance, they used the expression “*eu sou ele ou ela*/I am him/her” or “*eu me vejo como ele or ela*/I see myself as him/her”. These words, used mainly by the participants, were translated from makhuwua to Portuguese. In Makhua, *alopuana athyana* means male-to-female (effeminate) appearance and *athyana alopua* means female-to-male (masculine) appearance, while in Maputo some participants used *Jahaxingantombhi* to mean “transwomen” or a man with a male-female appearance. This understanding is in line with previous studies which indicate that not all people involved in same-sex relationships self-identify as “transgender” (Valentine, 2004; Halberstam, 1998), and the controversy surrounding the use of the western LGBT vocabulary to address same-sex practices and relationships in Africa (Spronk, 2017; Matabeni & Msibi, 2015; Currier & Cruz, 2014; Sokari & Hakima, 2013; Msibe, 2011). In both locations, the use of this vocabulary varied according to the sources of information available

to the participants during their childhood and adolescence. Individuals ranging in age from 37 to 43, regardless of their gender identity, recalled events that occurred during the socialist regime and at the time of transition to a democratic regime. Many of them heard LGBT terms for the first time between the ages of 25 to 30. Even though many women involved in same-sex relationships did not participate in Lambda programs, they used the terminology “active lesbian” or “transgender butch”.

The young peer-educator activists ranging in ages from 18 to 30 were more familiar with the LGBT terms, because they learned them from manuals, flyers, and TV and radio programs introduced by Lambda activists, with the objective of empowering others to use the LGBT vocabulary. A few participants from both study sites mentioned people who had been sent to re-education camps either because of their male-female appearance or vice versa, or because they had revealed their sexual orientation. Although there is no historical record of any LGBT people having been prosecuted, criminalised or assassinated in Mozambique during the socialist era, studies have shown that this did in fact occur in societies in the northern hemisphere, where the ideological regimes were the same (Wolf, 2009; Spurlin, 2009; Micheler, 2002). As Wolf demonstrated, the Nazi homophobia was deeply embedded in National Socialist Germany, to the extent that people involved in same-sex relationships were persecuted and prosecuted by the Nazis during the holocaust in the name of a “moral/cultural purification of Germany”. In my findings, the term “re-education camps” referred-to by the participants was meant to demonstrate the level of disparities in terms of accessing knowledge/ information relating to sexual orientation or gender identity during the authoritarian socialist regime (1975-1994), due to the influence this regime had on the different spheres of social and cultural life (Coelho, 2015; Meseses, 2015; Thomaz, 2008). For instance, all religious and cultural practices such as initiation rites, traditional marriages, etc., were forbidden by the Socialist State (Arnfred, 2011; 2004; Yanez-Casal, 1996; Machel, 1982). In the words of many participants: “it was a difficult time; teachers did not allow a man dressed in women’s clothing into the classroom (...); any person over the age of 18 found walking in the streets at night was more likely to be arrested and sent to the *Campos de Re-educação*/ political re-education camps (...); many people grew up hiding away in order to avoid stigma and discrimination (...). Nowadays, however, even though stigma and taboos still exist, you can walk freely in the streets; you just have to ignore all comments and remarks and live your life”. During the socialist regime (1975-1990), any information that could empower people in terms of SOGI

was forbidden. This context provides a background to help understand the challenges I have faced in finding participants over the age of 40 to participate in the research. Other researchers before me also faced this obstacle; they faced the same challenges at both research sites (Souza, 2014; INS et al, 2013; Bagnol, 1996).

The signing of the Peace Accord between Renamo and Frelimo in 1992, put an end to the civil war and opened the door to a new democratic Constitution in 1994, replacing the Socialist regime in Mozambique (Coelho, 2015). If, on the one hand, it is accepted that both the colonial and socialist regimes oppressed an active civil society in the country, on the other, the new Constitution introduced a platform for feminist and human rights organisations to emerge (Kleibl & Munck, 2016; Disney, 2009; André & Santos, 2003), including creating the conditions for the Lambda Association, whose main aim is to advocate for sexual minority rights to be established. As discussed in chapter III, the partnerships between these national and international CSOs filled the gap of the illegal status of LGBT activism, which obstructs the social protection of sexual minority groups, including the more vulnerable “transgender” individuals.

However, similar studies have shown that younger generations of LGBT individuals in the Southern Africa region are more likely to use Western vocabulary when it comes to revealing their SOGI (Souza, 2014; Sokari & Hakima, 2013; Stychin, 2004). Throughout the chapter I provided evidence of how peer-educator activists, members and supporters of the Lambda Association were engaged in taking ownership of the Western vocabulary and replacing local expressions in order to help members of this group to distinguish between the two concepts. In its communications programme, the LGBT Association has empowered individuals in aspects such as vocabulary and sexual minority rights through the use of manuals, flyers, parent guidelines, and TV and radio programs. These activities explain the different terms used by participants to express their sense of gender identity within both the matrilineal and the patriarchal societies.

The “transgender vocabulary” varied according to biological sex assigned at birth and was described according to different cultural practices. All of the participants of these groups stated that being a “tomboy” as a child was better tolerated than being an “effeminate/sissy” boy. This finding fits in with the concept of masculinity which goes beyond the male body and considers female-masculinity as a distinct alternative (Halberstam 1998; Sedwick, 1990). Halberstam argued that: “tomboyism” in girls is generally tolerated until it threatens to interfere with the onset of

adolescent femininity. At that point, all the attachments to preadolescent freedom and masculine activities must be dropped” (1988, 268). In my study, “active lesbians” or “butch transgenders” complained about being forced into initiation rite ceremonies and early marriage, while “transwomen”, as I shall discuss in the next chapter, were expelled from their home by their parents at a very early age. For instance, in Nampula a “tomboy” was forced to undergo initiation rites in childhood or into early marriage, while in Maputo, only the latter practice was forced on them, at the same stage in life. Studies have confirmed that both matrilineal and patriarchal traditions and poverty expose girls to early marriage (Osório & Cruz e Silva, 2016; Walker, 2012; Nour, 2009, UNICEF, 2015; 2005; Arnaldo, 2004).

Arnfred (2004) and Spronk (2006) have criticised the exclusive focus of sexuality within the HIV/AIDS framework and the colonial legacy, which leaves no space to address same-sex practices and relationships in Africa. By colonial legacy, Arnfred means the idea of sexuality as being something exotic or savage. As I show in chapter one, significant scholars have shown that sexual and reproductive health and rights programs in Africa as well as in Mozambique have focused predominantly on heterosexual women and children’s vulnerability and on key populations at highest risk of HIV/AIDS over the last two decades (Nalá et al, 2015; Arnfred, 2011; Karlyn, 2006; Matsinhe, 2005). In this study I brought voices of “transgender” individuals from Nampula and Maputo to be heard; those who are victims of what Butler (2007) called “normative violence”. For instance, the experience of an adult who was a “tomboy” and was forced into early marriage is similar to that reported by women in heterosexual research samples in the Southern Africa region, and in Mozambique, in particular (UNICEF, 2005; Walker, 2012; Arnaldo, 2004). Judith Walker (2012) has shown that Mozambique is one of the countries in sub-Saharan Africa with the highest percentage of women aged 20-24 years who were married when they were exactly 18 years of age. Along the same lines, Carlos Arnaldo suggests that the age of marriage varied according to ethnicity, and the Makhuwa group, which is dominant in Nampula, was more likely to engage in early marriage when compared to other ethnic groups in Mozambique. UNICEF’s report has further confirmed that Nampula is one of the regions with highest rates of child marriage. The context in which the “transgender vocabulary” or the experiences of being a “tomboy” were reported in the accounts of the participants from both research sites, reminds us of the double oppression of the subject, as proposed by Spivak (1988), in order to understand women’s subordination in the southern hemisphere. In both Nampula and

Maputo, as I shall discuss in the next chapter, “transgender” female-to-male participants were subjected to violence for refusing to perform domestic tasks; to sexual harassment because of their “female-masculinity”; and to initiation rites aimed at preparing girls for womanhood and heterosexual marriages. Participants used the vocabulary related to what Halberstam (1998) called “female masculinity” within the context of early marriage described by Walker (2012) and Arnaldo (2004). In this regard, masculinity is no longer defined by the male body, and “tomboy” is one of the concepts used worldwide to describe “female masculinity” [“tomboyish”] in a girl’s behaviour during childhood.

Therefore, influenced by the scholars Mohanty (2003), Arnfred (2004a), Spronk (2006) and Tamale (2011), I reiterate the suggestion of demystifying the concept of “third world women” and rethinking the concept of gender beyond “gender coloniality”, when it comes to exploring sexuality in Africa and in Mozambique, in particular. In this case, it is necessary to break the history of women’s subordination as a homogenous category of matrilineal and patrilineal societies, and to go beyond the HIV/AIDS framework and take in to account the concept of gender within a context of diversity. The language of self-identification used by the participants or their experience of ‘gender identity as fluid category’ challenges the gender binary system which is still predominant in the country’s social protection policies and legislation on gender-based violence (República de Moçambique 2016b; 2009; Romão, Buque, & Vieira, 2009). The stories shared by Henrique and Soraya show that girls who self-identified as “tomboys” were forced into early heterosexual marriages. This finding reiterates the need for the concept of women as a homogeneous category to be changed in public policies, particularly in the gender profile document published by the Ministry of Gender, Children and Social Action (República de Moçambique, 2016c). This document is one of the guidelines for social protection activities vis-à-vis the country’s vulnerable and marginalised populations, and its approach has continued to be one of gender mainstreaming. On the one hand, Tvedten, Paulo, & Montserrat (2008), have shown the pitfalls of this viewpoint in addressing gender inequality over more than twenty years of intervention, with no significant results in Mozambique. On the other, my findings suggest that an intersectional framework is needed as an intervention to fill the gender gap in public policies. In other words, there is still room to discuss the concepts of women and masculinity in the aftermath of colonial Mozambique. Although some scholars have begun to question experiences of masculinity and male in urban sphere or sexual behaviour in family planning as one of the driving



forces of the HIV/AIDS epidemic (Mariano, Slegh, & Roque, 2018; Pedro, Mariano, Kristien, & Osman, 2016; Macia, Maharaj, & Gresh, 2011), the concept of masculinity relies on the male body and does not include “transgender” or “non-conforming” individuals. In my study, I found that many participants described stories of being a “tomboy” and having female masculinity during the different stages of their lives. However, few of them received support from their families not to follow through with the initiation rights or early heterosexual marriage.

Mohanty (2003) suggests the need to demystify the concept of “third world women” as poor, incapable, uneducated individuals, who all have the same concerns and similar experiences. In line with this perspective, I found different experiences of agency among the participants, at both research sites, relating to both their parents’ and their own educational backgrounds, who had information regarding issues of SOGI, which helped them to understand their “tomboy” daughters. If on the one hand, this information was unavailable to many parents, on the other, if one reads public health and social protection policies, one will notice that the concept of gender does not include the issue of sexual identity and diversity. The gender mainstream approach used in these policies (Waterhouse, 2009; Tvedten, Paulo, & Montserrat, 2008), hides the reality of “tomboy” girls being forced to undergo initiation rites and into early heterosexual marriage. This perception results from the fact that all social protection programs are informed by the gender mainstreaming approach to address inequality between men and women (Osório & Cruz e Silva, 2016; Tvedten, Paulo, & Montserrat, 2008). The challenges to address sexual minority rights are reinforced when this framework, which has no space for fluid category of gender, is applied within a context characterised by the inconsistent implementation of the Bill on “transgender” and “non-conforming” individuals (see the previous chapter). Therefore, the “vocabulary of transgenders” was introduced by different sources of information and described within a context where cultural practices and public policies focused on HIV/AIDS and gender mainstreaming, which reinforces the invisibility of “transgender” individuals and their vulnerability.

#### **4.4. Conclusion**

Participants from both research sites used different terms to express their opinion/idea of gender identity as a fluid category, which they assumed did not correspond their biological sex assigned at birth. In this regard, the key findings demonstrate that the use of “transgender vocabulary” varied according the participants’ age range. In this respect, the perceptions of younger participants were

influenced by the new Democratic regime, while older individuals had very limited access to information on sexual orientation and gender identity during the Socialist era. The “transgender” perspective was described within a context of a developing country in the Southern Africa region, where participants had no way of accessing biological transition treatment or hormone therapy. When self-identifying as “transwomen”/ her or “active lesbian” or butch “transgender”, many of the participants spoke of the oppression they suffered, such as parental rejection, initiation rites and early marriage. In this respect, I suggest an intersectional approach in Mozambique’s social protection policies to abolish the dominant concept of women as a homogenous category. This suggestion allows the issue of invisibility of sexual rights violations against these groups to be addressed. My position is that the access to information about sexual orientation and gender identity influenced the way in which participants used different terminologies to identify themselves at both research sites. In this regard, the controversial Western LGTB vocabulary is disseminated by the Lambda activists in the new political regime and constitutes a helpful tool that empowered the young generation of LGBT participants in the age of 18 to 25 years in matters of sexual rights. I did not observe resistance in using this Western vocabulary, which leads one to consider that it might be useful to understand sexuality at both research sites where the taboo to speak about sex was referred to by the participants. The study limited the analysis of how participants self-identified themselves during the FGDs, SSI’s and in-depth interviews and consequently did not provide full details of the local meanings regarding the concepts of sexual orientation and gender identity which can be explored in further studies.



## **CHAPTER 5**

### **Experiences of vulnerability and violence against transgender persons**

#### **Introduction**

One of the research sub-questions aims at assessing the categories and domains of power inherent to the participants' narratives of oppression. In this chapter, I aim to give voice to and expose experiences of violence among “transgender” peer-educator activists, members and individual supporters of the Lambda Association. This angle is in line with the research goals, since in reported cases of violence, “transgender” individuals were considered the most vulnerable group in the LGBT community. Although “female-to male” were considered less vulnerable than “male-to-female”, I argue that both groups faced violence in the multiple and invisible intersecting spheres of discrimination. Studies have demonstrated that these groups are exposed to different types of violence and to the global HIV/AIDS epidemic (Richter, Temmerman, & Luchters, 2013; Stozer, 2008; Grossman & Augelli, 2006). However, some scholars have suggested the inclusion of a “culture of competence” in public health strategies and professional curricula to address the situation in the northern hemisphere (Hanssmann, Morrison, & Russian, 2008; Minter & Daley, 2006). In the Southern Africa region, little is known about how “transgender people” have coped with multiple systems of oppression (Jobson, Kaggawa, & Kim, 2012). In Mozambique, as I described in chapter III and IV, the homophobic inconsistency in the implementation of the Bill of Rights on SOGI resulted in an invisibility of “non-conforming” individuals' needs and concerns in “gender and social security policies” (República de Moçambique, 2009; Bergh-Collier, 2007; Osório, Andrade, Temba, André, & Levi, 2001). In this chapter, I present four sub-sections resulting from the thematic analysis, namely, (i) experiences of domestic violence, (ii) intimate same-sex partner injury and conflicts, (iii) physical abuse, bribery and sexual harassment in the workplace, (iv) stigma and discrimination in health centres.

## 5.1. Experiences of domestic violence

This section is about the activists' responses to the context in which cases of domestic violence against "transgenders" were filed at both research sites. It describes why "transgender" individuals were considered the group most vulnerable to violence in the LGBT community. Lambda activists (n= 33) and stakeholders from HRL, and Pathfinder (n=18) answered questions regarding the concept of sexual rights and related cases of violations. They stated that the partnerships with feminist and human rights organisations and the implementation of the three health projects contributed to the visibility of MSM in Nampula and Maputo. After a few years of participating in health workshops, where additional information on Sexual Orientation and Gender Identities was provided by Lambda peer-educators, many of them [MSM] decided to come out of the closet. In this context, the visibility of MSM is accompanied by violence because parents, police officers, teachers and health care providers are not equipped to accept and work with the new reality of men who "dress and walk like women". To describe this viewpoint, I compared two groups: the MSM peer-educators and members or supporters of the Lambda Association who self-identified as "transwomen", to refer to a male-to-female appearance, and 'active lesbian' or "butch" to represent experiences of "female masculinity". All of them reported being victims of violence during their childhood, adolescence and adulthood, and spoke about personal or beneficiaries'/friends' experiences of violence in multiple intersected spheres of discrimination such as within families, workplaces and health centres.

During the FGDs at both research sites, I noticed that many "transwomen" peer-educator activists were aware of the right to privacy and to enjoy sexual pleasure or to choose a partner free from stigma and discrimination. By explaining the meaning of sexual rights and types of cases of violation suffered by participants in their offices, they described how parents or family members and intimate partners, became the perpetrators of violence in domestic settings.

**Lisa:** "Sexual rights is about the person's freedom from pressure, torture, stigma and discrimination because of the choice of a partner who consents to have sex. So, I mean the capacity two people have to choose to have sex or not."

**Nadine:** “Lisa is right, because I often hear many people in the community saying: “Oh, I like that guy, how can I talk to him?” They meet, and after having sex the problem between them starts. I say this because, in my opinion, someone violates my sexual rights when I had sex with him, and then he turns around and talks about our intimacy with other people, with comments like I have a big hole, and full of those words. For me, this kind of behaviour is an offence, because that person is violating my right to privacy.”

**Ibrahim:** “For me, I feel like, I want to have sex with a man or woman, and I go for that. Nobody has anything to do with my sexual life. It is about my privacy; nobody has anything to do with it. If I am not allowed to have sex with any person I want, I see my rights violated in everyday life. Many of us here know about the social pressure forbidding sex between same-sex couples in our society” (FGD, Nampula, April 2016).

This conversation describes the views of many activists at both research sites, particularly with regard to how they perceive sexual rights and how they saw these rights being violated. In fact, in addition to the right to a health care system which is free from stigma and discrimination, provided by the Lambda MSM Projects (mentioned in the previous chapter), many participants saw the right to enjoy sexual pleasure as a priority in the LGBT community. For example, the “social pressure forbidding sex between people of the same sex”, mentioned by Ibrahim, starts at home and from their parents. Many peer-educator activists stated that parental rejection is one of the contributing factors to the increase of homeless “transgender” people who become sex workers in order to survive. In the following quotation, some participants viewed this violence against the beneficiaries of the Lambda health projects as a violation of the Family Act, which is interlinked with other rights relating to education, employment, integrity, property and health, provided in the next sections.

**Ibrahim.** “I think we heard more rumours than actual records of victims of violence reported at the Lambda Association. However, it is about those who hide their sexual orientation and gender identity from their parents. In the last two years, we received many cases of violence against “transwomen” and MSM’s. Generally, this involves people

ranging in age from 19 to 25. It is common that, after two to four years of participating in the health workshops, the LGBT members, and even those who come here as supporters, decide to come out of the closet. Nevertheless, at the time of making their decision, many parents feel ashamed and are embarrassed to face the new reality. As a result of this, they are shocked and kick them out of their house.”

**Lisa:** “That is true, because if our parents cannot help us, and we need money to survive, why not quickly turn to sex work? It is what “transwomen” can do to survive.”

**Ibrahim:** “But, there are those who were rejected by parents during their childhood, and now they are adults who learn how to survive in their own way. We received many complaints from members who went through this situation. Rose is one of them, and everyone here knows “her” story. “She” is a transwoman, a transvestite, dresses like a woman and everything “she” does is very feminine. “She” was discriminated against by her older sister who does not accept these things. When lunch time comes in their home, she begins to insult her: ‘You braid your hair like me, you dress in skin-tight clothes like me, who is the sister here? You plait your hair like me, what are you playing at? How embarrassing!’ One day she woke up in the early morning and threw all “her” clothes and belongings away, and kicked “her” out of the house. So, this is a violation of human rights, because it is discrimination against “her” sexual orientation and gender identity.”

**Lisa:** “So, many of these homosexuals like Rose were rejected by parents while they were students. So, they stopped going to school because of this and became homeless. If no-one is willing to pay their schooling expenses, they become vulnerable to high-risk behaviours, such as drinking alcohol, taking drugs and prostitution. If you go to the red-light areas, you will see them.”

**Nadine:** “Lisa told the truth, because we can talk about thousands of our members who are kicked out by their parents every year. In general, in the Vida project, we reach out to those who have been dressing and walking like women since childhood, and to those who want to be a female in adolescence or their adult life, but still do not have the courage to go through with it. In this case, we do not force anyone to come out of the closet because as we know, a homosexual may take a long time to publicly reveal his or her sexual orientation and gender identity.”

**Manuela:** “Many parents feel embarrassed when their son decides to “become” a girl and usually they say: ‘What will people think of us? That we were not able to educate our son!’. Coming out of the closet is different for each person. We have to work to convince LGBT people about our home, the Lambda Association. For instance, when I am in the red-light areas or the “hot spots” as we call it, I ask “her”: “Are you ready to go with me? I would like you to get to know our home”. If the person says: “I am not ready”. I do not force “her” to come with me; I just give “her” the stuff for prevention against sexually transmitted diseases.”

**Lisa:** “For instance, when I met Rose on Facebook chat, I did not know “her” from anywhere. “She” asked me for friendship, and I accepted. Then she said: “Hi!” And I replied “Hi, how are you doing?” “She” said: ‘I am fine. Look! Can I ask you something?’ I replied “yes, of course”, and she asked: “Are you gay?” That was the first thing she asked me, and because I knew the goal of our work, which is to reach more members of Lambda and more beneficiaries in the VIDA project, I said “yes I am gay” and she replied: ‘Me too. I am in Nacala. From where are you typing?’ Then, I said that I was in the city of Nampula and she asked if we could meet that week. I said yes and “she” asked: ‘Where do you live?’ I said here in the street *Rua dos sem medo*/ street of people without fear, which is the address of Lambda Association’s Head Office. On that Friday she came, we talked and after that she became a Lambda member. The problem started when, after three years, “she” decided to come out of the closet, and changed “her” appearance. So, “she” started to dress like a woman and as a result became homeless.”

**Lisa:** “The case of Rose was an unfortunate situation because “she” is an orphan and had moved from Nacala to Nampula to live with “her” older sister. It was a shame because “her” sister did not even try to understand why “she” was behaving in such way. “She” could not come back to Nacala because their grandparents had also died and there was no one there to support “her” anymore”.

**Nadine:** “Even if “she” had had someone to help her there, it would be difficult too, because people on the coast do not accept gay people, much less a “transgender”, and they are discriminated against. For instance, there are no jobs for “transwomen” there, because they see us as sinners. They say: ‘It is a harmful or a shameful thing that embarrasses the



people in the community.’ But fortunately, in Nampula he (she) had many options, and ended up living with friends like us” (FGD, Nampula, April 2016).

I selected this FGD conversation to describe the context in which many “transgender” peer-educator activists (n=15) reported being kicked out of their parents’ home between the ages of 15 and 24. They described personal or other members’/ friends’ experiences of rejection by their parents because of being “homosexual” and having decided to “come out of the closet”. When asked about the meaning of homosexuality and a closet, they answered according to Lambda handbooks and manuals. Although the concept of homosexuality is controversial and considered outdated (Zosky & Alberts, 2016; Galupoa, Davis, Grynklewicz, & Mitchell, 2014; Murray 2000), participants regularly used it to mean same-sex relationships. They took the term from the Lambda handbook, which contains the following definitions: “Homosexuality is a physical, emotional and spiritual attraction to people of the same sex or of the opposite sex, including, therefore, heterosexuality, and bisexuality”; and “Coming out of the closet” is a revelation of homosexuality to him/herself or to the members of the society or community in which the person lives” (Lambda, 2014a). Lambda activists and stakeholders working in civic education programmes have disseminated these definitions to empower their members and beneficiaries, who believe that homosexuality, as an attraction to people of the same sex, is not an option. In this context, all of the participants spoke about the increase in violence coming from parents who rejected their son or daughter because of the feminine/masculine way in which they dressed and walked, which contradicted their biological sex assigned at birth. The phrase “what will people think about us? Parents who were not able to educate their son?” described the participants’ understanding of their parent’s reaction and embarrassment due to the public disclosure of their sexual orientation. In this context, many “transwomen” regularly referred to the Lambda Association as their safe haven. It is a place where they found support and “people like them”, individuals with the same concerns and identities.

The previous conversation illustrates the lack of information on SOGI among “parents of homosexuals”. Lambda’s activists and stakeholders developed some specific programs and activities to address the situation of homeless members and beneficiaries of the MSM health projects. For example, the radio program and Facebook pages were created to disseminate information to empower LGBT individuals in matters relating to sexual rights and how to report

perpetrators of violence to the competent authorities. On the 8<sup>th</sup> of March 2009, the Lambda Journal “*as cores do amor/ the colours of love*”, in its 7<sup>th</sup> edition, published an article about LGBT members who joined Fórum Mulher/ a feminist group organising peaceful marches against domestic violence in the city of Maputo (Lambda, 2009). This was the first time they came out publicly in the country to raise the issue of being victims of domestic violence, using the slogan “stop terror in the name of culture and religion” (p. 3). Despite the fact that many people were “living in the closet”, and very few people joined the march, for the activists, the 8<sup>th</sup> of March 2009 marked the history of LGBT activism in Mozambique. In 2014, for instance, the Lambda Association published a guideline for “parents of homosexuals,” which provides information relating to Article 294 of the Family Act. As a result of this guideline, many activists and stakeholders became familiar with the Act, since it provides for the protection of individuals under the age of 21, inasmuch as they cannot be expelled from the family home or forced to abandon it. In this sense, the rejection of LGBT members by their parents was seen as a violation of the Family Act.

**Simon:** “I feel I have the right to have a family within the LGBT community, since most us have had our rights violated by our parents. The LGBT group network was constituted in an attempt to provide emotional support to its members and to report the perpetrators of violence. It is the only thing Lambda activists can do to help them. In the recent years, Pathfinder has sponsored a psychologist who works with a MSM group of activists. But sometimes it is tough to monitor victims of violence because they say: “He is my father, what can I do? I cannot report my parents to the police for what they did. It is my mother, what can I do?” In some of the worst cases, we try to help them by using our personal resources, through the social network group. As a group of friends united under the same cause, we find a temporary solution. One day the individual may stay at another member’s house. But it is a process that often leads to constraints, because LAMBDA does not have the authority to deal with these cases of violence. Things are getting worse every day. So when a person is subjected to violence at home, and sometimes it is a case of rape we, as an organisation, cannot adequately address the problem. We cannot go to the police or to the specialised units to file a complaint, because our association is illegal and the victims do not want to follow the legal procedure. One of the things that is in our power is to refer the victims to the specialised health centres for HIV testing and counselling. It is in this sense that I say we have no authority to fully deal

with cases of violence. One of the constant constraints is the fact that many LGBT individuals and their parents do not have information about the Family Act, which prohibits this type of violence. Getting the information about this Act out to the people would prevent many of our beneficiaries from becoming homeless and turning to prostitution. If a person has no income, no place to live, and has nothing, this person becomes vulnerable and more likely to work in the red-light area. Many transwomen sex workers live in friends' houses and with people from the community. However, they are afraid of touching this or that because it is someone else's house" (SSI, Maputo, April 2016).

Simon is a project officer at the Lambda Association in Maputo and spoke about a personal experience of the challenges activists face in encouraging LGBT victims to report cases of violence. This shows the lack of knowledge that "parents of homosexuals", as well as Lambda members, and its beneficiaries have regarding the Act.

After the interview with Simon, I scheduled an interview with Clarice, who is a heterosexual woman and the psychologist working at the Lambda Association in Maputo. She described the story of one of the "transwomen" beneficiaries of the MSM health project in Maputo who was a victim of rape in different settings, including within the home.

**Clarice:** "Many people from the community are afraid to speak to their parents about sexual orientation and gender identity, and this is typical of the LGBT group. If you ask them about the possibility of talking to their parents to explain that homosexuality is something normal, they will refuse. Even those who have assumed their sexual orientation publicly are afraid to invite their parents to share their experiences of educating a homosexual son in our radio program. Parents feel embarrassed about having a homosexual son or daughter. They think that it is a lack of respect when their son/ daughter reveals their sexual orientation, or even speaks about sex. They do not discuss sexuality at all. I see that many people from the LGBT community have been facing difficult situations since childhood. Many of them come from broken families, and their poor background aggravates the consequences of publicly disclosing their sexual orientation and gender identity. I am talking about people who did not grow up with parents either because they died, got divorced, split up or who were rejected because of being male-to-female transgender. For instance, we have one beneficiary, who comes from a rural area. "She" is

a transwoman and said that “she” was raped many times during “her” childhood. The first time it happened at home; an uncle raped “her” when his grandmother was on the farm. According to “her”, the uncle raped “her” because he knew that “she” was an orphan living with a very old grandmother. “Her” mother died when “she” was very young, and “her” father married another woman and left “her” with the grandmother in the rural area. Now “she” is 27, and in one of the sessions we had over a six-month period, “she” told me that one day when “she” was 15, “she” went down to the public WC at school. It was full of men, three of them raped “her” and “she” just remembered waking up in hospital. Another day “she” was bathing in the river, and a man hit “her” on the back and raped “her”. All of this happened during childhood. In the middle of all these stories of sexual abuse, “her” grandmother passed away, and “she” came to Maputo to live with “her” father. After one and a half years, “her” father discovered that “she” was homosexual and kicked “her” out of his home. He (she) was already one of the members of the Lambda Association and got help from some other members. Now, “she” is working as a cleaner at a private company during the day and goes into the red-light area at night. “Her” situation is very complicated. “She” cannot read or write because “she” did not go school. According to “her”, “she” is alive because God loves “her”. For all of these years, “she” could not speak to anyone about what happened to “her”. Neither his (her) grandmother or even parents knew about the violence “she” suffered. He (she) came to me because “she” had no self-esteem and was thinking about killing “herself”. A person like this sometimes has had support from members of the Lambda Association or from the church. But there it is, “she” will only receive support from the church if “she” does not reveal “her” sexual orientation. Because of situations like this, we advise the beneficiaries of our health projects, particularly the young people, to only reveal their sexual orientation after finishing school or first getting a job; it is the only advice we can give them for the moment” (SSI, Maputo, December, 2016).

Clarisse brought up the case of an “adult’s history of sexual abuse” among “transwomen” the LGBT community in Maputo. She described the situation of many participants, at both research sites, who did not feel comfortable and refused to speak about personal experiences of rape. She states that Lambda’s health project beneficiaries were afraid to speak about their sexual orientation with their parents. This observation is consistent with the general idea mentioned by activists from feminist and human rights activists where “talking about sex or

sexuality is taboo” in society, and it is one of the main challenges of activism in sexual and reproductive health (see Chapter IV). Here, parental rejection is reinforced by the background of broken families, where many transgender persons come from. These intersecting factors aggravate the consequences of “transwomen” participants disclosing their SOGI. In this case, Clarice described an individual’s story of multiple violence within the home and the person was unable to speak out or report the rape, because the individual was a child in a rural setting. This is an example of the types of cases of violence that the psychologists hired by Pathfinder International have dealt with in Maputo and Nampula. Therefore, in line with this observation, the Lambda annual report of activities for 2015, emphasised the need to empower LGBT members to develop a culture of reporting violence:

“In the LGBT community, it is very rare for cases of human rights violations to be reported and subsequently brought to the attention of those in authority. Even so, 31.5% of the participants in the survey carried out by Lambda on the need for health services, stated they had suffered violence due to their sexual orientation, but only 10% reported the cases to the institutions for the protection and promotion of human rights. Therefore, there is still the challenge to make the community members aware of their rights, and empower them to bring their cases to Lambda or to approach other organisations that defend and promote Human Rights. The weaknesses and threats within the LGBT movement are due to its illegal status, and therefore it cannot meet the expectations and demands of all stakeholders, members, donors, and CSO partners at the same time” (Lambda, 2015, p. 11-12).

This observation shows the challenges faced in empowering the LGBT group in matters relating to sexual rights. As I described in the previous chapter, the illegal status of the Lambda Association has been a challenge in the work being carried out on sexual minority rights in the country. Although WSW were not mentioned as victims of rejection by parents, the IDIs indicated that they were mistreated and physically abused, particularly when refusing to do chores or whenever there is a situation of inheriting/having access to the partner’s property in the event of death or a separation.

Victor is a 40-year-old woman who self-identified as an ‘active lesbian’ during the IDIs in Maputo. She (he) spoke about experiences of physical abuse during her (his) childhood and adolescence in the rural area of Maputo:

**Victor:** “My childhood was anything but happy! I suffered a lot, right! My Mommy was upset with me because I was not the child she had wished for and dreamed of. Let’s put it this way: when a mother has a child, she expects something for him/her; a great future for her little child, and for the child to behave in the way she dreamed of. In my case, for instance, she expected me to find a good husband; to be a decent girl who would land up having a beautiful wedding. Her dreams were not coming true, and we were really not very close. In fact, she wanted me to learn those “female” domestic activities. But it was not what I wanted for myself, and I always got a thrashing because of it. She beat me many times. I recall one time she braided my hair really tight; she even tied down my arms just because I did not want to braid my hair. Once braided, I couldn’t face going out into the street with those tresses, so I immediately got a pair of scissors and cut off all that hair. You have no idea what she did to me later on because of that! She held me, I mean really grabbed me, threw me down and beat me again. My life was one of getting beaten!” (IDI, Maputo, January 2017).

Victor’s experience is representative of the situation of “active lesbian” or “butch” participants who, at the age of between 12 and 17, were confused by the reactions of their parents or family members in both matrilineal and patriarchal contexts. It describes how men’s and women’s roles are perceived by society, and how these are based on the assumption of marriage and procreation. In general, many participants (n=24), regardless of gender identity, stated they had been forced to perform household chores by their parents. At both research sites, the female-male appearance, or vice versa, which went against their biological sex assigned at birth, was responsible for their failure to match the gender norms of a patriarchal and a matrilineal society.

**Ibrahim:** “When they discover that the person is a homosexual, they just ask:” Do you want to be a girl? That’s ok, but from now on you are going to clean the entire house, wash the dishes, and all of the household chores are now your responsibility”. The person practically becomes a slave to his family because he will do all the household chores traditionally assigned to women for fear of being kicked out of the house.”

**John:** “In my case, my mother used to say: “If you are behaving like a female, then your place must be here in the kitchen.” I have done everything in the kitchen, but I do not like it. Sometimes there is too much work and I do not have time to do my homework. “

**Lucas:** “My friend Alberta is in the same situation. “She” is a ‘transwoman’ and lives with her mother, and when her mother goes out to work, “she” is forced by to stay at home and do all of the household chores, including bathing “her” little sisters. “She” does that because “she” is homosexual. Sometimes you will find a transwoman in the street with a baby on his lap” (FGD, Nampula, April 2016).

This conversation came from peer-educator activists’ ranging in age from 18 to 26, who were forced to do household chores because of being transgender or revealing their sexual orientation. However, this perspective cannot be generalised to include the experiences of all participants, because in Maputo, some peer-educator activists understood that performing household chores was a way to seduce their male mates. As some activists said: “I like to cook... I watched my Mommy cooking and learned from her so as to impress my partner... I do catch many [men] by using my cooking abilities.” This scenario is a reproduction of a woman's role in both matrilineal and patriarchal societies, where girls or women are educated to take care of their husbands and children.

Generally, participants at both research sites reported suffering verbal or physical abuse for refusing to do household chores and were sometimes forced to change their appearance to become either masculine or feminine, according to their biological sex assigned at birth. Situations of violence arise when the sexual roles threaten heterosexual relationships, based on a man’s duty to raise a family or a woman’s duty to procreate and take care of her husband and children. In this context, participants were unable to react to domestic violence during their childhood and adolescence, because they were not self-sufficient enough to use that option. Many of the Lambda beneficiaries do not know about the provision in the Family Act, which forbids “parental rejection” and there was no culture of reporting these cases of violence.

## 5.2. Intimate same-sex partner injury and conflicts

This section addresses experiences of domestic violence among intimate same-sex partners, reported by stakeholders from seven CSOs (n=30), peer-educator activists and individuals (n=30) who self-identified as “active lesbian” or “transgender butch” during the interviews. These cases have to do mostly with physical abuse or conflicts arising in situations of inheritance of property in same-sex female couples. Here, at both research sites, police officers and parents-in-law were guilty of being verbally abusive/aggressive. Although same-sex marriage is not recognised by the State and remains invisible in Mozambique’s Family Act, I found that of 30 the “transgender” participants, 11 were living in marital union. Most of the “transwomen” I spoke to in relation to this were single, while many “active lesbians” or “transgender butches” had been living with their partners for more than a year. Cheating and jealousy between intimate partners and extortion from one of the partners or the parents-in-law were some of the reasons reported for the physical and verbal abuse among all of these participants. Despite the fact that many of the activists from the human rights and feminist organisation had little experience of working with LGBT rights, they reported cases of violence involving same-sex intimate partners. As indicated in the previous sections, there is no culture of reporting cases of violence in the LGBT community. The illegal status of the Lambda Association and the fear of exposing domestic violence comes from parents, at both research sites, that have attempted to curtail LGBT activism against the violation of sexual minority rights.

Many activists from Fórum Mulher and HRL, had more experience in raising awareness to combat the fear of reporting an intimate partner’s violence among heterosexual couples than with LGBT victims. Mohamed is a 57-year-old heterosexual man who was working for HRL in Nampula and spoke about having managed many cases of intimate violence among heterosexual couples and a few from same-sex partners.

**Mohamed:** “Generally speaking, most of our beneficiaries are women who already know how and where to seek help when physically abused by a husband or partner. There have been many years of civic education campaigns in order to reach this goal. But domestic violence persists and most of the time it results in bone fractures in women who are beaten by their husband. I have watched extremely complicated and severe cases of violence,



which makes me think that there will come a time when there will be no marriages in Mozambique between a man and a woman. Yes, when I compare, for example, married life in the early years of national independence and married life today, I find incredible and opposite situations. I do not know what happens elsewhere, but in Nampula, there are serious problems between men and women. Here you see *pistoleiras* / naughty women, who are extremely dangerous. There are also cases of men who abuse their wives. One day a man showed up here screaming because his wife had beaten him. You know what! The man was crying because he was a locksmith working in one of the neighbourhoods here in the town of Nampula and he forgot his tools at home. So, he went back home and found his wife sleeping with another man. Then he asked why she was doing that and she responded: "Damn, why did you come back at this time? You should be working, shouldn't you?" He could not enter his house, and the woman said to him: "why have you come home late? Now you are the guilty one here". Can you imagine this situation? The women said again: "You get out of here, or you are going to sleep on the floor, I don't want you here today". It means that he could not enter his house that day. However, the most typical complaints relate to violence committed by men against women. There are men who bring mistresses back home and ask their wife to get out of the bed because he wants to have sex with another woman. Can you imagine what that means for the wife? For instance, we have seen that many husbands do not allow their wives to go to school because when a woman gets a degree, she no longer respects her husband. We have dealt mostly with intimate violence among heterosexual couples" (SSI, Nampula, April 2016).

Mohamed had more experience in working with cases of intimate partner violence among heterosexual couples than with same-sex partners. He described violence of men against women, and vice versa. Nevertheless, the aforementioned case is representative of one of the most typical complaints of gender-based violence. The five feminist and human rights organisations involved in this study, have struggled with this situation for over twenty years (Osório & Cruz e Silva, 2016; LDH, 2007; Mejia, Osório, & Arthur, 2004; LDH, 2003; Andrade et al, 1993). The shared opinion of many activists who were familiar with the intimate partner violence by men against women was that they mentioned the phenomenon in their reports as being "deep-rooted in the gender norms of discrimination coming from patriarchal and matrilineal societies" (Osório & Cruz e Silva, 2016; Tvedten, Paulo, & Montserrat, 2008; Andrade & al, 1993). Mohamed was one of the few activists

and stakeholders who spoke about a personal experience in managing a case of intimate same-sex partner violence.

**Mohamed:** “I received a complaint here, which involved two men. One said that he was a woman and the other a man. It was about a marital conflict. The only thing I could see, was that both were men. I say this because one dressed like a woman, but anyone could see that he was a man and not a woman because his masculinity was very evident. But the man who was the “woman” had rented an apartment and invited the man to live there as his (her) husband. It was all very well disguised at the time. The male-female, I mean the wife, asked to meet “her” spouse’s relatives. So, he introduced “her” as a friend who was single and they had decided to share an apartment. It was one of the preconditions between them after they started having sex. But the man, in this case the husband, cheated on “her”. He brought home a real woman while his “wife” was working. I mean, the girlfriend was biologically female. He was eventually caught out, which led to heated arguments and he ended up being kicked out of the house by his wife, etc. In fact, he had rented an apartment, where he was having sex with the girlfriend, the real woman. The male-female wife ended up expelling “her” husband. It was the husband who came here to report the case of violence. When I talked to him, I felt embarrassed by this story of his cheating, because I knew him perfectly well. We had worked together a few years before. But even then, I did not know that he was homosexual, and at the time he came to me, I felt very embarrassed to be his lawyer. But as a human rights activist, I had no choice but to solve the problem he presented. He just wanted to go back home, to his wife, since he had already been out of his parents’ house for a long time, and he had nowhere to go. The wife did not want him back home, but we worked with them as a couple to build their relationship, to strengthen the bonds that held them together, and they finally they made up. He was so desperate; what if we had not taken care of that situation? Here we represent all cases, regardless of sexual orientation, but very few of them have come here to report violence” (SSI, Nampula, April 2016).

Mohamed was not familiar with the LGBT terms. For instance, he said “I received two men here, and one said he was a woman and the other a man”, and used expressions such, “she

(he) dressed like a woman” to describe the gender identity of the individuals involved in this same-sex marital conflict. This perception illustrates that, although many activists from feminist and human rights organisations were not familiar the “transgender vocabulary”, they were able to manage a few cases of intimate same-sex partner violence. Mohamed was committed to providing a solution to intimate partner violence between a gay and the “transwoman” who asked for help at his office in the Human Right League in Nampula. I mentioned this story here in this section because, during my fieldwork, I did not find any “transwomen” willing to speak about their personal experiences of violence involving intimate partners. This kind of violence was reported mainly by female-to-male “transgender persons”.

Although some participants in Nampula reported experiences of physical abuse among same-sex couples, in Maputo, it was more about verbal aggression and conflicts arising from inheriting property rights. One of the limitations of this finding is the implication of using snowballing sampling to reach the hidden population. Not all participants felt comfortable enough to speak about personal experiences of physical abuse and the sampling of these groups was not significant enough to assess the differences in participants’ opinions. For instance, it was necessary to understand why, on the one hand, some active lesbians or butches in Maputo did not report personal situations of intimate violence, while in Nampula, on the other hand, conflicts related to inheriting property rights were not disclosed. Despite this difference, stakeholders and activists at both research sites reported that both types of violence existed at both sites. However, intimate same-sex partner violence was considered invisible due to a lack of culture regarding reporting the perpetrators of violence, as well as a lack of police officers trained or equipped to work with the LGBT community in general. To explore this participant's statement, I started by describing the conversation that came out during the FGDs with four women who self-identified as both an active lesbian and a “butch”.

**Ana:** “Last year we heard about a couple of lesbians who were arguing at home, which ended in violence. Brito was the husband, the *sapatão*/ “transgender butch’, and because “he” behaves like many heterosexual men who cheat on their wives every day, he was stabbed by “his” wife. As it was very serious, they went to the Police Station. When the police officer was opening the case report, he asked the victim: “But who did it?” And,

“he” said: “it was my wife.” The police officer was shocked at what he heard and asked another question: “What do you mean by saying she is your wife?” “He” [the victim] replied: “Yes, she is my wife and we are living together as a couple.” The police officer then replied: “We are not going to sit here and deal with this joke. You go and clean up this mess with her.” So the case of physical abuse was not filed with the police”.

**Nice:** “We have so many examples of cases that never end up being reported to the legal authorities. I do not trust the police officers because when they see a homosexual, they say all of those things Ana said. They do not do anything to help LGBT victims, and when things like this happen, the victim of violence just stays in his corner” (FGD, Nampula, January 2017).

These excerpts illustrate that many participants were more likely to speak about the intimate partner violence experiences of other members of Lambda Association or friends, rather than their own personal experiences. While in the previous case, Mohamed described the experience of a Human Rights League’s beneficiary being kicked out of the house by “his” wife because of his cheating, Ana and Nice shared the experience of intimate same-sex violence from a couple they knew, and where one of them was stabbed, for the very same reason. After noticing that participants preferred to share experiences of other members or friends, rather than personal experiences, I asked them to introduce me to participants who had been victims of this type of violence. In January 2017, I met Brito, the above referred to 37-year-old woman who self-identifies as *sapatão*/ “transgender butch”, and was stabbed by “his” wife.

**Bruto:** “Many people in the LGBT community know about what my ex-fiancé did to me. Yes, I went through a marathon of violence in both my previous and new relationships. Both of my partners assaulted me. In the first relationship, my partner stabbed me. I don’t know how she found me with another woman in bed. We fought a lot that night because I had to defend myself. She beat me, and I reacted back in the same way. When she felt the same pain I felt, she stabbed me in the back. She had a right to be furious, but she had no right to stab me. That was tough for her. At the time I was very young and immature, and I was behaving like boys do at a particular age. You know! Boys have several relationships at the same time. Our relationship was premature; we should not have been living together. I say this because I was 25, and I was not ready to be a good husband like I am today. In

general, all partners I had cared about me. They stuck with me, maybe because I have money, and of course because I am a charming person! They cook for me and wash my clothes and treat me like a man, because I like it. The story with my new partner is as follows: I left her at my sister's house, and I went to the pub with male friends. When I came back to pick her up, she bit me. She was jealous and thought that I was with another woman. She always has these jealousy attacks, and I can manage the situation. It was not as serious as it was with my ex-wife, because we chatted and solved the problem between us. With my ex-wife, I was bleeding so much I went to the nearest hospital to get help. After that, we went to the police station because the situation was very serious. However, we went there for nothing; it was a waste of time. The police officers could not believe that two women can enjoy sexual pleasure. One of them said to me: "So you are the husband and she is your wife? Who is going to get pregnant?" They paid no attention to the crime committed against me by my partner, they simply focused on our sexual orientation. So I withdraw the charges, because it was humiliating to hear those ridiculous questions" (IDI, Nampula, January 2017).

The last three excerpts are about physical abuse committed against intimate female same-sex partners, because of cheating by or jealousy of one of the partners. This type of violence, as a consequence of one partner being involved in multiple sexual relationships, is similar to the situation of heterosexual couples described both by Mohamed and by many activists from the seven CSOs working with sexual and reproductive health at both research sites.

In addition to intimate same-sex partner violence resulting from extra-marital relationships or suspicions of it, in Maputo, some "active lesbian" or "butch transgender" participants spoke about rejection and verbal aggression by the parents-in-law. This type of violence normally happens when one of the same-sex partners dies or they split up.

**Josina:** "Two years ago, two women decided to build a house. Both were cops who decided to live together as a couple. One, who is a member of our LGBT association, was a lesbian, the wife who passed away last year. The other one, the husband was the *sapatão*/butch. During the time the wife was very sick, her parents did not come to visit her. However, on the same day that she died, her parents went to their daughter's home and took everything, including credit cards and the keys to the house. They kicked the "husband" out of "his" house. They insulted "him", saying they were

sexually dissatisfied people and made nasty comments such as: “Where did you see a woman having sex with another woman? You killed my daughter because of this nasty thing. You taught my daughter all of these dirty things and now see how it ended.” They accused “him” of hiding away money from their daughter, and did not want to understand how they were living and building the house together. They did not harass “him” for very long, maybe because “he” was a police officer. “He” told me that at some point “he” had to tell “his” boss what was going on with “him” after the death of “his” wife. After that, the parents-in-law returned the keys to the house, but “he” is afraid to live there and went back to “his” parents’ house. To us, as a LGBT community, this story meant a lot. That family did not really “acknowledge” these women who lived together as a couple for three years. Members from both families all knew that they were living together, but as soon as one of the partners died, it became chaos. Scenes like this one are repeated every day, because the Family Act does not provide for our protection. We have dealt with many cases like this, and they all end in the same way” (SSI, Maputo, January 2017).

Josina is one of the few “transgender butches” working at the Lambda association as a project officer, and told the stories of its members. After this conversation, she introduced me to Lira, a 43-year-old woman who self-identified as an “active lesbian”, and was forced to divide “his” belongings with “his” ex-wife.

**Lira:** “I went through a situation like this in my first relationship, the one which I publicly acknowledged in society. We got engaged, and everyone knew that we were living together. At that point, her parents tried to split us up, but they did not succeed because we still loved each other. They did not believe in us. For example, they could not believe that we could love each other simply because we were both women. She had a daughter from a previous relationship, and they wanted to get custody of her. They thought she was confused and unable to raise her daughter on her own. Unfortunately, they were right, because I finally started getting clues that she was confused. I say this because I lived with her as long as I did, and I tried to create a life together. After two years, she started cheating on me with heterosexual men. When I discovered the cheating, she said it was a mistake, but after a while she got tired of lying and keeping both relationships going at the same time. One day she said: “I am back with my daughter’s father”. She said that loved me, but in the end, she left me and went back to him. Then she forgot that she had called me sweetheart one day, and began to demand my property. I was the only one working in that house. You know, one day, in the middle of our separation my mother-in-law, I mean ex-mother-in-law, had the nerve to say: “Please divide all the things you had”, right in the

middle of all of all that was going on. She wanted me to hand over my car, or for me to sell it and give her half the money. I was distraught, because at the end of our relationship, those people who did not even know how we got our assets, came to my place and started demanding things. So, I still feel upset, even today, because we ended dividing everything we acquired while living together. I did it because I believe in God. If God helped me to buy all those things, I will be able to purchase other things. There was no common ground between us. For instance, she could say “Keep the stuff because you are the one who bought it all”. Maybe someone else would ask: “Why should I take something that I did not buy?” In this case, however, there was nothing to be done, because the Family Act does not protect people living in same-sex marital union. Even if we went to the police station or even to court, there is nothing they would do. Instead of focusing on the situation, they would start to ask those questions we already know: “How come two women were sleeping together! Are there no longer any men in this country?” It is crazy, but it is the reality among same-sex couples” (IDI, Maputo, February 2017).

I introduced the stories of Josina and Lira to describe the position of a few “transmen” who lived in marital union and agreed to speak about the violation of property inheritance rights by a partner or by the parents-in-law. It was one of the issues brought up by the participants when they spoke about the violation of sexual rights during the FGDs. This outcome enabled me to understand the consequences of the Family Act not recognising same-sex relationships in Mozambique. If, at both research sites, participants cannot speak openly about or reveal their marital union publicly, or speak up against the violation of property inheritance rights among intimate same-sex partners, these issues will continue to remain invisible. This finding is similar to the findings in the reports of feminist, human rights and international organisations working with Women and Children’s Rights in Mozambique, for heterosexual samplings of individuals involved in property inheritance conflicts ( Save the Children & FAO, 2009; LDH & FIDH, 2007). These accounts show traditional norms and values relating to attitudes in terms of self-indulgence and property within family relationships, religion and witchcraft, which are factors involved in the violation of women and children’s rights at both research sites. In this case study, I see the projection of a heteronormative pattern of gender based on the matrilineal and patriarchal norms reported here. However, in my sampling, participants spoke about the conflict of property inheritance rights between same-sex partners as a consequence of illegal marital unions, which discourages reporting these cases to the competent legal institutions, in addition to the factors mentioned in the previous reports.

### 5.3. Physical abuse, bribery and sexual harassment in the workplace

This section carries the voices and exposes events of violence described by participants, in both informal and formal workplaces. Many of them were victims of discrimination, physical abuse, bribery and sexual harassment, and their experiences varied according to their educational background, biological sex assigned at birth and the type of work they did. I started by showing that of the 19 “transwomen” participants, 16 did not finish high school and were sex workers, working as peer-educator activists in three health projects implemented by Lambda. Unlike this group, the ‘active lesbians’ or *sapatão*/ ‘butch’ had finished secondary school, had obtained university degrees or were undergraduate students in private or public colleges, and many of them were formally employed. The difference in the educational background of these participants explains why they were faced with and reacted to different types of violence in the workplace. Although many of them suffered rejection or physical abuse within the home and were unable to react to these situations as children or adolescents, the “transwomen”, unlike the “active lesbians”, continued to be unable to react to violence in the workplace. During my fieldwork, I found out that all of the 19 “transwomen” peer-educators had stopped going to school at primary level schooling, and were employed by Lambda to establish contact with other “transwomen” sex workers, for purposes of HIV testing and counselling at the health workshops/ *oficinas de Saúde*. Lorena is a 37-year-old man, a peer-educator activist, who self-identified as a “transwoman” during the interview. He (she) described the context in which “transgender” male-to-females were the group of people most vulnerable to violence within the LGBT community.

**Lorena:** “I think transwomen are the most vulnerable in the LGBT community! It has to do mostly with people and how family members think of our group in our society. How can I describe these women? Maybe “survivors” is the best word to describe this group: they do not go to school, and most of them end up as homeless sex workers. There is a lot of discrimination that makes them drop out of formal education at a very early age. Some teachers say: “You are a man and if you want to attend my classes, you have to dress like a man’. I finished Grade 10 because I had some support from my uncle, but I was not able to finish high school. It was not at all easy. I had to take classes at night and try to adapt myself to what the teacher wanted. This request is far too difficult to be complied with by a transgender, because this person did not choose to be transgender, he was born this way. Transwoman do not accept these conditions and drop out of school at a very early age. I



my point of view, I see “transwomen” as destitute people in the LGBT community, and this condition makes them vulnerable to HIV/AIDS. One of the challenges I encountered in my work has to do with issues with the police. Most transwomen are sex workers! It is not ok, but it is a way to survive. Then, when they have a problem with a client the police officers do not protect them because they are corrupt. They just protect the customer and say things to the “transwomen” sex workers such as: “Where have you seen a man selling his sexual services to another man?”. I consider this kind of comment to be an insult. The cop should be there to enforce compliance with the law, and not to ask things about same-sex relationships. Where is it written that a person cannot solicit sexual favours from a person of the same sex? Other cops think transwomen have a lot of money, so they arrest them to steal their money. Even knowing that the client is guilty of committing a particular offence, they negotiate with the person soliciting in order to extort money. The client leaves the police station, and the cop starts to terrorise the transwomen to extort more money from them. We are up against this terror” (SSI, Maputo, February 2017).

I introduced Lorena’s viewpoint in this section in order to take a more in-depth look at the context in which the terms “vulnerable” and “vulnerability” were used by Lambda activists to describe “transwomen’s” exposure to violence in the red-light areas. Lorena starts by explaining “her” personal experience of the challenges “she” had to overcome within the educational system, which was not common among the “transwomen” peer-educators. In responding to why “transwomen” were the most vulnerable group in the LGBT community, many activists like Lorena used the terms “vulnerable” or “vulnerability” as the main form of describing their suffering as a result of various situations of oppression which occurred in the multiple intersecting spheres of discrimination. The participant’s perspective shows that violence against this group, which starts in childhood, crosses over into adolescence and adulthood. The male-female [effeminate] appearance, and particularly the feminine way of dressing and walking, was considered a “shameful thing” or an “embarrassment” in the statements uttered in response by their parents, teachers, employers, police officers and health practitioners. In this context, they were seen as the culprits of the violence.

A few activists from feminist and human rights organisations received complaints of violence against “transgender”, at both research sites, coming from police officers. Many of these police officers were not familiar with the LGBT vocabulary and had difficulty in determining the gender identity of the victims of violence they received in their office.

**Abdul:** “About two or three months ago, a man in my office appeared saying that he was a lady. “She” was a sex worker, and a client had wanted “her” services. All this took place at Bagamoyo Street. So they went out, and along the way he [the client] stopped at an ATM at Barclays bank and said that he needed to withdraw money. He picked up the money but suddenly, “she” did not know why, he [the client] decided to decline “her” services. He just said to “her”: “I do not need your services anymore”. I think he realised during the walk that “she” was not a real woman. “She” replied: “No, you took me from my workplace; I did not walk all this way to hear this story. If you had left me there, someone else would have wanted my services, so this means you are bound to me. Then they began to argue in the street and while they were arguing, a police patrol car, the Nhampiza, stopped. They asked the male-lady what had happened, and “she” explained everything to the police. They then asked the man for his version of the events. The man explained his version but the head of patrol ordered the other police to take the male-female and throw him/her into the car; so they did it. These cars have bench seats on the back where the cops sit. So they put the people they arrest under bench seats and then step over them. As usual, they stepped over “her” and ended up going to the 1<sup>st</sup> precinct police station. But when they were pulling “her” out of the back of the car, someone pulled on the long braids and when “she” started screaming, someone hit “her” again. At that point, she was hit with a helmet, causing a bone to break in “her” leg; they then threw “her” into a holding cell. The leg began to worsen, and “she” was left there. “She” spent two days with an injured foot. It was a Friday when it was decided that “she” had already had enough; the leg was increasingly swollen. While standing in line, the Commander asked: “Why do you have sex with a man like you?” “She” said that all the people around “her” turned to him [the Commander] and said “she” did not have to answer that question. So “she” then went to the Human Rights League to complain about the cruelty “she” had suffered at the hands of the police officers. Because she was in pain, I said: “Ok! Try to go home, wait for the pain in your leg to ease off, and then come back here so that we can see how we can follow up on your case. Unfortunately, “she” just did not show up again” (SSI, Heterosexual man, Stakeholder, Nampula, April 2016).

Abdul is a heterosexual man, and an activist who has been working for the League in Maputo for almost 20 years. I selected his transcript to illustrate how activists from CSOs described the few available stories of violence involving people with male-female appearances and police

officers. Abdul was not familiar with working with LGBT groups and described one of the few episodes of violence that he came across. This image of police officers as the perpetrators of violence was mentioned not only in cases of intimate same-sex partners, but also in violence perpetrated against sex workers in the red-light area. Despite Lambda's inability to address the issue of violence against its members, due to its illegal status, participants spoke about civic awareness raising in issues relating to human rights among police officers. Lambda's activity reports have shown an increase in the number of workshops targeting police officers across the country (Lambda, 2015). Activists spoke about a memorandum of agreement between Lambda and the police stations, to work on civic education all across the country, as a means to try and minimise the situations of aggression involving police officers.

The following transcript represents the opinions of many activists from human rights leagues at both research sites. It shows how violent behaviours by the police against citizens has persisted over the years, and is one of the forms of human rights violations in the country.

**Mohamed:** "In 1998, for instance, I invited a playwright to come to my office and I asked him to write a play called "A police officer is not a policeman". I do not know whether you understand what I mean by "a police officer is not a policeman". I wanted to introduce the concept of a police officer as being a public citizen who lives in a particular neighbourhood, and who applied to the Ministry of the Interior for a job. A person who is trained, armed, equipped and paid to protect people. This idea took root because I saw that the difference between an individual as a person, and the conduct of the Police Force, was misleading. When the play was finally performed here in our office, I was accused of working against the Police Force and I became a target to be shot. Regardless of the accusation, I invited the Commanders of different police stations and all heads of Department to come here and watch the play. It was captivating, because I just wanted to make a statement that policemen are individuals whose bad behaviour must not reflect on the Police Force. We have the Police Force as an institution, and then we have police officers and their superiors who work there. They must behave according to the Ethical and Professional Standards of the Institution. If they act in accordance with the ethical standards, there are no problems; but if they fail to obey them, the blame for the violation of these standards must be placed on them, and not on the Police Force. It was a training exercise to show them that we have been correcting the behaviours of police officers and not of the Police Force. We did a police officer's training program on human rights here in our Office, precisely to put an end to their harmful actions. We went in

thinking that they behaved that way because they were ignorant, or didn't even know what they were doing, and that maybe they knew nothing about human rights. What we found, however, was that many of the police officers don't even know the Constitution of the Republic of Mozambique. We then had to draw up a police officer training program very urgently. You know, it's a sad situation. It's not only the cops; I also found an administrator who had never seen the Constitution. Did you know that? You still find district administrators, Heads of administrative posts, and town mayors who do not know the Constitution of the Republic of Mozambique, and perhaps have never even seen this document. In 2010, I did some work several districts and administrative posts. I went to Murrupula, Angoche, Moma, Mogovolas, Mogincual, Monapo districts, etc., to distribute these documents to all of them. It is a deplorable situation. At that time, we trained cops and correctional officers on how to deal with inmates in the prisons. But even after that, most of them have not changed their behaviour. The problem lies in their behaviour and not in a lack of training" (SSI, Heterosexual man, stakeholder, HRL, Nampula, April 2016).

Mohamed, as one of stakeholders working in the field of human rights, shows that many police officers do not know the legislation or even the Constitution of the Republic, which aim to protect citizens from violence. The violence against "transgender persons" at the hands of police officers is nothing new. It is similar to what has been reported by the feminist and human rights organisations involved in this study in relation to the heterosexual population across the country. Mohamed illustrates that one of challenges faced by many human rights activists are the death threats they receive when it comes down to corroborating cases where police officers were involved. During the fieldwork, I noticed that Lambda activists and stakeholders did not report cases of death threats against them relating to the work of protecting sexual minority groups in the country.

The following quote is from Helena, the focal point for "transwomen", who indicated that some clients were victims of violence perpetrated by sex workers in the red-light area. It illustrates how, in the opinion of many participants, "transwomen" sex workers' vulnerability to poverty had turned them into violent individuals.

**Helena:** “Transwomen are impoverished and violent people. In order to survive, most of them do not tell their clients the truth about their transgender identities. Some customers who think that they are dealing with a real woman are very disappointed when they get to the hotel and see that the person is in fact a man. That’s when the confusion and violence starts, and mostly ends up in a police station. In the health workshops I present, I always teach them to tell the truth to their clients, just as we do. I just repeat to them: “You have to tell your clients who you are, so that they can make the right choice” It has been a big struggle to change these bad habits of “transwomen”. Often, they will stipulate an amount for the client to pay for the service, and once the service is provided, they demand a different amount, much more than the agreed; they threaten the client and that’s when the fighting between them starts. At first, “she” takes a beating because “she” (“he”) considers “herself” to be a woman. Then when the pain hits, the man inside her awakens and “she” begins to beat the client until he winds up in hospital, and sometimes even beats them to death. This is because when a “transwoman” feels pain, all the anger accumulated over the years of being broken down by society, suddenly awakens. These are the cases that end up in the police stations, along with cases of deception, where some clients refuse to pay or want to pay less for the sex work” (SSI, MSM peer-educator, Lambda, Maputo December 2017)

This quote expresses the viewpoint of peer-educator activists regarding “transwomen” sex workers who do not reveal their identity to their clients. The story shows that the physical abuse, lying and false promises affect both the sex workers and their clients. It describes the adult world of male-to-female peer-educators at both research sites. As a result of parental rejection and the lack of opportunity to complete their primary education, many were considered unqualified for a formal job. However, a few participants reported experiences of being formally employed, and their female-male [effeminate] appearance was used as a cause for discrimination.

**Philomena:** “I was looking for a job in a shop, and it was a boutique. The person saw my CV, my resumé, my work, and had heard of me. The next day she called me to come and work with her because everything was perfect. She saw my gender identity on the day of the interview because I presented myself with female clothing. She saw that I was a “transwoman” because when it comes to working, I prefer to show the reality. Two days later she came to me and said: “Look, I am sorry,

it is nothing against you, but you are working in a men's store; you have to be formal." I felt bad, but as a member of the LGBT community, I learned that I had the right to freedom of expression and I replied: "You saw the way I am during the interview. Why are you asking me to change my style of dressing after two days of work? Why did you not tell me all of this at the beginning of our conversation? Do you know that what you are doing is against the Labour Act?" She looked at me, and after 30 minutes she came to me and said: "Maybe it is better to use a uniform. Come here to choose what you want to dress in." She wanted me to be discreet, to dress like a man, while I am a "transwoman". She liked my hunches, my ideas and the fact that I made money, but she disliked my look. I do not know what happened to me that day to give me the courage to tell her about the law that protects us in the workplace. Many people from the community know about it, but are still afraid to openly discuss their rights with their employers. I normally tell my beneficiaries: "Look, if you see that you cannot, then you cannot! But if you feel mistreated, do not be afraid to raise the issue with the person, because the only difference between you and that person is your sexual orientation and gender identity" (FGDs, Maputo, December 2017).

Philomena is a peer-educator activist and shared a personal experience of mistreatment at work. This opinion is representative of a few "transwomen" participants in Maputo, who had experience in working in a formal job. Even so, they stated they were being discriminated against by their employers, because of their male-female appearance, which contradicted their biological sex assigned at birth. I did not find any "active lesbian" or "butch" participants who stated they were sex workers and many were formal employees and knew how to use the provisions of the Labour Act to protect themselves from sexual harassment in the workplace.

Unlike "active lesbians" or "transgender butches" who were in a better position than "transwomen" in terms of accessing the labour market, they too, however, faces situations of sexual assault at work, Ellis is 40-year-old woman who is a soldier and identified "himself" as "transgender butch" during an in-depth interview. She spoke about her experience of being a victim of sexual harassment in the workplace and how she dealt with the issue.

**Ellis:** "Yes, they found me! They took me to Head Quarters to confirm whether I was a lesbian or not, but I denied it. I said lesbian because most of these people do not distinguish lesbian from transgender butch, and although I assume my sexual orientation publicly, I

could not confirm my lesbian identity in while receiving military training. It would be very complicated, because this topic is the subject of a lot of talk in this field of work. They called me in because they noticed my way of being and acting, and that confused them. Unfortunately, this was something that I could never hide! The way I walk and talk would always result in all a great deal of attention. But, of course, I seduced my colleagues and was dating a woman like me there, and no-one found out. We split up later because the relationship was based on the need for sexual satisfaction and not on affection; I had many relationships like this, including one with a commander. Some were lesbians and others were heterosexuals with a lot of curiosity! But the lesbians were not open about it, they also had to hide their sexual orientation. The thing is that, for them, it was easy because they were very feminine. I am butch and everyone can see my masculine appearance. So, I was in the Commanders office. They said things like: "It is better that you tell us if you are a "tomboy" or not". They do not know terms such as lesbian, gay or bisexual. They use only "tomboy" to identify a woman with different behaviour. So, they continued to insist with their remarks: "You had better tell us if you are a "tomboy", so that we can figure out how to deal with you". I said: "No! I am not a "tomboy", it's just the way I like to be", I said that just to defend myself! So, from that point forward, they kept an eye on me and even the higher ranked officers were there trying to seduce me, just to see if I was really a "lady" or a "tomboy". Two weeks later, the Commander called me into his office again, because he had been informed by the instructors that I had not changed my masculine style. I kept my hair the same way and I did not change anything he wanted me to. But I was surprised when I arrived there because this time, instead of asking questions about my sexuality, he forced me to kiss him. However, I was not so defenceless as to give in to his sexual harassment, because I was an adult at the time, and I was aware of the regulation on discrimination based on sexual orientation and gender identity in the workplace. Despite the fact that many lesbians do not understand the regulation, the Labour Act is the only policy that explicitly protects us. I did not want to be sexually abused by them, as had happened to other heterosexual women there. Some women think that if you date the Commander, then you will get off lightly with your training. This is not the case and the training is the same for everyone there" (IDI, Transmen, activist, Nampula, April 2016).

Ellis spoke about a personal experience of sexual harassment "he" went through at the military headquarters where "he" was working. This view shows that differently from the group

of “transwomen” peer-educators, “active lesbians” were in a better position in the formal workplace, and some of them were able to manage situations of violence by following the Labour Act. Ellis’ age and educational background allowed “him” to be an independent person and to take action against sexual harassment. I thought this story was significant in order to show the “invisibility” of this profile of victims of violence in national statistics as well as reports prepared by feminist and human rights organisations working in this area. After this conversation, I asked Lambda activists to introduce me to other butch or active lesbians, so that I could explore these issues in more detail. This was how I met Fiona, a 43-year-old active lesbian, working in a private company as an accountant, who was accused of sexual harassment just because of her female-male [masculine] appearance.

**Fiona:** “At school, I was a “tomboy”. It was the middle of 80’s. We had never heard terminology on homosexuality, but there were relationships between same-sex individuals. For me, homosexuality is something that came with globalisation. Many people know that I am homosexual, and because of my masculine way of dressing, I suffered a lot of harassment in my new workplace. For instance, in my office, we have an employee log book system of points, where we have to sign in and out every day. At that time, I was working the 2 p.m. shift, and Velma, my colleague, knew what time I normally signed the book. When I walked in the room to sign the book she was there, and all of a sudden, she screamed, asking for help. Everyone came running, and she kept screaming that I had tried to kiss her. One of my colleagues asked her: “She kissed you?” I got scared because I knew I could lose my job with that accusation. I said “No, I did not kiss you! Why I would kiss you here at the office? You think that there are no other women outside?” Some colleagues realised that she was making it up, and the head of human resources talked to her to not follow through and to withdraw the accusation. There was no evidence to back up what she had made up and I spoke to the boss about the Labour Act, which provides measures against discrimination based on sexual orientation and gender identity. The Act is clear; there were no elements on which to judge me, and as a lawyer, it would be difficult for them to follow through with this accusation. It is not easy for me to be *sapatão*/ butch in Mozambique; it is very complicated. But I forgave her because she was not the only one in my career who had done this. People get curious about my masculine appearance; they try to guess who I



actually am; but I do not have to explain my sexuality to other people.” (IDI, Maputo, February 2017).

Ellis’ and Fiona’s stories were similar, inasmuch as they highlighted how work colleagues react to “female masculinity.” This is the opinion of some participants, who considered having to talk about their sexuality with colleagues a humiliation. If, on the one hand, the former transcript shows that “transwomen” were more likely to be vulnerable to sex work, the story of Ellis and Fiona indicates the opposite among “active lesbians” or “butches”. The people from the latter group held down regular jobs such as accountants, lawyers, military personnel, nurses and teachers who have over five years’ experience. The fact of being a “tomboy” was not an obstacle in attending classes at school. According to the participants, many of their parents saw their “tomboyishness” as a passing phase, which only became a problem at puberty. In this context, many of the participants stated that teachers tolerated “tomboys” because they also saw it as temporary passing phase. This was not the case for “transwoman” who were effeminate, and who were seen as an embarrassment and shame, or even a lack of responsibility in those men who pretended to be a woman. This finding in relation to “transwomen” is consistent with Lambda’s report on stigma and discrimination against homosexuals in the workplace (Lambda, 2015).

#### **5.4. Stigma and discrimination in health centres**

During the fieldwork, I noticed that the words “stigma” and “discrimination” were mentioned by all activists from the seven CSOs working in the field of sexual and reproductive health and rights. Many participants from the feminist and human rights organisations used the term in relation to heterosexual individuals, particularly women and children who were abandoned by their husbands/fathers because of being infected and affected by HIV/AIDS.

**Alexandra:** “Many women come here to complain about being discriminated against by their husbands, who do not want to live with them anymore just because during pregnancy they was diagnosed HIV-positive. In the matrilineal system, the responsibility for education and supervision of children lies with the mother’s brother, i.e., the children’s maternal uncle. But this woman may already have three or five kids, and is expecting a

new baby, and sometimes she does not have any brothers or, if she does, the brother is as poor as she is. Therefore, because of this blood kinship, these kids will have no support. In this traditional system a man, as a father, does not feel obligated to take on the responsibility of caring and providing for his children” (SSI, Heterosexual man, Stakeholder, HRL, Nampula, April 2016).

**Iracema:** “Our life is complicated because of stigma and discrimination against albinos. This begins right at birth. It starts with the parents, when they first see the albino baby, and feel scared. This reaction can be considered discrimination, even if it is not direct, right? Then the baby begins to be discriminated against from the time of birth, and will grow being discriminated against from all sides. Neighbours will spit at their chest when they see an albino in the street; some will say that they are the mourning and sadness of the family. It is a Catch-22 situation. Last year we followed the news, where there were many reports stating that many people were being persecuted and assassinated just because they were albinos” (SSI, Heterosexual woman, Amor a Vida, Maputo December 2016).

These quotes are significant in highlighting the context of HIV/AIDS and albinism, where many activists and stakeholders from the five CSOs reported stigma and discrimination against heterosexual women, children and individuals with physical disabilities.

However, this section is about the meaning and the context in which participants described the situations of stigma and discrimination in health centres. These terms were repeated regularly in most of the quotes on violence against “transgender” participants, which I presented throughout the chapter. As stated by many peer-educators, activists and individual members or supporters of the Lambda Association: “stigma and discrimination is found everywhere, particularly the way they look at and talk to us; they do not accept the way we are and want us to be or behave according to what they want and believe”. Here, some stakeholders from Pathfinder International and psychologists working in MSM health projects spoke about how participants were prone to self-stigmatisation.

**Catarina:** “There is a lot of stigma and discrimination against MSM and LGBT groups, but people are gradually accepting their situation. Lambda’s civic awareness programmes, i.e., its radio call-in programme, has contributed to these people starting to come out of the closet. They are ordinary people, just like everyone else. As project officers dealing with MSM health issues, I came across many stories of rape, physical abuse and, for instance,

discrimination within the family and the workplace. Seeing that I was dealing with people who were traumatised we, as Pathfinder, had no choice but to hire a psychologist to work with activists and beneficiaries of the VIDA project. As I said before, MSM suffer a lot of psychological violence, making them become withdrawn and very vulnerable to stigma and self-stigmatisation. In this case, we had no doubt that a psychologist was the right person with whom they could talk openly, ask for help, and see the situation from a different perspective. Self-stigmatisation is something that exists among many of our peer-educator activists as well as among the beneficiaries of the MSM project, who suffer from self-stigmatisation and are fearful people. I can explain this as follows: I am standing here, and I think that those people are looking at me strangely because I am like that or I dressed like this. Imagine that I am a man who has sex with men; I wear tight pants and I notice that people are staring at me because I am wearing tight pants, and so I cut myself off from those people. Those people did not do or said anything to me, and I simply cut myself off. This person imagines a situation, for example, that he is not accepted in the community, but actually, that is not true, he just perceives things in a different way. Self-stigmatisation is one of the barriers that MSM sex workers face when working to reach out to beneficiaries for the health education sessions. They fear going to some places, such as hospitals, because they think that everyone there will stigmatise them. In order to address this issue, we have a psychologist who works with both peer-educators and beneficiaries” (SSI, Nampula, April 2016).

The participants (n=30) all had different experiences of stigma and discrimination against them at the health centres, which varied according to gender identities and biological sex assigned at birth. Most of the “transwomen” (n=19) reported being victims of aggression at the health centre. Despite the fact that many “active lesbians” or “butch” (n=11) avoid these situations by not revealing their SOGI to the doctor, they often faced the most common type of violence against the LGBT groups, which is verbal aggression.

To illustrate the viewpoint of the first group, I described the experience of Marilia, a 37-year-old ‘transwoman’ who worked at the Lambda Association since 2015. As a focal point for transwoman health activities in this organisation, she spoke about her experiences of working on the MSM health project, sponsored by FHI 360, an international organisation in the city of Maputo.

**Marilia:** “We had various problems with access to health care before the Lambda projects. I had already been through an experience like this. Once I went to the hospital because I needed medical assistance. But because of the way I am, the doctor just stared at me instead of paying attention to my pain. Do you want to know what happens to “transwomen” when they go to a regular health centre? First, you sit outside waiting to be assisted. The nurse looks at your file and calls John. You get up and go into the doctor's consulting room. But you see, the nurse called John, and now Maria is standing in front of the doctor. Do you understand this? Instead of asking about what it was that made you go to the hospital for help, the nurse or the doctor starts to question you about your appearance, (...) meanwhile, you are sitting there moaning. The nurse goes to another consulting room to inform her colleagues about the arrival of a queer at the health centre: "Come and see what I have here". This has happened very often. Suddenly you see another doctor coming in: “I need this”, and then another saying: “I need this” and they look at you. They don't need anything except to give you a strange look. It is also injurious to other patients waiting in line to be attended to. So, through Lambda's project, health providers were trained to assist MSM and transwomen. They receive explanations regarding homosexuality and how to prevent stigma and discrimination against them. This is why their minds are starting to open! (...). My dear, right now, if I walk along the hospital corridor, you will see how they [nurses] will come running to talk to me. They will apologise to another patient in order to assist me: "What is happening? What is the problem?" You see! (...) But before these health projects, many “transwomen” died. So many of them passed away because of the “John who is Mary” story. “Transwomen” refused to go to hospital because there they felt psychologically abused; and even though they may be very sick (...): “I would rather die, than go back there”. So, in this battle, many “transwomen” died because they preferred to go to traditional healers, because they cared about us and did not criticize us. Most of the traditional healers are transwomen, and I know many of them” (SSI, Maputo February 2017).

The story of Marilia was similar to that of many “transwomen” peer-educators working in the three health projects implemented by the Lambda association at both research sites. As sex workers, they are meant to reach out to other sex workers for HIV/AIDS testing and counselling. He (she) spoke about a personal experience, and sometimes mentioned ‘they’ and ‘them’ to refer to “transwomen” health practitioners who are beneficiaries of Lambda's projects.

Marilia states that most of the traditional healers do not judge transwomen because among them there are some transwomen and beneficiaries of the Lambda's projects. During the interview with traditional healers (n=10) at both research sites, I found that two of them self-identified as transwomen. Despite the relevance of this finding this group was not part of the research sample which looked at how activists, stakeholders and supporters spoke about their experiences of working with sexual minority groups and how they include "lesbians" and "bisexual women". I did not explore the beneficiaries of the Lambda project, where the needs of this group are addressed in the category of MSM. The point that MSM or transwomen were comfortable to seek traditional healers to solve their health issues was raised by the participants to indicate that many people died because of stigma and discrimination in the health unities. It also shows that before these projects were implemented many "transwomen" activists were stigmatized by health professionals, the situation in the health centres has not yet been completely resolved. The four specialised health centres equipped by Pathfinder International to provide "patient-friendly services" in each of the research sites were not enough to meet the needs of all MSM individuals. Some participants had to walk long distances to reach these centres, because that was where the health practitioners trained to work with the key population most at risk for HIV/AIDS were found. This type of service is currently provided in Nampula, Maputo, Beira and Inhambane, in a pilot phase. According to the stakeholders from the CSOs, the expansion of this project to other regions depends on the donors.

Many participants considered the right to health to be a priority because, in the past, many "transwomen" died of HIV/AIDS. The lack of care and delayed responses in health care services caused many of the reported peer-educator activists to seek traditional medicine instead of going through the national health care system. Marilia's understanding of "transwomen" mistreated by the health practitioners represents the view of peer-educator activists at both research sites, and illustrates the need to build a "culture of competence" among these health care professionals all across the country. In other words, instead of paying attention to their male-female [effeminate] appearance, which contradicts their biological sex assigned at birth, and the traditional norms based on gender as a binary and fixed category, health professionals should focus on the patient's illness, regardless of SOGI.

What I found, by combining all of the factors of violence and events described in the previous sections to explain why “transgender” people were considered the most vulnerable group in the LGBT community, was multiple intersecting spheres of discrimination. In these intersecting spheres, the ‘active lesbian’ or ‘butch’ participants faced and reacted to violence in different ways, and were considered by the activists to be less vulnerable than “transwomen”, who were the “true survivors of life”. As many participants said: “For “transwomen” there is no discussion about disclosing sexual orientation, because their bodies show who they are”. As I discussed in the previous chapter, women who have sex with women were not included in the list of key populations most at risk of HIV/AIDS. In this regard, a few stakeholders mentioned cases of violence involving female-to-male “transgenders”, and many of those who participated in the IDIs were not activists or members of the LGBT Association. This group of Lambda Association supporters preferred to keep their relationships “discreet”. The statistics produced by Lambda in 2015 indicate that of the 825 new contacts of beneficiaries who received sexually transmitted disease prevention supplies, 615 were MSM and 210 were women who have sex with women (Lambda, 2015). This report is one of the few accounts of the existence of female same-sex activities and relationships in the country. The lack of funding for female activities explains the discrepancy in the statistics for the LGBT groups. The MSM group received financial support from Lambda, through an international partnership, which contributed to the increase in the number of beneficiaries, since they are considered the key population most at risk of HIV/AIDS. Accordingly, during the fieldwork I noticed that in contrast to the “transwomen” (n=19) who belonged to the MSM group, the “active lesbian” or “butch” participants (n=11), did not reveal their sexual orientation or gender identity when visiting the doctor. As the following transcript intends to describe, many of these participants did not report being victims of stigma and discrimination by nurses or doctors at the health units.

**Juliana:** “I menstruated for the first time when I was 24 and it happened because I went to see the doctor. I did not care about menstruation because I don’t like it. Then I met my partner, who is living with me. She encouraged me to see if it was normal for a woman not to menstruate. But each time I saw a doctor, I never explained that I am ‘butch’ or active lesbian. I hate to be discriminated against just because of my sexual orientation. The doctor said it was not normal and gave me some pills. So I do get my period, but still irregularly.

So, to come back to your question, I did not feel discriminated against there, but I still remember a psychologist who made me feel so bad. At the time I was suffering a lot because I was feeling the pain of stigma and discrimination from people in the neighbourhood. I just wanted to understand who I was and where I was going. But by the end of his session I realized that he was not helping me at all. Each time I discussed my problems, he just said: “You have to dress like a woman and no stories here. Just do it for society, people will think you are a woman, because on the inside, you already know who you are” (IDI, Nampula, April 2016).

I selected Juliana’s transcript not only to describe the different health needs and concerns among “transgender” participants, but also the loss of self-esteem as one of the most common factors that prompted many participants to seek psychological support to manage the consequences of stigma and discrimination coming from different spheres of society, as mentioned in the previous sections. If, on the one hand, “transwomen” participants suffered from “queer looks” at their appearance, which didn’t match their biological sex assigned at birth and were questioned at the health centres, on the other hand, “butch” participants were more discrete in revealing their gender identity. However, all of them complained about verbal aggression.

During the FGDs with activists (n=33), I found that verbal aggression was responsible for the low self-esteem among “transgender” people and other members who decided to come out of the closet. As one of the transgender male to female’s peer educators said:

**Cardoso:** “Stigma and discrimination against us is everywhere and it is also found in the way people talk to us. I mean parents, colleagues, neighbours, health practitioners and so on: ‘But you too! Will you be fucked by a man like you, you with balls and him also with balls? Will you feel good?’ They have offended us and dragged us down to a point of a total lack of self-esteem. I believe that most of the MSM, at least those who do not know about Lambda’s project, have difficulty in telling a nurse that he has a wound or a STI in the anus. Sometimes they ask questions like: “What do you feel when a man like you penetrates you?” So they mistreat us and see us as bastards” (FGD, Nampula, April 2016).

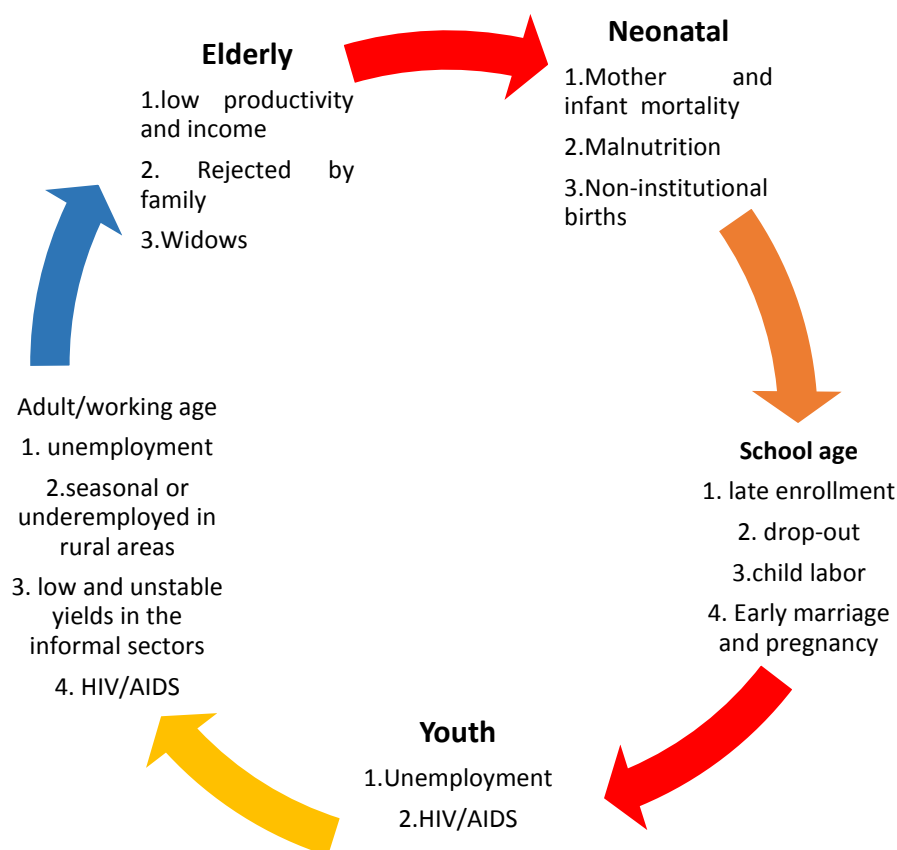
This quote shows that verbal aggression relates not only to the insults they receive, but also to the way in which people talk to LGBTs, and the language or names used, which makes the participants feel mistreated. Many of them reported having low self-esteem and complained about health practitioners not being prepared to meet their psychological support needs. Instead of paying attention to the illness that led the patient (“her”) to go to the hospital, they try to correct their appearance, or they advise these individuals to adjust their “female-masculine appearance” or vice versa to their biological sex assigned at birth. To address these complaints the Lambda Association, in partnership with Pathfinder International, hired a psychologist who was trained to take care of the MSM activists. The “transwomen” or MSM peer-educators are the beneficiaries of the counselling sessions. But according to Helena, the focal point for “transwoman” activities, many “transwomen” sex workers did not go for psychological sessions because they did not feel comfortable being at the Lambda association. She meant that “transwomen” sex workers did not participate in the health sessions organised by the association, and the peer-educators had to work right in the red-light area. At both research sites, peer-educator activists have worked directly in the red-light area, raising awareness of the need to use the recommended health centres, explaining to the MSM that there are “health practitioners who know that men can have sex with men or have a sexually transmitted disease in the anus”. She was hired to the position of “transwomen” focal point at the Lambda Association, as a “transgender” who can understand other “transgenders” and can help them meet their health needs and concerns. As many participants said: “transwomen” do not trust gay or lesbian members, because they think that their needs are very specific, when compared to other groups in the LGBT community.



## **5.5. Discussion- “Multiple intersected spheres of discrimination”**

In this chapter, I explored why “transgender” individuals were considered by the participants as the most vulnerable group in the LGBT community. Notwithstanding the controversy surrounding the definition of the term “vulnerable” or “vulnerability” to explain how people are exposed to or have coped with natural disasters and disease epidemics worldwide (Luna, 2009; Levine, 2004), I described it from the standpoint of the participants and within the context in which they regularly mentioned the words “vulnerable” and “vulnerability” to describe victims of violence. This vocabulary comes from public policies which focus on individual exposure to HIV/AIDS and gender-based violence, on which the feminist and human rights organisations have worked for more than twenty years (República de Moçambique, 2016a; b;c). The peer-educator activities adopted the “vulnerability” language from international and national partnerships (see chapter IV). Though the WHO guidelines for HIV/AIDS clearly state “transgenders” as a vulnerable group, the 2015-2019 National Strategic HIV/AIDS Response Plan indirectly referred to this group as MSM (WHO, 2014). This perception, for instance, excludes the possibility of “transmen” or “butch” individuals being exposed to the risk of HIV/AIDS. Generally speaking, social protection policies such as gender, social security and poverty policies aim to support those considered to be “vulnerable people”, and do not include issues relating to a person’s SOGI (República de Moçambique, 2016a;b;c; 2009). For instance, the 2016-2017 National Social Security Strategic Plan presented the risk and vulnerability for the country, but failed to include a space to illustrate the life cycle of a “transgender’s” vulnerability (see the fig. 6).

Figure 6. The cycle of people's vulnerability in Mozambique



Source: Adapted from *República de Moçambique*, 2016a.

Some authors have criticized Mozambique's public policies and practices in defining the concept of vulnerability, since vulnerable groups include individuals with specific characteristics, such as widows and orphans or people affected by natural disasters (Waterhouse, 2009). According to Waterhouse, there is little discussion involving this concept, which has implications on the exclusion of some groups. Therefore, this matter needs to be analysed with a sense of urgency. Waterhouse argues that any analytical concept should question factors and trends which make some people poorer than others at certain times, and why. In this sense, the perception of "vulnerability to poverty" included a lack of internal defence mechanisms, exposure to external risks, and shocks and social exclusion.

In my findings, the participants' opinions indicate that “transgender” male-to female were more vulnerable than “transgender” female-to-male or butch. The concept of vulnerability was used to refer to exposure to violence, including parental rejection, physical abuse, stigma and verbal aggression, in the various intersecting spheres of discrimination such as within the family and at school, workplaces and health units (see: Fig. 7).

*Figure 7. The spheres of violence against transgender person in Nampula and Maputo*

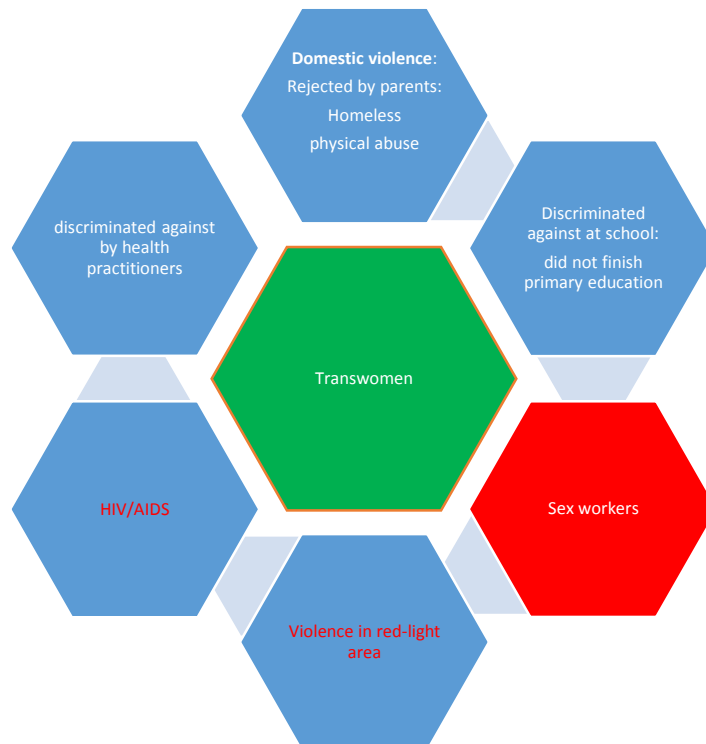


Figure 7 illustrates the spheres of violence against transgender groups, starting within the home, triggered mainly due to their male/female appearance, which does not match their biological sex assigned at birth. Thus, the experiences of domestic violence reported by participants confirmed what has been discussed in previous studies on transgender and non-conforming people worldwide, who are rejected by their parents after disclosing their sexual orientation (Potoczniak, Crosbie-Burnett, & Saltzburg, 2009; Armesto & Weisman, 2001). According to this study, parental rejection causes the child to have feelings of shame, guilt and sin with regard to their SOGI. This result shows one of the limitations of this study, which is based on the analysis of peer-educator activists' experiences of rejection by their parents, or on stories of

the beneficiaries with whom they worked. It shows their feelings with regard to their parents' fear, shame, embarrassment and lack of knowledge about the Family Act, and the concepts of SOGI. Thus, it is necessary to explore the viewpoints of "parents of homosexuals" in order to get to know their experiences of dealing with son or daughter whose masculine/feminine appearance contradicts their biological sex assigned at birth, and who refuse to accept the traditional norms of gender in matrilineal and patriarchal societies. Therefore, the participants' experiences show that sexual rights violations among "transgender persons" begin at home and cross over into other rights such as the right to integrity, to have a family, to education, to health, and to employment. These findings contributed to making heard the invisible voices of the participants in matters relating to the violation of sexual minority rights, which remain unseen in national statistics and reports on domestic violence in the country. For this reason, I have emphasised the need for an intersectional approach in all public policies.

The scene of female intimate same-sex unions described by Josina and Lira, is a reflection of only one case of gender-based violence among heterosexual couples in Mozambique. It is consistent with reports on similar patterns of intimate partner violence in both same-sex and heterosexual relationship samples worldwide (Sorenson & Thomas, 2009; Halpern, Young, Walter, Martin, & Kupper, 2009). In Mozambique, human rights and feminist organisations have documented events of physical abuse and the right to property in both matrilineal and patriarchal societies (Osório & Cruz e Silva, 2016; LDH & FIDH, 2007); Mejia, Osório, & Arthur, 2004; LDH, 2003; Andrade et al, 1993). For example, Romão, Buque and Vieira have indicated that health care professionals deal with the consequences of violence against heterosexual women, especially sexual abuse, in their day-to-day clinical practice. These effects include physical injuries, pregnancy, HIV infection and other sexually transmitted diseases, in addition to psychological trauma (Romão, Buque, & Vieira, 2009). Moreover, Mozambique's Human Rights League reported cases of domestic violence and crimes against citizens committed by police officers and soldiers dating back more than 20 years (LDH, 2014; 2003). These reports are consistent with many studies showing the historical, social and cultural context of women's rights and land tenure or home ownership in Africa, and in Mozambique in particular (Walker, 2012; Kalabamu, 2006; Lastarria - Cornhiel, 1997; Wilson, 1992). In my study, the pattern of violence in intimate female same-sex partner relationships is based on three main points: cheating and being involved in simultaneous multiple relationships; conflicts arising with regard to inheritance of

property, after a separation or the death of one partner and where no children are involved; and, victims who do not trust police officers and do not report cases of violence. The participants' accounts identified police officers as people who were verbally abusive, and who were not equipped/prepared to deal with LGBT people. Therefore, to fill the gap in the limitations of this finding, I suggest further investigation to get the point of view of police officers dealing with cases of violence related to intimate same-sex partners. However, the significance of my findings lies in illustrating the silence and invisibility of same-sex partners as victims of violence within the content of public policies and make the voices of the participants heard. Here, the examples of the lack of a culture of reporting the perpetrators of violence among intimate same-sex partners to the authorities was similar to what is reported by heterosexual victims (Osório & Cruz e Silva, 2016; Mejia, Osório, & Arthur, 2004). This requires Public Policies based on heteronormative approaches to have greater intersection and to be more inclusive.

The significance of the findings relating to violence in the workplace is based on the scarce knowledge of male sex workers in Mozambique. If, on one hand, sex work is considered illegal, on the other, international organisations working in health and sexual reproduction have called the attention of local governments to the need to include “transgender” groups as the key population most at risk of HIV/AIDS in the National Strategic HIV/AIDS Response Plan (Global Fund, 2014; WHO, 2014). As I mentioned in chapter V, one of these groups is the MSM, which were included in the third and fourth national plans. Some studies have shown the priority interventions to reduce the exposure of sex workers to HIV/AIDS in sub-Saharan Africa (Chersich, et al., 2013).

In Mozambique, significant reports have described heterosexual women's exposure to the pandemic (Bandali, 2011, Lafort, et al., 2010). In my findings, the participants' voices highlighted the exposure of “transgender” sex workers to violence involving both clients and the police. This study was limited to “transgender” participants' experiences of violence, and does not include the voices of the perpetrators of violence, namely clients and police officers.

Overall, the participants' standpoint is consistent with global records of violence, stigma, and discrimination reported against “transgender” and non-conforming people (Sevelius, 2013; Barrientos, Silva, Catalan, & Gómez, 2010; Stotzer, 2008; Minter & Daley, 2006). The participants indicated, at both research sites, a general lack of knowledge regarding SOGI among parents, and also what Hanssmann, Morrison and Russian (2008) called a “culture of competence” among

health, education and legal system professionals to minimise this group's susceptibility to violence. Hanssmann, Morrison and Russian (2008) have shown that the "culture of competence" was not included in the health care provider curricula, which would permit them to address issues of the LGBT groups, including in the northern hemisphere. Although they described differences in health care at emergency services in the US, which means that there is an option for private health care services, in my research participants avoided the health care system in Mozambique out of fear of stigma and discrimination. "Transgender" individuals feel more comfortable with traditional healers, who do not judge them, than they do with health practitioners. In this regard, it is important to emphasize that healers work in a pluri-normative context where some may adopt any norms good for business while others will say that there is no tradition of curing homosexuality.

There is a common ground in the multiple intersecting spheres of discrimination against "transgender" individuals: feminine/ masculine appearances which do not conform to the gender binary system. Moving away from this finding, it became clear to me that the violence perpetrated against these groups is normative. It is in line with Butler's definition of "normative violence", deriving from social norms that regulate what is legible and understandable within a specific context. Participants' reactions varied according to their cycle of life. While participants from both groups were unable to react in situations of domestic violence during childhood and adolescence, in adulthood their educational background influenced their reactions. "Transwomen" were sex workers and uneducated, while the "transmen" or "butch" generally had received more education and were in a better position to negotiate, for instance, in cases of sexual harassment at work. This is in line with studies showing the concept of agency as not being linear (Spronk, 2016), and also the idea of demystifying the concept of the "third world woman" (Mohanty, 2003).

## **5.5. Conclusion**

In this chapter, I provided an account of "transgender" peer educator activists' and individuals' experiences of violence within a context where social protection policies failed to highlight the prevalent violation of sexual rights. These rights intersected with other rights, such as the right to integrity, to have a family, to formal employment and to access a health care system free of stigma and discrimination. In the descriptions of violence, female-to-male "transgenders"

were much less vulnerable to violence than male-to-female “transgender”. My overall argument is that both groups reported being subjected to violence in the multiple intersecting spheres of discrimination such as within the home, at school, in the workplace, at police stations and at health facilities. After joining Lambda’s health projects and attending educational sessions on the risks of anal sex and on human rights, many more of the younger participants than adult participants revealed their sexual orientation publicly. It has more to do with the “normative violence” perpetrated by parents, teachers, police officers, public or private employees who, according to the participants, identify the “transgender” reality as a behaviour to be corrected according to matrilineal and patriarchal heteronormative patterns. Moreover, I am aware that this study did not explore the perspective of health practitioners that could lead to a better understanding of the vulnerability of the transgender group in the LGBT community. Nonetheless, the perspective of the participants about “transgenders” as the most vulnerable people is not enough to describe this reality but it shows their positions regarding how these groups have been stigmatised in multiple intersecting spheres of discrimination. In this respect, current research suggests the inclusion of the ‘culture of competence’ in professional curricula and the reiteration of the United Nations’ recommendation for Mozambique to include the concept of gender and diversity in Legislation and in Public Policies.

## CHAPTER 6

### Silence and fear

In the previous three chapters, I suggest that the “global public health strategies” and speeches enabled CSO activists and stakeholders to speak about why they worked on protecting vulnerable and “key populations most at risk of HIV/AIDS” against GBV. Although this standpoint contributed to the visibility of MSM at both research sites, the majority of respondents had never dealt with a case of violence against “lesbian” and “bisexual” women. Consequently, these women continued to remain invisible at both research sites, as well as in key public policies which aim to protect vulnerable people in Mozambique. This chapter aims to give voice to the women mentioned previously, who agreed to speak of their fears of working as activists for the Lambda Association and how some of them referred to practices or forms of violence against women defined by the United Nations as being “harmful traditional practices”<sup>10</sup>. The key findings have contributed to the ongoing debate about lesbians- exposure to violence as well as the HIV/AIDS epidemic in the Southern African region (Theo et al., 2015; Matebeni, Reddy, Sandfort, & Southey-Swartz, 2013; Brown, 2012; DI Silvio, 2011). Literature on this subject is scarce in Mozambique, and existing literature does not address the SRHR needs and concerns of all LGBT individuals, in particular those of women (Nalá et al., 2014; Souza: 2014; Da Silva et al., 2010). Due to this fact, I analysed the stories of 38 individuals who self-reported as heterosexual (n=8), transwomen (n=2) and, “lesbian” or “bisexual” women (n=28). I used the terms “lesbian” and “bisexual” women in double quotation marks because some of them were not comfortable with these categorisations and referred to them as temporary identities. The data analysed were obtained from members or supporters of the Lambda Association and male and female traditional healers, whom self-reported as homosexual or heterosexual. Women who stated they were in a same-sex relationship or marriage for more than one year, were divided into three FGDs (n=13) and IDIs (n=15). Traditional healers were involved in the IDIs (n=10). Respondents were asked to share their personal stories on sexual rights violations, discovery and revelation of sexual orientation during adolescence and adulthood, and why they were not interested in LGBT activism.

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<sup>10</sup> According to the UN, “harmful traditional practices” are caused by gender inequality and discriminatory social, cultural, and religious norms, as well as “traditions” that relate to women’s position in the family, community and society and the control over their freedom and sexuality (United Nations, 2009, p.; 06).



Traditional healers replied to topics relating to the practices used to “heal” women in “need” of becoming, or forced to become “straight” and engage in early heterosexual marriage. Although not part of my research, due to the many women who mentioned traditional healers as perpetrators of violence, I decided to include them in my study. The key results were subsequently introduced into four subsections classified under the following topics: female same-sex relationships, activism and its challenges; why are you fighting against your nature? The struggle for identity and reproductive rights; Sexual violence and sex with “the husband of the night”; on faith: the possibility of healing the “disease of shame”; and lastly about harmful cultural practices and traditions.

### **6.1. Female same-sex relationships, activism and its challenges**

This section discusses the challenges “lesbians” and “bisexual” women faced in their relationships, and their fear of the consequences of revealing their sexual orientation to family members or to the public. For most of these women at both research sites, existing taboos on, and prejudices against “homosexuality” and LGBT activism contributed to their invisibility. Before presenting the evidence that supports this argument, I summarised the key factors that prevents the majority of CSO activists and stakeholders from addressing SRHRs for LGBT people into three points: (1) The illegal status of Lambda Association, (2) the struggle to become visible, and (3) the resistance activists faced in communities when it came to speaking about sex and “homosexuality”. I have described the basis for their fear of revealing their sexual orientation and becoming activists within a context of Lambda Association’s illegal activism. Here, the word “fear” was used repeatedly as being one of the reasons which lead most respondents to be very private about their intimate relationships and to explicitly avoid attention. Although these women were from different religious and cultural backgrounds and most of them were not affiliated with the Lambda Association, they all supported the LGBT cause and participated more than once in events organised by the Lambda Association. These events involved SRHR workshops, parties and socialising.

In order to better describe the topic of fear and its subtopic of silence, I shall start by illustrating that, within the same background, where international organisations empowered MSM

peer-educators to use the snowball technique in order to locate other MSM beneficiaries for HIV testing and prevention, a similar social network strategy was used to address “lesbians” and “bisexual” women’s sexual health concerns. Following this, I present the challenges participants faced in their intimate relationships and in becoming activists at the Lambda Association. The following quotes describe the opinions of the first activists, who self-identified as “lesbian”. They answered two questions, namely: (1) how they self-identified within the LGBT community; and (2) what kind of work they did at their association over a one to five-year period?

Sandra, 21 years old, is a member of a Protestant church and reported being in a same-sex relationship for a year. Tatiana was a 25-year-old Muslim woman living in a same-sex *de facto* union for two and a half years. Lastly, Rita was 24 years old, from a Catholic community, dating in secret in a same-sex relationship for two years. These three women were part of the few “lesbians” working as activists for over two years for the SRHR project implemented by the Lambda Association.

**Sandra:** “Personally, I always find it complicated to discuss my sexual preference with people outside the LGBT community. Neither my family nor other people in the neighbourhood know anything regarding my sexual orientation because of I am afraid to tell them the truth and then be rejected by all of them. I do not know how I would cope with their reactions, if they discovered that I am homosexual. I work as an activist at the Lambda Association. It is different, because LGBT people feel at home there. Although many of our beneficiaries from the VIDA project are MSM, our mission is to assist all LGBT people. The work I have done here is not complicated. For instance, when I meet a MSM in a specific place, I keep “her” contact with me, which I then forward to the MSM peer-educators so they can invite “her” for HIV testing and health sessions on the prevention of STIs. The peer-educators do the same when they meet a lesbian; they refer her to me. If the woman/girl is over the age of 18, I try to get her to visit the Lambda Association, where I introduce them to methods for preventing STIs, such as finger condoms, dental dams for lesbians, and female condoms for those women who are bisexual. Once I have gone through the session on sexual health, I discuss LGBT rights. I have noticed in this job that very few lesbians show up here at the Association and generally do not stay for an extended period of time. It is easy to convince them to participate in the health workshops and celebrations, but they then refuse to become activists (FGDs, Activist at the Lambda Association, Nampula, Janeiro 2017).

**Rita:** I am in a kind of a secret relationship with a woman. Although one of my tasks at the Lambda Association is to explain to beneficiaries that a woman who has sex with a woman is a lesbian, I am not ready to disclose who I am. People at the Association think that I am heterosexual, but I am not. I also persuade lesbians and bisexual women to protect themselves against STIs. For example, it is essential for both women to ensure their hands and genitalia are washed and clean before any sexual intercourse occurs. In general, intimacy between two women involves the use of fingers and tongue. The sex toys are for those who can afford them. In my daily job, I advise the women to go for HIV testing, because many homosexuals are pressured by their parents, who want them to become “straight”. In this process, they end up having sex with both men and women. If they do not use a condom and one of them is infected with candidiasis, all other sexual partners become infected with the ITS. Therefore, I teach women how to use dental dams, finger and female vaginal condoms correctly so as to avoid STIs and undesired pregnancies, for those women who also have sex with men. Although many of these women believe that there are no STIs in a sexual relationship between women, I met some women who complained of white pimples on their tongue. This is a symptom of an oral candidiasis infection, which can also cause a vaginal infection when, during any sexual act, dirty hands and nails come into contact with the vagina. Therefore, I believe that all LGBT individuals need to know how to protect themselves from STIs (IDI, Maputo, February 2017).

**Tatiana:** Well! I have been living in a *de facto* union with a woman for two years. Apart from our parents, there are many people who do not know that we are a couple. For instance, we live around seven kilometres from here, and in the neighbourhood, people think that we are sisters or friends. I prefer to be discreet in my relationships because in Nampula, people talk too much about other peoples’ lives. Therefore, I do not reveal my sexual preference outside of the LGBT community. For instance, I am not happy with my partner, and nobody knows about that. She has changed a lot and makes our relationship very tough. How can I explain it? When I met her a few years ago, I had the impression that she was like me. I was completely wrong. Sometimes I think that she is more hetero than a lesbian or bisexual woman. She says that loves me, but ultimately, she dislikes many of the things I have done at Lambda Association. For instance, she gets upset when I go there. One day she tore up all my shirts that had the Lambda logo. She did not explain why she did it. In the beginning, I thought she was jealous because I was in the company of other beautiful lesbians at the Association, but that was not the case. In fact, not all women

working at the Association are lesbian or bisexual. There are those who are heterosexual but are interested in LGBT activism. In my case, I joined the association three years ago, and since then I have learned about the importance of publicly acknowledging my sexual identity. However, my partner still lives “in the closet” and does not want to be a member of the Association because she does not feel comfortable being around other lesbians. She went to the Lambda Association one day and never went back again. She says that has a fear of being punished by God and rejected by her parents. I do not blame her for the fear because, in this country, people are born to be heterosexual. Although we have been together for almost a year and a half, she still sees herself as not being homosexual. She sometimes gets nervous when she hears the terms lesbian or homosexual. In fact, I do not see a meaningful future for us. Something tells me that she will return to her previous heterosexual life. Although she is older than me, I am the first female partner she has ever had. I felt guilty for not noticing, at the beginning of our relationship, that she was one of those women with a lot of curiosity about lesbian relationships. For me, it is difficult to live life in this way; one day we are happy with our intimacy, and on another day, I cannot trust her. She hates the work I have done at the Lambda Association. Unlike her, I am a full member of this Association, and I love to be there. I feel safe amongst people like me, and I like to help women like her, who refuse to reveal their sexual orientation to society or to the LGBT community. When we first began to get to know each other, I had to teach her how to protect herself from STIs (IDI, Lesbian, activist, Lambda Association, Maputo, December 2016).”

The three quotes represent the views of the few lesbian participants working on sexual health matters of lesbians and bisexual women. Their opinion, based on the need to empower these women in STI prevention, was shared by the majority of MSM peer-educator activists (n=33) I introduced in chapter III. However, Tatiana emphasised how many participants like her partner, were not interested in showing their faces as members or activists of the Lambda Association because of the fear of parental rejection and punishment from God. Consequently, few lesbian and bisexual women participated in the SRHR session at the Lambda Association and many of them had little knowledge about how to protect themselves against STIs such as oral candidiasis. The incidence of this STI among this group was mentioned by Tatiana and those participants who were active members of the LGBT Association, at both research sites.

Overall, the majority of the participants complained about the low number of “lesbians”, and “bisexual” women joining in on LGBT activism. For many women like Tatiana, Rita and Sandra, there was a need to strengthen the SRHR component for women, because these individuals did not meet the criteria of “risk and vulnerability for HIV/AIDS”, since this was for the MSM population. In my view, the lack of an inclusive public policy and fund to address these women's rights, reinforced their invisibility at both research sites. Consequently, they are also invisible in the list of vulnerable groups defined as a priority in national public health and social protection policies<sup>11</sup>. This point is relevant because, as I elaborate on further in the next section, some individuals revealed how they were exposed to both diseases and violence. Sandra, Rita and Tatiana also complained about lesbians who do not stay for extended periods of time to take part in the Lambda Association activities. The following excerpts illustrate some of the reasons why many respondents were afraid to become members or activists of the Lambda Association.

Jessica, a 43-year-old Catholic woman, has been living discreetly in a same-sex *de facto* union for five years. She has only revealed herself as a lesbian to trustworthy people within the LGBT community. Laurinda, a 40-year-old Muslim woman, reported being in a secret same-sex relationship for one year, after she divorced her first husband, with whom she had one son and three daughters. Both participants provided more details on why, when compared to MSM, very few “lesbians” or “bisexual” women activists were working at the Lambda Association, at both research sites.

**Jessica:** “I see that in Mozambique, there are many stereotypes as well as prejudice against homosexuality, which prevents lesbians from coming “out of the closet” and joining the LGBT activism. Many people think that homosexuals are people who suffer from uncontrolled sexual desires and, as such, they are sick people. I prefer to speak for myself. The first time I heard about the Lambda Association was in 2006. This was when a television broadcast a program on a group of LGBT people, who had organised the first meeting on LGBT groups’ rights in the country. The event was spearheaded by one gay and one lesbian, who were co-founders of this organisation. However, five years after this big event, I became disappointed in the lesbian woman who had been an inspiration to many of us to “come out of the closet”. After she had revealed her lesbian identity publicly

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<sup>11</sup> See the National Strategic plan for HIV Response 2014-2019; The National strategic plan for social security 2016-2014; the 2016 Gender Profile.

on television, we heard that she was no longer a lesbian and was living with a heterosexual man. People say that a Zion prophet “cured” her and made her become “straight”. I do not believe in this story. Homosexuality is not a disease and neither is it something which is “curable”. For me, she buckled under the intense pressure placed on her by her religious family. Being a lesbian is not something that you decide to be. Some people are confused about their sexual orientation. They think they are lesbians and at the end of the day, they are not. I tried to adjust myself to what my parents wanted for me, but I was not happy. The desire to have sex with men is not in my genetic makeup. At that time, I dated both boys and girls, and I did not even know the terms lesbian and bisexual. After my divorce five years ago, I never had sex with a man again. I am a lesbian. Therefore, the decision taken by this woman, [a co-founder of the LGBT organisation] discouraged other lesbians from revealing their sexuality or becoming members of the Lambda Association (IDI, Maputo, December 2016).

**Laurinda:** I do not trust the Lambda activists. I went to their Association two years ago, and on that day, I heard some people gossiping about flirtations and the orgies they have together. I mean, people dating each other and lot of rumours about the lives of other members. I was invited by a Lambda activist to join the workshop on HIV/AIDS prevention. While we were sitting there, I found out that many of the activists lacked confidentiality in their work with MSM beneficiaries. I will not mention their names, but some of them were gossiping about others who were HIV positive. I have heard many stories about their members and activists. People also get infected as a result of sexual abuse or treatments with sharp objects and blades, or blood transfusions, and not only because of unsafe sex between homosexuals. The behaviour of these activists discourages many of us from becoming members of the Lambda Association. These Lambda activist people! Some of them refuse to publicly acknowledge their sexual identity, and those who do acknowledge their homosexuality do not behave very nicely. I cannot become a member of this Association under these conditions. I know a girl who worked there and who used to say openly that she was a lesbian. So nobody expected it when she became pregnant and later on had an abortion. Many people from the community were confused! Was she a lesbian or was she bisexual? It was difficult to explain to people that she was a lesbian. Even I got confused. At that time, I could not understand how a lesbian could get pregnant and remain a lesbian and not be bisexual. I also questioned many people from the Lambda

Association for not being consistent in what they say and do. Two years ago, I was dating a girl whose name I cannot reveal to you. We split up for some reason, and three months later I saw her picture on Facebook. I was shocked. She was pregnant! Furthermore, she was one of the lesbians working at the Lambda Association. Can you imagine the shock? Later on, I met her and asked her what was wrong with her, and she replied quickly: “I want to have a baby”. So, how can you talk about your intimacy with these activists if they are not serious? If an activist’s behaviour is not consistent with what he/she says, how can someone be convinced to become a member or activist of the LGBT Association?” (IDI, Maputo, December 2017).

Jessica and Laurinda pointed out the factors that discouraged lesbians from joining Lambda Association’s activism. The existence of stereotypes and prejudices against “homosexuals” and their activism, and the failure to maintain confidentiality among Lambda’s activists contributed to the low number of lesbian activists. During the fieldwork, I observed that of the 38 women involved in same-sex relationships or marriage, including the eleven individuals who self-identified as “transmen” in chapter V, only 13 were full members of the LGBT Association, at both research sites. Jessica complained about the idea of “homosexuality being a disease”, which can be cured by religious officials from the Zionist churches. I shall return to this discussion in the sections to come. Laurinda, like the majority of respondents, did not trust Lambda Association’s activists because rumours were spread saying that the Association was a space for dating, orgies, gossip, and where its activists failed to maintain confidentiality regarding issues relating to the HIV status of some members. She also referred to the issue of lesbians who engaged in heterosexual relationships, in order to fall pregnant. This fact was mentioned to show the behaviour of some lesbian activists who, because they chose a contested method to get pregnant, failed to be a role model to convince other women to become members of the Lambda Association. This sub-theme of reproductive rights among lesbians is explored in the next section.

Both Jessica’s and Laurinda’s views show different reasons for why many participants were not interested in becoming activists or members of the Lambda Association, and how the majority felt more comfortable in being activists within the LGBT community. Taking into account the previous statement, shared by the participants at both research sites, I shall introduce the following FGD conversations, held in Nampula.

**Sara:** “Many lesbians find themselves in an awkward position when it comes to explaining that they feel sexually attracted to other women. They come here [Lambda Association] just out of curiosity. I have invited them to become members and activists, but they refused. They see our Association as a space for dating and orgies. Some people say: “If you struggle to find a partner go to the Lambda Association and you will find someone like you”. However, this is not in the slightest what we have been doing here.”

**Halima:** “Giving up is not the right term. Lesbians are afraid of publicly acknowledging their sexual orientation because of the pressure coming from their parents. LGBT people do not “come out of the closet” in a couple of days. It depends greatly on each person’s internal strength or family support, which most of the time does not exist.”

**Sara:** “I believe they give up for no meaningful reason. I have seen some gay and bisexual men who attended the health workshops “come out of the closet” fairly quickly. They take one or two years to reveal their homosexuality. However, I cannot say the same thing for lesbians in the city of Nampula. Few of them have participated in Lambda Association’s events.”

**Jacqueline:** “Lesbians have a fear of facing their parents and society. The idea of people knowing that I am a lesbian is scary! The person may be quick to participate in the health workshop, but when it is time to become involved in a civic education campaign on LGBT rights, that person just disappears. For instance, I cannot see myself speaking about my sexuality outside of Lambda Association. I came here today because of John [head of the Lambda Association]. He explained to me the importance of your research on LGBT activism. If not for him, I would not be here.”

**Yana:** “Fear is always there, even among us sitting here: “What if my family discovers that I am like that? What if my friends find out I am like that? Everyone is going to turn their back on me”. As Sara said before, nobody wants to publicly acknowledge they are lesbian. There is not a single exemplary lesbian activist whom we can look up to and see as a role model. In Nampula, you can see a tomboy or butch walking in the streets, but you will not see a lesbian couple walking holding hands. At the beginning of this conversation, I said that I am bisexual, but I am not. I was previously married to a man and had four daughters. If I am not discreet regarding my lesbian relationship, I will lose my job; and then who will take care of them?”

**Jackeline:** “People like Yana are afraid of losing their professional careers, while younger people like me struggle with parents who force us to get married. Some parents threaten to stop paying education tuition fees if their daughter is homosexual. Others take them to Church or to the



traditional healers in order to become “straight”. That is why I think twice about telling my parents I am a lesbian. I heard that one of the first lesbians who revealed her sexuality on TV is no longer a lesbian. She was one of the best activists at the Lambda Association, and she convinced people all across the country about LGBT rights. However, her parents took her to the Zion church and now is married to a heterosexual man.”

**Sara:** “I want to talk about those lesbians who are very curious about what we are doing at the Lambda Association. How can I explain it? They also come to the Association to see how things work here; what is it like? After a while, they realise that the jobs we do here are not what they expected and they never come back. Some of them think that we have exhibitions of lesbians, online dating, orgies and debauches: “If you go there you will find yourself a lover”. Others believe that Association members and activists earn a lot of money. Here, people are equal, and nobody is available to date anyone who enters this house. If the money is not there, they feel disappointed and disappear” (FGD, Nampula, Lambda April 2016).

This FGD displays the language of fear used by many participants to express their constraints in revealing their sexual identities and becoming LGBT activists in the city of Nampula. Ranging from the ages of 18 to 40, three were Christian and one was Muslim. All of them were either employed or were undergraduate students at public and private universities. In this context, they reiterate the existence of prejudices and misconceptions regarding Lambda Association’s activism on sexual minority rights, as well as the lack of a role model to inspire women to live their sexuality openly. Parents and heterosexual males were mentioned as people who believe that these women suffer from a disease, the cure for which relies on the Zionist church prayers and rituals. All of the aforementioned factors contributed to the invisibility of female same-sex activism at both research sites.

In February 2017, an interview with the head of human resources at Lambda Association’s central office indicated a higher percentage, at both research sites, of MSM and heterosexual women working at the Association, vis-à-vis the number of “lesbian” and “bisexual” women. Information provided by the head of human resources of the Lambda Association, reveals that of the 54 Lambda activists and collaborators, nine were lesbians and worked on the MSM projects and other tasks at Lambda’s offices in Maputo. In Nampula, there were only two lesbians, and they were responsible for the Association’s accounting department.

The quotes below illustrate one of the FGDs, which was composed mostly of Lambda Association members, supporters and activists from the Lambda Association in Maputo. Their ages ranged from 18 to 40 years of age, and all of them were Christians from different congregations and some were undergraduate students at public and private universities.

**Fabiola:** “I have been working at the Lambda Association, as an activist, for five years. So, for me, it is not difficult to understand why lesbians prefer not to show their face during civic education campaigns. We tried to organise activities to empower them on matters of sexual rights, but failed. There was no money to address the sexual health component for lesbians and bisexual women. The fear we face from society is aggravated by the lack of legislation that protects us, in this country. How can we talk about sexual rights violation of lesbian and bisexual women if the State does not recognise such rights?”

**Vanessa:** “I see that we, as African women, have faced significant discrimination originating from our traditions. When I look carefully at what happens to girls, those who are forced into the *lobolo* ceremony at an early age, I see a violation of women’s human rights. Girls do not go to school because are encouraged to prove their ability to bear children. If a woman does not have a husband, her life is not respected. If, as Fabiola said, there is nothing that regulates our rights in the country, how can we speak about lesbian rights at a public event? We live in a society where traditional practices have a negative side, which is used against women's human rights.”

**Cíntia:** “The major problem here is that a lesbian is not seen as a woman. There is no sexual intercourse between two women and two vaginas. You can call that intimacy or something else, but not a sexual act. For many people, sex means the contact between a penis and a vagina. So, many lesbians end up as a bisexual woman just to conform to their parents’ expectations. An extramarital relationship with a woman they love, while married to a man, is not seen as cheating by their husband. Sleeping with another a woman is a joke and not sex.”

**Crisalda:** “In our society, a woman has to be seduced by a man and not by an equal woman. If you are not married to a man, you are not a woman. The real woman was created to take care of her husband and children. For me, a lesbian suffers much more than a heterosexual woman, because she is not considered a woman. Here in Maputo, women follow the tradition of *Kulaya*/ marital counselling, before getting married. They are taught how to serve and take care of a husband. But they suffer at the hands of an intimate partner, who humiliates them and prohibits them from

studying or having a job. But lesbians face much more pressure from parents, extended family members, and people in the neighbourhood and workplace, to become “straight”.”

**Hermenegilda:** “I see that even though a same-sex female couple form a family, they are not considered to be a family because they are of the same sex, and their house is not regarded a home. It is because of this that I prefer to keep my relationships a secret. But the problem will then arise when my parents discover that their dreams of having a son-in-law will not happen, because I feel sexually attracted to women. Like other parents, they will take me to traditional healers to see if I will become “straight””(FGDs, Lambda, Maputo, February 2017).

Despite the differences in the cultural and religious backgrounds of the FGD participants at both research sites, all of them were much more comfortable speaking about their sexual orientation in the LGBT community than in public spaces, and they all dealt with parental rejection. The previous transcript indicates that the lack of legislation protecting lesbians' rights to form a family worsens their situation. In this regard, one aspect caught my attention: the idea that lesbians are not considered women because, in their intimate relationships, the sexual act does not involve a penis and a vagina. Consequently, this perspective impacted negatively on the life of “lesbians” and “bisexual” women at both research sites. As shown in human rights and feminist CSO progress and research reports, a woman's body, in both matrilineal and patriarchal norms, is intended for reproduction and to give pleasure to a man (LDH, 2007; Casimiro & Andrade, 1994). These norms shape the subordinate relationship between men and women through traditional rituals and counselling practices, which prepare girls for marriage at a very early age (Osório & Macuácuá, 2013). This study indicates that these traditions still prevail at both research sites and that these have influenced the stereotypes used against people in same-sex relationships.

In the previous conversation, Crisalda referred to *Kulaya* as an educational session where bride-to-be girls learn how to take care of a husband and their home before getting married. *Kulaya* is a Changana word, spoken in the southern region of Mozambique. The word means to teach, counsel or give advice (Richter, Dawes, & Higson-Smith, 2004, p. 425). This finding is consistent with the quotations of Antonio and Paula, in chapter IV, section 2, which illustrate the taboo faced by many activists when speaking about SRHR matters in communities, particularly with regard to advising community members to respect spacing between pregnancies: “she is my wife, and I decided how many kids, I want to have (...) so you come here to teach us how to have sex with a

man? (...) When it comes to women who are sleeping with the ladies, they say that there is no sex (...) the common question is on how two women can have children”. That is, sex implies not only that there must be a penis and a vagina involved, but also that procreation is a consequence thereof. This implicit view was shared by many lesbian participants at both research sites, who saw themselves forced to prove their reproductive capacity and became involved in a heterosexual marriage, as this was one of the requirements to be recognised as a woman. While scrutinising the data analysed, I noticed that participants shared fear as one common reason that prevented them from joining an activist LGBT Association. They all had different experiences in discovering their sexual orientation, but the fear of parental rejection and sexual violence was at the core as the common identity factor for those groups and, thus, a much stronger uniting factor for all of them. The next section illustrates how participants spoke about cultural and religious practices they had to undergo in order to cleanse from same-sex relationships and return to the normal, which, in some people’s view, is to become “straight” or be bound in a compulsory heterosexual marriage.

## 6.2. Why are you fighting against your nature? The struggle for identity and reproductive rights

In the previous section, I reported that most of the participants in this research were not activists or full members of the Lambda Association, as a result of their fear of parental rejection and the existing prejudice against homosexuality, at both research sites. The current section focuses on the struggle lesbians face to become pregnant without having sex with a man, and how some participants were morally influenced to change their lesbian identity into “straight” persons or be bound in a heterosexual marriage.

The following stories are from three individuals who agreed to speak about their experiences of sexual rights violations and, consequently, the challenges they face just to remain “lesbian” and not heterosexual or “bisexual”.

**Fatima:** “Many parents overreact when they discover their daughters are homosexual. I was confused by my attraction to women because in the circle [Muslim] I grew up in, there is no place for lesbians. I had never seen a lesbian before coming to the Lambda Association. I participated in the health workshops where I met some LGBT friends, but I am not ready to become an activist. My parents discovered I am a lesbian because of going to the Lambda parties. Someone in the neighbourhood told them I was playing around with weird people. After a long session with my parents asking about Lambda, I tell them the truth. It was not an easy process, because I am from a very traditional Muslim family. I noticed on their faces how ashamed they were of me and how embarrassed they were to have to tell friends that their daughter or sister is a lesbian. My old sister is the one who gives me some support. My brothers, however, do not want to hear anything about homosexuality because to them it is *haram*. They asked: “Why you do not stop this shameful joke”. My older brother said the following to my father: “Do not worry about this joke, Daddy; it is something temporary. She is not going anywhere with this joke”. To which my father replied: “We will see. If she does not stop this thing, she will go and live with the uncle Mamudo in Portugal, because I am tired of shameful things happening in this house”. My mother wants me out of the LGBT community. She took me to the house of a Sheikh, who prayed for me and gave me an *Iris*/amulet to put under my pillow every day before going to sleep. The *Iris/amulet* was to protect me from the shame, but nothing

has changed in my life. I still do not feel attracted to men. Not at all. I stopped bringing my girlfriend to my house to make my parents think I had changed. A friend of mine, who is gay, usually comes around to visit me. So, my Mommy is calm; she thinks that he is my boyfriend (IDI, 18 years, Lesbian, Nampula, January 2017)."

**Carolina:** "I live with my aunt and uncle, and they think I am a crazy person. My uncle normally asks me: "Am I understanding you correctly, girl? How do you think those things will end? What do you want to be, exactly? You mean that, with all of your beauty, you do not expect to have a husband and children?" For my aunt, being a lesbian is something temporary: "One day you will meet a real man, and you will know what is best for you! That will be possible if you stop going to the Lambda Association". One day I told her that being a lesbian does not mean I am unable to have children, because I can sleep with a man just to get pregnant. She got angry and said: "You do not know anything yet!" She has taken me to different *sheikhs* on Mozambique Island and has invited some traditional healers to come from Maputo to treat me. All of them think that I am possessed by the spirit of my grandfather, who was very involved in witchcraft. I am tired of seeing these people, but I do what my aunt says because I want to finish college. She threatened to stop paying my university tuition fees if I keep on dating girls" (IDI, lesbian, Maputo, 2017).

**Laurinda:** "Some women say they are bisexual just because they were heterosexual and had children. However, for me, they were lesbian from the beginning. They were probably confused about their sexuality and were unable to fight against their parents' expectations. For me, motherhood does not stop me from being a lesbian. I will not sleep with a man just to get pregnant. In Mozambique, it is difficult for lesbians to fall pregnant without sleeping with a man. However, I will save some money and go for artificial insemination in South Africa. In the LGBT community, people say that many doctors do artificial insemination at private hospitals, but they ask stupid questions that discourage lesbians from discussing the possibility of impregnating without having sex with a man: "Why are you fighting against your nature?" This type of question embarrasses us. In South Africa, these medical procedures are costly, and many people cannot afford them. I had a bad experience on this subject. I discovered that my ex-partner was cheating on me the day she started to bleed. She was pregnant and had a spontaneous abortion. When she recovered from the bleeding I asked her how the abortion could happen, and she shamelessly replied: "I want to have a baby". So, you were having sex with a man, behind my back, in order to have a baby? She then said again: "I am sorry, but it is quick and a practical way of getting it done without

any financial costs”. I heard stories of lesbian couples splitting up because of similar situations, but I never imagined that it would happen to me. We also split up. If she had told me that wanted to have a baby, we could have tried artificial insemination, which is a safer method to prevent STIs and any disputes with the father of the baby. She was lying to me and was confused about her sexual preference. Later on, I heard from some friends that she is bisexual. This story shocked the people at the Lambda Association. She was an activist who used to introduce herself to the LGBT community as heterosexual, while behind their backs she was sleeping with me; and now people say that she is bisexual. As I said at the beginning of this conversation, I do not trust Lambda’s activists, because I see many of them as fake people” (IDI, Maputo, 29 December 2017).

Unlike the older participants I introduced in the previous section (Laurinda), 18-year-old Fatema is a Muslim, and 25-year-old Carolina is a Christian. It was noticeable that both focused on how their parents considered “lesbian” to be a temporary status or a curable disease, since all participants eventually gave in to the pressure from their families, which influenced them to become heterosexual. Domestic tension was one of the reasons behind the need to give up same-sex relationships, as a premise to be recognised as a woman. Many women, therefore, end up in unhappy heterosexual relationships, in which they are often humiliated. This finding is consistent with the dominant pattern found within society, where human procreation is a result of sexual intercourse between a man and a woman, in other words, the contact between a penis and a vagina.

Laurinda’s viewpoint was shared by many participants, who further stated that some lesbians engage in sexual activity with men in order to get pregnant. This type of situation was reported within a context where alternative medical procedures, such as artificial insemination, were not readily available and also very expensive. Artificial insemination was considered to be a safe method of conception for lesbians, as opposed to have sex with men in order to achieve this objective. The issue of safe reproductive methods was often raised as one of the challenges participants faced both in their relationships and within a context where many of them did not have the necessary resources to travel abroad in order to undergo this procedure.

The factors referred to above illustrate the reason for some women who stated they were bisexual at the beginning of the FGDs or IDI, later on stated they were lesbian. I also noticed that the term “bisexual” was used as a temporary form of self-identification and expression of a heterosexual past, and by women who had children. In this context, some women were able, during

adolescence, to link the desire for a same-sex partner to a lesbian identity, while others were not. The fact that the women in the latter group were unhappy in a heterosexual marriage, was often the reason given for divorce and for engaging in a same-sex relationship.

Like many participants, Fatema and Carolina spoke about how their parents were ashamed of them when they discovered their involvement in a same-sex relationship. This view was shared by all participants, particularly those who had been subjected to traditional and religious rituals. In general, they agreed that shame was one of the factors that led parents to subject their daughters to the rituals or practices mentioned above, as a means to exert influence on them to become “straight”. The respondents reported that many parents were not shocked when they first discovered that their daughters were involved in same-sex relationships. Family members viewed the romantic attraction of same-sex individuals as a temporary “shameful disease” that could be solved through a rushed heterosexual marriage, or cured through rituals and treatments provided by traditional healers and prophets from the Zion church. Because of this, most of the respondents prefer to live their marital life discreetly and in silence.

Before describing the perspective of “healing” same-sex desires, introduced by Carolina and described in the next two sections, I will begin by telling the story of Joelma and Celestina, who stated they had been forced into a mandatory heterosexual marriage, just because they were lesbians. By presenting these narratives, I aim to show the reader just how hard it was for some respondents to remain in their same-sex relationships.

**Joelma:** “Two months ago, my family discovered that I was dating a woman and not a man. One afternoon, I forgot to lock my bedroom door and my little brother saw me kissing my girlfriend. He told my parents what he had seen in the room, and the nightmare began. My father got upset with both my mother and me. He said that my mother was not doing her job of teaching me how to be a good woman for a man. I was getting old, and the fiancé he was expecting never appeared. I tried to be discreet in my relationship, but I was about 18. Here, in Nampula, girls marry at the age of fourteen. My mother used to ask if I had a boyfriend and I always said that I wanted to finish college first. In the beginning, when I noticed I was lesbian, I was afraid to tell her the truth, because she is a very religious person. From that day forward, my mother was put under a lot of pressure by my father. In order to lessen the tension at home, she took me to the house of a Sheikh, who introduced me to prayer sessions to expel the evil spirit he said was in me. In the course of the next two weeks, they brought an old man to marry me, as his second wife. The ceremony of *Nikhai* was



organised quickly because that man was wealthy. My father said to me: “From now on, your husband will take care of you. He will pay the tuition fees at your school; please stop doing these shameful things”. For my parents, I was already becoming a spinster. I feel very sad these days because my husband told me to stop going to the university. He and my mother want me to get pregnant. My parents are happy with him because he is wealthy, but I do not love him. At the moment, I am trying to find a job so that I can ask for a divorce.” (IDI, Lesbian, Nampula: January 2017).

**Celestina:** The truth hurts, but it has to be said. So, it was in June, if I am not mistaken, that my dad found out I was dating a woman. After that, I was subjected to everything he wanted, in order to make me “straight”. I was afraid of my father because he threatened to stop paying my college fees. He said: “While you are involved in those things, you are not my daughter. That person you love will have to pay everything for you; will have to give you an allowance and everything you need to survive”. He said many things to me: “Starting today, I am going to find someone for you. You are going to get married and become normal like other people”. Just that! I could not refuse to do what he said, because I did not have a job. In one month, they organised everything for the *lobolo* ceremony. My mother repeated the same words to me every day: “Daughter, do what your father wants, because he knows what is good for both of us”. Believe me! From that day on I did not sleep well, and I could not call my girlfriend to tell what was happening to me. I just had to accept the man he arranged for me, as a condition to finish my college education. I was in my last year of studies, and I needed to have all those perks that my father gave me. I am not living with my future husband yet, because my father is organising a formal wedding, which will be held in December this year. All of this happened after my girlfriend travelled to Beira, where she is studying. I have still not had the courage to tell her that I will be getting married to a man soon. (IDI, Lesbian, Maputo, February 2017).

These two excerpts represent the views of participants between the ages of 18 and 25, who shared experiences of being forced into heterosexual marriages. Of the 38 women who reported being in a same-sex relationship, 24 were in the 18-25 age bracket. They spoke of the hardships they faced after being forced to marry men. Although those who were Muslim followed the *nikhai*/religious practices and the other group the *lobolo*/ bride price practices, both groups had been

subjected to these ceremonies without their consent, mostly in the city of Nampula<sup>12</sup>. They followed what their parents wanted them to do because they did not have other alternative. Lack of financial autonomy and blackmailing coming from parents to stop paying tuition fees at school was one of the reason that influence these women to abandon same-sex relationships. In general, both matrilineal and patriarchal societies influence girls into early marriages (Arnaldo, 2004, insert page). When it came to disclosing sexual orientation, many participants were afraid of being rejected by their parents and families. These traditional and religious marriages, mentioned by the participants, occurred with young girls/women between the ages of 16 to 20.

Joelma's story illustrates this situation. She was an 18-year-old Muslim girl, who self-identified as a lesbian during the first interview, held in April 2016. However, when I scheduled the second interview with her in February 2017, to complete the interview process, she stated that she had become bisexual. For this second interview, she was unable to meet me at the Lambda Association or at her house, like we had in April. We had to meet at a hotel restaurant, where she spent 30 minutes crying. Joelma was very sad because had been forced to marry a man whom she did not love, after her parents discovered that she was dating a woman and not a man. Similarly, Celestina, 24 years old and a Christian, stated that her parents had stopped paying her college tuition fees just because she was involved in a same-sex relationship.

Although heart-breaking, Joelma's and Celestina's situation cannot be generalised. Both were forced into heterosexual or early marriages, just for being "lesbian". However, during the fieldwork, I found out that adult participants had a different story from that of these two lesbians. Other participants who were over 40 years old, had not been aware of their sexual orientation when they got married, before the age of 18. In the three quotes below, I introduce the stories of Jessica, Sharon and Vânia, which aim to illustrate the differences in the participants' views.

Jessica was 40 years old and a member of a Catholic Church community. She said that after divorcing her husband when she was 30 years old, for the first time she became happy in her intimate life, with a woman. Sharon also shared her story. She was 42 years old at the time of the interview. She belongs to a Muslim community, and self-reported as being bisexual due to the fact she had ended a heterosexual marriage and then became involved in a same-sex relationship at the

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<sup>12</sup> *Nikhai* is the Muslim religious wedding ceremony and *Lobolo* is the traditional wedding ceremony, very common in patriarchal societies in Mozambique.

age of 36. Vânia, a 40-year-old Muslim, is the third interviewee who stated that she was bisexual, because she had lived a heterosexual lifestyle until the age of 37.

**Jessica:** “I first began to feel attracted to women when I was eleven. I was born in Maputo but grew up in the countryside. During my childhood, let’s say until the age of 16, we lived in a rural area, because my father was an administrator of the Mutarara district. Mutara is a small village located in the Province of Tete, and at the time there was no TV or internet to provide us with information on homosexuality. I remember that while playing with other kids, at the age of eleven, I had my first kiss with a beautiful girl. In the 1980s, that kiss was seen a part of the games played by girls. That is why, while growing up, I considered the kiss to be child's play. By the age of 17, I had kissed many girls, at which time they [parents and aunts] introduced me to my first husband. Aunts on my mother’s side came from Maputo and stayed with us for a month in the rural district. They came to teach me how to take care of a husband. It was a session of what in Changana we call *kulaya*. They were worried about me because my first menstrual period came when I was eleven, and by the age of 17, I was not married. Furthermore, at that time, many parents sought husbands for their daughter from families with a good reputation. Today, however, things are different. Girls will date different boys at the same time; they do not want to have children early and they are exposed to information on sexual orientation. I stopped dating girls when I got married to my ex-husband. However, even before that, I didn’t understand why I felt attracted to women. I had never seen lesbians living together as a couple, as I do today. There were women living together, but they were not seen as lesbians. I saw mother and father, uncle and aunt, and man and woman, altogether normal couples. I learnt the term “lesbian” from Brazilian soap operas and international magazines from Europe and USA. I saw few tomboys or a sissies walking down the street. However, I did not really understand the meaning of these words until I grew up. Also, not all tomboys became lesbians. My parents found a husband for me, and from the time I got married, I began to question my sexual pleasure. I had a son and a daughter from this relationship but sexually, I was not happy with him. I did not love him, and I do not know why. I kept looking at women like me. At the age of 25, I decided to find out more about homosexuality. A friend of mine, who is gay, gave me a magazine on homosexuality and I also asked other people about this subject, and did some research on the internet. Because of this, I discovered other women who felt the same as I did and also that the majority of people do not talk about homosexuality because of shame. Some parents even went so far as to send their daughters

or sons to study abroad when they discovered they were homosexual. Some friends of mine, the same age as me, are gay and were forced by parents to live in Portugal and South Africa. They are happy there, because no one interferes in their lives. So, after hearing all of these stories, reading magazine articles and thinking about my unhappy sexual life, I asked my husband for a divorce. Our parents were shocked. However, I did not care about them anymore. My ex-husband now has another wife, and I have been living with my partner for ten years. I had to move from the province to Maputo, which is big and where we do not have to discuss with to anyone what we do in bed. I have never again had a relationship with a man” (IDI, Maputo, December 2016).

**Sharon:** “It took me a long time to discover myself as a lesbian. I felt some strange disconnection between my body and mind when I was young; I always felt attracted to other women. But I had no information to help me understand why I was attracted to women and not men. I got married at the age of 17, as was normal for girls of my age. My marriage was an arranged one, agreed to between both sets of parents. Despite not knowing what would come after the wedding day and the beautiful ceremony, I was happy. My husband was a very handsome man. Many girls in the neighbourhood wanted to marry him. So, for my family I was lucky, because I married at the right age. During our 15 years of marriage, I never felt any sexual pleasure with my husband. The pleasure I had heard many women speaking of, in relation to their husbands, was not there. I thought I was a frigid woman. In conversations with other married women, they would say: “Wow! Last night I made love with my husband, and it was very nice”. In my mind, I wondered if I was normal. Why did I not feel what the other women say they felt with their husbands? The relationship with my husband did not work out, and we ended up divorcing. Our marriage ended because of other reasons. I say this because, at the time, I never imagined that I could be in a relationship with a woman. After the divorce, I had a few more relationships with men. I even got engaged to another guy, but it was the same story. I was never sexually satisfied with them. Five years after my divorce, I found a job in a company where I worked for three years; this company had a partnership with the Lambda Association. So, I talked with some people from the LGBT community, and I became and continue to be friends with many of them. I was gradually discovering things that might be happening to me, that I did not previously know about. At the Lambda Association, I met other homosexual people, and I began to become increasingly curious about this subject. I then posed a serious

question to myself. What did I see here with these people? Is this what I was missing in my life? The day I met my partner, I didn't hesitate in having an affair with her. I was 36, and I decided to see if there was a piece missing in me or not. I discovered that I liked it, and we have now been living together for five years" (IDI, bisexual women, Nampula, April 2016).

**Vânia:** "I feel more comfortable saying that I am bisexual because from the age of 16 until I was 37, I was married to a man with whom I had three children. In fact, I have felt attracted to women since I was an adolescent. However, I was unable to link this feeling to homosexuality. I used to dress in loose shirts, the ones that hide the chest, and in shapeless pants that hide the hips visible. I often say that if I had been born in Brazil or in Europe, I would be a transman. However, I just stayed in my corner. I didn't understand anything about homosexuality. Other girls were getting married and having children between the ages of 14 to 17. I had to forget about being involved with women when my parents decided on my marriage. 20 years ago, nobody talked about homosexuality. It was like a monster with seven heads, and there was no room for me to be seen as a lesbian. Sleeping with a woman was my dream, but I was afraid to face it. There was no information about homosexuality, and even less so within the Muslim community where I grew up. Nowadays the situation is different. I met my partner, who is a member of the Lambda Association, after my divorce from my husband, who. She invited me to the Association, where I became familiar with LGBT rights; I began to understand myself better than ever. We have been living in a *de facto* union for four years" (IDI, bisexual women, Nampula, April 2016).

The three stories represent the views of some lesbian participants in their 40s, who, during adolescence, were unable to relate their experience of dating other girls as being connected to a lesbian identity or same-sex relationship. In all cases, the parents managed to find a husband for them. As many of them said, early marriage was seen as a standard procedure for girls to overcome their "lesbian status". In Joelma's and Celestina's narratives, their forced marriage was meant to force women who felt attracted to other women to become "straight", while in the case of Jessica, Sharon and Vânia, the views are representative of some participants who were unable to see early marriage as forced, because it was the "normal" procedure for girls, at the time they got married. They shared similar concerns, such as being discreet about their intimacy; assuming a lesbian identity after their first marriage and were afraid of openly being activists at the Lambda Association. All of them were uncomfortable with specific attitudes of some activists, who failed

to maintain confidentiality regarding the HIV-status of some members in the Association. Nevertheless, this perspective cannot be generalised to all “lesbian” and “bisexual” women participants. Some of them, like Sandra, Rita and Tatiana, whom I introduced in the previous section, were committed to LGBT activism.

In Nampula, some participants, irrespective of age, were uncomfortable introducing themselves as lesbians, because they were afraid of being forced into early marriage, or because of their heterosexual past. They preferred to identify themselves as bisexual instead of lesbian. The following stories shed more light on this perception and are taken from FGDs with the participants I introduced in the previous section.

**Halima:** “I normally say that I am bisexual, but in fact, I am a lesbian. I identify myself as bisexual because I can then introduce a fake boyfriend to my parents and friends and have a relationship with a woman at the same time. If I were not financially dependent on my parents, I would have come out of the closet. I depend on my parents for clothes, food, my college fees and everything else. I prefer to finish college, get a good job and then assume my lesbian identity.”

**Sara:** “This story of being bisexual is more like an impression that lesbians portray to society; the idea that they are bisexual, that they go with both men and women, but in actual fact, it is not true. When a person identifies as bisexual, it is because of pressure from the parents. It is a way of introducing a man to the parents as a boyfriend, just to conform to their expectations. For instance, Halima says she is bisexual, while she is dependent on her parents, but in fact she is a lesbian.”

**Jackeline:** “In Nampula, being bisexual is a way of self-defence against stigma and discrimination. They do not know what it is to be bisexual. These are women who are forced to be bisexual because their parents want them to get married, and they discover later on that they are lesbian. I took a long time to discover that I am a lesbian. I was married for many years, and after my divorce, I became a lesbian. It has been a long time since I last had sex with a man, but I say I am bisexual because of my heterosexual past.”

**Sara:** “I think it is simpler to find lesbians in the city because women are more educated, while in the rural countryside, women suffer a lot of pressure at a very early age. They are forced to marry and have children at a very young age, so that they do not have time needed

to express their sexuality. In the towns, women go to school and from there they meet other women with the same sexual tendencies.”

**Halima:** “Yes. For instance, my father thinks that I have a boyfriend, but I don’t.”

**Yana:** “I think she wanted to say that Halima is not prepared to disclose her identity for the moment. Since she is underage and depends on her parents for everything, it is better to hide it until she finishes college.”

**Halima:** “What are you talking about? I am 18 years old.”

**Sara:** “But for your parents, you are still underage.”

**Jackeline:** “You are considered to come of age when you turn 21 years old. So, if Halima takes this decision, it is because she knows. If she says: “Daddy, I am a lesbian”, they will send her away from their home. So many parents react like that.”

**Halima:** “Yes, “get out of my house”. My father can do that.”

**Jackeline:** “If her father fails to pay her college tuition fees because of that, how is she going to live? We cannot forget that she is unemployed. If she decides to assume her lesbian identity, she will have to pay the bills by herself. It will be something like that. That is why she has no option, and at home she has to behave as if she were heterosexual; yes, to pull the wool over her parents’ eyes. That attitude will give her enough time to finish college, to find a job and after that decide about fully coming out of the closet. After she achieves this plan, she will be ready to face her parents, because then she will be her own master.”

**Sara:** “In my case, I am not bisexual. I am a total lesbian and fully acknowledge it.”

**Jackeline:** “In your case it is different, because you have behaved like a lesbian and like a boy since you were a child. In other words, I mean it is easier for parents to understand the situation when it starts right from childhood.”

**Sara:** “Yes, I have been dressing and walking like a man since I was a child, but I am not a transman. I just like male clothes. So, I believe that it is easier for my parents to understand, because they have known from the beginning that their daughter is different from other girls. So, they gradually opened their minds to accept this reality, but not to the fact that I sleep with a woman and not men.”

**Halima:** “Personally, I always hide these things from my mother. I do not want her to suffer and to feel ashamed of me (FGD, April, Nampula 2016).”

I selected this conversation to illustrate that in Nampula, differently from Maputo, many women who self-identified as bisexual during the first interview, had changed their identity by the end of the conversation. According to the participants, this fact is related to early marriage, which forces them to abandon same-sex desires and relationships. While participants over the age of 40 indicated that early marriage is part of their culture, respondents from the FGDs saw this as an obstacle to their education. The discrepancies in data, at both research sites, are consistent with statistics of early marriage in the country, which is high in Mozambique, particularly in Nampula (UNICEF, 2005; Arnaldo 2004). In this study, some of the participants stated that they were bisexual because of their heterosexual past. Others used the term to hide their lesbian identity as a strategy to ensure their parents allowed them to obtain their college degrees and become financially independent. By the end of the fieldwork, I found only two participants whose narratives of being bisexual were consistent from the start to the end of the interviews. The 27-year-old Malva and Regina self-identified as bisexual, and although they complained about stigma and discrimination against them within the LGBT community, they were members of the Lambda Association. Malva sees no point in religion, as she does not believe in God. Regina, on the other hand, was Christian and avoided revealing her sexual orientation within the Zion church she attended.

**Malva:** “I have felt attracted to girls and boys since I was 15. My first love affair was with a boy, whom I then swapped for a girl who was my cousin. My cousin and I were together until the age of 17, at which time she decided to stop and become heterosexual. She gave in to pressure from her family, who wanted to see her married to a man. I am always discreet in my relationships and I am still attracted to both men and women. But it is not very easy because, in our society, people do not speak openly about homosexuality and there are taboos when it comes to this subject. When I was a young, I did not understand why I was the only one among my friends at school who felt attracted to both boys and girls. I tried to talk about my feelings with them, but they did not understand my position. They always insisted on going exclusively for the boys: “Malva, let it go, let’s enjoy guys [boyfriends]”. In fact, I see myself as bisexual. For me, being homosexual also means that you can also be in the middle. However, many people at the Lambda Association do not understand our reality. Some of them think that bisexuals are sitting on the fence; that they do not know what they want and take the best from both sides. Sometimes people say: “bisexuality is like a double-edged sword, and when it is like that you can't trust them”. For me, these are stereotypes, and there is



nothing wrong when someone feels attracted to both men and women. Sometimes there is no need to choose one or other; you can simply navigate between the two worlds. I think that some people live in between the two worlds because they want to protect themselves from stigma and discrimination” (IDI, Bisexual women, 30 years old, Maputo 2017).

**Regina:** “I feel that there is a certain stigma against bisexual people, even within the Lambda Association. When I revealed my bisexual identity to my friends from the Association, most of them said that I was sitting on the fence. It means that I am not a serious person. But I told them that there was no other way, I felt attracted to both men and women. I go where I feel good. Many people from the Association know who [what] I am, but my parents don’t. My sister would be the only one able to understand my reality, if I told her, because she has an open mind. All of them will find out the truth before I finish college. I am afraid of their reaction. I say this because I heard the story of my ex-fiancé. She was much younger than me, and one day when she decided to come out of the closet, the parents stopped paying her college tuition fees. At that time, I had to share the pocket money my parents gave me with her, because she was living in a room at the university campus and was penniless. She told me that they had said: “Where did you see a woman having sex with another woman? This person who is teaching you to be lesbian will pay all your bills”. It is very sad when your family ties and financial aid are broken because the person is a lesbian or bisexual” (IDI, Bisexual woman, 27 years old, Maputo, February 2017).

In the previous quotes Malva and Regina complained about stereotypes and stigma against bisexual women within the LGBT community and the fact that people do not talk openly about sexuality because it is taboo. They struggled to understand why they were attracted to both boys and girls at school, during adolescence and, like many of the peer-educator activists I introduced in previous chapters, they preferred to reveal their sexual orientation after finishing college. In Nampula, individuals regularly used the term “bisexual” because of their heterosexual past. In Maputo, however, this term was rarely mentioned, and only two participants maintained their bisexual identity from the beginning to the end of the interviews. Although all participants shared the same fear of revealing their sexual orientation to their families, they felt that bisexual women faced less pressure from society, because they disclosed their relationships with men, but not when it involved a woman. Therefore, in this section, I shall probe deeper into the narratives of parents and siblings, as well as those from the societies (church and community at large) where the respondents lived. These narratives reinforce my initial assertion, raised in previous chapters, where the invisibility of women who love woman are related to the fear of publicly revealing their

sexual orientation as well as to a lack of funding to improve SRHR of this group, which runs throughout this dissertation.

### **6.3. Sexual violence and sex with “the husband of the night”**

This section focuses on the context in which participants reported on events relating to the rituals or procedures used to turn lesbians into “straight” women. The lack of information about sexual orientation was also regularly reported by participants at both research sites, as a contributing factor to the prevailing and controversial perception of “homosexuality” as a curable disease. To illustrate this point, I have included some participants’ inputs. On this topic, some participants spoke of the fear of sexual abuse, and of how some women were subjected to this violence. They also spoke about the having sex with “the husband of the night” in order to become “straight”.

**Jackeline:** “For me, sexual rights should be about freedom of expression. How can I explain it? It is about the right to protection against violence, which affects many of us [lesbians]. I prefer to talk more about verbal aggression. How can I explain it? Well, let start talking about how parents at home and people in the street have humiliated many of us. Most of the time, I prefer to talk about myself. For instance, when I walk in the city, I hear people asking questions about me: “What is she thinking of? That her current lifestyle will lead her anywhere? What kind of life is that?” They all speak of these issues because of the way I dress. My friends know how kind I am. I treat people very well. But in the street, there are those who offend me. I just do not understand why they do that, if we do not even know each other. Those bad things they say affect have a negative effect on my mood. They often shout out “butch”. So what? What do they have to do with this? Although I have nothing against them, I am not butch. I just like to dress in male clothes.”

**Sara:** “I do not know if I describe it as verbal aggression or even worse. I went through a similar situation with my girlfriend, while walking in the street. We were holding hands in the garden when suddenly, we heard the voices of two men: “What are you doing ladies? Why are you so close? Is there a lack of men for you two?” My partner replied: “Mind your own business!” And one of them said: “You two might be crazy. You need real sex. You have never found a man who had good sex with you, right? You two are really

traumatised”. They kept saying those things to us when, all of sudden, the other guy said: “Either get out of here, or come over here. I will teach you what is good for you”. We felt very frustrated hearing those words that day. In my opinion, they wanted to rape us.”

**Halima:** “Many lesbians do not publicly reveal themselves as lesbian, because they are afraid of being raped. Rape is very common in Nampula. I heard about a couple of women from the LGBT community who were sexually abused at night, when they were coming back from the disco. I do not know whether this was related to the fact they were lesbian. But last year, a lesbian got pregnant after being sexually assaulted by someone she knew. She went to the police station to report the guy, but nothing happened to him because he bribed the police officer.”

**Yana:** “I am not sure if these women were raped because they are lesbian. I have heard many stories of women victims of rape in Nampula, and most of them were heterosexual. However, there are also those who think that a woman becomes a lesbian because she suffered many deceptions in love, and that lesbians are sexually dissatisfied people. In fact, they are completely wrong! Nobody becomes a lesbian. We were born lesbian. Even in relationships between two women, they can get frustrated; for instance, in situations of cheating or lack of reciprocity. For me, a woman is born lesbian, period. She feels attracted to another woman in a context where, for most people, healthy love relationships do not involve people from the same sex.”

**Jackeline:** “I agree with Yana. I also had a lot of pressure from my mother to stop dating girls instead of boys. I get bored when it comes to talking about sexual rights. As others before me have said, the violation of our rights starts at home; and it is everywhere. For instance, in Mozambique, same-sex marriages are illegal. I live with my partner, and the neighbours think that we are sisters or friends, but we are actually a couple. The Lambda Association is still illegal! How can the right to same-sex marriages be recognised within this context? If the government refuses to legalise our Association, it means that we are not their citizens, and this is a violation of human rights.”

**Yana:** “But for those who have money, they can marry abroad. I know some gay people who got married in South Africa.”

**Jackeline:** “I have never heard anything about lesbians marrying abroad. However, for many of us [lesbians], we live in discreet and happy *de facto* union. An official same-sex wedding is like a dream that will never come true.”

**Sara:** “Having a baby without having sex with a man is another lesbian dream. I have three children, from previous relationships. It happened before I discovered that I was a lesbian. My partner has no children, and we have planned to have our baby next year. She does not feel comfortable in being sexually active with a man to achieve that objective. Although it is expensive, we are going for *in vitro* fertilisation. My partner will be the one carrying the baby because, at my age, 40, I cannot take the risk. What I want to say by this is that many lesbians want to get pregnant but feel uncomfortable with having to have sex with a man just for this purpose.”

**Jackeline:** “Sara, you have the money to go abroad for this procedure. Many people from the LGBT community cannot afford this procedure and become involved in a heterosexual relationship solely for that purpose.” (FGD, Lambda Association, Nampula, April 2016).

Participants of the previous FGDs were invited to speak about the right of choosing a partner and enjoying sexual pleasure free from stigma and discrimination. Many of them referred to protection against different forms of violence, such as verbal aggression and sexual abuse. In describing examples of verbal attacks, they referred to pre-conceived ideas against lesbians, which is connected to sexual violence perpetrated by heterosexual individuals, particularly men. In this view, the perpetrators were people who believe that lesbians are sexually dissatisfied people who need “real sex” to become “straight” and bind them in a heterosexual relationship. They also referred to the issue I introduced in the previous section, i.e., the right to same-sex marriage and the desire to have children without needing to have sex with a man. In general, they were all afraid of sexual violence, which they reported to have happened to some people they knew. I did not find any victims of sexual violence or what is known in South Africa as “corrective rape”, as a result of being lesbian, during my fieldwork in Nampula. After the FGD sessions, where most of the participants talked about how this type of abuse affected other lesbians, I invited participants to speak about their own personal experiences, and whether they would consider introducing me lesbians they knew, who were victims of this violence. My intention with this invitation was to explore how cases of sexual violation related to their sexual orientation, within the context of lesbian invisibility, at both research sites. However, most of them did not accept to speak about their personal experiences of sexual abuse. Nevertheless, there was no consensus on how cases of rape were related to sexual orientation and exposes them to HIV risk. As previous scholars have

suggested, more research is needed to explore this relationship, which constitutes one of the limitations of these findings (Logie & Gibson, 2013; Brown, 2012; Di Silvio, 2011; Mieses, 2009).

Unlike in Maputo, I noted that some lesbians were willing to speak about how they were subjected to “healing” rituals carried out by traditional healers and religious officials. Their stories mentioned being raped by a traditional healer or forced to receive the spirit of “the husband of the night”. The views below are about sexual abuse, and provide evidence for the argument presented above.

**Jurema:** “For me, sexual rights violation starts within the home. I say this because many parents have no information on homosexuality. Our tradition teaches girls to be married to a man at a very early age, thereby negatively interfering with their formal education. Someone who refuses to follow this tradition because they are homosexual, is considered a sick person. Many parents believe that traditional healers can cure all kinds of diseases, including those caused by evil spirits. They take their daughters to these healers who think that their bodies [lesbian body] are consumed by evil spirits. Love relationships between two women is a serious, but temporary, disease for those who dare to become “normal”. For me, these people are crazy.”

**Anita:** “Jurema is right, because there is no such thing as courage to become “normal”. If you are a lesbian, will be a lesbian forever. The problem is when you arrive at the traditional healer’s place. You are given not only herbs that cause diarrhoea, intended to clean your belly, but also a “husband of the night” to sleep with you. Many lesbians have been forced by their parents to seek traditional healers, and by following rituals recommended by them, they start to have sex with a “husband of the night” [evil or bad spirit]. The sexual intercourse happens in their dreams every night. I have heard that a similar treatment is used for healing heterosexual women who have difficulties in finding a husband or getting pregnant, because of an evil spirit that lives in their bodies. Traditional healers are used in order to expel the evil spirits living in the bodies of heterosexual women. It is different in the case of a lesbian’s body, because a lesbian receives a spirit to sleep with her. Each morning she wakes up all wet, as if someone had slept with her. But this kind of treatment does not change anything. If you are born lesbian, you will be sleeping around with women instead of men. If you are married just because of societal norms, you will be sleeping with both -, a woman you love and the father of your children, with and for whom you feel no sexual pleasure.”

**Jurema:** “Well, I have also heard about women who do not marry because of the “husband of the night” who lives in their bodies. The “husband of the night” is someone who is deceased, but while alive loved that specific woman. After his death, the spirit of the man takes advantage of the body of that woman. The possessed woman has sex with that man in her dream, without even knowing him, and wakes up every morning all wet, as if she had had sex with a man. The “husband of the night” can be someone who is deceased and who did not love the woman in life but is used by healers to treat their clients or complicate their lives. In this context, some parents take their lesbian daughters to the traditional healers, where they receive a spirit to sleep with them in order to become “straight”.”

**Felizarda:** “Jurema is right; here in Maputo parents take their daughters to healers or even to churches, with the intention of helping them to stop being lesbian and become normal, like other women. In fact, healers do not stop women from being lesbians. Even if they give them a “husband of the day”, “of the afternoon” or “of the night”, nothing will stop these women from sleeping with another woman. For me, none of these beliefs are true. Unfortunately, many parents think that we are very sick people, and I cannot blame them. Homosexuality is a subject that people refuse to discuss, and is not acknowledged by the Ministry of Justice. Because of the lack of information regarding LGBT rights, it is much easier to see homosexuals as people who are possessed” (FGD, Maputo, February 2017).

Participants from whom the previous excerpts were taken were from different religious backgrounds and varied in age from 18 to 40 years old. Their views indicate that sexual rights violations against “lesbians” and “bisexual” women start within the family. As Jurema and Felizarda show, parents have taken their daughters to healers in order to transform them into heterosexual individuals. In contrast to Nampula, respondents in Maputo were more comfortable in speaking about the experiences of lesbians whom healers had recommended to have sex with a “husband of the night”, and how one of them reported having being submitted to sexual violence. The “husband on the night” was described as being the spirit of a dead man, given to a lesbian in order to have sexual intercourse with every night. Although most of the respondents were not willing to discuss their personal experiences relating to such violence, they spoke about other victims of rape within the LGBT community. These findings are different from Nampula, where participants reported about fear of being raped by heterosexual men who believe that lesbians are

sexually dissatisfied people. The following three excerpts narrate the views of participants who had been recommended to follow traditional and religious practices to become heterosexual.

**Martina:** “My mother discovered that I felt attracted to women when I was 15. On that day, I came back from school and spent all afternoon in the bedroom with my girlfriend. I thought that we were alone in the house, but suddenly my older sister found us kissing. She told my Mommy about the kiss. My mother was furious with me and told me to stop that kind of behaviour. You cannot imagine what happened after that! She told my girlfriend’s parents about our weird relationship. The following week, I heard that my girlfriend had left Maputo and gone to live with her aunt in the city of Beira. She was the only daughter among five brothers, and because of that, her parents wanted to make sure that we would not see each other again. I felt very despondent about the situation, but in my case it was worse. I grew up without my father, and I had no one there to protect me against violence. I say this because I believe that my father would have been shocked and would never have accepted many of the situations I was subjected to just because of being lesbian. My mother decided everything about me without ever even asking my father for consent. She always said that my father did not understand women’s issues. So, she thought that I was sick and took me to the Zion prophet. I believe that my father would not have agreed to the humiliation I went through there. On the first day, after arriving at the prophet’s place, he said that I had been possessed by the spirit of my grandfather, my father’s father, who did not like our family. He said my grandfather was using my body to make me feel attracted to other women like me and not to men. After this diagnosis, he told my mother what she had to bring with her the following week. So, we went back to the prophet’s house. The prophet ordered his assistant to kill the goat that my mother had been told to buy for the traditional ceremony. It was a male goat, which represented the spirit of my grandfather. For the prophet, he was my spiritual spouse who slept with me every night and awakened the desire of having sex with a woman and not a man. After the goat was killed, the prophet ordered his assistant to give me a half cup of the animal’s blood. They forced me to drink it, and when I felt it in my mouth, I started vomiting. The two men came up to me and forced open my mouth to finish the rest of the cup. My mother just stood there and did not interfere. I used the rest of the blood to take a shower, as instructed. After that procedure, the prophet said to come back the following day with a rooster and a hen. So, we went back home. That night I came down with a fever and a lot of diarrhoea. The next day I was very

weak. My mother explained to the prophet what had happened the previous night and he said: “You had diarrhoea? That is good, because this cleansed your body of the evil spirit”. So, they then killed the rooster. He told us that the bad spirit had died when the rooster was killed. Then, they instructed my mother to take the hen back home and call the chicken by my name. Everyone at home had to call it Martina. All of this happened when I was a minor and was completely dependent on my mother. I could not protect myself against those rituals then, as I do today. So I did everything they wanted me to do to become “straight”. I was afraid of my mother; I was afraid she would kick me out of the house if I refused to do what she wanted, but I also wanted to become straight like other girls my age. After undergoing all these things, I did not see any difference. Although sometimes I dreamed of having sex with a man, nothing changed in my life. I remained myself and felt attracted to women. I had these dreams, but maybe out of fear. You know, as an adolescent in a society where there is no information about sexuality, I was baffled. The following year, the war intensified in the village and we moved to Maputo. So, here [in Maputo] girls of my age were going to school instead getting married at an early age, and this scenario saved me. I had the opportunity to go to school” (IDI, Lesbian, 43 Years, and Maputo, December 2016).

**Fabiola:** “To begin with, my mother took me to a Zion prophet because I was getting old and boys were not seeking to marry me, like other girls of my age. Although I grew up in the city, my family originally came from a rural area, which they moved away from because of the civil war. In the town, many girls were also getting pregnant at a very early age; girls of my age. My mother got married at the age of 14, and she did not understand why I was different from other girls; I could not give her the son-in-law she dreamed of. I could not tell her that I did not want to marry a man because I felt sexually attracted to women. So, that day I told the prophet the truth, and it was a huge mistake. He forced me to attend worship services at the Zion Church every afternoon and also Sunday mornings, because they believed that a demon would be expelled from my body. One day he took me to the sea, and after being submersed in the water, followed by many prayers to remove the evil spirit, he instructed me to use the lard on my skin every night after taking a shower and before going to bed. I did everything they wanted me to do, because at that time I believed that I felt attracted to women because I was sick and a spirit was living in my body. I did everything they wanted me to do because I did not understand why I felt attracted to women and not to men. I wanted to be normal like other girls. Unfortunately, after all of their



instructions, and lighting different coloured candles before the sun set, nothing changed in my relationships. I did not even try to have a relationship with a man. I felt annoyed each time they came to me. My mother noticed that the healing process the Zion prophet had submitted me to have not worked. I was still dating women like me. She got upset and at this time took me to a traditional healer. I was 16 when we travelled to Zavala District. On that day, the healer said to my mother: “Lady, listen! I can cure your daughter, but my medicine works like this”. I tried to run away from that place when I heard how he was proposing to “heal” me. And again, he said: “Do not worry, I have cured many women with this disease, and you will not feel any pain!” Then, he started to explain about the herbs he put on his penis and some that he put in my vagina. Because, according to him, all the bad spirits interfering with my male sexuality would disappear after having sex with him. I refused to do that, and I started to cry. I even tried to escape from that place, but it was in vain. My mother ordered him and his helpers to do the job: “Get the girl, tie her arms and legs, and please do not stop the treatment”. But the healer lied to me! I felt all the pain that no one wants to feel; pain you would not wish on your enemy. It was the only time I had sex with a man in my entire life, and he did it without even using a condom. But thanks, God, I am still a lesbian and healthy. For me, it is still painful to talk about this subject, but I need you to see how difficult it is to be a lesbian in our society, particularly if you come from a rural area as I did. After that ritual, nothing changed in my sex life but I did, however, become a very timid person. A few years later, my mother died. She did not even know who I became at the end of this story. However, I believe that even if she were still alive, I would continue to be a lesbian, a survivor and a winner, all at the same time. I am proud to be what I am and I do not fear anything anymore. What I mean to say is, I do not care what people think about me. The only thing I have learnt in all these years is to be discreet in my workplace and in my neighbourhood” (IDI, Maputo, February 2017).

**Jacinta:** “When my family found out that I was a lesbian, my older sister ordered me to end the relationship with my girlfriend. A week later, I received phone calls from family members inviting me to take part in a meeting. On that day, they [aunties] said they had heard that I was homosexual, just as they had suspected, and so forth. Some of them attend the Zion church. They felt desperate with the fact that I was sleeping with women and not with men, as they would have expected. My aunt thinks I am sick and she invited me to go to her church to be cured, but I refused. One day she asked if I knew about the Lambda Association and I replied that I did, and that I went there every Sunday. She then said: “Ok, but at least try to change the masculine way you dress, because we feel embarrassed”. I am

not butch, but I like dressing in male clothes. So, according to my aunt and many other people, a woman who dresses in male clothes is butch and is possessed by a bad spirit. After this conversation, I was contacted by another aunty, who had criticised me since my childhood for using male clothes, and she wanted me to stop going to the gym. She said: “You have a demon inside of you. This demon tells you to cut your hair short and to look like a boy. If you do not stop this demon thing, you will get nowhere in life. I know someone who can heal you”. She was aggressive towards me, but I refused her offer. She did not insist on the idea, because I told her that I would tell my father what kind of treatment the healers use. My mother passed away when I was young, and my father is the one who authorises everything concerning me. People like my aunt believe in God and in demons and think that LGBT individuals are sick people. I know some people who have been psychologically affected by the rituals used by healers to “cure” homosexuals. Some lesbians are forced to sleep with the traditional healers in order to become normal. But I also heard that, if the healer dies for some reason, the lesbian will sleep with that ghost forever. Other lesbians had to choose between being sexually abused by a traditional healer or having sex with a spiritual spouse. These stories are all nonsense, because all of these women continue to sleep with women. Even so, they become traumatised because people have no respect for homosexuals. For me, there is no evidence that homosexuality is a curable disease. We were born like this” (IDI, Maputo, February 2017).

After noticing that many participants felt uncomfortable speaking about their personal stories of being exposed to traditional and religious healing rituals during the FGDs, I asked them if they would introduce to me some individuals they knew, who were willing to talk about this subject, based on first-hand experience, at both research sites. As a result, I had more than one session with Martina, Fabiola and Jacinta, all of whom were Christian Protestants. Despite their families coming from small rural areas of the region, they were all born in the city of Maputo. Martina shared a personal experience of being subjected to a religious ritual in order to be transformed into a heterosexual woman. She was forced to drink the blood of a goat. This drink made her vomit and caused bad diarrhoea and a fever. Fabiola was subjected to religious rituals, also guided by a prophet from a Zion church, and was also sexually abused by a traditional healer, with the consent of her mother. She did not drink the blood of a goat, but she did not feel comfortable with having to use lard on her skin every night, after praying and before going to

sleep. After undergoing these rituals, Fabiola turned into a sad and traumatised woman. Although all of the practices mentioned before, including the “husband of the night”, were intended to expel the evil spirits from their bodies, they did not feel they had been healed from the “homosexual disease” and neither did they become heterosexual. They remained steadfast lesbians. However, Jacinta’s story shows that not all participants were subjected to religious rituals. It appears that Jacinta had a different story, because she refused to undergo these rituals. The difference in age illustrates this difference. Both Martina and Fabiola were over 40 years old, and the stories of their adolescence were characterised by a lack of information on sexual orientation. They were adults, with stories of harmful practices experienced during adolescence, at an age when they were unable to protect themselves from violence. Jacinta, on the other hand, was 19 years old and, as a member of the Lambda Association, refused to be subjected to these rituals, because she was fully aware of the prejudice regarding “homosexuality as a disease” and the consequences of this belief.

Based on an analysis of the previous excerpts, I argue that within the context of the practices or events reported by the participants, and legitimised by religious attitudes, the rights of lesbians have been abused. I highlighted two common aspects in the participant's views, which were significant in the discussion of their experiences within the context of “harmful cultural practices (HCP)”, i.e., practices identified as violating the rights of women (United Nations, 2009). Firstly, although participants did not mention the term HCP, experiences of early marriage, of rejection by parents, and of symptoms of diseases such as vomiting, weakness and diarrhoea, all meet the criteria for this concept. The UN has categorised early marriages as one of the harmful practices and traditions dominant in both the northern and southern hemispheres (Ibid). In my case study, adult participants identified early marriages as part of the culture and considered normal at the time they got married, because every girl was expected to marry early and have babies in order to become a woman. For younger generations, being married at an early age was considered both abnormal and a violation of their sexual rights, which not only prevented them from continuing their studies, but also did not allow them to openly reveal their sexual orientation. Secondly, the Zion church was identified by the participants as a place where the prophets tried to “cure” lesbianism, turning lesbians into heterosexuals. This church was founded in 1896 by John Dowie, in the United States, and first introduced in Johannesburg, South Africa, in 1904 (Comaroff, 1985, p. 77-178). It was introduced to Southern Mozambique, where many people were converted, by migrant mineworkers returning from South Africa (Honwana, 2002, p. 146). Unlike the classic

Catholic and Protestant churches, the African Zion churches not only promote the cure of diseases and expulsion of evil spirits of disgrace, guaranteeing wellness for people here on Earth, but also mix Christianity into local traditional beliefs and religions (Schoffeleers, 1989 p. 114; Honwana, 2002, p. 145-148). The historical background of this church allows one to understand why, in the participant's opinion, prophets combined Christianity with local knowledge (Honwana, 2002, p. 145-148). The use of animal blood was combined with prayers to heal lesbians from the "disease of shame" and expel bad spirits. The cures practiced and promoted by the prophets were very similar to what traditional healers believed, particularly with regard to diagnostic and healing rituals for diseases and explaining the origin of the evil. I consider the contextual history of this church, in Mozambique, to be relevant to understanding these practices and their relationship to the veneration of the dead, regularly mentioned in the narratives of most of the respondents. Based on this, in the next section I describe the viewpoints of ten traditional healers and sheiks on "homosexuality as a curable disease" and their experiences of healing lesbians, at both research sites.

#### **6.4. On faith: the possibility of healing the "disease of shame"**

This last part of the data analysis is based on the experiences of ten traditional healers, relating to the issue of self-identification in terms of sexual orientation, and to the rituals used in "healing" of those lesbian clients who sought out their services in order to become heterosexuals, at both research sites. In this section, I will provide additional details in order to understand events involving sexual violence and the issue of "husbands of the night", reported in the previous section. To achieve this goal, I shall start by describing how some traditional healers, although never having dealt with lesbian women before, referred to homosexuals as "sick people". Based on that, in the excerpts below I shall present the viewpoints of two respondents.

**Candida.** "Before talking about my clients, I would like to share the story of how I became a traditional healer, because it is important for you to understand that nobody chooses to become a healer. At the age of 14, I got very sick and the medical doctors could not help me; my parents took me to a healer who discovered that I had been possessed by the spirit of my grandfather. He made me sick because he wanted me to heal people. I went to a traditional healer school where I spent enough time to learn how to work with bones

to determine what was wrong with my patients. After five years of living in the bush, the teachers [healers] took me back to my family home. Six months later, I bought the materials I needed to work and began working as a healer. My first patients were people who appeared here with tuberculosis, and I could not do much more than expel the evil spirits in their bodies and refer them to the hospital. I participated in training sessions organised by the Ministry of Health and some international NGOs, where I learned about the symptoms of tuberculosis and the importance of referring patients to the hospital. We [healers] also learned to be careful with sharps and to use a new blade for each client, so as to avoid HIV/AIDS transmission from one patient to another. In fact, I was taught how to cure women's menstrual cramps, infertility and those women who struggled to find a husband. I have never cured women who want to stop having sex with other women. I have heard about these women and also about men who sleep with men. If they came to me asking for help to get pregnant, I would help them. I believe that although this woman sleeps with other women, there is a right time to sleep with a man to get pregnant. Every woman wants to become a mother, but in a same-sex relationship it is not possible. For me, they are more likely to have a psychological problem that makes them want to sleep with women. Their blood drives men away, but God created a woman to be with a man. I do not know if I heard your question correctly? But having sex with a man will not influence them to change their desire of sleeping with women. Healers who propose this kind of solution are fake and are probably not members of the National Association of Traditional Healers (AMETRAMO). As I said before, I am not married because the spirit that guides my work as a healer is a male, and it does not want me to be married. It does not make me want to sleep with a woman; I am attracted to men. There are people who sleep with persons of the same sex, because are possessed by a spirit who wants them to do that. My spirit is very jealous. It does not want me to have a husband. When I have love relationship, the man does not see me as a woman; he becomes weak and does not propose to me, and when I get pregnant, he just disappears. I have two daughters and two sons, each one from a different father. All of their fathers abandoned me when I was pregnant. In the beginning, I was sad because I wanted to have a husband like other women. But each time I tried, I got sick, and they abandoned me. After accepting what my grandfather wanted me to do [healing people], my life became normal. So, for me, these women who sleep with other women are sick people. But if they want to sleep with a man to get pregnant and have problems conceiving, I will heal them (IDI, Maputo Heterosexual woman, Traditional healer, October 2017)."

**Faruck:** “For me, I will not answer your question about who I am. If you look at me, you will notice that I am a man. Why would I sleep with a man like me? I have never cured this kind of client before, but I know them very well. Some of them are colleagues of mine at AMETRAMO, in Maputo. But those gay men are possessed by the spirit of a female ancestor, which caused them behave like women, and sleep with men. I have seen many gays in the town of Nampula. Many of them work at the Lambda Association. One of them came here looking for contacts, male healers who are women [transwomen]. They [Lambda activists] were particularly interested in this group, in order to raise awareness in matters relating to HIV/AIDS prevention. Even though I respect their sexual preference, I see this as the beginning of the end of the World. The situation regarding lesbians is the same as that of gay men. All of them are people who cannot be cured. Some women like to consider to be men, and because people take them seriously, they end up being treated like men, or vice versa, in the case of men who consider themselves to be women. I refer to them as psychopaths. For me, they suffer from the “disease of shame”. I also call it *haram*. There is no tradition, and I do not have anything to help with this kind of behaviour because it is all in the psyche of this type of person. If someone like me comes here for help, they have to be strong on the inside, in order to abandon the desire of sleeping with people of the same sex. I believe that with faith, and the will to follow all my instructions of prayer, the person can be set free from this shame. I think that I have answered your question because for me, if they have faith, these people can be cured. They can become healthy on the inside. Sometimes I see that the parents’ education also plays an important role in influencing this kind of psychoses. For instance, some parents want to have a baby boy, and when the new-born is a girl, which they were not expecting, they dress her like a boy, and the baby girl grows up like a boy, with a man’s desires. In this case, we can pray and do everything to change this person, but if the person lacks faith, she will remain the same. The point is that most of the homosexuals I met did not have faith, and that is why they suffer from the disease of shame” (Heterosexual Man, traditional healer, Nampula, September 2017).

The respondents self-identified as heterosexuals and have been in the business of healing people for over a decade. Candida, 54 years of age, born in Gaza province and living in Maputo for twenty years, identified herself as a heterosexual woman possessed by the spirit of a man. This spirit guided her work in healing infertile women and women who struggled with being possessed by an evil spirit. Candida’s viewpoint represents that of healers who have never attended to a

lesbian client in their office but, nevertheless, see them as people who suffer from a psychological problem or the “disease of shame”. Candida’s story shows three crucial subtopics, regularly mentioned in the opinions of all respondents – (i) the story of how she became a traditional healer, based on being possessed by a male spirit that guides her to heal people from disease and disgrace, (2) the use of *tilholo* (bones) to find out what threatens patients, and (3) the training provided by the Ministry of Health to empower them in matters of HIV/AIDS prevention.

The first and second subthemes correspond to what is referred to as “the calling’s disease”, which takes a heavy toll on those who are “called” to become healers (Honwana, 2002, p. 87). It is a disease that is cured through the initiation process that healers’ apprentices must undergo. Accordingly, this view was mentioned by all participants who reported being possessed by the spirit of an ancestor, guiding their work in healing people. For instance, within the context of southern Mozambique, as Honwana suggests: “when someone dies and his/her body is buried, the spirit of this person remains as a manifestation of power, personality and knowledge (2002, p. 53). That is, the spirit of a dead person exerts a powerful influence on the individuals and for them to be able to live in harmony, they have to obey and accommodate the will of such spirit. Candida, as a member of AMETRAMO, was trained by the Ministry of Health to work on HIV prevention. This reference allows one to situate Candida’s work and that of many other healers, in the Government’s struggle against the pandemic across the entire country. In fact, given their double role as educators and counsellors, it is given that traditional healers have become effective agents of change in the prevention of HIV (Audet et al., 2012; Homsy, et al., 2004; King & Homsy, 1997, p. 218; Green, 1999, pp. 63-65). This is the case for the Sub Saharan Africa region, and not just for Mozambique. The socialist regime forbade social and cultural values and “traditional practices” (Honwana, 2002, p. 75). However, the HIV/AIDS pandemic prompted the Government to recognise AMETRAMO in 1992, permitting its members to become empowered in matters of sexual health all across the country (Audet et al., 2012; Homsy et al., 2004; King & Homsy, 1997, p. 218; Green, 1999, pp. 63-65). Consequently, Candida, like many other participants who benefited from HIV/AIDS prevention campaigns, contested the idea of sex with a lesbian patient as a means to make her “straight”.

Candida’s viewpoint represents the opinion of some healers in Maputo. Taking into account that, in Nampula, participants reported going to a *sheikh* (Muslim clergy) instead of going

to traditional healers, five participants were interviewed and asked to describe their experiences of healing women from lesbianism and turning them into heterosexuals. Faruck was a 45-year-old Muslim who self-identified as heterosexual and a Sheikh. A sheikh in Arab, or *mukhulukano* in Makhuwa (language and tradition), is a kind of traditional healer who combines *Islam*, and local knowledge. Sheiks or *mukhulukano* are individuals who use the Al-Quran together with local organic remedies to heal people from disease. This is particularly the case in Muslim societies in northern Mozambique (Macagno, 2004). Faruck agreed to speak about people who were attracted to others of the same sex. His opinion was shared by the five participants, all of whom considered “homosexuality” to be a psychosis, the disease of shame, a sin or *haram*. For that reason, the Sheikh said, he *never* received “lesbians” or bisexual women in his office. In general, all groups of participants agreed with the possibility of changing the desire of having sex with a person of the same sex, through faith. This is the widespread underlying belief, stemming from stories that lesbians can become heterosexuals, if they have faith and follow all of the healer’s recommendations such as prayers or, as I show in the excerpt below, remedies to tighten the vagina to give and feel pleasure with a man, and rituals to expel a bad spirit, if that is the case.

Faruck’s viewpoint also represents that of all healers who believe that “homosexuality” is a shameful and psychological disease. He stated that because some parents had educated their daughters as a boy or vice-versa, this had contributed to the homosexual behaviour. This position contradicts that of the lesbians themselves, who argue that they are born lesbians. This perspective is in line with Soraya’s story, which I presented in chapter V, where “he” says that “his” mother was expecting her to be a boy when she was pregnant and because of this she was not worried about having a daughter who was a tomboy.

In Nampula, participants spoke more about the fear of sexual violence as a result of being a lesbian. They did not mention any rituals for cures or sexual intercourse with healers or “husbands of the night”, which I described in the previous section. During the fieldwork I noted that, despite the discrepancies between the views of participants at both research sites, this finding could not be generalised to all respondent healers. More research is required in order to explore, in depth, the healing rituals for people who feel attracted to individuals of the same sex, in order to become heterosexual.



Overall, Candida's and Faruck's viewpoints indicate that there is no tradition that can prevent people from having same-sex relationships, not even faith or simply a strong internal will. They represent those who believe that "homosexuals" have a psychological disease and, because of that, were considered shameful people. The following quotes indicate that few traditional healers spoke of the possibility of healing a woman from her desire of having sex with a woman and bind her in a heterosexual marriage.

**Ariana:** "Well, I have had students of traditional medicine who are "queer". One of them came from South Africa and said that she loves a woman. She brought her partner who is a Mozambican, from Maputo. They lived together for many years in the same apartment and slept in the same bed. I know this because I went to their home many times, to cleanse it from the "evil eye". At the time, I tried to find out what was going on with them and why they were sleeping together, and considered whether the evil eye was not a result of their abnormal sexual behaviour. They came here, like many other lesbians, seeking luck in finding a good job, and not to change their sexuality. One of them had a bad spirit that guided her to sleep with women and teach the women she slept with all about this unnatural sex. This case was a joke. They did not want to be "normal", and I did not do anything. I just cleansed their home. But once, a woman who had both sex organs [hermaphrodite] appeared here seeking help to become normal. She had a tiny penis, but her body was that of a woman. She told me that when having sex with her male husband, that "little pet" [small penis] became erect and ejaculated. Although she considered herself a woman, she said that felt sexually satisfied with a woman, and not with a man. She came here because was confused, and afraid of leaving her husband to commit to the extra-marital relationship she was having with a woman. She was suffering a lot because people do not expect a woman to sleep with other women. Even if you do, you have to be discreet to avoid stigma and discrimination. So I asked her how the relationship was with the woman, and what they did together, and she said: "Rubbing one vagina against another vagina". I asked her if they got sexual pleasure from that and she said yes. She told me it was difficult for her to stop sleeping with women because she did not feel sexual pleasure with her husband. I tried to give her some herbs to tighten her vagina so as to increase her sexual pleasure with her husband. It did not work. The following year she left her husband and moved to South Africa, where she is living with another woman. In her case, it was not necessary to organise a session to expel a bad spirit, because she was not possessed. She showed me she had both sex organs. I myself did not understand what happened to that lady. I have met

men who behave like women; I have seen many of them, including some of my colleagues. But never something like that. Many healers are sissies, because their business is run by the spirit of a female ancestor, which makes them act like women and have sex with men. Although there are spirits that influence people to have sexual relationships with people of the same sex, we cannot generalise this to all homosexuals. For instance, when a man is possessed by a spirit of a female ancestor, it does not mean that a person ceases to be a man and vice-versa. One thing has nothing to do with the other, because some of us [traditional healers] have a male spirit. For instance, when my spirit enters my voice it changes and becomes masculine, but I do not have to sleep with women. I mean to show, with this example, that when a woman's or man's spirit embodies in a person, this person will talk with the spirit's voice and say whatever the spirit wants. When this happens, we can say that the person is possessed by a spirit. If this ancestral spirit says that the person must marry a person of the same sex, we can say that this is the reason why the person is homosexual. These cases are sporadic, and most of the cases we are talking about have to do with the mind. They do not have both sexual organs, but they are normal people with a lot of curiosity and act in accordance with their psyche. It is more psychological than spiritual. We found men who have wives at home but have extramarital relationships with other men. And the same also happens with some married women. For me, all of these cases have to do with their psychological problem and not traditional medicine. If the person is possessed by a spirit, we can expel it. Even a person who is not possessed by a spirit but wants to be treated, and agrees to follow my recommendations, will cease to be a lesbian if she has faith. However, if the woman does not have faith, she will not be healed and nothing will change. The same thing can happen with a drunkard; he can come here to be treated in order to stop drinking alcohol and say: "I was sent here to get a remedy to quit drinking". This person will not stop drinking. Then that person will say: "I take the medicine because someone wants me to quit drinking, but I'm not going to stop drinking alcohol because I enjoy drinking. So, he won't stop drinking" (IDI, Maputo, October 2017).

**Gerónimo:** "There is a cure for people who come here and say they want to be rid of the situation. For me, not all homosexual people are possessed by a bad spirit. Many colleagues of mine were born male, but they are women [transmen]. They are possessed by a female spirit that guides them to behave like women and sleep with men. This is the same spirit that is used to foresee what threatens their clients and guides them to heal people. I am not

ashamed to tell everyone that I am one of them. Some lesbians came here by themselves or with their mothers and to sit with us [healers] to see what is wrong with them. I remember one who came here, and we found that she was possessed by an evil spirit that was moving from person to person in her family. She confirmed that after each generation, one person was born lesbian in her family; an ordinary woman who did not marry a man or have children and lived surrounded by women who slept with her in the same bed. This spirit turned that girl into a man, who only felt attracted to women. She came here with her mother because she wanted to be normal like other girls. So, we took her into the bush, close to the river, to expel the male spirit embodied in her. Now she is married to a man and has four kids. I do not know if she stopped sleeping with other women, but I am sure is living with her husband. In this case the mother and daughter recognised the bad spirit in their family and wanted to end the shame. People in our society are not prepared for this reality, because a woman was made to serve her husband and children, and without these two things, she is not considered a woman. She may be something, but not a woman. We have rituals to expel evil spirits as well as some herbs in powder form, which we give to the women who do not want to live a life of sleeping with women, and who want to start a new relationship with a man. These herbs are used to increase their desire for sexual intercourse with a man. It helps them to feel like real women, like the others. There is no treatment or rituals that force traditional healers to sleep with their patients. Those who do it are fake healers and are the ones that AMETRAMO is trying to combat” (IDI, Maputo, October 2017).

Ariana is a 60-year-old heterosexual woman and one of the co-founders of the Association of Traditional Healers in Mozambique. She spoke about her experience of welcoming some LGBT members and patients into her office. Gerónimo was a 45-year-old healer who self-identified as a transwoman. Transgender male to female participants like Gerónimo as well as Marilia and Helena I introduced in chapter V, pointed out to the existence of many “transgenders” who are traditional healers, they self-identify with the LGBT people and know how to take care of these groups. They constitute one of the target groups who have received regularly supplies for sexual disease prevention.

From the narratives of Ariana and Gerónimo, I noticed that the efficacy of the healing rituals depends on the faith of the clients. Another point learned is that they also all rejected the

idea of sexual intercourse between a traditional healer and a lesbian turning the lesbian into a “normal woman”. In general, even though most of the participants were unfamiliar with the expression “husband of the night”, they believed that an evil spirit can live in the body of a person and influence this person to have same-sex or heterosexual relationships. All of them said that the sexual acts which are supposed to turn lesbians into heterosexual women are fake practices. This response is consistent with the national public health strategies and reports, which have empowered healers to abandon practices which constitute risk factors of HIV/AIDS infection across the country (Passador, 2011; CNCS, 2006, p. 28). In this regard, traditional healers who are members of AMETRAMO were aware of how some purification rituals involving sexual intercourse were forbidden. However, the act of sexual intercourse used to heal lesbians was mentioned by one participant, which occurred during her adolescence, during the socialist regime. At this point in time, the risk of the HIV/AIDS pandemic had not yet been identified as a public health problem, and healers were unaware of the risks involved in purification rituals involving sexual intercourse.

Candida’s and Faruck’s views illustrate that some healers had no experience in working with lesbians and considered these women to be sick individuals. On the other hand, Ariana’s and Gerónimo’s stories revealed the argument that faith and other traditional beliefs do not transform lesbians into heterosexuals. It was evident that some of these traditions were harmful and useless in preventing same-sex relationships. The next section will address the issue of power relationships in greater detail.

## **6.5. On harmful “cultural practices and traditions”**

Findings from both research sites, revealed throughout this chapter, suggest that the fear of publicly disclosing one’s sexual orientation and the prejudices against same-sex practices discouraged “lesbians” and “bisexual” women from openly becoming activists. The fear of revealing love relationships and of different forms of violence contributed to the silence, or to what Epprecht (2004) calls the “culture of discretion”. The mix of traditional religion with knowledge of healing practices for same-sex relationships and desires, contains harmful elements. These

findings are in line with the ongoing discussion on queer African studies introduced in Chapter One, the literature review section. These debates involve, on the one hand, the stories of “lesbians” and “bisexual” women which reflect the silence, difficulties, uncertainties, fears, rejection and possession by spirits, which comprises their struggle for sexual rights recognition in the Southern Africa region (Diesel, 2011; E & Blackwood, 2003; 1999), while, on the other, it discusses both human and sexual rights abuse among women in same-sex relationships within a context of violence and HIV/AIDS (Zethu Matebeni, 2013; Brown, 2012; Di Silvio, 2011). Notwithstanding the importance of the previous approaches, the experiences of violence, reported by the majority of respondents, were qualified in light of the concept of “normative violence” as well as HCP against women. The violence that seems to prevail in both the northern and southern hemispheres (Longman & Bradley, 2016; Dhawan, 2012; Butler 2007; Winter, Thompson, & Jeffreys, 2000, p.; 72-73), led to discussions on the cultural and psychological dimension of the concept of harm. To adequately address the matter, they suggest that the reader looks at who harms a particular society. Although the term HCP was not mentioned by the participants, I observed how parents, traditional and religious healers or heterosexual men were identified as perpetrators of violence against lesbians. Few participants, like Martina, reported having been forced to drink the blood of a goat in order to become “normal”, and afterwards suffering from diarrhoea and vomiting. Similar findings show that informants reported how these rituals of drinking the blood of animals sometimes resulted in the death of some patients (Honwana, 2002, p. 107). In fact, the majority of these women complained more about early or forced marriage than about some random rape threats. Respondents between the ages of 18 and 25 reported having used different strategies to delay their parents’ proposals of early or forced heterosexual marriage. These youngsters hid their relationships with same-sex individuals and introduced fake boyfriends (a gay man) to the family in order to mask their real status. Participants aged 40 years and older were not aware of the negative consequences of early marriage at the time they got married, given that it was considered a normal practice. These findings are consistent with the previous report on early marriage being considered one of the harmful practices still prevailing in Africa and in Mozambique, in particular (Walker, 2012; Arnaldo, 2004; UNICEF, 2005, p. 31). For instance, Walker has shown that the harmful effects of early marriages carry a profound effect on the health, education and economic well-being of the subject (2012). I noticed, in the participants’ narratives, that the lack of information regarding homosexuality and prejudices relating to female same-sex relationships,

influenced parents to force their daughters not only into early marriage but also, to undergo rituals involving sex with the “husband of the night”. The existence of a “bad spirit” living in the body of some lesbians has been indicated as being the force that guides these lesbians into having same-sex partners.

A significant number of scholars in Mozambique has described the context of heterosexual women, individuals possessed by spirits, and spiritual spouses (Mahumane, 2015; Honwana, 2002; Van de Kamp, 2011). They explored the relationship between “standard religions” and local knowledge, and how the beliefs or stories of spiritual spouses still persist in the southern region of Mozambique. Helpful as this may be, they still mention almost nothing about the same phenomena for LGBT groups. Evidence from South Africa indicates that some women revealed they were lesbians while in a trance, under the influence of and while possessed by an ancestral spirit (Nkabinde, 2009, Morgan & Reid, 2003, p. 375). In this study, some participating healers agreed with this position, while some lesbian respondents reported being accused of being possessed by an evil spirit because they were lesbian, and did not agree with this opinion. A few participants, like Martina, admitted to having received a male spirit from a healer to sleep with her every night to stop her from being a lesbian; however, this healing ritual did not work. She continued to be a lesbian.

Respondents reported that the healing practices occurred within the context of social norms of procreation. This perception was responsible, at both research sites, for legitimising patrilineal and matrilineal systems of kinship. Regardless of age, religion, education, lineage and the cultural differences, all of them spoke about rejection by parents and early or forced marriage as being a disadvantage to disclosing sexual orientation before concluding their studies or having a job. As a result of this, some participants preferred to self-identify as bisexual, while waiting to achieve one of the goals mentioned above. Financial independence was also seen as a necessary condition for divorce, among those who remained in a forced marriage. Some participants like Joelma and Celestina, whom I introduced in section 6.2, reported they were forced to marry before finishing college and were left with no opportunity to conclude their studies. Others, like Jessica and Sharon, did not consider early marriage to be a constraint when they got married, because it was regarded as reasonable for parents to find a husband for their daughters. Therefore, there is a variety of experiences, all of which depending on the age of the respondent. For the older adults, early

marriage was part of their adolescence, which coincides with the socialist regime, and they assumed their lesbian identity after divorcing, at around the age of 30. The younger respondents, however, had more information about their sexual rights, from the Lambda Association and from television, and they struggled with their forced marriage. These findings fit in with what Spronk observed in Kenya and Ghana, which shows that “gendered and sexual wellbeing” are a constant struggle for women, and that these take on different directions in their life cycles and do not represent a linear path (Spronk, 2017).

The experience of sexual violence to turn lesbians into heterosexual women was reported by some participants, but only one victim agreed to speak about her adolescent years. Although the interviews with healers showed that this practice is considered a fake practice to cure lesbians, they confirmed the prejudices and stereotypes regarding “homosexuality” as a shameful disease, whose cure depended on faith. Studies have shown how these women are victims of the so-called “corrective rape” that exposes them to HIV/AIDS infection in the Southern Africa region (Standford et al., 2015; Zethu Matebeni et al., 2013; Brown, 2012; Di Silvio, 2011). As indicated by some scholars, this type of violence results from the pressure to conform to heterosexual norms and exposes young people to unsafe sex and violence (Epprecht, 2009; Reid & Walker, 2005). Fabiola’s story, in section 6.3, illustrates that lesbian and bisexual women can indeed also be seen as a group that is particularly vulnerable to HIV/AIDS, yet the taboo regarding discussing rape in general, and “corrective rape”, in particular, tend to make this risk invisible in society. More research is needed to assess the vulnerability and risk of HIV/AIDS among these women at both research sites, because their unwillingness to discuss the issue of rape, shows that remaining silent results in more violence.

In Mozambique, many women have been forced into “early marriage” and have been victims of rape in both matrilineal and patriarchal societies (Walker, 2012; Underwood, Skinner, Osman, & Schwandt, 2011; Mejia, Osorio & Arthur, 2004,). For instance, Mejia, Osorio & Arthur suggest the need to report violence against women as a means of breaking their silence. In the reports on subordinate women, which group individuals into the same category, “lesbians” and “bisexual” women continued to be invisible. How, therefore, can these groups of women avoid situations of rape or even forced early heterosexual marriage, if they remain invisible at both research sites? How can they escape the heteronormative fulfilment which reduces their bodies to

the function of reproduction and the source of man's pleasure? Martina's story, which I presented in section 7.2, shows how she was forced to drink goat's blood during a ritual organised to "heal" her sexual orientation. In a similar context Fabiola, whom I introduced in section 6.3, was subjected to sexual violence perpetrated by a traditional healer, with her mother's full consent. Both of these participants' stories illustrate that the social obligation of marriage and reproduction were the reasons behind these healing rituals. These practices constitute sources of "normative violence" or "hegemonic norms of recognition" which determine what can be read, heard and understood as legible in a society (Dhawan, 2012; Butler, 2007). If these groups are invisible, their needs and concerns cannot be met by public policies. This view is aligned with the ongoing debate regarding women's silence, experiences of coercion and women's agency and the "culture of discretion" found among people involved in same-sex relationships (Dhawan, 2012; Tamale, 2005; 2011; Parpart, 2011, Epprecht, 2004; Spivak; 1988). In this debate, the non-criticised identification of the concept of silence correlating to disempowerment, and speaking out correlating to empowerment, dismisses and nullifies potential strategies to improve women's lives in the southern hemisphere (Papart, 2011). While Papart suggests that the assumption of a voice being equal to empowerment needs to be re-thought, Tamale (2005) goes even further, by affirming that differently from the dominant western tradition, in many African cultures silence is considered powerful and just as empowering as speech". Tamale's view is based on the experience of Baganda heterosexual women, within the context of the *Ssenga*'s socio-cultural institution in Uganda. My study shows multiple sources and categories of oppression that influence "lesbians" and "bisexual" women's life cycle. Their experiences of oppression varied according to their age bracket, which also determined their access to information on sexual rights. Kabeer (2010) has suggested that the definition of silence is controversial, particularly when the distinction between choice and silence is not clear. She distinguishes inconsequential choices from the choices that bring implications to people's lives and relationships. This distinction shows that silence can be seen as "born out of failure to recognise the injustice" or as "born out of calculation, often based on fear of what the cost of protest might be" (Ibid). Along the same lines, Dhawan questions whether silence is a measure of power and violence; whether discursive violence is inevitable or not; and, for instance, why preference is not given to silence over discourse, and why one should not remain silent (Dhawan, 2012)". In my study, I noticed the unwillingness of the majority of "lesbian" and "bisexual" women to speak about their personal experiences of being victims of early or



compulsory marriage and “corrective rape” as an act of violence. The silence and invisibility of these groups in local and global public health strategies and reports is an indicator of “biopower”, in the Foucauldian sense of the term. The fact that these policies and strategies do not protect all sexual minority groups constitute a type of violence against these women. In this context, different categories of intersection such as age, lineage, education and financial independence played an essential role in the presence or absence of empowerment as a response to various forms of violence reported by the majority of participants.

## **6.6. Conclusion**

The views of those participants who agreed to speak about their experiences of sexual rights and identity illustrated the different categories of intersection, which contributed to both who and what they have become: people living in a “culture of discretion” and who were afraid of becoming sexual minority rights activists. The respondents reported different forms of violence, such as early or forced heterosexual marriage, verbal aggression and sexual violence. All of these acts were used, unsuccessfully, in an attempt to turn lesbians into heterosexual women. These findings confirm the statement on the invisibility of “lesbian” and “bisexual” women in public health and social protection policies, mentioned by the participants in the previous three chapters. In conclusion, one can safely state that these women were in fact vulnerable to violence and to diseases, although CSO activists did not consider them to be. All of the participants’ statements showed that they suffered the consequences of “normative violence” from within their homes, and from their African religious beliefs and cultural practices. In my view these practices, although intended to keep heteronormative societies cohesive and functional, contain harmful elements that perpetuate the violation of minority, lesbian and bisexual groups’ rights, which is the focus of my case study. “It would be difficult to state that this “harmful elements” are “cultural” because, on the one hand, all participants of the study referred to the lack of information about sexual orientation and gender identity, and the taboo to speak about sex. On the other hand, the idea of correcting sexual behaviour of women to become “normal” was present at both the matrilineal and patriarchal research sites. It means that types of violence such as sexual abuse used to transform a

lesbian in a heterosexual woman, come from the domain of culture where heterosexuality is a privilege. Nonetheless, the context of traditional healers that work in a pluri-normative environment indicates that there was no consent about homosexuality as a curable disease”.



## CHAPTER 7

### Conclusion and recommendations

#### 7.1. Conclusion

The dissertation aimed at producing a socio-historical and critical account of civil society organisations (CSOs) and individual experiences of activism on sexual rights and gender identities in Mozambique. To address how CSOs and individuals spoke about their experiences of working with sexual minority groups and in particular women in same-sex relationships, three specific objectives, aligned to the main research questions and sub-questions which guided this qualitative multiple case study, were: (i) identify experiences of CSOs and individuals working on SRHR for sexual minority groups; (ii) describe the language of self-identification used by the participants to express their sexual orientation and gender identities, (iii) attend to the voices of women in same-sex relationships and describe the context in which categories of oppressions/forms of violence emerged in their narratives. Overall findings from the field suggest that participants used different languages to speak about their experiences of sexual rights activism and gender identities at both research sites: global public health strategies and speeches, western vocabulary of non-conforming people disseminated by individuals from both global hemispheres, the vulnerability of “transgender” persons and fear of violence among “lesbians and bisexual women”.

The first position which I discussed in chapter three is in line with the first research objective. It shows how the WHO and the Global Fund’s guidelines to fight HIV/AIDS influenced the majority of activists and stakeholders to speak about GBV by men against women and children and the key population most at risk of HIV/AIDS – the MSM. By using intersectionality and feminist postcolonialism approaches I look on forms of violence and labels used to classify the beneficiaries they worked with. In my view the public health discourse reproduces the essentialist binary positions and labels that characterise groups of individuals as a singular categories. Nonetheless, these strategies and speeches based on HIV/AIDS prevention, care and treatments had positive and negatives implications on the lives of those regularly referred to by the

participants as MSM. On the one hand, it contributed to their visibility at both research sites, while on the other hand, this visibility was followed by violence from multiple intersecting spaces of discrimination such as family, school, police officers and health centres.

Regarding the visibility of MSM and their sexual rights activism, LGBT activists - despite working in an informal environment - have participated in governmental meetings on HIV/AIDS prevention all across the country. Because of the financial support from the international donors, they were able to structure their association to provide information related to the Western LGBT vocabulary and sexual minority rights. As a consequence, participants reported that after one or more years of benefiting from HIV/AIDS prevention projects, the Lambda's beneficiaries (MSM) have decided "to come out of the closet". The negative impact of these projects emerges when the parents of LGBT people, teachers, and police officers and so on are not prepared to deal with this new reality. The negative consequence is related to the fact that the health projects do not offer any strategy against violence that comes from the visibility of MSM as well as "lesbians and bisexual women" SRHRs needs and concerns.

In chapter IV I show that the vocabulary of sexual and non-conforming people came from the both global north and south (Brazil). In this context, not all participants were familiar with that vocabulary. For instance, some participants used the expression "I see myself as her" to refer to a person who is in the LGBT Association considered by many activists as a transwoman". In my view, this finding is relevant because it challenges the idea of "homosexuality as Un-African" discussed in the introductory chapter. The expression "I am her" to mean transwoman shows, on one hand, that there is no a universal categorisation to describe sexual and gender non-conforming people, and on the one hand a different form categorisation emerged in the participants narratives. This finding is relevant to discuss about the western vocabulary of LGBT that has been criticised for being imported to Africa.

The narrative of "transgender participants" was in line with previous studies showing that the western vocabulary of non-conforming people may not be adequate to address same-sex relationships in Africa. The use of this vocabulary at both research sites varied according to the age of the participants, which was directly related to the political regime which they grow up in: socialism or democracy. Despite the criticism suggested by previous scholar around the use of western LGBT terminology to describe same-sex relationships and practices in Africa I introduced

in chapter one, my argument is that this vocabulary constituted an important tool that empowered the Lambda Association activists to speak about their sexual rights. They disseminated this language through manuals, flyers, handbooks and media distributed by the Lambda Association at both research sites. I found that some participants were aware of these vocabulary and others not. Participants reported about the lack of information about sexual orientation and gender identity, which is related to the cases of violence against the LGBT people that explain this disparity.

In chapter V suggested that although transgender male to female are integrated in the category of MSM, their needs related to gender expression that did not match their sex assigned at birth, were not met. They referred to their parents, teachers, police officers and health professionals as perpetrators of violence that made them the most vulnerable people in the LGBT community even when compared to transgender female to male. Here I recognise that more research is needed to explore the vulnerability of “transwomen” in different intersected spheres of discriminations. In my study I compared two groups: “transwomen” and “transmen”.

In chapter VI I started by explaining that due to the influence of the global public health strategies and speeches, the majority of participants had little experience of working with lesbian and bisexual women. Respondents from the Lambda Association were the only group working directly with MSM and LGBT people in the context of homophobic inconsistency in the implementation of the bill of rights on sexual orientation and gender identity. The health discourse leaves no space to address lesbians and bisexual women’s Sexual and Reproductive Health and Rights. In this context, I describe the context in which categories of oppressions/forms of violence emerged in their narratives of women who reported being in same-sex relationships or marriage. In my view, their voices pose a challenge to the notion of the “key population most at risk of HIV/AIDS” because it calls attention to forms of human rights abuse related to “harmful cultural practices” that may reinforce the “culture of discretion” and their invisibility. Participants reported about early and compulsory marriage, vaginal practices and sexual abuse that happens in the domain of culture. These practices have been labelled as “harmful cultural/traditional practices” by human rights organisations. In my view, the narratives of the participants opened a space to further explore how sexual and gender non-conforming people are subject of the practices above mentioned. I am more comfortable to state that lack of knowledge about sexual orientation and gender identity, the taboo to speak about sex in families and communities and gender norms of

discrimination based on heterosexuality patterns constitute the main factors responsible of sexual abuse, early or compulsory marriage, vaginal practices and sexual violence as a form to correct sexual orientation and gender identity among the participants of this study.

The assumption of sexual violence referred by one participant as perpetrated by traditional healers indicates the need to explore this aspect, because similar findings from South Africa show that in the context of HIV/AIDS rates, the situation of “corrective rape” exposes lesbians and bisexual women to HIV/AIDS. This fact challenges the view of some stakeholder participants I presented in Chapter III, about the low risk of HIV/AIDS infections among lesbians.

Overall, the patterns of responses were similar in Maputo and Nampula, in the way that reveals how the majority of women who reported being in same-sex relationships or marriages become member and activists of the LGBT association. The categories of religion and dominant kinship systems (matrilineal and patriarchal rules) were part of the criteria used to select the two research sites, particularly taking in to account that Nampula was identified as a society where most people are Muslim and because of that it was seen as a difficult place to find lesbian participants. Thus, regardless of religion and kinship systems, all participants spoke about different forms of oppression and discrimination that affect people in same-sex relationships or marriages. For instance, activists and stakeholders from human rights organisations reported about gender based violence that affects women and children, but also that MSM transgender persons face domestic violence. Moreover, events of compulsory marriage, early or forced marriage, and fear of sexual violence were reported by the participants as a strategy of inhibiting women from becoming “lesbian” or “bisexual” at both research sites. These women spoke about fear of violence and how sex between women is not considered sex but a joke or shameful disease that can be cured by traditional healers or religious officials. In these rituals, some participants were given a “husband of the night” to revert their sexual identity. This kind of discourse is directly related with gender norms of discrimination prevailing in both patriarchal and matrilineal societies. It has to do with what Judith Butler would call the “normative violence” that determines what can be real or not real in a particular society. Therefore, the experiences of the participants were influenced by the global public health strategies and speech as well as the norms of kinship systems and diverse forms of religions that govern gender and sexuality and have implications on the lives of people at both research sites.

To finalise, this study achieved the main goal of contributing to the few research-based socio-historical and critical accounts of experiences of sexual minority groups in Mozambique. My main argument is that the LGBT categories/ terminology and the public health policies and strategies constitute a helpful tool for LGBT activism at both research sites. In both context participants reported on lack of information about homosexuality and the taboo to speak about sex in communities they work. By using this tool participants learned how to prevent themselves from sexual transmitted infections in the MSM's health projects and their sexual identity and rights through media and manuals provided by the Lambda Association. However, the limitation of these findings, based on experiences of activists and stakeholders working on SRHR for LGBT, which cannot be generalised, the study opens a space for future scholars to explore the life world/everyday context of the beneficiaries of the Lambda's health projects. This study was consistent with the theoretical framework presented in chapter two that looks on labels, categories and domains of power referred in the discourse of participants. The key findings are consistent with previous studies undertaken, which show that the impact of the HIV/AIDS epidemic played an important role in the emergence of LGBT movements in the southern Africa region. Although the refusal of the Ministry of Justice to legalise the Lambda Association, its partnership with feminist and human rights organisations constitute the strategic response to the homophobic inconsistency in the implementation of the bill of rights regarding SOGI in the country.

## **7.2. Recommendations for policymakers and professionals**

The findings of this study indicate the need for an intersectional approach in local public health and social protection policies designed to address vulnerabilities and marginalised people. Key findings introduced in the previous four chapters of data analysis show how the majority of MSM, lesbians, bisexual women and transgender persons reported episodes of violence within a context of multiple intersected spaces of discrimination such as family space and religious space, school, police officers, health centres and so on. Nonetheless, these public policies do not take into account the vulnerability of sexually non-conforming people. Consequently, there is a need to include the transgender groups in the National Strategic HIV/AIDS Response Plan, as recommended by the global fund strategy for key populations most at risk of HIV/AIDS. The inclusion of MSM as a target group in this document was a great achievement, but the term fails



in its essence by placing the different needs of males involved in same-sex relationships as a singular identity.

The visibility of MSM at both research sites is followed by violence perpetrated by the family. After participating in the SRHR projects at the Lambda Association, where activists have empowered their members and beneficiaries in matters of SOGI, many belonging to the group of MSM decide, after a few years, to reveal their sexual identity to their parents who “are not prepared to hear that their son/daughter is homosexual”. This fact opens a space to reflect on the illegal situation of the LGBT by the Ministry of Justice. Because without any recognition of the association, the Lambda Association faces challenges to build a plan to manage situations of violence coming from parents and even intimate same-sex partners.

The discourse of transgender female to male participants indicates that most of them become sex-workers because stigma and discrimination were barriers to their education. Consequently, they were vulnerable to sexual disease and violence in the red-light spots. They had complaints about health professionals and police officers who were not adequately prepared to deal with them. In this regard, I suggest the introduction of a “culture of competence” in the curriculum of professionals within the police force as well as within education and health sciences and medicine to reduce the stigma and discrimination of transgender and sexually non-conforming persons. It would be useful if these professionals were to become familiar with SOGI terminology before starting their career in the aforementioned sectors.

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## **7.4. Appendix**

### **7.4.1. Appendix 1**

#### **Interview guidance for FGDs with activists from CSOs aged 18-54**

##### **1. Demographic background**

- 1.1.Age
- 1.2.Organisation
- 1.3.Religion
- 1.4.Marital status
- 1.5.** Sexual orientation and gender identity
- 1.6.**Education
- 1.7.**Language spoken

##### **2. Experiences of activism**

- 2.1. How do you describe your work as an activist?
- 2.2. Who are the beneficiaries of the CSOs?
- 2.3. How do you define sexual rights/violation?
- 2.4. Have you ever received complaints regarding sexual rights violation against LGBT people during the work you have done at this CSOs? What kind? What did you do? Can you give an example?
- 2.5. What happened? Who did it? Who see his/her rights violated? Where was the place? What did you do in the case?
- 2.6. Have you ever worked with lesbians and bisexual women?
- 2.7. What kind of activities do you serve these women?
- 2.8. What are the Challenges/ difficulties of sexual rights' activism in your city: where? What did you do to overcome the situation?
- 3. Strategies to deal with stigma and discrimination
- 4. How do you evaluate LAMBDA activities during its existence?

**7.4.2. Appendix 2**  
**Interview guidance for stakeholders aged 18-65**

1. Demographic background

- 1.1. Age
- 1.2. Organisation
- 1.3. Religion
- 1.4. Marital status
- 1.5. Sexual orientation and gender identity
- 1.6. Education
- 1.7. Position in your organisation

2. Experience of human/sexual rights violation

- 2.1. What are the main activities or project you have worked in your organisation?
- 2.2. Who are the beneficiaries of these activities?
  - 2.2.1. What are the criteria used to select these beneficiaries?
- 2.3. How do you describe the situation of Human Rights/SRHR in Mozambique?
- 2.4. What are the files of human rights most violated in the community you work with?  
And Why?
- 2.5. Have you ever worked with LGBT groups? Any file of sexual rights violation related to Lesbians and bisexual women?
- 2.6. What happened? Who did it? Who see his/her rights violated? Where that happens?  
What did you do in this case?
- 2.7. Have you ever received complaints regarding sexual rights violation during your work at your civil Society Organization? What kind of complaint? What did you do?
- 2.8. How do you define sexual rights/violation?
- 2.9. What are the challenges have you faced in your daily work.



### **7.4.3. Appendix 3**

#### **Interview's guide for women involved in same-sex relationship**

##### **1. Demographic background**

- 1.1. Age
- 1.2. Education
- 1.3. Occupation
- 1.4. Religion
- 1.5. Place of birth
- 1.6. Marital status
- 1.7. Number of children

##### **2. Experience of LGBT Activism**

- 2.1. Are you member or activists of the LGBT organisation? If not, why?
- 2.2. When did you start work at the LGBT organisation?
- 2.3. What was the motivation?
- 2.4. How do you describe your work as an activist?
- 2.5. What are the main challenges of working with LGBT groups?
- 2.6. How do you define sexual rights/violation?
- 2.7. How do you see the lesbians' rights to access official marriage, reproduction and to enjoy sexual pleasure and desire free of stigma/discrimination in your town?
- 2.8. Can you give an example of sexual rights violation that most affected you as lesbian/bisexual/ transmen in your town? And can you explain a bit why it happens in that way?
- 2.9. What have you done to overcome stigma and discrimination regarding your sexual orientation?

##### **3. Experience of sexual orientation and gender identity**

- 3.1. When did you discover about your sexual orientation?
- 3.2. How did your family react to it?
- 3.3. Is there someone that help you to reveal your sexual identity? How that happens?
- 3.4. How can you describe how it was being lesbian, bisexual or transgender during your childhood/adulthood?
- 3.5. What are the challenges of being a lesbian or bisexual in your town?

#### **7.4.4. Appendix 4**

### **Interview's guide for traditional healers**

#### **1. Demographic background**

- 1.1 Age
- 1.2. Marital status
- 1.3. Sexual orientation
- 1.4. Education
- 1.5. Place of birth
- 1.6. Language spoken
- 1.7. Working Experience
- 1.8. Religion

#### **2. Working experience**

- 2.1. Are you member or activists of the LGBT organisation?
- 2.2. How long have you been working as a healer?
- 2.3. Can you describe your work a traditional healer?
- 2.4. Have you ever received LGBT people in your office who want to change their sexual orientation and gender identity? If yes, what did you do/or have done?
- 2.5. What kind of treatment you provide to these groups?
- 2.6. Have you ever received lesbian/bisexual women/transgender in your office who wanted to change her/his sexual orientation or gender identity?
- 2.7. Is there any cure for people who want to abandon same-sex relationships? If yes, what have you done?
- 2.8. Is it possible to cure or change lesbians by sexual intercourse with herbs that boost sexual pleasure?

## 7.4.5. Appendix 5: Ethical Clearance



Comité Institucional de Bioética em Saúde da  
Faculdade de Medicina/Hospital Central de  
Maputo



(CIBS FM&HCM)

O Dr. Jahit Sacarlal, Presidente do Comité Institucional de Bioética em Saúde da Faculdade de  
Medicina/Hospital Central de Maputo (CIBS FM&HCM)

### CERTIFICA

Que este Comité avaliou a proposta do (s) Investigador (es) Principal (is):

**Nome (s):** Maria J. M. Chipenembe-Ngale

**Protocolo de investigação:** versão 2, de 27 de Maio de 2016

**Consentimento informado:** sem versão e sem data

**Questionários:** sem versão e sem data

**Guião de entrevista:** N/A

**Do estudo:**

**TÍTULO:** "Sexual Rights of Lesbians, bisexual and albino women in Mozambique: qualitative case study of organizations and individuals experiences in Maputo and Nampula Cities".

E faz constar que:

1ª Após revisão pelos membros do Comité das respostas dos investigadores das recomendações feitas durante a reunião de 14 de Abril de 2016 pelo Comité, e que foi incluída na acta 03/2016 o CIBS FM&HCM, emite este informe notando que não há nenhuma inconveniência de ordem ética que impeça o início do estudo.

2ª Que a revisão se realizou de acordo com o Regulamento do Comité Institucional da FM&HCM – emenda 2 de 28 de Julho de 2014.

3ª Que o protocolo está registado com o número CIBS FM&HCM/17/2016.

4ª Que a composição actual do CIBS FM&HCM está disponível na secretária do Comité.

5ª Que não existiu nenhum conflito de interesse registado pelos membros do CIBS FM&HCM.

6ª O CIBS FM&HCM faz notar que a aprovação ética não substitui a aprovação científica nem a autorização administrativa.


7ª A aprovação tem validade de 1 ano e termina a 29 de Maio de 2017. Um mês antes dessa data o Investigador deve enviar um pedido de renovação se necessitar.

8ª Recomenda aos investigadores que mantenham o CIBS informado do decurso do estudo no mínimo uma vez ao ano.

9ª Solicitamos aos investigadores que enviem no final de estudo um relatório dos resultados obtidos.

**E emite**

**RESULTADO: APROVADO**

  
**CIBS**  
Assinado em Maputo aos 30 de Maio de 2016  
**FM & HCM**

### 7.4.6. Appendix 6:

#### Introducing the research project to the participants

Protocolo com o título: **“Direitos sexuais das mulheres lésbicas bissexuais e transgeneras em Moçambique: Um estudo de caso qualitativo sobre experiências de organizações e indivíduos nas cidades de Maputo e Nampula”**

Investigadora principal: Maria Judite Mário Chipenembe Ngale

Meu nome é Maria Judite Mário Chipenembe Ngale, Investigadora do Departamento de Sociologia da Universidade Eduardo Mondlane, e estou a levar a cabo uma pesquisa cujo objectivo é identificar histórias de vida e experiências sobre activismo das organizações da sociedade civil e de mulheres lésbicas e bissexuais nas cidades de Nampula e Maputo. Assim, a senhora (o) foi escolhida para participar neste estudo. Se a Sra/o. aceitar participar, iremos fazer algumas perguntas sobre a experiência que tem de trabalhar na área dos direitos sexuais e reprodutivos na sua cidade bem como das situações de estigma e discriminação social relacionadas com a sua orientação sexual se for o caso. Trata-se de uma conversa onde a Sra/o. irá dar a sua opinião em relação a matéria em estudo. A entrevista vai durar 45 minutos, e em função da sua disponibilidade e de insuficiência de dados poderá ter três a cinco sessões da mesma, dependendo do tipo de entrevista que podem ser semi-estruturadas, grupo focal e história de vida. Os participantes deste estudo não terão nenhum benefício directo, contudo constituirá uma mais-valia para a compreensão da história dos direitos das minorias em Moçambique. A sua participação não inclui nenhuma compensação, nem custos ao participante. Ao participar não correrá nenhum risco e não terá nenhum benefício, mas a informação que estamos a recolher vai ajudar na revisão das estratégias de melhoramento do estilo de vida das minorias sexuais.

Apesar de termos a sua assinatura na carta de consentimento, o nome da Sra. não aparecerá durante a análise dos dados e apresentação dos resultados. Isto significa que os dados que a Sra/o fornecer serão utilizados apenas para o objectivo do estudo, estritamente confidenciais. Só o investigador principal terá acesso à informação por si prestada neste estudo. O presente estudo foi revisto e aprovado pelo Comité Institucional de Bioética para a Saúde da Faculdade de Medicina, que trabalha para proteger os seus direitos e bem-estar. Enquanto o estudo estiver a decorrer a investigadora principal Maria Judite Chipenembe Ngale estará disponível para esclarecer qualquer dúvida relacionada com investigação, podendo contacta-la através do número de telefone 844360280 ou ao comité Institucional de Bioética da Faculdade de Medicina da UEM situada na Avenida Salvador Allende, número 702, com contacto telefonico – Sra Hortencia 824235340. A qualquer momento do estudo as pessoas envolvidas no mesmo poderão desistir sem necessidade de justificar suas razões, e sem nenhuma represália.

Assinatura do indivíduo

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Assinatura do investigador

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Maputo aos \_\_\_\_ de \_\_\_\_\_ de 2016

**7.4.7. Appendix 7:**  
**Informed consent for participants aged above 18**

Protocolo com o título: **“Direitos sexuais das mulheres lésbicas, bissexuais em Moçambique: Um estudo de caso qualitativo sobre experiências de organizações e indivíduos nas cidades de Maputo e Nampula”**

Investigadora principal: Maria Judite Mário Chipenembe Ngale

**Declaração de consentimento informado**

Eu fui informada sobre o estudo, os seus objectivos. Foi-me entregue a folha de informação do estudo aonde tenho os contactos dos investigadores caso eu queira interromper a minha participação, ou caso eu tenha alguma dúvida.

Eu concordo com o processo da pesquisa e aceito participar no estudo.

Assinatura do participante (a): \_\_\_\_\_ Data: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Ou impressão digital, caso não saiba escrever)

Se não sabe ler, uma testemunha imparcial deve também assinar esta declaração

Assinatura do (a) testemunha: \_\_\_\_\_ Data: \_\_\_\_/\_\_\_\_/\_\_\_\_

Assinatura do inquiridor (a): \_\_\_\_\_ Data: \_\_\_\_/\_\_\_\_/\_\_\_\_

**7.4.8. Appendix 8:**  
**Participant's letter of consent**

Protocolo com o título: **“Direitos sexuais das mulheres lésbicas, bissexuais e em Moçambique: Um estudo de caso qualitativo sobre experiências de organizações e indivíduos nas cidades de Maputo e Nampula”**

Investigadora principal: Maria Judite Mário Chipenembe Ngale

**Declaração**

Eu, \_\_\_\_\_ confirmo que li o documento de informação do participante \_\_\_\_\_ e expliquei com clareza:

1. A finalidade e os métodos do estudo
2. A voluntariedade da participação
3. A faculdade de retirada do estudo a qualquer momento e sem prejuízo
4. A natureza confidencial da informação que fornecer e que será utilizada apenas para uma melhor compreensão da história dos direitos das minorias sexuais em Moçambique

o Sr./Sra. \_\_\_\_\_ autorizou a participação no estudo

Maputo, aos \_\_\_\_ de \_\_\_\_\_ de 2016.

