Somewhere over the rainbow
A situational analysis of sexual and gender minority adolescents and young people in Namibia

Abigail Solomons
January 2020
Acknowledgments

Like Dorothy from the classic 1939 American musical fantasy, _The Wizard of Oz_, adolescents and young people, especially those who identify as sexual and gender minorities, dream of:

_Somewhere over the rainbow, bluebirds fly ... And the dreams that you dare to dream, really do come true ..._

Unlike Dorothy, these marginalised and vulnerable groups do not have magic ruby slippers to transport them to this utopia.

And yet, the rainbow has become symbolic of the fight for justice, equity and freedom for sexual and gender minorities the world over: it stands as a symbol for LGBT+ identity and solidarity, and hope for a better tomorrow.

Recognising the immense courage it takes to share their stories, Positive Vibes Trust would like to thank all the LGBT+ persons, Sex Workers, parents and siblings who contributed to this situational analysis. We recognise and appreciate that without your willingness to share, this in-depth look at the lived realities of our most vulnerable citizens would not have been possible.

We would also like to thank all our civil society and government partners who shared their experiences and expertise in working with young people from sexual and gender minorities.

Last but not least, we would like to thank SPOR Media, our Danish partner in the development of this situational analysis and accompanying strategy, as well as Civil Society in Development (CISU), an association of Danish CSOs, for funding this important piece of work.

It is our sincere wish that you find value in this document, and are able to use it to strengthen our collective human rights response. Young people whose sexual orientation or gender identity differs from ‘accepted social norms’ are often abused, and almost always pushed to the margins, ever further from their dreams. It need not be this way. And together, we can change it.

For additional information and literature, please see [www.positivevibes.org](http://www.positivevibes.org).

Sincerely,

Flavian Rhode
Executive Director
Positive Vibes Trust
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>1</td>
</tr>
<tr>
<td>Acronyms</td>
<td>3</td>
</tr>
<tr>
<td>Definitions</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>8</td>
</tr>
<tr>
<td>Situational analysis overview</td>
<td>9</td>
</tr>
<tr>
<td>Overview of Namibia</td>
<td>12</td>
</tr>
<tr>
<td>The Situation</td>
<td>13</td>
</tr>
<tr>
<td>Fuelling othering of SGM AYP</td>
<td>13</td>
</tr>
<tr>
<td>Religion and Culture</td>
<td>14</td>
</tr>
<tr>
<td>Heteronormativity</td>
<td>15</td>
</tr>
<tr>
<td>Low SOGIE, Rights and Legal Literacy levels of cisgender, heterosexual community members</td>
<td>17</td>
</tr>
<tr>
<td>Legal and policy environment</td>
<td>17</td>
</tr>
<tr>
<td>Political rhetoric influences public perception.</td>
<td>21</td>
</tr>
<tr>
<td>Very limited data about SGM is available in Namibia</td>
<td>25</td>
</tr>
<tr>
<td>‘Health for all’ has led to generic approaches to HIV prevention, treatment and care</td>
<td>27</td>
</tr>
<tr>
<td>Growing up ‘OTHER’.</td>
<td>29</td>
</tr>
<tr>
<td>Home</td>
<td>29</td>
</tr>
<tr>
<td>School</td>
<td>31</td>
</tr>
<tr>
<td>Employment</td>
<td>32</td>
</tr>
<tr>
<td>Neighbourhood</td>
<td>32</td>
</tr>
<tr>
<td>Family, A journey towards acceptance</td>
<td>35</td>
</tr>
<tr>
<td>Community Action within a reduced funding landscape</td>
<td>37</td>
</tr>
<tr>
<td>Programmatic Considerations</td>
<td>38</td>
</tr>
<tr>
<td>Conclusion</td>
<td>40</td>
</tr>
<tr>
<td>References</td>
<td>41</td>
</tr>
</tbody>
</table>
Acronyms

Here are some acronyms that come up multiple times in the text.

AGYW: Adolescent Girls and Young Women
AYP: Adolescents and Young People
CSE: Comprehensive Sexuality Education
CSOs: Civil Society Organisations
GBV: Gender-based Violence
GII: Gender Inequality Index
HIV: Human Immunodeficiency Virus
HRV: Human Rights Violations
KP: Key Population/s
LGBT+: Lesbian, Gay, Bisexual and Transgender people, and others who identify as part of this grouping (e.g. Queer, Questioning, Intersex, Genderqueer, Non-binary, and so on)
MoHSS: Ministry of Health & Social Services
MSM: Men who have Sex with Men
PV: Positive Vibes
SGM AYP: Adolescents and Young people who are also part of sexual and gender minorities – e.g. LGBT+
SOGIE: Sexual Orientation and Gender Identity
SRH-R: Sexual and Reproductive Health and Rights
### Definitions

<table>
<thead>
<tr>
<th>Adolescents, Youth &amp; Young People</th>
<th>PV definition of Adolescents and young people are as follows: Adolescents: 10 – 15 years Young People: 16-30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gini coefficient</td>
<td>The Gini coefficient is an economic measure of inequality. It measures the extent to which the distribution of income (or consumption expenditure) among individuals or households, deviates from a perfectly equal distribution. The higher the GINI coefficient – i.e. closer to one – the more unequal the economy. The closer to zero, the more equally wealth is distributed.</td>
</tr>
<tr>
<td>Gender Inequality Index</td>
<td>The Gender Inequality Index (GII) measures gender-based inequalities in the areas of reproductive health (maternal mortality ratio and adolescent birth rate), empowerment (women’s share of parliamentary seats and comparative attainment of secondary education) and economic activity (labour market participation). Like the Gini coefficient, the closer a country’s GII value is to zero, the better that country’s gender equality – the value 0 indicates absolute equality while 1 indicates perfect inequality.</td>
</tr>
<tr>
<td>Human Rights</td>
<td>Human rights are basic universal entitlements that all people have because they are human. They are based on the idea that every person is equal and entitled to be treated with dignity and respect, regardless of their race, sex, gender, age, disability or any other characteristic. Human rights apply to all people throughout the world at all times. States are responsible for respecting, protecting and promoting human rights.</td>
</tr>
</tbody>
</table>

---

1 Various age categorisations exist. In Namibia, National Youth policy defines youth as individuals between 16 and 30 years old. The Namibian National Policy for Reproductive Health defines adolescent as a person aged 10–19, and youth as persons aged 19-30 years. The Namibian Constitution has no definition of child but refers in individual provisions to "children" of up to age 14 or 16. The World Health Organisation (WHO) defines ‘Adolescents’ as individuals in the 10-19-year age group and ‘Youth’ as the 15-24-year age group. While ‘Young People’ covers the age range 10-24. The United Nations, for statistical purposes, defines ‘youth’, as those persons between the ages of 15-24 years.  

2 [https://reykjavikstreet.wordpress.com/2013/06/19/gini-coefficient-vs-human-development-index/](https://reykjavikstreet.wordpress.com/2013/06/19/gini-coefficient-vs-human-development-index/)  


<table>
<thead>
<tr>
<th>Human Right Violation</th>
</tr>
</thead>
</table>
| **Human Rights Violations** occur when a person’s rights are unfairly infringed upon when a state agency fails to respect, protect or promote a person’s right. There are three ways in which human rights can be violated by states:  

**Failing to respect human rights:** This is an act committed directly by the state that is contrary to its human rights obligations.  

**Failing to protect human rights:** This is an indirect violation committed by the state by omission (i.e. by not providing protection against systematic abuse committed by one group against another, or by not promoting the rights of all citizens).  

**Failing to promote human rights:** It is the state’s duty to ensure that laws that protect everyone – without discrimination – are enforced. The state must also promote these rights to ensure that all its citizens are aware of them and of how to claim them. |

<table>
<thead>
<tr>
<th>Human Development Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Human Development Index is a comparative measure of life expectancy, literacy, education, standards of living, and quality of life for countries worldwide. It is a standard means of measuring well-being, especially child welfare. It is used to distinguish whether the country is a developed, a developing or an underdeveloped country, and also to measure the impact of economic policies on quality of life. A low figure – closer to zero – reflects a society with very high human development scores across the various indicators. A high figure (closer to 1) means the opposite.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Literacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ability to read, write, and comprehend.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal Literacy</th>
</tr>
</thead>
</table>
| “The acquisition of knowledge, understanding and critical judgement about the substance of rights and the law, legal process and legal resources, enabling and encouraging the utilisation of capacities in practice.” In other words: understanding one’s rights and the pertinent laws, and being able to act on this understanding – e.g. to claim one’s rights.  

Legal literacy is fostered through engagement at three levels:  

**Consciousness** refers to awareness, views and beliefs people have of rights, law, legality, and justice and their conceptualisation of what is lawful and unlawful. |

---

3. [https://reykjavikstreet.wordpress.com/2013/06/19/gini-coefficient-vs-human-development-index/](https://reykjavikstreet.wordpress.com/2013/06/19/gini-coefficient-vs-human-development-index/)  
4. [https://www.athabascau.ca/syllabi/lgst/docs/LGST249_sample.pdf](https://www.athabascau.ca/syllabi/lgst/docs/LGST249_sample.pdf)  
| **Mobilisation** | refers to how people organise utilise the law, legal norms, discourse, or symbols to advance personal and group interests. |
| **Socialisation** | refers to the relationship people have to the legal order surrounding them – how they internalise, identify with, accept or reject the law. |

| **LGBT+** | Lesbian, Gay, Bisexual, and Transgender. An umbrella term used to refer to the community as a whole. The “plus” is inclusive of other groups, such as asexual, intersex, queer, questioning, etc. |

| **Othering** | Othering refers to the exclusion of people who do not fit neatly into what, in a society, is widely believed to be normal or desirable. Othering is more than the act of rejection; it also becomes a state of being. The Other, a deviant measurement against which the “normal” self confirms its status. Othering is often expressed as exclusion and belittling, as derogatory references and hate speech, or even as physical attacks on people because of their gender identity, skin colour, profession, disability or some other aspect of who they are. |

| **Sexual minority** | A sexual minority refers to individuals whose sexual identity, orientation and/or consensual sexual behaviours do not conform to majority norms and values. Lesbians, gay and bisexual individuals and sex workers, irrespective of their gender identity or sexual orientation, are generally classified within this group. Transgender, genderqueer or intersex individuals whose sexual identity differs from the normative heterosexual orientation can also fall within this group. |

| **Gender Minority** | Gender is a construct of biological, psychosocial, and cultural factors generally used to classify individuals as male or female. Gender minorities include those individuals whose gender identity and expressions are not traditionally associated with their birth sex. These include individuals who may identify more strongly with another gender (e.g., natal females who identify as men, natal males who identify as women) or with a variance that falls outside traditional Western binaries (e.g. individuals who feel they possess both or neither gender). These include transgender, gender queer, gender non-conforming/non-binary or intersex individuals. |

---


11 Adapted from Louin-Tapp, J. 1991. The Geography of Legal Socialisation : Scientific and Social Markers. Droit et Société

12 [https://www2.hu-berlin.de/transcience/Vol6_No1_2015_69_90.pdf](https://www2.hu-berlin.de/transcience/Vol6_No1_2015_69_90.pdf)

13 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2377288/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2377288/)

14 [https://www.theglobalfund.org/media/1257/core_sexualorientationandgenderidentities_strategy_en.pdf?u=637066568730000000](https://www.theglobalfund.org/media/1257/core_sexualorientationandgenderidentities_strategy_en.pdf?u=637066568730000000)

15 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2377288/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2377288/)
| **Sexual and Gender Minorities** | An umbrella term used to represent individuals whose sexual identity, orientation and/or consensual sexual behaviours that do not conform to majority norms and values, and those individuals whose gender identity and expressions are not traditionally associated with their birth sex. |
| **SOGIE-based violence** | Violence against an LGBT+ person, because of their (perceived and/or expressed) sexual orientation, gender identity and or expression. |
| **Heteronormative** | Of, relating to, or based on the attitude that heterosexuality is the only normal and natural expression of sexuality.¹⁶ |
| **Cisgender** | Cisgender, or cis for short, means that the gender you identify with matches the sex assigned to you at birth. By contrast, transgender is when your gender identity differs from the sex on your birth certificate. A transgender woman had male genitals at birth but identifies as female. Transgender men had female genitals at birth, but identify as male. People who are gay or lesbian but still identify themselves as the sex assigned to them at birth are considered cisgender.¹⁷ |

¹⁷[https://www.webmd.com/a-to-z-guides/cisgender-overview](https://www.webmd.com/a-to-z-guides/cisgender-overview)
Introduction

Positive Vibes is a Namibian-registered organisation operating nationally in Namibia, and regionally in Southern and East Africa, to advance the human rights of marginalised populations. Our impact ambition is to contribute to the End of Othering – the exclusion and alienation expressed towards, and experienced by, vulnerable minorities. And to promote open, inclusive, progressive societies where each person has equal access to dignity, safety, security, choice, health and justice.

Positive Vibes has worked closely with sexual and gender minorities and organisations representing these groups since 2011. We engaged in direct programming, strategy development, organisation development, and influencing and advocacy work with policy-makers – all to advance the realisation of sexual and reproductive rights of LGBT+ people, sex workers, and adolescent girls and young women.

Throughout this period, PV heard countless tales of othering, isolation, suicidal ideation, and self-destructive coping strategies from many young LGBT+ persons and Sex Workers (SW). It became abundantly clear that:

\[
\text{societal attitudes toward groups of people who are deemed unfavourable, abhorrent or ‘bad’} \\
\text{+ an inadequate policy and practice environment} \\
\text{+ criminalisation of sex work and same-sex sexual behaviours} \\
\downarrow \\
\text{intensify the normal anxieties and growing pains associated with the development from childhood to adulthood, and make this transition a much more arduous, dangerous and painful process}
\]

In 2019, Positive Vibes collaborated with SPOR Media in the development of a Citizen Participation Intervention Application to Civil Society in Development (CISU), with a specific focus on adolescents and young people (15-24 years old) in Namibia. This application focused on those adolescents and young people (AYP) who were most often left behind in our strategic thinking, responses and interventions – young LGBT+ persons and Sex Workers (collectively referred to as SGM AYP).

The motivation for this prioritising this group was based on three key factors:

a) Namibia has a relatively young population – 2016 inter-censal data shows close to 36.4% of the total 2,324,388 inhabitants are less than 15 years of age; of the 854,567 (36.8%) 15-34 year olds, 80.2% are below the age of 30. This group of individuals live in a time characterised by high unemployment rates, systemic corruption within government, high rates of suicide, gender-based violence, human trafficking, landlessness, and limited access to tertiary education because of exorbitant fees. Importantly, LGBT+ persons and sex workers within this age group (11-14; 15-29) receive little to no attention, in policy or in practice. With the exception of the Grade 11 life skills curriculum, no other
national document specifically addresses this cohort and the environment in which they find themselves. So, their needs and priorities are often ignored, or presumed to be addressed by other policies and strategies focused on adolescents and youth in general.

b) There was no clear analysis or strategy for rights-based work with marginalised groups of AYP – Generally, organisations representing and working with AYP and marginalised groups of AYPs are themselves young and fragmented, with limited programming and advocacy capacity. These organisations are also biased towards HIV prevention, treatment and care. With no national strategy prioritising SGM AYP, influence work within the SGM and rights space has largely been uncoordinated. Programmatic focus and priorities, limited capacity and an unfavourable environment for the exercise of agency and influencing skills in communities and in organisations, further constrain CSO who might otherwise advance rights-based discourses and outcomes with, or in relation to, AYP.

c) It was (and is) important to mobilise more resources for sexual and reproductive health and rights (SRH-R) work in a shrinking funding scenario – The funding available for human rights focused work with SGM has been extremely limited, and a very small proportion of what is available addresses SGM AYP. Donors and the state health system have tended to favour biomedical interventions with groups who are particularly vulnerable to HIV infection (e.g. Sex Workers, Men having Sex with Men and Young Women and Adolescent Girls). In the process, human rights work is often deprioritised, and young people who do not fit neatly into “Key Population” categories are neglected. This has seriously limited our ability to respond to the needs and issues of this group in a comprehensive way. Domestic philanthropic funding in Namibia is also very limited and, for obvious reasons, domestic donors shy away from controversial rights issues involving LGBT+ people and sex workers. At the same time, bilateral and multilateral development funding has shrunk dramatically in recent years due to Namibia’s upper middle-income status.

To address these issues and gaps, we first need to understand the needs and realities of SGM AYP in Namibia. This situational analysis aims to describe the current context and experiences of SGM AYP in Namibia, and to feed into strategy development and resource mobilisation efforts.

---

**Situational analysis overview**

The overall purpose of the situational analysis is to explore the current environment around Namibian SGM AYP, to explore their needs and experiences within this environment, and the experiences of their parents and siblings.

Our specific objectives were to:

- Explore Namibia’s policy and legal environment, in relation to SGM matters in general, and SGM AYP specifically, checking for inclusion, representation and the extent of the national response to these groups;

- Describe the childhood experiences of SGM AYP in Namibia;
• Describe the experiences of parents and siblings of SGM AYP in Namibia; and
• Explore local community response in relation to SGM AYP specifically, checking for inclusion, representation and extent of local response for this group.

We applied a mixed-methods approach to surface and make meaning of the current lived realities of SGM AYP. We reviewed available literature, including national documents and other research, and conducted in-depth interviews with SGM AYP, parents, siblings, human rights practitioners, government stakeholders and civil society.

Inputs to this analysis included:

• Stakeholder consultations with the Coordinator of the LGBT+-focused CSO, DREAMS, and the AGYW country coordinator for Ministry of Health and Social Services (Directorate of Special Programmes).
• Desktop review of Namibian policy and legislation pertaining to SGM in general and SGM AYP in particular.
• 74 interviews conducted with LGBT+ persons and SW were extracted from a larger sample collected in 2018. The original study focused on human rights violations (HRV) experienced by sexual and gender minorities in Namibia. Only those interviews with respondents between 18- and 30-years-old (18-24: 37 interviews; 25-30: 37 interviews) were extracted and reviewed. (For ease of reference, this study will be referred to as the 2018 HRV study.)
• Review of relevant PV reports.
• In-depth interviews, following informed consent, with
• 10 SGM AYP between the ages of 18 and 30 (Criteria: participants self-identify as LGBT+; are above the age of 18, but below the age of 30; are willing to engage in a 35-50-minute conversation.)
• 2 Programmers
• 8 Parents and Siblings of SGM AYP

Limitations

This situational analysis faced three limitations:

➢ Population-based methodologies were not employed due to considerations of cost, timing and methodological complexity. This situational analysis does not, therefore, purport to be fully representative of Namibia’s entire SGM AYP population. Nevertheless, we are confident that the findings accurately reflect the experience of many, and perhaps most, SGM AYP in Namibia.

➢ Parental consent is required to conduct research with age cohorts below the age of 18 years. Given the sensitive nature of the analysis, and that many SGM AYP have not disclosed their sexuality or gender identity to parents, we engaged with individuals above the age of 18, and parents and siblings of individuals who self-identified as LGBT+.

➢ Despite various mobilisation efforts, and informal conversations with parents known within the LGBT+ network, we were only able to mobilise and gain consent from mothers and sisters who had already dealt with and accepted their LGBT+ children and siblings. Fathers and brothers were unwilling to have
discussions, and LGBT+ members were also more hesitant to link us to their fathers. While this was a limitation, it also offered an insight into the kinds of social dynamics and resistance that any programming around SGM AYP will inevitably confront.
Overview of Namibia

In 1990, Namibia adopted a constitution\(^{18}\) that aimed to redress the impact of years of genocide, racism and apartheid under colonial rule. Two principles guide Namibia’s Constitution:

- Recognition of human rights FOR ALL
- The realisation of human rights as precursor to the realisation of freedom, justice and peace.

In 2020, Namibia will celebrate 30 years of constitutional democracy. With a maturing constitution, Namibia has made considerable gains in alleviating the impact of colonial rule. An independent judicial system was put into force, governing ministries aligned to social, economic and legal development established, and plans and interventions put into place to alleviate inequities in accessing to public services.

Namibia has achieved notable progress in reducing poverty since independence in 1990. By 2009/10, the percentage of Namibians living below the national poverty line was more than halved (from 69.3% in 1993/94 to 28.7% in 2009/10)\(^{19}\), and further to 17.4% in 2015/16.\(^{20}\)

Namibia has also established itself as a tourist hub, and economic growth over the past 30 years has moved the country into the ‘upper middle-income’ category (UN) – one of only eight such countries on the African continent.

HIV has been reduced by 50% in the past five years (2012-2017) when compared with the UNAIDS 2012 estimates. The most recent National HIV prevalence report (2018) indicated that Namibia was well on the way to achieving the global UN 90-90-90 goals for adult women.

Namibia has increased access to education with almost all children (about 98.6 percent enrolment rate) accessing education by 2015.

**HOWEVER**

Despite these gains,

\(^{18}\) [link]
\(^{19}\) [link]
\(^{20}\) [link]
Namibia is still one of the most unequal countries in the world\textsuperscript{1} with a Gini coefficient of 0.591 (2015 figures) and a human development index of 0.645 (130/189 countries).

In 2016, unemployment in Namibia hovered at 34%. 43.4% of youth (aged 15-34 years) was unemployed. More than 70 percent of the unemployed in Namibia have a junior-secondary education (or less).\textsuperscript{1} It is unlikely that these figures have significantly improved since.

Adolescent girls and young women, including sex workers, are disproportionately affected by HIV: 15-24-year-old young women still have a far higher HIV incidence rate (0.99 percent) than young men of the same age (0.03 percent). Female SWs were found to be four times as likely to be living with HIV than their young women not engaged in sex work.\textsuperscript{21}

Gender-based violence is extremely high. A 2013 demographic health survey\textsuperscript{22} showed that one in four young women had experienced intimate partner violence. 86% of sexual and domestic violence survivors are women; 93% of perpetrators are men. Only 14.9% of survivors sought help from the police – 15% sought no help at all. More recently, in September 2019, the police Gender-based Violence Protection Unit in the capital (Windhoek) recorded more than 200 cases each month. The number of cases nationally is expected to be much higher.

For the average citizen, these statistics paint a grim picture. For Namibia’s youth, this picture may be even darker. Adolescents and young people (AYP) have been identified as a key vulnerable group in our national human rights response. Namibia’s Inclusive Education Policy, the National strategic framework for HIV and AIDS, and our National Gender Policy recognise that more needs to be done to safeguard young people from poverty, sexual and gender-based violations, unemployment, and HIV. Despite this prioritisation and some significant signs of progress, not all AYP enjoy the same level of freedoms and rights.

Globally, sexual and gender minorities (SGM) continue to be disproportionately affected by social and legal inequities. The same is true in Namibia. The sections that follow aim to describe the various forms of marginalisation experienced by Namibian SGM AYP, and to explore promising interventions that may help ameliorate the impact of othering on this group.

**The Situation**

**Fuelling othering of SGM AYP**

Patriarchy and the amplification of harmful masculinities; the legal environment; low levels of legal, human rights and SOGIE literacy; religion and culture. All of this weave an intricate, mutually reinforcing web that explains discrimination against SGM AYP in Namibia.

\textsuperscript{21} Government of the Republic of Namibia 2012/2013 Integrated behavioural and Biomedical study with female sex workers in Namibia. Ministry of Health and Social Services

Compulsory heteronormativity, rooted in African masculinity, religion and culture, has paved the way for widespread homo-, bi- and trans-prejudice. The impact of this prejudice can be seen in the lives of young people from sexual and gender minorities: delayed exploration of their sexualities or gender identities; suppression or rejection of who they are; and negative coping strategies and self-destructive behaviours.

The main drivers of othering of SGM in general, and SGM AYP in particular, are:

- Religion and culture
- Compulsory heteronormativity
- Low SOGIE, Human rights and constitutional literacy

**Religion and Culture**

The 2018 HRV study\(^{23}\) indicated that our cultures, and the Christian foundations that many of them are built upon, become weaponised: they are used to justify the othering of SGM AYP. Instead of providing a platform for unity, cultures and religions are used, to isolate SGM.

“Let me say in our culture as Wambos, we do not accept such things. Even in a religion, that’s an abomination to God. So, it’s not acceptable.”

“Those type of people can be killed. And I think in the black culture this is rare. We don’t have these people in the black culture. It’s only whites. Blacks are coming in, but only nowadays. If this was to happen in a black culture, first of all the community itself will take you to the head of the community, then they will judge you accordingly. And from there, they are going banish you out of the community.”

During in-depth interviews, LGBT+ persons and sex workers, shared that they often faced internal conflict – their Christian beliefs and traditional upbringing pitted against their non-conforming sexual orientations, gender identities, or sex work. While this internal war wages, access to supportive religious spaces and to a spiritual community is limited, because SGM are often shunned and isolated from church and community.

“I will just go into the riverbed and then I will just start crying and yell at God, “Why did you make me like this? Why are you doing this to me? Why can’t you help me?” ... And later I say, “forgive me, you can see what I’m going through and you are not helping me.”

“Ours is the Pentecostal Church. My dear, if you are wearing like a lady, you are not allowed to enter in the house of God. Because God only made female and male. He did not make a transwoman. So, you better forget, you will never step in that door.”

“When my parents found out I was gay, they called in the priest, for prayer. To pray the gay away”.

Heteronormativity

The influence of religion and culture has resulted in a system of compulsory heteronormativity, where alternative expressions are subject to discrimination, isolation, and where the legal system allows, criminalisation.

Heteronormativity largely plays out in three ways:
1. The binary conceptualisation of gender
2. Limited exposure to sexual and gender diversity
3. Limited willingness and capacity to advance discourse on sexual and reproductive health and rights

1. The binary conceptualisation of gender

For many, gender is understood to refer to sex assigned at birth; you are either a man or woman. These labels carry a weight of expectations, norms and narratives. Men should: provide for the family; take decisions; talk about sex and have sex (with women). Women should: be home makers; wear appropriate clothes that conceal their bodies; be subservient to men’s decisions; have little autonomy over their bodies.

In-depth conversations with cis-gender heterosexual males and females, as well as LGBT+ people revealed that power and masculinity are strongly correlated in Namibia. Transwomen and effeminate gay men frequently mentioned that they were told “to become men” when thought of as being too girly, too effeminate. Effeminacy is the manifestation of traits in a boy or man that are more often associated with feminine nature, behaviour, mannerisms, style, or gender roles.

This conceptualisation of feminine and masculine also makes its way into the bedroom. Non-heteronormative sex, and sex work is not understood as a right to be enjoyed, outside of the boundaries of marriage and procreation. When sex is only understood to be allowed – and only really possible – between men and women, sex between same sex partners becomes something to be questioned, wondered at, horrified by. This is often the main driver of feelings of disgust towards LGBT+ people.

The man is the dominant, penetrative partner, the one who does sex, but whom sex is not done to. Men who engage in same-sex sexual behaviour challenge the dominant narrative of sex. As a result, and irrespective of sex role (penetrative/receptive/versatile24), such men are considered effeminate – an affront to manhood and masculinity. Corrective rape, corrective beating, acts of violence to ‘straighten’ them out, may then be applied, especially in areas where toxic masculinity is the accepted norm. Of course, the converse applies to women who stray from their assigned gender and sexual roles.

These heteronormative views on who holds power within relationships are transposed onto, and often introjected by, same-sex and trans-cis couples. The ‘top’ partner – the partner who displays more behaviours that are seen as ‘masculine’ – is often seen as ‘the man’, the decision maker, dominant in the relationship. Thus, LGBT+ relationships often maintain heteronormativity as the model for interaction25. They may even include various forms of gendered violence – regardless of the fact that the couple involved may be of the same gender.

24 A person who engages in the penetrative role during sexual activity, is the partner who penetrates/inserts his penis during anal or oral sex; the receptive partner is the recipient of such penetration. While some same sex partners prefer to be either the penetrative (top) partner, or the receptive (bottom) partner, many men are versatile – they enjoy both receptive and penetrative roles. Of course, some couples do not engage in penetration at all, or only in oral penetration. The fixation with penetration is itself a heteronormative and patriarchal trope.

25 INSERT Together Tomorrow reference.
2. Limited exposure to sexual and gender diversity

Heterosexual, cisgender people’s exposure to LGBT+ persons and SWs is limited, either because of context (in the north, LGBT+ persons are less visible), or by choice.

When exposure to diversity is through choice, several layers of beliefs and misconceptions – especially in relation to LGBT+ persons – drive that choice, viz.:

- LGBT+ people are promiscuous
- LGBT+ people want to recruit others to become LGBT+
- Accepting or normalising non-heteronormative sex and relationships will result in more adolescents and youth engaging in same-sex practices.
- LGBT+ people and sex workers are immoral
- Same-sex sexual behaviour is equated with bestiality and paedophilia
- LGBT+ and SW is illegal in Namibia
- LGBT+ and SW are in contravention with Christianity and our culture

Once it also comes to light that someone we know is gay, relational boundaries are set. Cisgender, heterosexual men were most explicit about these boundaries: places where interaction was allowed; who you might allow your family to interact with; what conversations are permissible.

Exposure to gay men seemed most common. Cisgender, heterosexual respondents indicated at least minimal exposure to lesbian women. Exposure to transgender people was extremely limited.

3. Limited willingness and capacity to advance discourse on sexual and reproductive health and rights

Formative conversations on sex with AYP are largely used to incite fear. They are usually framed within the parameters of religion, gender norms, and culture, and guided by heteronormative values and conventions, such as marriage. Information relayed to adolescents and youth by their parents centre on four main issues:

1. You can only have sex after marriage
2. Sex happens between a man and a woman
3. If you have sex you will become pregnant
4. Sex before marriage will lead to HIV infection.

More comprehensive sexuality education (CSE) was mostly acquired through the school system. However, even this information has a strong heteronormative bias, with little to no attention paid to same-sex sexual behaviours, health messaging, positive role modelling, or same-sex couples. CSE in Namibia has also received tremendous amount of backlash from parents and communities. Reasons for this backlash include:

- CSE teaches children how to have sex and masturbate
- CSE provides inappropriate content to young children
- It is the parents’ role to teach their children about sex
- Schools should focus on academic subjects, such as mathematics, English, etc. given the low pass rates

Lack of willingness to engage in discussions on comprehensive sexuality also influences parents’ and families’ willingness to advocate for the rights of LGBT+ persons and Sex Workers. People fear that advocating for these rights would lead to the normalisation of sexual and gender diversity, would condone sexual and gender diversity
and sex work, and at worst, open the flood gates for the decriminalisation of other ‘abhorrent sexual behaviours’ such as bestiality or paedophilia.

“People that accept gay things now, just want to be ‘woke’... Because I personally think this is just going to open a Pandora’s box ... Tomorrow the next guy is going to come, and say, ‘But me and my dog, we feel marginalised, why can’t we have a relationship in public?’ you know what I mean? ‘Or me and my... the six-year-old, you know? ... If these people can come out, why can’t we.’”

Low SOGIE, Rights and Legal Literacy levels of cisgender, heterosexual community members

Knowledge of SOGIE, the law, and avenues for recourse is very limited amongst LGBT+ persons and SWs. Serious knowledge gaps are often displayed in relation to:

➢ The parameters of the common law offence of sodomy, and which ‘unnatural sexual offences’ and aspects of Sex Work are criminalised by the Combatting of Immoral Practices Act.
➢ Nature vs Nurture: the role played by biology and genetics vs social learning in the development of sexuality and gender identity.
➢ Sexual behaviours of LGBT+ persons.
➢ Procreation and LGBT+ persons.
➢ Distinctions between different sex, gender, sexual orientation, gender identity and expression, and how these might be different for different people (SOGIE literacy).
➢ The Constitution and key articles therein.

Limited literacy results in the misapplication of the law, misconceptions around SOGIE, faulty reasoning, and suppression of identities one does not understand.

Legal and policy environment

Our Constitution is supreme—the highest law in the country—and establishes the rule of law that all Namibians and Namibian offices are governed by. Chapter 3 of the constitution guarantees the fundamental human rights and freedoms of people living in Namibia and explains the limitations to these freedoms. However, our Constitution however does not explicitly address sexual and gender minorities. As a result, no explicit protections are offered to this group.

Namibia has ratified or acceded to the core international and regional human rights treaties/agreements. As signatories and through the ratification of international human rights treaties, governments accept the legally binding responsibility to promulgate domestic measures and legislation compatible with their treaty obligations and duties.

Namibia has ratified the following:

- International Covenant on Civil and Political Rights (ICCPR);
- International Covenant on Economic, Social and Cultural Rights (ICESCR);
- Convention against Torture, and other Cruel and Inhuman or Degrading Treatment or Punishment (CAT);
- Convention on the Elimination of All Forms of Racial Discrimination (CERD);
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW);
- Convention on the Rights of the Child (CRC);
- Convention on the Rights of Persons with Disabilities;
- African (Banjul) Charter on Human and Peoples’ Rights;

Unfortunately, the ratification of international treaties does not automatically translate into local legal and policy environments that respond in nuanced ways to the vulnerabilities of sub-populations such as sexual and gender minorities.

Remnants of Roman-Dutch law, such as the Sodomy Law and the Combatting of the Immoral Practices Act, directly infringe upon the attainment of human rights for LGBT+ persons and SWs, limiting the right to dignity, privacy, freedom of association, and bodily autonomy. During the revision of the Labour Act (No. 11 of 2007), all mention of ‘non-discrimination on the basis of sexual orientation’ was removed. Same-sex relationships are not regarded as domestic relationships under the Combating of Domestic Violence Act (Act of 2003). Operating a brothel, living off the proceeds of sex work, and solicitation are further criminalised in the Combating of Immoral Practices Act. The rights to marriage and family are also limited: marriage and adoption rights have not been extended to LGBT+ persons.

The negative effects of these laws are intensified for people at the intersections of marginalised and vulnerable groups, e.g. an adolescent, gay, male, sex worker; a transwomen, sex worker; etc.

For the desk review of Namibia’s polices and laws pertaining to SGM generally and SGM AYP specifically, we reviewed national policies, strategies and action plans, found on various ministries websites, as well as laws. We ran a word search, using the following search terms to test inclusion, representation and visibility of SGM AYP in national governing policy and legal documents.

Search Terms:

<table>
<thead>
<tr>
<th>LGBT+</th>
<th>Gay</th>
<th>Lesbian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Sex</td>
<td>Homosexual</td>
<td>Sexual minority</td>
</tr>
<tr>
<td>Gender minority</td>
<td>Sexual and gender minority</td>
<td>Sex work</td>
</tr>
<tr>
<td>Key Populations</td>
<td>Sexual orientation</td>
<td>Gender Identity</td>
</tr>
</tbody>
</table>


28 List of policies reviewed attached as annex
It became abundantly clear that the needs of SGM in general, and SGM AYP specifically, are underrepresented within our national response. With the exception of the Grade 11 Life Skills Curriculum (which contains outcomes related to sexual orientation), the National Human Rights Action Plan (2015-2019), and the National Strategic Framework on HIV Prevention (2017/18 to 2021/2022), no other national policy and/or plan explicitly addressed matters pertaining to SGM, let alone SGM AYP.

The sodomy law is often cited as grounds for this omission: government officials cannot be seen to be complicit in ‘promoting illegal practices’. The common law offense of sodomy is defined as “unlawful and intentional sexual relations per anum between two human males.” Anal sex within heterosexual or lesbian relationships is not criminalised.\textsuperscript{29} Sodomy is also listed as a Schedule 1 offence, together with other crimes such as treason, sedition, murder, culpable homicide, rape, indecent assault, bestiality, robbery, kidnapping, child stealing, human trafficking and assault. This law may be outdated, but it is also weighty. With Schedule 1 offenses, police are authorised to make an arrest without a warrant. They may also apply deadly force in the course of an arrest. Further, “a private person may without warrant arrest any person who commits or attempts to commit in his or her presence or whom such private person reasonably suspects of having committed an offence referred to in Schedule 1.”\textsuperscript{30}

Ombudsman Jon Walters indicated that a moratorium has been placed on the use of the sodomy law as grounds for prosecution, a statement echoed publicly by Law and Reform Development Commission Chairperson, Yvonne Dausab, and the First Lady of Namibia, Madam Monica Geingos.\textsuperscript{31}

However, the impact of the law continues, even if no active prosecutions have been made – it is still used as grounds to exclude SGM from national policy and the national response. For instance, Namibia’s National GBV action plan (2019-2022) makes no mention of LBQ women or SGM youth, Decisions makers in the Ministry of Gender argued that they had to operate within the legal framework of Namibia. Similar sentiments are echoed by correctional facilities’ staff when questioned about the lack of condoms and other preventative commodities in both male and female prisons.

The sodomy law is conveniently used as a cover for people’s prejudice and fear.

\textsuperscript{30} Criminal Procedure Act 25 of 2004 (section 44)
This crime and crimes classified as “unnatural sexual offences” are unnecessary, irrelevant and outdated. The Combating of Rape Act covers a wide range of intimate sexual contact in circumstances that involve force or coercion, including oral sex, anal sex and genital stimulation between people of the same sex or different sexes. It protects children below the age of 14 against all such sexual activity, while the Combating of Immoral Practices Act gives additional protection to children up to age 16.

However, elements of the Combating of Immoral Practices Act also impact negatively on LGBT+ people’s lives. This act contains criminal offenses that apply to both men and women, irrespective of sexual orientation, gender identity and/or expression. It also contains specific crimes related to sex work, such as prohibitions against operating a brothel, living off the proceeds of sex work, and solicitation. For example:

Any person who in any public street or place entices, solicits or importunes or makes any proposals to any other person for immoral purposes; and wilfully and openly exhibits himself in an indecent dress or manner at any door or window or within view of any public street or place or in any place to which the public have access, shall be guilty of an offence and liable on conviction to a fine not exceeding two thousand rand or to imprisonment for a period not exceeding two years or to both such fine and such imprisonment.

Any person who in public commits any immoral act with another person shall be guilty of an offence and liable on conviction to a fine not exceeding three thousand rand or to imprisonment for a period not exceeding three years or to both such fine and such imprisonment.

These crimes limit the expression of gender, of sexuality, infringe upon the rights of LGT persons to dignity, privacy and limit their freedom of association and expression. The Immoral Practices Act takes away the choice of young individuals embarking on their journey of discovery, identity formation and sexual development: to be oneself might be to risk contravening this Act. Further, in an economy which offers strictly limited employment opportunities, the Act criminalises those who turn to sex work as one of the only viable options for their livelihood.

These laws, and the lack of legal protections afforded to sexual and gender minorities, sanction and perpetuate the violence, stigmatisation and othering of sexual and gender minorities. This process begins at a most vulnerable and influential developmental stage – in adolescence and youth – and continues throughout the life course.

Of course, ‘morality’ and ‘immoral practices’ are largely defined by public perception and opinion. In the social sphere, this law has come to mean that:

- Same-sex couples holding hands and kissing is frowned upon
- Transgender and gender-non-conforming individuals must make careful choices to avoid offending others (a mini-skirt, high heels and makeup on a male body; suits and ties on a female body – these become criminal acts in the public imagination)
- School dances, matric farewells and other social school events make no space for same-sex couples; they are denied the experiences and explorations that are commonplace among heterosexual youth
- Literature, role models and popular media continue to represent a strong heteronormative bias
• Intimate-partner violence between SGM partners will not receive the same level of response afforded ‘normal’ couples;
• LGBT+ persons who have political aspirations will face tremendous amount of opposition from fellow political leaders and broader society
• Gay men and transwomen will continue to be equated with murderers, rapists, human traffickers (given the gravity of the sodomy crime as a Schedule 1 offense)

At its first and second UPR cycles13, Namibia rejected recommendations to decriminalise consensual same-sex sexual conduct. At the first, the government delegation stated:

“On homosexuality, it was noted that the Constitution outlawed discrimination of any kind. Since independence, no single case of discrimination on the basis of sexual preference or orientation had appeared before the courts. Homosexuals were not prosecuted for practising same-sex activities in private, although this practice was not condoned, and was considered immoral and prohibited in public. Same-sex marriages were not recognised. The Government has no intention of amending current laws.”

Political rhetoric influences public perception.

Political rhetoric, especially at the time of independence, underlined the rejection and exclusion of LGBT+ people and SWs. The messaging has changed somewhat over thirty years and some champions have emerged, but destructive rhetoric is still heard, and defensive postures remain common.

Ruling party leader and President during the transition from colonial rule to a democratic, independent state, His Excellency, Sam Nujoma, publicly condemned the existence of homosexuality. In December 1996, he said: "All necessary steps must be taken to combat influences that are influencing us and our children in a negative way. Homosexuals must be condemned and rejected in our society." In March 2001, he went on to say that “the Republic of Namibia does not allow homosexuality and lesbianism.”

Other public statements driving homophobia include:

November 1998 - Jerry Ekandjo, who served as the Home Affairs Minister from September 1995 to March 2005, claimed he would introduce a law explicitly criminalising homosexuality in Namibia.
April 199934 - Deputy Home Affairs Minister Jeremiah Nambinga stated at a budget debate in the National Assembly: "The anti-homosexual voices should not be suffocated in our democratic society. There are those of us that believe that homosexuality is evil, homosexuality is anti-social and should not only be condemned, but should also be legislated against." He said the "disciples" of homosexuality were happy to spread their "gospel" in the name of free speech, human rights and democracy, but were quick to "suffocate" voices that disapproved of the "animal-like" behaviour..."After all, homosexuals are patients of psychological and biological deviations. Is this not selective morality of the worst order?"

13https://www.upr-info.org/en(review/Namibia/Session-10---January-2011

21
October 2000 – Ekandjo called on newly graduated police officers to “eliminate them [gays] and lesbians] from the face of Namibia. [The] constitution does not guarantee rights for gays and lesbians.”

March 2001 – Sam Nujoma told university students at the University of Namibia that, “The Republic of Namibia does not allow homosexuality, lesbianism here. Police are ordered to arrest you, and deport you and imprison you.”

April 2013 – The Secretary of the Youth League of the SWAPO, the ruling party, published a message on Twitter in response to news of a gay couple who had married in South Africa and returned to Namibia: “The so-called first gay marriage in Namibia is an abomination and illegal. It is moral decay at its worst, the police must arrest them.”

April 2014 – The Refugee Commissioner of Namibia released a statement saying that Namibia will not allow gay refugees from Uganda into the country. According to the Commissioner: “[Namibian] refugee law does not have a provision granting refugee status for being gay. And we will never do that.”

March 2015 – The Thursday before his inauguration, current President elect, His Excellency, Hage Geingob, was asked, “What are you going to do about them [LGBT+] in Namibia, in terms of their rights, so that they may have the same rights as other people?” He responded, “My goodness, we are talking about poverty eradication, unemployment, food, and yet my young brother comes up with gay issues! Those are not the issues we are talking about. Those things are luxuries … Are you oppressed? Are you suppressed? Are gays oppressed here? Is there any gay who has been arrested here for being gay?”

August 2015 – Deputy Finance Minister, Natangue Ithete reportedly told staff that: “You are either a man or a woman. Don’t come from outside and tell us this is acceptable. They must keep their gay activities in their countries. We will not entertain any of this gayness.”

Many human rights activists, including Phil na Yangoloh, the Executive Director of the National Society for Human Rights in Namibia (NSHR), saw political homophobia and the scapegoating of LGBT+ persons as a ploy to divert from other social ills. Currier (2010) in her review “Political homophobia in postcolonial Namibia” stated:

“African nationalist masculinity came to be defined in opposition to white, apartheid masculinities within racialised, masculinist, and heterosexist parameters that glorified virility and deprecated unmasculine characteristics associated with homosexuality (Epprecht 2005). Even though homophobia appeared to be an instrument for colonialist and apartheid regimes in southern Africa to monitor white settlers’ racial and sexual purity (McClintock 1995), it eventually entered African nationalist movements and cultural and political repertoires (Epprecht 2005).”

In this paper, Currier, after reviewing 194 articles from Namibian newspapers published between 1995 and 2006, came to two conclusions:

1. SWAPO leaders’ use of political homophobia as a gendered political strategy “stifled political dissent and enhanced SWAPO leaders’ masculinist position and legacy as liberators.”
2. “SWAPO leaders used political homophobia to expel gender and sexual dissidents from official accounts of history.”

“Whereas these rights have for so long been denied to the people of Namibia by colonialism, racism and apartheid”

---

36 http://www.swapoparty.org/zoom_in_176.html
The tide of homophobic political discourse has however been changing. Examples include:

December 2013³⁹ – The leader of the Democratic Turnhalle Alliance political party, McHenry Venaani, spoke out in defence of gay rights in Namibia challenging the proposition that homosexuality is “un-African”: “For many years gays have been part of the society all along. It is scientifically proven all races and cultures have gays,” later adding that it was “natural” to be gay, and that “gay people should be protected.”

August 2016⁴⁰ – The Namibian Ombudsman, John R. Walters, publicly questioned the purpose of the anti-sodomy law and stated that: “I think the old sodomy law has served its purpose. How many prosecutions have there been? I believe none over the past 20 years. If we don’t prosecute people, why do we have the act?” He went on to endorse equal marriage saying: “If people of the same sex would like to get married, it is their choice, whether the country, the community, churches and government acknowledge that [is something else].”

March 2018⁴¹ – At the Ombudsman roundtable discussion on SRH-R, National Council Chairperson, Margaret Mensah Williams stated: “Irrespective of how uncomfortable it is, it is time that we should talk about the LGBTI community. They are part of our communities.”

March 2018⁴² – When local business, TRUSTCO’s advert for board members, featuring Caitlyn Jenner and the tagline “Some will do anything to get a seat” went viral, Madam Geingos called out the advert for misogynist and transphobic imagery and messaging.

November 2018⁴³ – Minister of Gender Equality and Child Welfare, Doreen Sioka, states that the Ministry does not discriminate against LGBT+ persons, and that their rights are protected by the Constitution.

June 2019⁴⁴ – At the launch of the human rights campaign The Journey, First Lady of Namibia, Madam Geingos, stated:

“It is a little bit illogical to the point that nobody has been charged and convicted with sodomy in a very long time, to the point that we had put it on ice.”

June 2019⁴⁵ – Ombudsman Walters on a High Court bid by a same-sex couple to have their marriage recognised in Namibia:

“As a human rights defender, how can I oppose the right for marriage to be recognised in this country? I have at all times defended and tried to protect and advance the rights of lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons.”

³⁹ https://www.gaystarnews.com/article/namibian-political-leader-stands-gay-rights161213/
⁴⁰ https://www.namibian.com.na/154753/archive-read/Let-gays-be-%E2%80%93-Walters
⁴² https://allafrica.com/stories/201803270870.html
Despite this change in discourse, towards inclusivity, responsiveness and respect of the rights of sexual and gender minorities, many Namibians still cling to narratives of Namibia’s founding father. Interestingly, the more inclusive and tolerant narratives have also been used to mark political distance from ruling party, SWAPO. During the 2019 elections, other political parties showed more willingness to include LGBT+ people.

**All People’s Party (APP)**

- Introduce laws to combat hate crimes against people based on their race, gender, religion, disability, sexual orientation or albinism.
- Finalise proposed legislation to prevent and combat hate crimes and prosecute offenders.
- Create safe and non-discriminatory environments at schools, public facilities and workplaces
- Accord equality to members of LGBTI community.
- Dialogue on identities and sexuality issues.

**Landless People’s Movement (LPM)**

- LPM shall respect human rights and will not shy away from speaking out against human rights abuses.

**Popular Democratic Movement (PDM)**

- Education programmes to address issues of corrective rape, and the establishment of a task team on LGBTIQ as a new area of focus.

**Republican Party (RP)**

- Christians have no right to judge anybody. All of us have the responsibility to love and respect one another, whether a person has “declared” themselves as gay, lesbian, bisexual, transgender etc.

**SWANU**

- The LGBTIQ community should enjoy the same freedoms enjoyed by other citizens.
- Religious views on sexuality and sexual orientation should not be subject to the discretion of the state, in terms of policy, but to the supreme law of the land, the constitution.
- Free adult choices and privacy. Sexual orientation is not the preserve of the state, but that of the individual.
- A progressive and enlightened state does not meddle or interfere with the constitutional freedoms.
- The state must ensure safeguarding of the provisions of the constitution that guarantee the freedom of individuals to choose and express themselves without discrimination or the loss of their democratic rights.
- Will strive to create an enabling environment for Namibians to enjoy their freedoms without discrimination, stigmatisation and marginalisation.

SWAPO, the current ruling party and winner of the 2019 national elections, was silent on issues related to LGBT+ people.

While moves towards inclusivity has been evident in recent politics, this wave of more progressive views and discourse has not trickled down to all Namibians. Following Pride in December 2017, local Namibian newspapers
reported on the event on their Facebook pages. The feedback on this was predominantly negative, with religious and traditional extremists unified in their views. In essence they stated that LGBT+ individuals are un-African, immoral and mar Namibia with their unlawful practices. A few choice comments: “May the Lord send fire to burn their anuses”; “LGBTIQ, did not know there were so many ways to disappoint mother nature.” Clips of the 1996 homophobic statement by Sam Nujoma also resurfaced on these pages. These sentiments are not uncommon. Any LGBT+ related article, event or cause, gives rise to hate speech, especially on newspapers’ Facebook pages. Online bravado, and the false sense of anonymity provide by social media platforms, allows free play to people beliefs about sexuality, gender diversity – indeed to anything ‘non-conforming’.

In 2018, several media outlets reported on the gang rape of a young paramedic during detention in a local holding cell. When OneAfrica News reported that the paramedic was gay Namibians had a field day: “Why is he complaining, he most probably enjoyed it…” “He probably dropped the soap on purpose”.

Recent stories about same sex couples also drew negative responses on FaceBook. The focus on LGBT+ couples’ right to family and to the recognition of their unions, segued into online debates about the godly institution of marriage and the impossibility of child-rearing as gay parents. Many quoted scripture and even blamed such ‘ungodly acts’ for the severe drought in Namibia.

Reports about trans-diverse people provoke analogous responses, and even more confusion. During a conversation with a transgender activist, the impact of media and the onslaught of hate speech was cited as the most difficult part of activism:

> “Sharing one’s story on multi-media platforms gives rise to so much hatred. People assume they know who you are, what you believe in. My story was written long before I was born. My God knew who I was to become. But everyone assumes, because you are trans, that you do not believe in a higher power. That you lack religious foundation.”

---

### Very limited data about SGM is available in Namibia

Nationally, there is a dearth of evidence that explores the status (social, legal, economic, etc.) of Namibian SGM between the ages of 10 and 30 years.

Smaller independent studies by civil society, by academia, as well as government line ministries, such as the Ministry of Health and Social services (MoHSS) have aimed to determine SGM’s vulnerabilities to HIV transmission, access to education, human rights violations, and uptake of public services. Research interventions have however favoured men who have sex with men, and female sex workers and transwomen – largely due to their prioritisation as key populations in the national HIV response.

---

46 Namibia’s President Threatens Homosexuals With Elimination (2001). https://www.youtube.com/watch?v=1PjqZcae1_s
In 2012/13, the MoHSS published the Integrated Behavioural and Biomedical Surveillance Studies (IBBSS) focused on MSM and female sex workers. This study, covering four Namibian regions, provided much needed epidemiological data related to HIV prevalence, treatment adherence, population size estimates, and other social, economic and education statistics. However, the data set did not disaggregate men who have sex with men (MSM) according to gender identity, so many transwomen simply vanished from the data – flagged as MSM.

It also did not consider the LGBT+ population that work as sex workers, though this was rectified in the most recent IBBSS (2019).

The main missing piece in these national studies, is the lack of data on lesbian, bi-sexual and queer women and transmen – and on AYP who identify with one of these identities or orientations. The assumption is that these individuals, based on sexual behaviour, have relatively low risk of HIV transmission and acquisition. However, a 2010 study on forced sex and health outcomes of lesbian and bisexual women showed obvious links between forced sex and high HIV prevalence. There are also high levels of self-reported HIV prevalence among lesbian and bisexual women – a prevalence rate of 9.8%.67

Demarcating groups in definitive ways is usually problematic – the lines often between them tend to blur. For example, Baral et al (2009) and the IBBSS (2012/13) found that transactional sex, as defined by intercourse in exchange for money or gifts with a casual partner, was common. It is probable then, that a person engaging in transactional sex – or sex work – may also be LGBT+. Very little research on these intersections has been done in Namibia.

Several opportunities to disaggregate data in more nuanced ways and develop more sophisticated indicator sets have been bypassed. Examples include the 2013 Namibian Demographic Health survey48 (NDHS) as well as the 2017 Namibia Population-Based HIV Impact Assessment (NAMPHIA 2017)49. Unless the purpose of a study is specifically to explore the vulnerabilities, needs, and context of SGM, most studies revert to heteronormative assumptions which in turn influence the kinds of questions we ask.

For instance, in the 2013 NDHS, information on intimate partner violence and GBV was only obtained from ‘never-married’ women, ‘ever-married’ women, divorced, separated, or widowed women, age 15-49, on violence committed by their current and former spouses, and by others.

This line of questioning is rooted in heteronormative assumptions about relationships and intimate partner violence – assumptions which are likely to constrain respondents’ from talking about same sex relationships. These assumptions also translate into policy and strategy. For example, the 2018 GBV Action Plan for Namibia makes no mention of lesbian, bi-sexual or queer women, and does not recognise same-sex relationships as potential sites for intimate partner violence; its focus is on cis-gender, heterosexual women.

On the other hand, the expansion of research agendas and indicator sets, in ways that takes SOGIE and sex work into account, can provide the basis for appropriate and responsive policy and action. In 2014–2015, the Ministry of Education accepted a multi-country initiative from UNESCO, in partnership with Hivos, to explore school-related gender-based violence, as influenced by sexual orientation and gender identity or expression. The findings fed into the development of a stronger comprehensive sexuality education curriculum, an update

---


of the Life Skills curriculum for Grade 11 (which now expressly addresses sexual orientation), and the launch of a Safe Schools Initiative.

Namibia’s national health surveillance indicator set currently does not collect SOGIE-related information, except in relation to so-called ‘Key Populations’ (men who have sex with men – including transwomen – and female sex workers), and then only in relation to pre-exposure prophylaxis uptake, HIV testing and Counselling and treatment adherence.

On a more hopeful note: National consultations with the MoHSS on the review of the HIV minimum package, the review of the 2015 National Strategic Framework\(^50\), and CSO interaction with the SADC regional SRH-R strategy have allowed national stakeholders to reengage with the M&E requirements needed to respond effectively to the needs of SGM, including AYP. Positive changes in data collection, disaggregation and analysis may follow.

‘Health for all’ has led to generic approaches to HIV prevention, treatment and care

Namibia’s public health services are mostly free – only limited administration fees are charged. Various health facilities have integrated Key Population-focused interventions, such as PReP and ‘special’ operating hours to accommodate sex workers and populations that prefer to remain anonymous. Our National Strategic Framework (2017/2018 – 2021/22) outlines key interventions for Key Populations, including legal and policy-level interventions.

Despite this prioritisation, LGBT+ people continue to face stigmatisation, discrimination and othering.

Namibia has made great strides in alleviating the country’s HIV burden, and is well on the way to achieving the 90-90-90 goals, especially for adult women. Prevention initiatives to reduce the risk for groups most at risk of HIV infection and transmission are underway, such as Treatment-as-Prevention initiatives, PreP, voluntary medical male circumcision, and condom and lubricant distribution. Index partner testing and provider-initiated testing have also enabled health services to extend the reach of testing services.

Conversations with LGBT+ groups, health facility staff of both public and CSO-run facilities in Kuisebmund, Lusaka, Harare, Francistown, Gulu and Mbarara in 2018/2019\(^51\), showed that everyone has a similar basic definition of a “Good” health service. But not everyone experiences the same level of service.

Despite good intentions, our HIV services fail to recognise that interventions are not always responsive to the needs and contexts of SGM. For instance:

---


\(^51\) Add reference STL
➢ Access to health services is negatively impacted by discriminatory practices. The 2012/2013 IBBS studies with SWs and MSM documented high HIV prevalence in these groups. In general, HIV prevalence for MSM is higher than the same 'non-MSM' age cohort. And HIV prevalence for MSM in Windhoek is double that of their MSW counterparts. Baral et al (2009) found HIV prevalence to be as high as 31.4% for MSM. Female SWs were found to be four times as likely to be living with HIV than their counterparts not engaged in sex work. Fear of positive results, perceived or experienced discrimination and low risk perception have been found to be the key drivers of low HIV testing service uptake.

➢ Voluntary medical male circumcision (VMMC) messaging, interventions and mobilisation treats all males as basically the same, i.e. cisgender, heterosexual, not considering the various sexual behaviours of this group – especially those of gay, bi-sexual and queer men, transwomen, and other men who have sex with men. HIV protection afforded by VMMC only applies to the penetrative partner, not the receptive partner (who is always assumed to be a cisgender female). There is potential for this kind of incomplete messaging to increase some men’s risk of HIV transmission and acquisition. The importance of the foreskin in male-to-female gender reassignment surgery is also ignored – this could further diminish transwomen’s options for gender reassignment. In the same vein, neonatal circumcision was prioritised in Namibia’s 2010 National Circumcision Policy On Male Circumcision For HIV Prevention (80% target).

➢ Index partner testing serves as another example where the legal, social and personal contexts of LGBT+ persons are not considered. A 2016 study on HIV prevention and treatment needs of male couples showed that male couples preferred to be tested separately for a variety of reasons, including: high pressure to disclose their status to their partner; fear of inadvertent disclosure of an HIV-positive status; fear of inadvertent disclosure of their sexuality (where one or both partners were ‘in the closet’). In 2019 PV conducted a gap analysis reviewing community health system monitoring data and the SADC Key Populations SRH-R Strategy. The analysis found that “aggressive, often cash-incentivised, sexual contacts tracing through Index Testing, effectively rewarded clients and/or peer-outreach workers for disclosing the private information of third-party partners without their knowledge or consent.” This was even more problematic in environments where same-sex sexual relations and relationships are criminalised. While this mobilisation and tracing strategy has proven effective, its ethics – when applied in environments where SGM risk criminalisation, stigmatisation, and outing – are questionable.

ADD references


55 https://www.researchgate.net/publication/317249271_The_Combined_Vaginoplasty_Technique_for_Male-to-Female_Sex_Reassignment_Surgery_Operative_Approach_and_Outcomes

56 Essack, Z. et al. (2018). Together Tomorrow Understanding the HIV prevention needs of men who have sex with men (MSM) and their partners in Southern Africa: KwaZulu-Natal, South Africa and Namibia: Study results and dissemination. Sweetwaters: HSRC

The same study found the following inadequacies in relation to the SRH-R response (Namibia, Zambia, Zimbabwe and Botswana):

- An artificial separation of health systems (perceived as professional; educated; technical; clinical; service-providers) from community systems (perceived as informal; uneducated; local; service-beneficiaries) [which] creates an unnecessary and problematic disconnect between human beings who – being equal under the law, and in fundamental rights and dignity – occupy a shared local system for health, comprised of complex and delicate relationships, interactions and interconnections.
- Low awareness of, experience with or expectations around the exercise of public accountability by citizens.
- Unequal availability, quality or priority of care across sexual and gender minorities, determined by a combination of public health driven risk-perception and patriarchy.
- An incompatible conflict between public health priorities for so-called Key Populations, and the human rights and identities of LGBTIQ people and sex workers.
- Inadequate technical health facility programme design, and clinical practice (including comprehensive primary healthcare, and integrated services) for SGM.
- The impact of poor policy, and inefficient health administration at district and national management levels (e.g. essential drug procurement and stock-outs).
- Insufficient mindfulness of the effect of healthcare workers’ approach, attitudes and awareness on user-experience, access and service-uptake, and the need for more robust sensitisation.

Growing up ‘OTHER’.

The influence of a heteronormative society – and its accompanying heteronormative laws, policies, and practices – is pervasive. This makes for a fraught environment in which SGM adolescents and young people must transition into adulthood, while coming to terms with a sexual orientation or gender identity in conflict with all that their culture, religion and lifeworld labels ‘right’ and ‘good’.

“Growing up gay is the most difficult thing anyone can go through. I don’t understand why people think this life is my choice.”

Conversation with SGM AYP informants revealed that the impact of othering can be seen and felt in a range of spheres: the home, neighbourhood, state facilities (education, health, law enforcement), and the work place.

**Home**

Being forced to play with dolls if you were born a girl, playing with cars if you are a boy, the types of clothes to wear, as well as what chores are assigned – these gendered expectations became the order of the day, and are amplified when SGM AYP are suspected of being gay, lesbian or trans. Several respondents noted that as soon as parents began to suspect or question their child’s sexual orientation many things changed: their chores became noticeably gendered; they were restricted from playing with children of the opposite sex; parents only bought explicitly gendered clothing; sibling interaction was restricted, especially when young or impressionable siblings were involved.
“I remember my mom telling me not to wash with my younger brother anymore. She did not want him exposed to this moffie (gay) business.”

“My uncle used to order me to rake and work in the yard, I could also only play soccer with the boys. I was not allowed to play with the girls.”

One of the respondent’s (a transwoman) indicated that prior to her interview she went for a bath at her mother’s house:

“I took a shower and used my baby brother’s washcloth. My mother asked me to throw it away once I was done. You can ask [NAME], she was also there.”

Actions aimed at reinforcing gender norms, often provoked rebellion on the part of respondents.

“My mom went to buy relaxer. I hated it. So, I took the clippers, I cut off all my hair. I was so afraid of what she would say when she came home. She did not speak to me for hours, but later told me I looked beautiful. I have never relaxed my hair again.”

“I was about 13 when I started wearing girls’ clothes, experimenting with make-up. We would dress up in girls’ clothes and jump out of the window, so that my aunt could not see.”

Several respondents indicated that as soon as they ‘came out’, i.e. disclosed their sexual orientation and/or gender identity, they were thrown out of their childhood homes, and forced to move in with other family members. But, for many, none of these homes provided much sense of belonging.

“It was maybe ok, but all I ever wanted was love, to feel that I belonged”.

“Whenever I had an argument with my cousin, my aunt would tell me to pack my bags, because no interloper could take the position of her child. I was always threatened with this.”

The sense of homelessness, of being without foundation, has followed many respondents throughout their young lives. Several indicated that they currently squatted at a friend’s or family member’s place, some found lodging in a shelter, while for some, sleeping on the street was the norm.

“I shut my eyes there where the sun sets.”

“My current bed is the cat’s piss mattress on my mom’s stoep, even though they have an extra bedroom in the house.”

These kinds of experiences – stories of gendered discipline, rebellion and rejection – were echoed in the 74 interviews collected from our 2018 HRV study.

About a one-third of these respondents were living with extended family or friends (rent free) at the time of interview, and cited exclusion from the family home as the primary reason for this. A few respondents indicated that they make use of the only known shelter in Windhoek; this required that they raise NAD35 daily to pay for lodging, breakfast and dinner. The majority of respondents lived in informal settlements in temporary dwellings, often sharing these spaces with others.
School

All of the respondents interviewed for this analysis, and 54 of 74 respondents from the 2018 HRV study, had completed secondary education. However, the experience within the school system was often painful. Many recalled incidences of bullying by teachers and fellow learners, lack of SOGIE related information, as well as lack of support within the school system.

“And one day I went to school. We were in our class, and I was seated. Our teacher came in and we were talking about our dreams and so on and so on. And then my teacher said, “[NAME] what are you dreams?” So I said, “My dream is to finish my grade twelve and to study to become a flight attendant. And to get married to a beautiful handsome white guy.” And then the people just started laughing. … “You are a man and you want to marry a man” … I was surprised, they already knew who I am. Why should they go on like that? They can already see the way I’m acting. … And then our teacher said, “you are a man, stand up! Talk like a man! Act like a man!” … And I was saying, “Yes sir, yes sir, yes sir,” in a man’s voice. “Yes sir, I believe, I understand.” “I’ll call your parents if you are doing these things!” Then I said, “Forgive me teacher, I’ll not do it again.”

We referred earlier to a 2014–2015 study conducted by UNESCO, Hivos and the Ministry of Education. It explored aspects of school-related gender-based violence as influenced by sexual orientation and gender identity/expression. The study revealed extremely high levels of diversity-related violence in schools. 41% of Namibian respondents reported such incidences, with “students who were perceived as different in terms of their gender” as the main motivation for the violence. The study also found that most often, the perpetrators of violence were older boys (68%), while the targets of violence were younger boys and girls (48.7% – young boys; 47.3% – young girls).

Similar results were found in a 2016 Windhoek-based study with 558 survey respondents, 525 of whom were grade 11 learners (Brown, 2016). The learners cited: verbal violence (84%), physical violence (71%), social violence (84%) and sexual violence (25%). According to the study, the victims of violence might be any learner who did not conform to the norm – for example anyone who overachieved, underperformed, or was simply smaller in stature. However, the results did show a clear link between victims with diverse gender expressions and incidences of violence. Consequences of these high levels of violence include isolation, poor school performance and, in many cases, high risk of school drop-out.

A 2018 study on the SOGIE literacy skills of life skills teachers (Brown, 2018) showed that, despite Namibia’s progressive life skills curriculum (which explicitly includes gender and sexual diversity), diversity was not always accommodated in schools. Life skills teachers struggle to address sexual diversity – in an atmosphere that makes doing so complex and difficult (heterosexism, patriarchy) – due to limited pedagogical tools, knowledge and resources.

Nevertheless, life skills teachers, and teachers in general, play a key role in safeguarding the development of students. Brown’s research indicated that 63% of pupils would rather consult teachers about homophobic discrimination; only 6% would turn to their family. However, without the necessary capacities, recourse is not always easy. Culture and religion also influence the effectiveness of CSE:

“I am a born again Christian. When I teach about it, the children question my belief. But I must teach the syllabus. It feels so weird.”
“To be honest, I want to leave this subject. As a Christian, it is very hard but I have these children in my classes. I cannot just reject them. I need training to help me to understand more, maybe I will be more comfortable.”

“I always tell my pupils that you find different people and some have different sexual orientations. It is as if they are not ready for the topic. I have a boy in my class that they will tease and ignore, and when it is group work, I have to force them to work with him.”

“When I tell the other children in my school to respect these pupils, they would ask me if I am gay too because I support evil and something that is illegal in Namibia. As a man, it is not easy.”

**Employment**

All SGM AYP respondents indicated that the employment opportunities were hard to come by. The majority of the respondents had no formal employment, though three were officially affiliated (through short-term employment contracts) to local LGBT+ focused organisations. Of the 74 respondents of the 2018 HRV study, only 29 were employed at the time of interviewing.

Many indicated that finding work was tough, especially for transwomen, as their gender expression was often thought inappropriate and compromising. The high demand for jobs and competition from cisgender persons in a context of high unemployment and recession makes seeking employment even more difficult.

Some respondents indicated that when they had found jobs in heteronormative spaces, they tended to be the first suspect in the event of a theft, break-in or any other job-related problem. The explicit removal of any reference to sexual orientation from the revised Labour Act in 2007, left many feeling despondent.

During interviews, several respondents were either considering sex work, or are currently sex workers. This usually arose on the back of expulsion from the family home, a lack of tertiary qualifications, and no employment opportunities. Five of the six transwomen interviewed indicated that they were currently sex workers. A third of the 74 respondents in the HRV study also indicated that they were sex workers. The most common reasons for doing sex work were: desire to improve my income; desire to improve my living standards; getting started in sex work is easy; I had no skills or qualifications required for another job; unemployment. Other reasons were: my friends were doing it; sex work is a business where you can make a lot of money; the demand for sex work is high.

Once people discover that they are sex workers, the stigma and discrimination they experience often increases exponentially.

“People need to understand, Sex Work is not a choice. For us, it is the only option.”

**Neighbourhood**

“He kept quiet for a while and suddenly he stood up and demanded that I should undress and took out a knife. He then raped me the whole night without even using protection. When he was done he dressed himself and left without saying anything. I started crying uncontrollably. I took a shower and
went to work. As soon as I walk in the shop I acted as if nothing happened but just after few hours I broke into tears and I got hysterical so one of my colleagues took me aside and asked me what was wrong. I told her what has happened.”

She told me we should go the police and report it. I told the police how it all started. I told the officers where the guy worked, and they went to get him at his workplace. Back at the station one officer asked me whether I would like to make a statement and I told him no, all I wanted is for the guy to stay away from me and even if he sees me in a bar or in the street he must run away. The police then asked me why I did not want to make a case and I told them that I don’t want my name in the newspapers and most of all I don’t want to go to court and be seen by people and them make fun of me.”

During interviews, several respondents shared numerous encounters of sexual and physical assault. These encounters took place at early ages, some as young as 8 years old, often by family members, peers and friends. One of the most harrowing accounts was told by a homeless transwoman who, for the first time, shared her 8-year history of incest at the hands of her father.

“My father often took out his penis and touched my private parts. I was not sure, is this because we are tjommes (friends), and he always treated me like a tjomme (friend), or if this was sexual. I just thank God that no penetration ever took place. I remember one night, he tried to penetrate he was unable to ... I never told my mother. She would have been devastated.”

Often these of violations went unreported due to shame, fear of the police, and fear of rejection by family.

The 2018 HRV study supports these individual accounts of sexual and physical violence. The 74 SGM AYP in the 2018 study most often named incidents related to sexual assault, sexual abuse or rape. Violent assault or abuse was the second most common. Less frequently reported were incidents related to being fired from a job or denied education. While the number of incidents of public ‘outing’ were also relatively few, extortion and blackmail were fairly common, and usually related to threats of outing (whether of one’s sexual orientation and/or one’s HIV status).

On average, respondents were 25 years old when the violation took place. The youngest outliers were aged 8 and 10, reporting incidents of bullying in the education system and rape, respectively. The majority of the violations we documented were committed by family members, friends and neighbours, though some intimate partner violence was also reported.

During analysis of the incident description in the 2018 HRV study, four main types of violations emerged:

- **Type 1**: The reported incident occurs because of victim’s perceived or expressed SOGIE or sex work
  - by non-state actor
  - by state actor
- **Type 2**: The reported incident is not because of victim’s perceived or expressed SOGIE or sex work
- **Type 3**: Both the reported incident (by both non-state actor and state actor) and the denial of services (by state actor) to victim is because of their perceived or expressed SOGIE or sex work
- **Type 4**: The reported incident is by non-state actor, and is not related to SOGIE/SW, but the denial of services (by state actor) as a result of someone’s perceived and expressed SOGIE or sex work
Most incidents reported were as a direct result of the victims’ perceived or expressed sexuality and/or gender identity being in tension with heteronormative views of gender and sexuality, or because the victim engaged in sex work. The perpetrators of these violations were mostly non-state actors.

State actors constituted about a quarter of the identified perpetrators, either as primary perpetrator (i.e. one incident was reported where a state actor was identified as only perpetrator), or as a secondary perpetrator (following an incident, when the victim sought public services, these were denied). Police officers were the state officials most often named as perpetrators. Health facility staff were less frequently named.

“IT was Friday evening and I was on my way back home from the bar when three guys attacked me from the back. beating me up and even tried to take my phone. Meanwhile one of them tried to undress me to prove if I really am a girl or a boy. I screamed for help, but no one seemed to care so I fought back with all the strength I got left within me, but since they were three against one I couldn’t manage to. The one that was busy undressing me almost got the chance to rape me, but thanks to the Almighty he stopped and took my phone and ran away. I stood up immediately and ran back home. I went to the police the next morning to report what happened and the police officers took that as a joke, even asked my ID and started questioning my identity, telling me that I am trying to add lies or make up stories. So, I walked out without them helping me.”

“I went out on a fine Saturday with my friends in 2017 and as we were chilling I got up to dance and some boys that were seated opposite us were drinking as well. I got up to dance and one of the boys insulted me and hit me with a bottle. I was taken to hospital, but the nurse on duty refused to assist me because she said I was a curse. She can’t assist a gay “moffie” person but then my sister’s friend assisted me.”

Not surprisingly, only a few respondents said that they reported the case to the police. Of those that did report cases to police, few accessed legal assistance. A combination of personal reasons (“I was ashamed”), social concerns (“What will the neighbours say?”; “My mother told me not to tell.”) and structural limitations (the legal environment and the nature – or absence – of state actor response) influenced those who chose not to report the incident. Self-preservation and a desire to minimising media exposure, kept most respondents from pursuing legal action.

Respondents in this round of interviews, as well as the 2018 HRV study indicated that they shared their experiences with someone, often someone who identifying as LGBT+ or as a sex worker. Other ameliorative/coping strategies tended to be more negative; alcohol and drug use, suicidal ideation, and isolation we most commonly mentioned. More positive coping strategies included seeking spiritual healing through the church, joining support groups, and participating in the creative arts (e.g. writing and poetry). Several respondents in this round of interviews indicated that their involvement in the LGBT+ and SW movement was one of the most beneficial of strategies they had employed – that is was only through sharing their experiences with others “like me”, that they found healing.
Family, A journey towards acceptance.

Acceptance of LGBT+ people by their families is not automatic. The journey towards acceptance has several stages, similar to those of the grieving process: denial, anger, bargaining, depression, and acceptance. David Kessler, co-author (with Elisabeth Kübler-Ross) of the iconic On Grief and Grieving, expands on these five stages, to include a sixth: making meaning.

The stories shared by parents and siblings follow a similar path, though marked by periods of regression, of moving forwards and backwards along the road to acceptance. And some parents, siblings and family members, never get beyond denial and anger – with painful consequences for their children.

“I was hurt, I was crying. I felt shame, was confused, afraid, I looked for someone to blame. I felt as if my child had died, and all my dreams with her...But I love my child.”

The eight mothers and sisters we interviewed all recalled noticing that their child or sibling was different. For girls, it was often a refusal to wear dresses or play with dolls, and later, an aversion to dating. For boys, it may have been a preference for female playmates, or an interest in make-up and fashion. Or more subtle signals. Whatever the clues, all family members indicated that from a young age, they knew their child or sibling was different, and despite attempts to ‘correct the behaviour’, nothing could change the fact.

‘Corrective’ actions taken by parents included:

- Isolation and restricting access to other LGBT+ people
- Acceptance, but with limitations placed on expression of sexual orientation and/or gender
- Eviction from home; disowning the child
- Family intervention
- Emotional manipulation
- Seeking religious intervention
- Physical and emotional violence

“And then my mom came home and then she asked me, “Why are you doing this? Why are you sleeping with guys? Why are you sleeping with men? You are going to get HIV and you are going to die because most of transwomen and getting HIV and they are going to die ... I want you out of my house morning time.” And I was grade ten and I was in my exams... Then I just packed my bags, then I just ran off, and then I left school, like that, half. Some exams I wrote, some I did not write.”

All the mothers we spoke to, blamed themselves: “Was I too soft with my boy?” “Was it because my daughter saw the horrible relationship I had with her father?” “Was my child raped, and I did not know about it?” Self-recrimination, and an intense sense of loss marked this period of denial, blame and confusion.
“I had so many dreams for this child. I was afraid none of it would come true. Becoming a grandmother, taking forward the family name. What would the people say?”

“I asked myself, was it because I hated gay people, that God punished me. People told me that my child was already cursed in my womb, that it was somehow my fault.”

Several beliefs and myths fuelled these negative responses:

- Having an LGBT+ child is punishment from God (or a Satanic curse)
- Having an LGBT+ child is a bad omen
- People are gay because they’re mentally ill (disease)
- They are like this because of sexual assault
- It’s because the child witnessed GBV within the household, or divorce, or there was a lack of positive male role models
- She was influenced by her friends or the media

Only through attending workshops on SOGIE, and/or interacting with other LGBT+ persons, were some of these myths dispelled.

From most stories we were told, it became clear that the journey of acceptance – begun with an overwhelming period of disbelief, grief, anger and blame – often progressed when mothers and siblings witnessed the rejection, isolation and discrimination their loved ones faced:

“I only started accepting her again when I saw her struggle, when I saw how broken she was ... I remember a time, when I walked into a conversation a group of our male family members were having, discussing how they were planning to get a man to have sex with my sister, for her to realise what she was missing out.”

“I was riding in the taxi, and I heard people talking about [NAME]. ‘Why did she have children, if she knew she was gay?’ ... ‘She only needs a man.’” I just couldn’t take it. If it hurt me so much, just imagine how much hurt she was facing.”

“It was only when I realised that my child was still the same person, nothing had changed. I started questioning why other parents could accept they child who committed murder and was imprisoned back into their life and home. My child is not a murderer.”

For many, their Christian beliefs proved to be both the source of their denial and anger, and the thing that enabled them to move towards acceptance.

“God made all of us in his image. He might even love my daughter more, because she is true to herself. She is a good person, she looks after me.”

“As a Christian, I believe that God gave us all chose, and only He can judge. What makes my sins any less wrong, than the so-called sin of my child.”

Mothers indicated that they did not have many encounters with other parents of LGBT+ people but would have loved the opportunity to engage with other parents facing the same challenge.
Community Action within a reduced funding landscape

Since The Rainbow Project’s establishment in 1996, Namibian activists have grown in numbers, and so have the number of organisations who represent SGM.

For many, the recognition, integration and acceptance of LGBT+ persons and SWs lie at the centre of their response; for others, the goal is equitable and tailored health services. For all, their responses are rooted in the principles of human rights. Significant inroads have been made with government stakeholders to advance the realisation of these rights in national policy, practice and legislation.

Civil society’s work with SGM AYP includes biomedical interventions, psychosocial support, CSE strengthening in schools and communities, legal and policy reform, and interpersonal workshops. Interventions with traditional, religious and local leadership have also been prioritised. Unfortunately, many initiatives in this space work in siloes, or are mainly responsive to donor agendas rather than community priorities or have minimal funding to scale their work.

In practice, most LGBT+ organisations work primarily with SGM AYP – not necessarily by design, but because this group seems most responsive to community-level engagement. However, the most neglected segment of the SGM AYP group is in the 11-17 age range. SW and LGBT+ organisations will not reach out to this subgroup, for legal and ethical reasons, and for fear of massive backlash.

Following the demise of The Rainbow Project, many other LGBT+ focused organisations have come into existence. Their focus ranges from LGBT rights, to more specific trans rights, LBQ women rights, feminist movements, as well as organisations that focus on linking KP to biomedical interventions.

Many of these organisations receive funding from PEPFAR, the Global Fund, OSISA, EU, The Other Foundation, Amplify Change, and a range of smaller donors.

PEPFAR and the Global Fund primarily fund biomedical interventions related to HIV prevention, treatment and care. The EU, OSISA, The Other Foundation and Amplify Change have shown more interest in responding to the sociocultural, socio-structural and political issues fuelling othering, discrimination and inequities for SGM in general. These funds are however limited and allow for correspondingly limited scope and scale.

Many CSOs feel that Key Population work has the potential to violate LGBT+ people’s right to freedom of expression, privacy and dignity, and that the chase for numbers and scale often compromises ethics. With the Global Gag Rule in force, recipients of PEPFAR funding have found it difficult to advocate for the right to terminate pregnancy, a highly significant limit on people’s right to plan their families and manage their own reproduction.

To circumvent the impact of donor restrictions, several alliances have been formed to strengthen and unify advocacy efforts. These include the Diversity Alliance of Namibia and the Namibian Equality and Justice Alliance.

Other alliances and communities of practice have also been established. For example, PV has used an online platform to connect partners across five Southern African countries to share learning from community health systems monitoring, and to engage around decriminalisation strategies, strategic litigation, and other forms of influencing aimed at securing peoples’ sexual and reproductive rights.
Nationally, more and more CSOs and activist groups have also branched out and collaborated on community level advocacy initiatives, such as the #WeAreOne platform, the #BeFree initiative and #TheJourney.

Programmatic Considerations

1. Othering and the implications of othering should be placed at the heart of our human rights response.

Only once we have explored our individual contributions to perpetuating othering – the process of diminishing and excluding people who differ from ourselves or from the dominant norm – can we build real empathy.

Othering is a process we are all familiar with, even if our experience of it is less harrowing than what confronts many SGM AYP... To be othered is to be labelled – too black, too white, not man enough, not women enough, too fat, too skinny, too different – and pushed to the margins of a group or society.

As human rights practitioners, we need to create space to collectively explore othering, the privileges allowed to us when we fall within the established norm, and the consequences when we don’t. This should not be limited to work with SGM and SWs; more work needs to be done with our community systems to build empathy, accountability and mechanisms to protect marginalised and vulnerable groups instead of demonising and expelling them.

We need to move away from once-off sensitisation events and towards a way of working in which all parties (and systems) become aware of their privileges, own their biases, and assess the impact these have on achieving equality, equity and justice in Namibia.

2. Together with the work on othering, we need to expand the type and extent of literacy-focused interventions we conduct.

Work on building and strengthening human rights, legal and SOGIE literacy needs to happen at various levels within communities and with government. This requires that CSOs and government collaborate to strengthen interventions focused on literacy in these areas.

To foster a rights-literate Namibia we must address:

- people’s lack of knowledge of available rights and resources
- people’s sense of self and agency
- people’s capacity and power to apply and mobilise legal mechanisms for redress
- policy, legal and contextual barriers to exercising rights
A more comprehensive population-based human rights, legal and SOGIE literacy assessment would be required to assess gaps in comprehension and application within the Namibian context – this would enable the design of a more comprehensive response.

3. Decriminalisation of sodomy and sex work.
Currently SGM are often seen as criminal – and believe this themselves. Only through decriminalisation – the scrapping of outdated and counterproductive laws – and the establishment of protective legislation for SGM and SWs will some semblance of an equal footing for all groups be established.

While the removal of laws criminalising sodomy and sex work will not in itself redress the full impact of homo/bi/trans-phobia and discrimination, it will:

- Provide equality before the law
- Serve as an impetus to review and transform policies and practice for a more enabling, protective environment
- Advance discourse on equity and equality within communities

4. A collaborative and united response is needed.
This analysis, and other initiatives we have referenced, show that collaborative interventions, led by Namibian civil society, have the potential to create an evidence-base that both informs advocacy and develops new insights into human experience.

However, more work is required to institutionalise practices of data collection – especially on violations experienced by marginalised groups – so that we develop a comparable database. Collaboration with the Office of the Ombudsman may also provide an opportunity to work toward the establishment of a national human rights monitoring system, to which we can all contribute, and use to strengthen our collective human rights response.

5. Data sets need to be disaggregated, where possible according to SOGIE and SW.
To ensure that interventions are responsive to the needs of various sub-populations, data pertaining to those sub-populations need to be collected, analysed and represented in meaningful ways. An indicator set, disaggregated according to SOGIE and SW needs to be institutionalised within all government ministries (where relevant), and reflected in the M&E systems of CSOs and other actors.

6. Messaging needs to be evidence-based and nuanced to respond to the needs of all sub-populations
Once data sets are appropriately disaggregated, and evidence generated to respond to sub-populations needs, we will be able to craft genuinely nuanced mass-media messaging. Heteronormative filters and blindspots
related to circumcision, family planning, the legal environment, and community mobilisation must be stripped out of our communications. To do otherwise would be to risk introducing misinformation to a society that already evidences low levels of literacy around health, SOGIE and human rights.

Conclusion

This analysis forms the basis for a PV strategy aimed at both ameliorating and influencing changes to the destructive dynamic of othering as it is experienced by SGM AYP in Namibia.

We hope that in the medium- and long-term this analysis – and the strategy that accompanies it – will be of value to these young Namibians, to our work and that of collegial CSOs, to the government, and ultimately to our country as whole.

Unleashing the untapped, neglected and rejected potential of so many young people would be a gift and a source of flourishing, not just for them, but for us all.

Abigail Solomons

Windhoek, January 2019
References

Needs update in final version.


41
UNESCO. 2015. Gender, diversity and violence in schools in five countries in Southern Africa: Botswana, Lesotho, Namibia, South Africa, Swaziland (draft). UNESCO.


“Namibia: Nujoma attacks homosexuals”, Outright blog, 1 January 1997, https://www.outrightinternational.org/content/namibianujoma-attacks-homosexuals

