

A PENNY FOR YOUR THOUGHTS

**LGBTIQA+ COMMUNITY INFORMATION
ECOSYSTEM ASSESSMENT:
DEMAND-SIDE ANALYSIS**

ROOTED IN TRUST 2.0 - LEBANON FEBRUARY, 2023



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LIST OF ACRONYMS

AFE	Arab Foundation for Freedoms and Equality	NGO	Non-governmental Organization
CDC	Centers for Disease Control and Prevention	RiT	Rooted in Trust Project
CSO	Civil Society Organization	SIDC	Society for Inclusion and Development in Communities and Care for All
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and (Agender)	SOGIESC	Sexual Orientation, Gender Identity and Expression, and Sex Characteristics
LebMASH	Lebanese Medical Association for Sexual Health	STIs	Sexually Transmitted Infections
FGD	Focus Group Discussion	SWANA	South West Asia and North Africa
HIV	Human Immunodeficiency Virus	TV	Television
IEA	Information Ecosystem Assessment	UNHCR	United Nations High Commissioner for Refugees
KII	Key Informant Interview	VASYR	Vulnerability Assessment of Syrian Refugees
MOPH	Ministry of Public Health	WHO	World Health Organization
MSM	Men who have sex with Men	WFP	World Food Programme
MOSAIC MENA	MENA Organization for Services, Advocacy, Integration and Capacity building	WSW	Women who have sex with Women
NAP	National AIDS Program		

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1. EXECUTIVE SUMMARY

The COVID-19 pandemic has shown how the transmission of false information can be accelerated by social media and other digital platforms (Bin Naeem & Bhatti, 2020).

Through its Rooted in Trust (RiT) project, Internews identified a paucity of data on sexual and gender minorities, particularly pertaining to the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and other sexually or gender diverse (LGBTIQA+) communities. This reports presents findings from an Information Ecosystem Assessment (IEA) demand-side analysis with a focal concern on how the LGBTIQA+ community in Lebanon accesses, trusts, and shares information within the context of the COVID-19 pandemic and other health emergencies, in what has become known as an “infodemic”. Through Internews’ RiT project, more than 3,000 COVID-19 and health-related rumors circulating on Lebanese social media have been identified between 2020 and 2022.

The IEA demand-side analysis was conducted by Internews between April and October 2022, using a human-centered approach on the information needs, access, sourcing, trust, influence, sharing and particular needs

of LGBTIQA+ community members residing in Lebanon, including nationals, refugees, migrants and stateless individuals. Utilizing a mixed method approach of quantitative and qualitative methods, the research included focus group discussions (FGDs), key informant interviews (KIIs) and a desk review. Further data collection was carried out and was disaggregated based on gender identities in an effort to identify sub-communities’ specific needs, challenges, and recommendations.

Findings of the analysis suggest that the LGBTIQA+ community in Lebanon, especially young adults, relies heavily — but not exclusively — on the digital space and specifically social media and instant messaging applications, to receive and share their COVID-19 information. However, the analysis also suggests that there has been a decrease in trust in these platforms over the course of 2022.



1. EXECUTIVE SUMMARY

Research participants expressed a preference for receiving information from local and international organizations, specifically LGBTQ+ focused organizations and those that have been offering them services and support pre-COVID-19, as well as from international medical and news sources. Yet, despite the availability of multiple programs for COVID-19 prevention and response, many LGBTQIA+ community members consider the pandemic as no longer significant given the multi-faceted crisis the country is going through, and their deteriorating living conditions.

The consequences of the pandemic have exacerbated the challenging conditions that the majority of this community was living in due to discrimination which resulted in low employment opportunities, unequal access to healthcare, and restrictions on free and safe expression and assembly. Moreover, the findings indicate that the levels of trust in the vaccine are somewhat low within the LGBTQIA+ community (72% of FGDs participants are vaccinated) but some of them regret having taken the vaccine). When disaggregated by gender identity, 57% of Trans* FGD participants, 70%

of cis FGD participants, and 100% of non-binary identifying FGD participants are vaccinated.

Most participants in this study expressed their concerns regarding access to information within mainstream and alternative media due to the lack of sensitivity to their issues and realities, and they claimed that they are made invisible within the general discourse. In instances where LGBTQIA+ community are spoken about, individuals are often pathologized, stigmatized, and misrepresented. ●●●



1. EXECUTIVE SUMMARY

DRAWING FROM THE FINDINGS, THE REPORT MAKES THE FOLLOWING RECOMMENDATIONS TO ORGANIZATIONS, MEDIA AND JOURNALISTS, AND OTHER RELEVANT STAKEHOLDERS:

- Healthcare institutions and organizations should make their interventions more inclusive by specifically targeting the LGBTIQ+ community within their COVID-19 response and other health programs.
 - Organizations must take LGBTIQ+ persons into consideration within their criteria for support and services related to COVID-19 and to design more interventions that aim to alleviate the consequences of the pandemic on this community. This might include psycho-social support, mental health support, access to safe shelters, medical and health services, and others.
 - Health organizations as well as media outlets that are planning communication activities should make use of videos and photos to make the content more appealing to the audience. The use of graphics and 'voice over' during news reports allows the messages to get across and be understood easier.
- Media outlets and journalists should receive capacity building on Sexual Orientations, Gender Identities and Expressions, and Sex Characteristics (SOGIESC) sensitization to better cover LGBTIQ+ stories and use adequate inclusive language, in Arabic, when reporting.
 - Media outlets should tackle rumors and misinformation that nurture stigma and discrimination against the LGBTIQ+ community. Rumors such as those in mid-to late-2022 about the relation of the LGBTIQ+ community to Mpox contributes to further stigmatizing this vulnerable group. Such rumors should be tackled as they emerge in the community by providing fact-checked information.



2. BACKGROUND AND CONTEXT

2.1 BACKGROUND

The goal of an Information Ecosystem Assessment (IEA) is to gain a greater understanding of how people access, exchange, value, and trust information in their own local contexts. The IEA utilizes a human-centered approach by putting the community at the core of the research.

The IEA informs Internews' approach to designing contextual programming to fill informational gaps, promote greater information literacy, and aid in the development of media outlets and journalists around the world.

In February 2021, as part of its Rooted in Trust (RiT) project, Internews Lebanon published an Information Ecosystem Assessment (IEA) that aimed to understand how Syrian refugees in Lebanon find, share, trust, and value information related to COVID-19 (Internews, 2021).

In the second phase of the RiT project, Internews Lebanon produced three IEA demand-side analyses for four different target groups in Lebanon. The IEA demand-side analysis aims to analyze information

demand for particular communities based on gaps and demands identified. To analyze information demand, Internews works with local partners and communities to conduct field research on the information needs, access, sourcing, trust, influence, sharing, and literacy of community members through a qualitative-first approach involving observation, questionnaires, and interviews. This study provides insights on gaps, trends and challenges related to information, and thus generates recommendations for humanitarian actors and organizations,

media outlets, journalists and other relevant key stakeholders on information flow and communication with regards to the LGBTIQ+ community.

Internews aims to study the information demand for the LGBTIQ+ community within Lebanon's information ecosystem. It aims to do so by answering the following questions:

- **What kind of information do people need?**
- **What sources of information do they trust, and why?**
- **Who or what influences decision-making?**
- **How do people want to receive their information (format and delivery)?**
- **Do people have safe and timely access to information?**
- **Can people tell the difference between real and fake information?**
- **What are the LGBTIQ+ needs and gaps within information dissemination and media?**

2. BACKGROUND AND CONTEXT

2.2 CONTEXT

Despite the fact that the LGBTIQ+ community in Lebanon enjoys a relatively more flexible margin of freedom in comparison to other countries in the South West Asian and North African region, they are still confronted by several challenges and are often subjected to stigma, discrimination, and other types of violence due to their gender and sexual diversity. Research conducted in 2020 reveals that Lebanon is a heteronormative society with 85% not accepting homosexuality and only 13% supporting it (Greenwood, 2020). In this context, the country has been witnessing a significant influx of refugees who identify as part of the LGBTIQ+ community from across the region, either seeking a safe refuge in Beirut, or a temporary asylum awaiting resettlement in a third country.

The queer community in particular continues to struggle with legal, social, and economic obstacles which often hinder their access to basic rights, freedoms and necessities. One of the legal challenges faced by this community stems from article 534 of the Lebanese Penal Code which forbids engaging

in sexual interactions that “contradict the laws of nature” (ILO, 2011). This code, which mostly targets men who have sex with men and Trans women, has been deemed unconstitutional by a number of judges who have refused to use it to criminalize LGBTIQ+ individuals (ILO, 2011). Article

534, among others — including article 521 that criminalizes being Transgender by making it an offense for a “man” to disguise himself as a woman — of the Lebanese penal code puts LGBTIQ+ individuals and the community’ safety and wellbeing at risk by subjecting them to physical, psychological,



2. BACKGROUND AND CONTEXT

and economic harm (Helem, 2020). Upon arrest or detention, LGBTIQ+ persons may more widely be subjected to torture and denied basic rights inside police stations (Helem, 2017). Despite the initial ban on forced anal testing — a degrading and unscientific practice executed in police stations as proof of anal sex and/or homosexuality — between 2012 and 2014, police still used the practice after 2014 especially in remote areas (LebMASH, 2020). This discriminatory legal framework in Lebanon imposes other risks on the LGBTIQ+ including “arbitrary termination of work contracts” and allows threats of violence against them in the country such as “hate speech, death threats, or other homophobic, biphobic and transphobic actions.” Although the law was primarily implemented to prosecute homosexual activity performed by males, it has often been used against trans women who have not changed their gender markers on their identification documents. The presence of such law legitimizes arrests and prosecution of LGBTIQ+ people, as well as any repercussions that may result from their incarceration or trial (MOSAIC MENA, n.d.).

The queer community in Lebanon is deprived of equal and fair access to job opportunities, housing and education. These systematic violations, based on patriarchal, misogynistic and xenophobic structures, have been embedded within Lebanese society and have impacted the livelihoods, protection and security of the LGBTIQ+ community (LGBTIQ+ TF, 2022). In this context, access of LGBTIQ+ individuals to services, whether from the public or private sectors, is often hindered due to multiple factors including, but not limited to, the unavailability of inclusive holistic services, the risk of stigma and discrimination in most public spaces and institutions, and lack of service-providers’ capacity and sensitivity to queer issues. This pushes the community to rely heavily on the support provided by local civil society organizations (CSOs) and international non-governmental organizations (INGOs).

In traditional media, especially on national TV stations, LGBTIQ+ coverage is quite minimal; and if available, the approach is usually derogatory and discriminatory (HBS, 2019). LGBTIQ+ community members are invited to TV shows and are often

subjected to public slander by either the host, or the co-guests — religious figures are always invited to episodes where diverse SOGIESC are tackled. This general discourse in the local media reinforces misconceptions surrounding the LGBTIQ+ that are rooted in the community in Lebanon, and imposes further risks of stigma and discrimination against community members. Most FGDs and KII participants who took part in this study highlighted how the local media often portrays LGBTIQ+ lives and stories in a way that further contributes to marginalization and discrimination. In addition, the misrepresentation of the community in the mainstream information dissemination inflicted direct and/or indirect harm for different community members who vividly expressed their discontent.

For more than three years, since 2019, Lebanon has been witnessing a precarious financial and economic crisis that has been ranked as one of the world’s worst crises in modern history. The financial collapse plunged the value of the Lebanese Pound and precipitated hyperinflation. For instance, the Lebanese Pound, which for 25 years and on average traded at a rate of 1,507.5 to the

2. BACKGROUND AND CONTEXT



US dollar has since October 2019 lost more than 95% of its value (DW, 2022).

Meanwhile, the government of Lebanon imposed its first lockdown in March 2020, as a result of the outbreak of COVID-19. Subsequent public health measures had a toll on the economy and resulted in several negative secondary impacts. Many businesses shut down which left multitudes working in the informal sector unemployed, including LGBTIQ+ community members. On the 4th of August 2020, a massive explosion at the Beirut port shook the city and caused damage to half of the capital, killing at least 218 people, destroying businesses, community centers, and safe queer spaces, many of which were located close to the epicenter of the blast (DW, 2021).

In a study conducted in 2021 to comprehend the impact of Lebanon's complex crisis on the LGBTIQ+ community, all 101 LGBTIQ+ participants polled ranked housing-related concerns as the most difficult, followed by accessing community spaces and support networks (48%), paying rent (41%), and having a safe living environment (39%)

(Oxfam, 2021). It is important to note that not all members of the LGBTIQ+ community were affected equally by the pandemic. Trans individuals, non-binary individuals and queer refugees are the groups suffering the most from the current crises in Lebanon as they are largely exposed to systemic discrimination and are impacted by legal restrictions. Moreover, 66% of respondents claimed they were not engaged in any income-generating pursuits, and 70% said they had lost their employment in the previous year, based on the same study. Simultaneously, according to a study published by the World Food Programme (WFP) in December 2020 to assess the impact of COVID-19 and the economic crisis in Lebanon, an average of 15% of the Lebanese have completely lost their income between 2019 and 2020 (WFP, 2020). This shows the disproportionate consequences that the economic and COVID-19 crises have had on the LGBTIQ+ community.

Helem, a local NGO that offers services to LGBTIQ+ members, states that they have processed more than 4,000 incidents of violations, risk and/or humanitarian needs in 2021 alone (2022).

2. BACKGROUND AND CONTEXT

During Pride Month of 2022, Caretaker Interior Minister Bassam Mawlawi took several security and enforcement measures to ensure that no LGBTIQ+ festivities would occur, claiming “this phenomenon is contrary to the habits and customs of our society and religious principles,” Mawlawi said, adding that “personal freedoms cannot be invoked.” (2022) LGBTIQ+ festivities are frequently rejected in Lebanon, mainly due to pressure from religious authorities that influence political and legislative decisions in the country. Members of the Police force have been known to infiltrate nightclubs and other places preferred by members of the LGBTIQ+ community. Such violations come as a result of the lack of laws that protect LGBTIQ+ people from harassment and structural violence, especially LBTQ+ women, refugees, and sex workers (MOSAIC MENA, 2021). Lebanese officials have continuously oppressed people with diverse SOGIESC on multiple aspects including socially, politically, in arts and culture, and in the general human rights framework — where rights to freedom of expression and freedom of safe assembly were violated. In 2018, a Muslim religious group called official forces to ban a regional conference (Nedwa)

organized by a local queer organization — notably the Arab Foundation for Freedoms and Equality (AFE). The conference was raided by the general security forces who subsequently banned all foreign attendees from entering Lebanon. Less than a year later, an intolerant Christian religious institution in Byblos called on banning a concert held by “Mashrou’ Leila” — a Lebanese band whose lead singer is an out gay man — “to prevent bloodshed and maintain peace and security” (2019).

Public crackdown on communication and freedom of speech were also noticeable in other incidents. In 2019, the Ministry of Telecommunications banned Grindr — a dating application used by LGBTQ+ individuals — which affected the communication among community members, as well as affected some other operations, due to its usage by some queer local NGOs to disseminate awareness and security messages (Amnesty International, 2019). In addition, during a conference hosted by Canada and Botswana in 2020, the Lebanese government — through the Minister of Foreign Affairs — refused to sign a pledge calling for the support of media, the safety of journalists,

and more diverse representation (including queer representation) (Al-Horra, 2020). This was another violation of the international treaties and conventions that Lebanon had previously signed, and the action contradicts Lebanon’s constitution which states that all citizens shall be treated equally before the law regardless of their belief, sex, gender, race or sexual orientation.

Today there are several non governmental organizations and civil society organizations fighting for the LGBTIQ+ community in Lebanon. Some of these groups have been working tirelessly to advocate the removal of anti-LGBTIQ+ articles from the Lebanese penal code and the introduction of protective laws and policies (1). Others provide opportunities to work on social change as well as community support, primary health services, sexual health services, mental health, legal support, social activities, capacity development to front-liners and humanitarian actors, research, and livelihood activities (2) (3) (4). ●●●

3. METHODOLOGY AND APPROACH

3.1 METHODOLOGY

Between September and October 2022, Internews conducted data collection through seven KIIs with LGBTIQ+ targeted and LGBTIQ+ inclusive organizations' representatives, and five FGDs with 53 LGBTIQ+ community members, disaggregated by gender identities (Trans women, Trans men, Cis Women, Cis Men, and Non-binary). The IEA demand-side analysis uses a human-centered research approach which aims to understand how people and communities find, share, value, and trust information in their own local contexts. The methodology used a qualitative data-gathering approach including focus group discussions, key informant interviews, and desk research.

3.2 APPROACH

The IEA demand-side analysis is based on four key principles that are at the core of the Internews IEA methodological approach:

1. Putting the community at the core of the research: As the main aim of our research is to improve programming that benefits the community, we endeavor to have the community itself do a large part of the research; including choosing the research questions and collaboratively identifying the relevant stakeholders. The inclusion of the community in the research was facilitated with the support of MOSAIC MENA. FGDs took the form of listening groups which differ from traditional FGDs in a way that allows the participants to ask their own questions and contribute to the flow of the conversation. Moreover, interview questions were left to be general in nature, with each informant choosing which topics are relevant for them to discuss.
2. Following a human centered research design: The IEA demand-side analysis aims to achieve a holistic understanding of the LGBTIQ+ community information practices. For that purpose, the scope of analysis does not focus on narrow and pre-defined criteria. In addition to the community's contribution to the research design, the listening groups also work as a channel for Internews and Maharat to give answers back to the community, as well as to collaboratively come up with recommendations and actions that are purpose-built to suit their needs.
3. Adopting a quantitative research method: Using a qualitative method approach allows us to better understand the dynamic ecosystem by building deeper connections with the community. Our research mostly relies on a qualitative approach which requires us to get up close and personal with people to capture the particularities of their needs and gaps.
4. Integrating research and action: This report is not considered a final product. It is a tool for our project design, providing invaluable context and a way to build trusting relationships with the communities. It is connected to recommendations that stem from the community itself and help us remain accountable towards the communities we work with.

3. METHODOLOGY AND APPROACH

ETHICAL CONSIDERATIONS:

The research was guided by a set of ethical considerations that ensured that the participants of this research did not suffer any harm or prejudice. Data collection was anchored on the humanitarian imperative to 'do no harm'. As such, the researcher ensured that participants were informed of the purpose of the study after which they were invited to participate in the assessment. Participation was on the basis that participants were informed and understood the purpose of the study and that they were willing to take part voluntarily. Participants were also assured of the confidentiality of their views. To safeguard the identity of the participants, pseudonyms are used in this report. The FGDs were carried out in person where LGBTIQ+ community members were invited to a safe queer space to participate in the study. We are indebted to MOSAIC MENA for providing us with the safe space and for facilitating the outreach activity to community members selected for the FGDs. KIs were conducted both online and in-person, and all key informants signed consent forms before the interview was conducted.

3.3 SAMPLE

KIs were selected based on their respective specialty in addressing diverse SOGIESC issues in Lebanon. The 53 FGD participants were selected with the support of MOSAIC MENA, in addition to an outreach activity conducted by the researcher. KIs and FGDs were semi-structured, ensuring coverage of the criteria while leaving ample room to explore and engage the unique contributions of each specific respondent. KIs involved local NGOs' representatives working directly or indirectly on diverse SOGIESC issues in Lebanon.



3. METHODOLOGY AND APPROACH

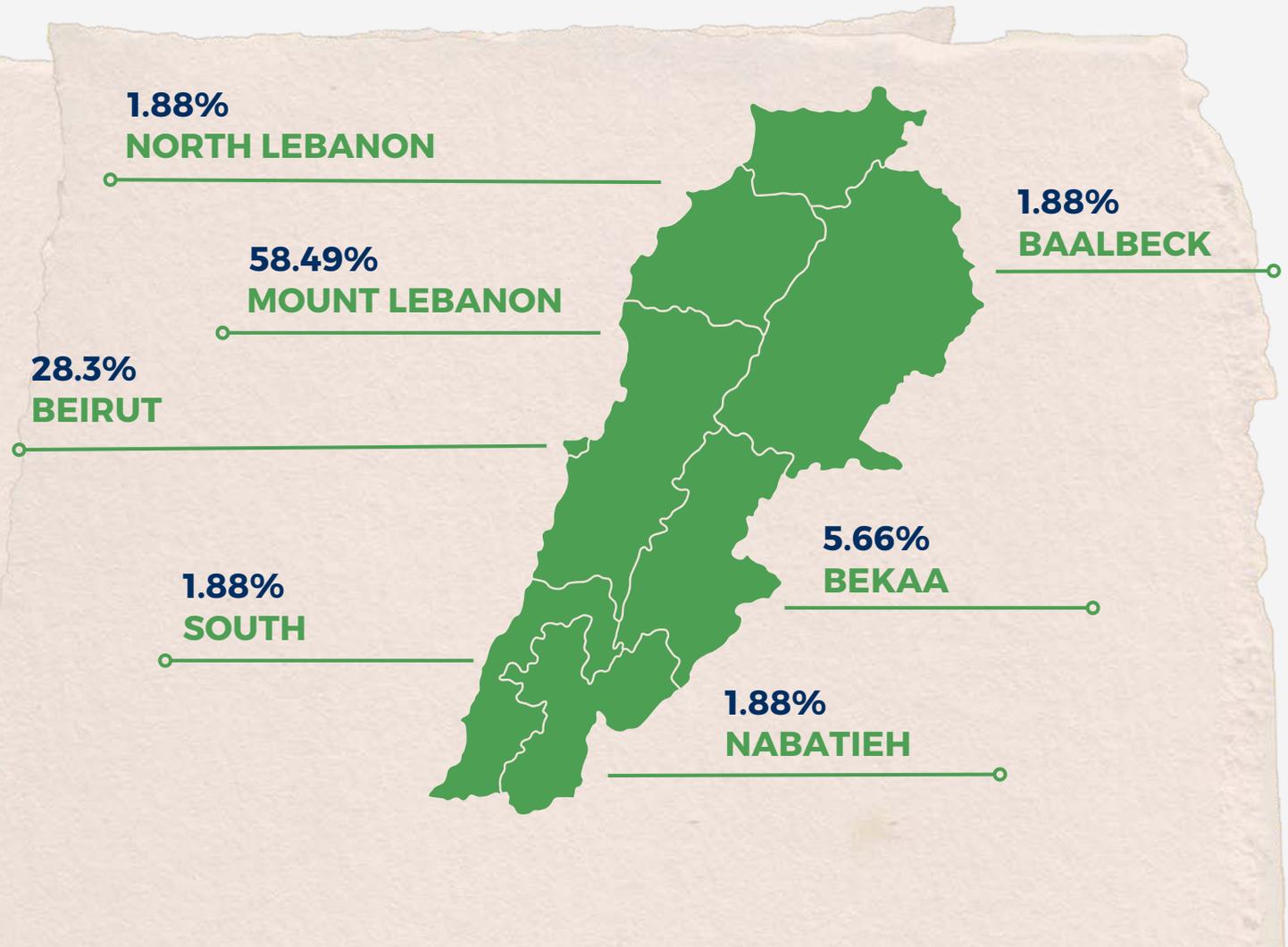
INFORMANTS	COLLECTION TOOL	SAMPLE	SPECIFICS
LGBTIQ+ specific organizations representatives	KIIs	4	Four LGBTIQ+ organization representatives participated in KII (MOSAIC, Helem, Qorras, LebMASH)
LGBTIQ+ inclusive organizations' representatives	KIIs	3	Three LGBTIQ+ inclusive organization representatives participated in KII (SEEDS, SIDC, MARSA)
Community members	FGDs	53	5 FGDs with community members disaggregated by gender identities: <ul style="list-style-type: none"> • Cis Men (11) • Cis Women (9) • Trans Men (11) • Trans Women (10) • Non Binary (12)

FGDs |  **27** AGE MEDIAN  **53** TOTAL PARTICIPANTS

3. METHODOLOGY AND APPROACH

Table.1 Area of residency of FGD participants

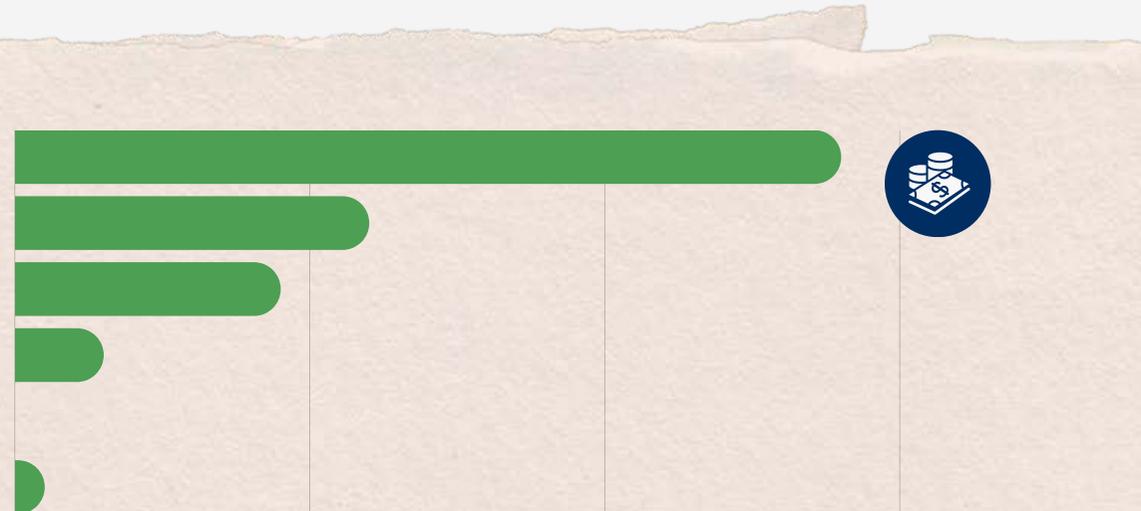
Governorate	Number of participants
Beirut	15
Mount Lebanon	31
Bekaa	3
Baalbeck	1
North Lebanon	1
Nabatieh	1
South	1



3. METHODOLOGY AND APPROACH

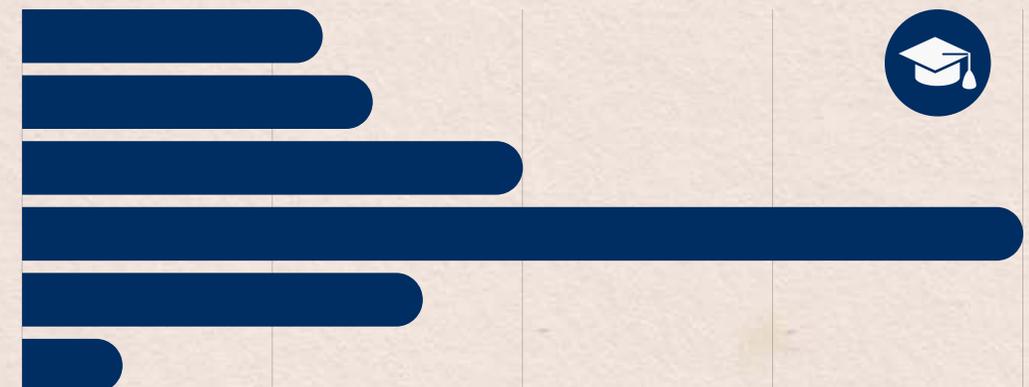
Table.2 Socio-economic status of FGD participants

Level of income	Number of participants	Percentage
Unemployed	28	52.83%
Less than 100\$/month	12	22.64%
100 - 300\$/month	9	16.98%
301 - 500\$/month	3	5.66%
501 - 1000\$/month	0	0
More than 1000\$/month	1	1.88%



Education	Number of participants	Percentage
Elementary School	6	11.32%
Middle School	7	13.2%
High School	10	18.86%
Undergraduate	20	37.73%
Technical School	8	15.09%
Post-graduate	2	3.77%

Table.3 Highest level of education of FGD participants



3. METHODOLOGY AND APPROACH

Table.4 Vaccination rate among FGD participants

Gender Identity		Number of Vaccinated	Number of Unvaccinated
Cis men		7	4
Cis women		7	2
Trans women		6	4
Trans men		6	5
Non binary		12	0
Total	53	38	15

KIIs



37 AGE
MEDIAN



07 ORGANIZATIONS

3.4 LIMITATIONS

- The lack of available research and data on the LGBTIQ+ community in Lebanon limited the depth of the desk research. More specifically, very few studies were done to assess the impact of COVID-19 on this community. The pandemic affected this community disproportionately; with some groups such as transgender individuals severely affected. The absence of research done on this matter did not allow for a more in-depth analysis and identification of information needs of different members of the LGBTIQ+ community.
- The small sample size limits the extent to which the statistical result can be generalized to the larger LGBTIQ+ population.

4. FINDINGS

This part of the report presents the findings from the analysis. These are findings and insights drawn from the data collected through the analysis of secondary desk review documents and KII material. The findings are complemented by material from FGDs with community members, disaggregated by gender identities: cis women, cis men, trans women, trans men, and non-binary individuals. The findings outline the sources of information that members of the LGBTIQ+ community primarily rely on, the trust they have in different sources, their preferred methods of receiving information, their susceptibility to misinformation, as well as some health-related trends specific to each group and that require more attention. In order to ensure proper representation of the LGBTIQ+ community in Lebanon, and to reflect the diversity within the community including the particularities related to access to and exchange of information, some of the findings are disaggregated based on the five groups from different gender identities that took part in this study.

4.1 SOURCES OF GENERAL INFORMATION

It is indisputable that the LGBTIQ+ community — especially those with additional layers of vulnerabilities including Trans*, refugees, and people with low socio-economic status and with a limited level of education — faces challenges in accessing general information, and particularly inclusive and accurate information (HBS, 2019). Representatives of local organizations that took part in the interviews highlighted that the vast majority of people with diverse SOGIESC, particularly those below the age of 45, are more inclined to resorting to the internet, social media platforms, and other platforms (including instant messaging applications like WhatsApp) to access information. This is attributable to the ease of access, relatively safer and more inclusive environment than other traditional media (e.g. Instagram), and the lack of access to traditional media due to the lack of resources (i.e. electricity to turn the TV on, owning a TV). Pages and profiles

that are most followed and checked are thought to belong primarily to LGBTIQ+ organizations' profiles, international NGOs and other trusted international agencies like the United Nations. In addition, alternative media plays a significant role in supplying the LGBTIQ+ community with knowledge and information, especially that they differ from traditional media due to the adoption of a relatively more inclusive language and due to their integration of diverse SOGIESC topics (e.g. Megaphone, Raseef 22, Daraj).

Indeed, the vast majority of FGD participants use social media as a primary source of information (50 out of 53), as it is more easily accessible, mostly free, and faster in disseminating information in comparison to traditional media that were considered often politicized and biased: “not all TV reporters are trusted or are as professional; info on social media might be sometimes more accurate than the ones on TV” — Iman, cis woman FGD participant. Messaging applications like “WhatsApp” ranked second, and that also due to the ease in accessibility and usage, and due to the different features of disseminating a piece of information, through messaging, voice notes, media ...

4. FINDINGS

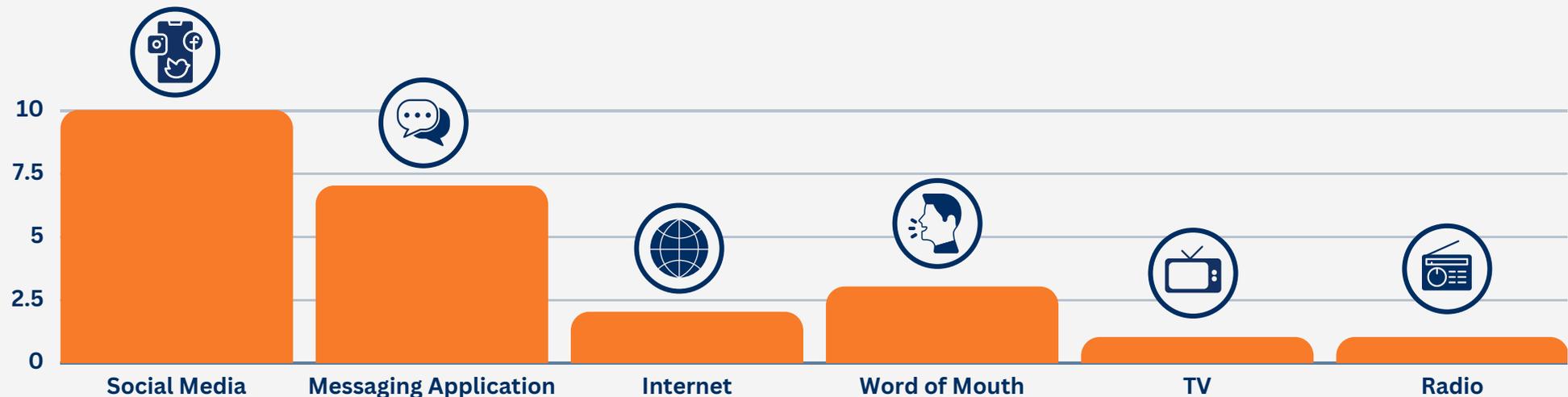
exchange like videos, photos and recordings, and the status/story feature.

On social media, individuals mostly follow pages and profiles of local NGOs, (5) international organizations, (6) local professionals, (7) local news pages (8), national newspaper (9), alternative media (10), and celebrities and influencers (11). Data suggests that national TV stations and mainstream TV, including regional channels are still valued and considered as one of the main sources of

information, but their use is often bound to the type of information sought (12) (13). "National TVs re-gained wider fame and visibility during the revolution (Thawra) due to live feeds, yet they have limited information about sexuality topics, and their mainstream information is not inclusive" — Fadi, cis men FGD participant. When intrigued, or interested about a specific topic, FGD participants claim to use the internet, specifically search engines (e.g. Google) and YouTube for in-depth research, or resort to

more scientific resources, including books. Interestingly, some participants receive information passively and count on word of mouth as one of the main sources of information through their friends, families, or neighbors: "I am not on social media and I don't really like to get informed about things; if there is something very urgent, I will hear about it through my surrounding and may ask more" — Waleed, trans man FGD participant. It is worth noting that all FGD participants confirmed that none of them read printed newspapers, but many resort to newspapers' sites, pages and profiles on the internet and social media.

Figure 1. Main source of information for Cis men - FGD



4. FINDINGS

Figure 2. Main source of information for Cis women - FGD

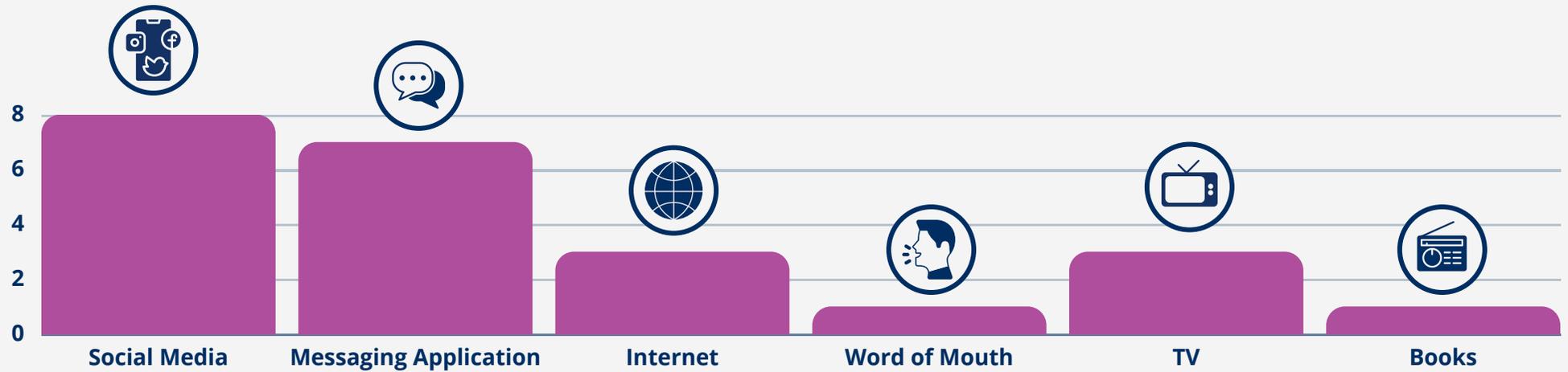
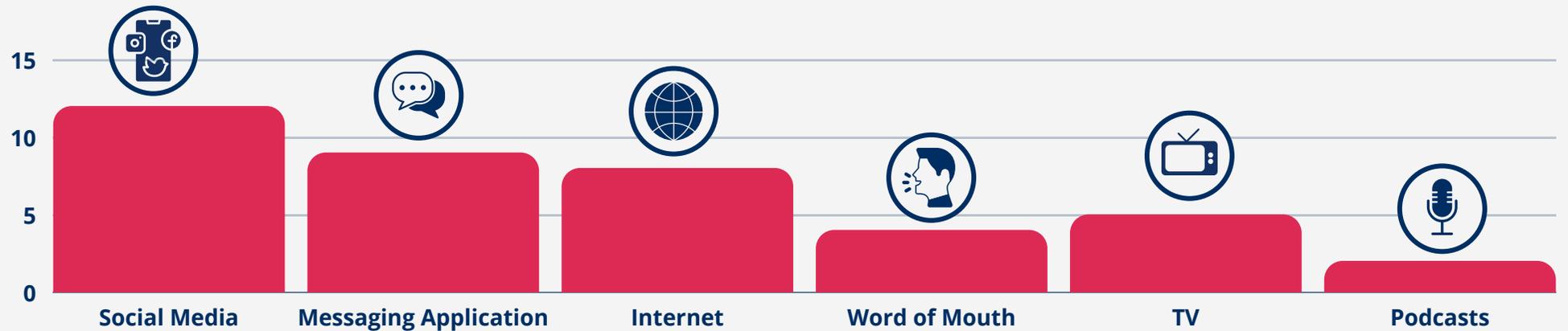


Figure 3. Main source of information for Trans women - FGD



4. FINDINGS

Figure 4. Main source of information for Trans men - FGD

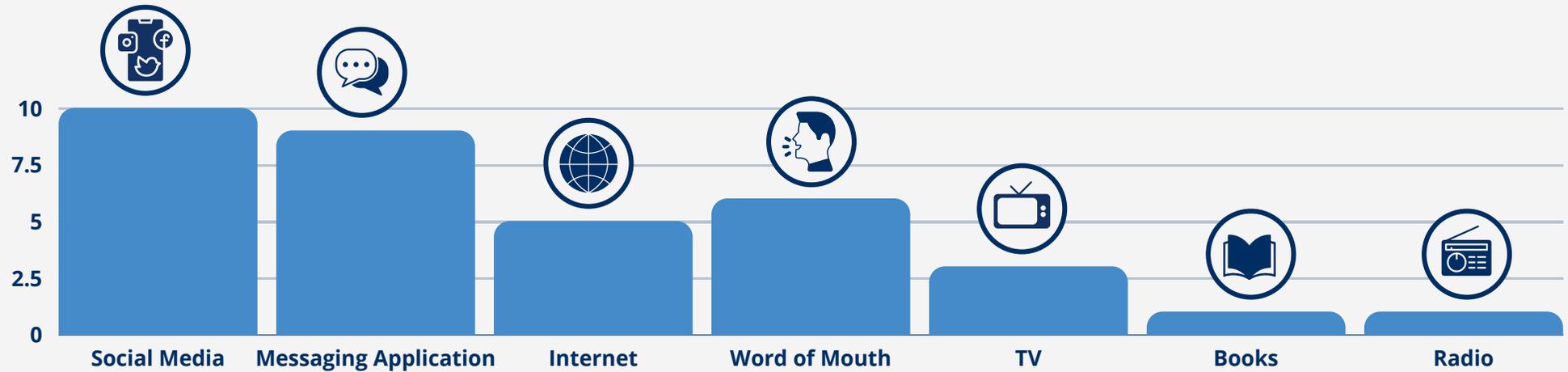
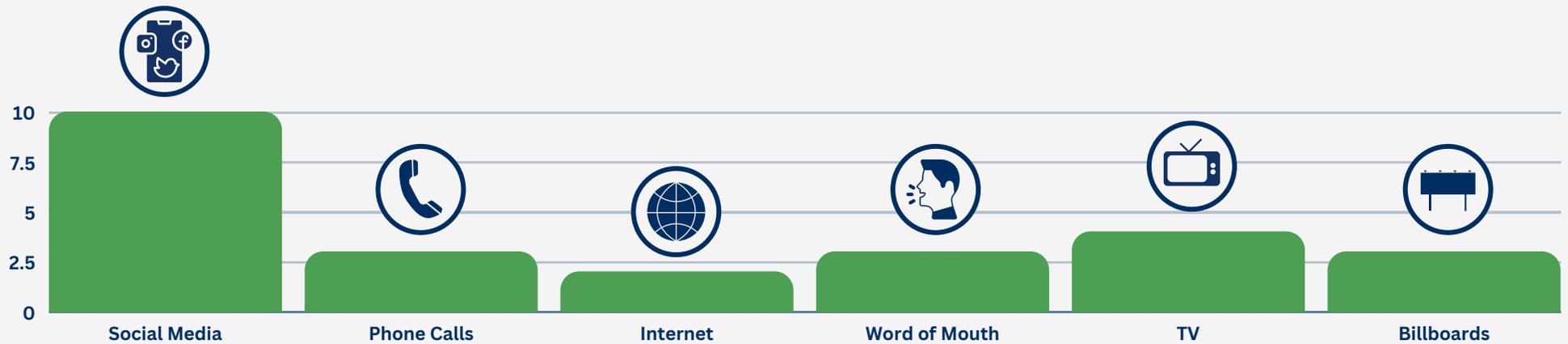


Figure 5. Main source of information for non binary - FGD



4. FINDINGS

4.2 COVID-19 INFORMATION, AWARENESS AND RESPONSE

People with diverse SOGIESC in Lebanon face challenges in accessing general and primary healthcare services, particularly communities living in rural areas, due to the centralization of most services, and the scarcity of 'safe' service providers (LGBTIQ+ TF, 2022).

LGBTIQ+ specialized organizations have been pushing for reforms at the healthcare level through advocacy and capacity development programs. Others have introduced some health projects and services to make up for the significant gap. According to Dr. Suha Ballout, a nursing faculty member at the University of Massachusetts Boston and a LebMASH board member, LGBTIQ+ members in Lebanon face discrimination and 'humiliating' experiences when accessing the healthcare system, especially trans people (14). "These struggles start from the minute they walk through the doors of an institution. They are mistreated and called names, in

addition to being ridiculed. Then, when they see healthcare professionals, they are in many instances refused care or talked to in a demeaning manner as if they are a 'disease' themselves." Many medical schools in Lebanon have not yet incorporated a LGBTIQ+ health education within their curriculums, leaving graduate doctors unaware and unprepared to deal with health issues relating to this community (Stepfeed, 2019).

In this context, LGBTIQ+ organizations' health projects and programs consisted of provision of sexual and reproductive health awareness and services, including awareness on gender affirming procedures, mental health and psychosocial support services, cash-based-assistance for health and medication, and referrals.

During the COVID-19 pandemic outbreak, several local organizations adjusted their programs and projects to address the erupting urgent needs of the LGBTIQ+ community. LGBTIQ+ members have been affected by marginalization economically, socially, and mentally. They have often had lower access to healthcare, livelihoods, ...



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security, shelter and access to needed information (Edge Effect, n.d.).

Most organizations that took part in the KII highlighted that they introduced additional services and projects to respond to the community's needs amidst the pandemic, and the multi-faceted crisis the country has been facing. Such activities and projects involved raising awareness about the novel virus through in-person sessions prior to the pandemic, or through broadcast messages and posts on social media, in addition to the distribution of hygiene kits, personal protective equipment (PPE), food parcels and cash-based-assistance for LGBTIQ+ people affected by the COVID-19 pandemic (15). These organizations contributed in disseminating COVID-19 related information to the queer community, yet they expressed that available mainstream information on which they relied was not quite inclusive of gender and sexual diversity. Most agencies resorted to the traditional health outlets like the WHO, Centers for Disease Control and Prevention (CDC), or the United Nations' InterAgency Health Working Group in Lebanon; others were fact-checking with healthcare professionals like physicians,

nurses and pharmacists.

On the ground, organizations have identified the lack of general awareness on health, especially regarding COVID-19, and that community members tend to be resistant to new information they receive. Almost all KII respondents agreed that the community's ability to distinguish between misinformation and facts was bound to multiple parameters, mainly the level of education and the socio-economic status, independently from SOGIESC. Language has also been identified as one of the barriers to accurate information: "If you don't speak English it is a big limitation, you would rely on Arabic which exposes people to a higher risk of receiving a rumor or misinformation" (16).

Lack of media literacy and fact-checking tools is evident within the population, particularly the LGBTIQ+ community where "Everyone is prone to receiving fake information, and we all need continuous media literacy" (17).

In order to identify COVID-19 awareness and vaccination rates, SIDC through its outreach activities conducted a mapping exercise with 3788 people between April and September

2022. Data revealed that only 39% were vaccinated, and out of those who are not vaccinated, a high percentage of them do not wish to be vaccinated. "The identified reasons were the lack of trust, some people claimed they did not know where to get the vaccine from, or they did not need it, and some feared the side effects of the vaccine, including fear of death. Others claimed their parents did not allow them" (18).

In this framework, FGD material confirms that there exists a significant level of confusion, ambiguity, and lack of clarity surrounding COVID-19, a lack of trust in multiple (often credible and reliable) sources of information, a lack of inclusive response aid, and that the pandemic was no longer a priority to community members who suffered to meet their basic needs, on top of the multiple crises that hit the country. "In the beginning of the pandemic, there were a lot of videos that were going viral, like the video of that person who was having an epileptic seizure. We used to believe these videos in the beginning because we had no awareness of the novel virus" — Nat, non-binary FGD participant. ●●●

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Citizens and residents' trust in public institutions is significantly low (less than 20%) due to corruption, sectarianism, and the generally volatile atmosphere dominated by political powers in Lebanon (BTI, n.d.). After the revolution that erupted in October 2019, levels of confidence were exacerbated, especially with the economic and financial collapse, the devaluation of the Lebanese pound, and the unignorable hyperinflation. Similarly, levels of trust in COVID-19 and its related information were relatively low, and were affected by the widespread rumors on social media and traditional media, and by the contradictory guidelines released by the WHO and the Ministry of Public Health (MoPH); "I did not trust the MoPH because it used to hide a lot of information from the public. This ministry was part of a government that was corrupt" — Salam, non binary FGD participant.

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"I did not trust the MoPH because it used to hide a lot of information from the public. This ministry was part of a government that was corrupt"

— *Salam, non binary FGD participant.*

Although fewer than three quarters of the FDG participants are vaccinated, disaggregated data reveals that vaccination rates were disproportionate based on gender identities. While all non binary individuals who participated in the FGDs were vaccinated, roughly 57% of Trans* individuals are vaccinated for COVID-19. This suggests that the COVID-19 response was once again non-inclusive and did not account for all of the community's needs, especially marginalized ones. One FGD participant, who happens to be a person living with HIV, consulted with his physician in order to confirm if it was safe for him to get vaccinated. Similarly, Trans* individuals who are undergoing gender-affirming procedures, including hormone replacement therapy, expressed that they were not aware of the safety of the vaccine, and the risk of interaction with their hormones and other medication. "When I was asked about the medications I take, I told them that I am on Testosterone. I did not know ahead of time if that would make me ineligible to take the vaccine" shared Paul, a trans man FGD participant. Some participants were alarmed about the blood clot risks associated with vaccines and testosterone, which affected ...

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their intake of the vaccine. In this context, it was identified that many individuals chose to take the vaccine only because they were forced to take it, either at the workplace, or in order to be able to travel. Others refused to inject the vaccines into their bodies, therefore, they either purchased a vaccination certificate or forged the document.

"I went to the hospital and the nurse emptied the vaccine in a bin, but I took the certification that I got vaccinated. It was out of fear because I did not trust the vaccine nor its side effects"

- Ali, trans man FGD participant

In addition, community members played an active role in disseminating information among each other, including COVID-19. One trans woman, who is known to be active on social media and uses her platform to spread awareness, knowledge and general information encouraged her peers and community members to get vaccinated. Now she regrets having done so as she attributes her current health state to the adverse side effects of the vaccine "I can't even climb the stairs anymore". Another participant claimed that she is suffering from hand tremors due to the vaccine. This suggests that several individuals, despite having received the vaccine, are still prone to believing rumors not only associated with the coronavirus, but the vaccine too.

Not only was the dissemination of information not inclusive and did not address every individual's specific needs, but the general discourse towards the beginning of the pandemic was rather patronizing, terrorizing, and discriminatory. "We were being spoon fed with COVID-19 related information on all platforms: social media, news, TV, radio, google, WhatsApp. However, it was not all credible" - Lama, Cis woman

FGD participant. Many participants recall receiving rumors blaming COVID-19 on the LGBTIQ+ community; Rosa, a cis woman shares her experience related to COVID-19: "I was paranoid I would be at high risk of dying to the immunosuppressant medication I take. I was getting mad at people who would not follow preventive measures because I might die". She adds "It took us time to be able to reflect on the pandemic and its aftermath; lockdowns evidently harmed the economy, and a lot of discrimination erupted due to the coronavirus and the pandemic in general: Racism, Xenophobia, as well as homophobia as some blamed COVID on the LGBTIQ+ community. We witnessed the development of new variants, and it is indeed a true virus. I do believe that the vaccine is effective, but only as effective as the flu vaccine". The latter reflects once again the hesitancy in taking the vaccine and abiding by the regulations and preventive measures imposed by the government.

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Figure 6. Vaccination rate among Cis men - FGD

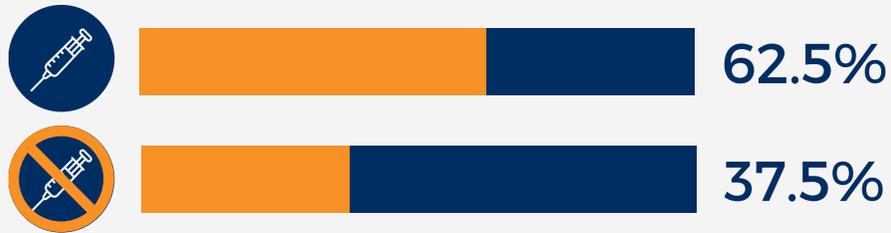


Figure 7. Vaccination rate among Cis women - FGD



Figure 8. Vaccination rate among Trans women - FGD

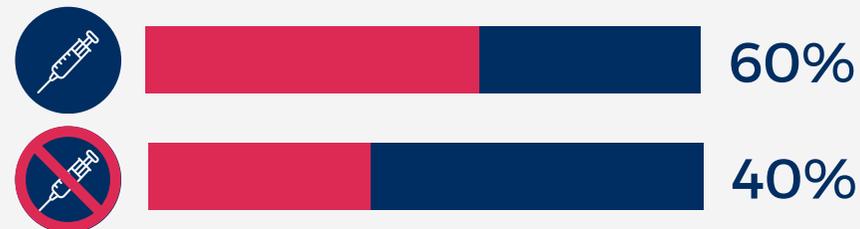


Figure 9. Vaccination rate among Trans men - FGD

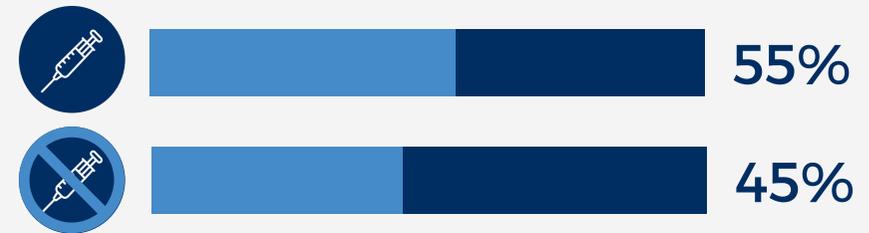


Figure 10. Vaccination rate among non binary - FGD



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4.3

REPRESENTATION, INCLUSION AND INTRA-COMMUNITY INFORMATION EXCHANGE

The marginalization of the queer community from the general discourse and mainstream information dissemination still prevails. This does not only affect the community's access to information, but expands to affect their access to jobs and employment opportunities, health facilities, shelter, let alone owning a TV or having continuous access to the internet (19). The lack of information about and targeting the queer community in Lebanon hinders the possibility of easily conducting proper research about the community. This could also be linked to survey fatigue and the intrusiveness when it comes to LGBTIQ+ focused research (20). In addition, centralization of services and information makes it harder for all

community members to have access to information equally; "Transportation fees are more expensive due to the economic crisis which hindered physical access to information and knowledge".

The complex crisis worsened the situation. Evidently, services that were available to the general public were not accessible to LGBTIQ+ especially through religious institutions for example (21). Many reported incidents suggest that community members were not eligible to receive services due to homophobia/transphobia in organizations. In efforts to break the stigma, stereotypes, and misconceptions, and to enhance access to safe quality information, one of the interviewed organizations created a program called "Tajassoud" targeting Trans* individuals particularly (22).

Similarly, FGD participants consider that the mainstream information dissemination mechanisms and channels are often exclusionary, agonizing, stereotypical, pathologizing, and stigmatizing. "They blame us for viruses and other diseases, and spread bad news about us" adds Najwa, a cis woman FGD participant. Media is also perceived as a

factor that reinforces negative attitudes towards the community, especially Trans* bodies. Noah, a trans man FGD participant says, "It is very hard for Trans* people to navigate mainstream media and have equal access to basic information: Including Trans* health, access to medication, access to services, access to awareness, access to education, access to jobs and employment, access to general knowledge". He adds that the lack of proper representation is due to different factors including 1) Classism/Elitism, 2) Lack of context, 3) Hidden agendas, 4) Religious, 5) Political.

In this context, queer individuals often feel the need and pressure to raise awareness in their surroundings about their cause and SOGIESC issues. "There is an individual role that each queer person can play in educating others, but we can't expect this from everyone. I feel comfortable enough to talk about our problems within and outside the community. However, not everyone has the privilege to do that." - Vince, non binary FGD participant shares. ●●●

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On dating applications, data reflects disagreement among FGD participants, even from the same gender identity. While some prefer to limit the use of these applications to dating purposes, others do not mind using the application to receive or exchange information. For those who are only seeking dates on the applications, they claim that some people do not feel comfortable sharing information with others before meeting them. They also add that it is hard nowadays

to form friendships in such spaces due to low trust, and the likelihood of catfishing.

Some participants voiced their discontent with some organizations creating profiles on some dating applications to raise awareness and feel intruded and invaded. Others expressed their concerns related to safety and security as some discriminatory and violent acts still happen on dating applications which disrupt flow of communication and information exchange generally.

On the other hand, many participants shared their insights on the variety of usage of dating applications. "Queer digital spaces in the Arab world tend to be trans-exclusionary" says Jim, a trans man FGD participant. Due to the scarcity of safe spaces for Trans* individuals whether physical or digital, dating applications form an important medium for information exchange, making friendships, and learning. "When you come out as Trans, there are less places for you " Jim adds. Additionally, it was identified that dating applications sometimes play a role in advertising for jobs, house rental, drugs and other services like massage, and shaving and trimming. Such services and advertisements have been on the rise lately, especially due to the economic and financial crises. Another individual uses a dating application to raise awareness on sexual health and rights, "I use X-Application to spread awareness to HIV since I am a person living with HIV and undetectable. A lot of people on the application reach out to me to learn more about the virus, and what it means to be undetectable. I provide them with the basic knowledge and eventually refer them to organizations so they can get tested and receive proper information and adequate services".



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4.4 TRENDS

As identified in the desk review, the available data and information related to the LGBTIQ+ community in Lebanon is scarce. Through this research, Internews took the opportunity to identify the needs and trends that the community is facing, or that lacks support in. In this context, we have unpacked gender-identity-specific health topics that few —sometimes none — organizations, institutions, or programs address and/or cover. These findings aim to provide a snapshot on the current needs of each sub-community, particularly health-related, in hopes to raise awareness, and to push for their inclusion within mainstream humanitarian-development programming. The findings were identified through primary data collection and reflect what operating organizations in Lebanon have identified in terms of community trends (through KII), in addition to field-level experiences collected directly from community members that participated in the FGDs. In order to ensure proper representation and inclusion of all individuals that took part in this study, the following trends identified through FGDs are disaggregated by gender identity.

Through Key Informant Interview - Organizational Level

- **Rise in Chemsex:** As the situation in the country is getting worse on multiple levels, people need a coping mechanism and would more likely engage in risky behavior. Organizations in Lebanon working on LGBTIQ+ issues, through service provision, research, or harm reduction have noticed a significant increase in the past year of the use of drugs associated with sexual activities, primarily the use of methamphetamine (Crystal meth, Tina)
- **Rise of clusters of some sexually transmitted infections (STIs):** Due to the engagement of many community members in “Chemsex”, the likelihood of having unprotected sexual relations is expected to increase. Organizations providing sexual health services have witnessed an increase in positive cases of STIs, in the form of clusters, where specific sub-community groups would test positive for a specific infection at the same given time.
- **Lack of follow up and accountability to Trans* people:** LGBTIQ+ organizations, particularly Trans*-led ones have highlighted the recurrence of multiple incidents of medical errors with Trans* community members, especially when seeking surgical operations, where some doctors make irreversible mistakes. They added that there exists no information for damage control amidst the lack of accountability to affected populations.
- **Lack of ‘safe’ surgeons for gender-affirming procedures Trans* friendly service providers,** particularly physicians have always been hard to identify. Due to the brain-drain that the country has witnessed amidst the ongoing crisis, especially healthcare professionals, it has become even harder to secure surgeons that would be safe for gender-affirming procedures.

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Through Key Informant Interview - Organizational Level

- **Monkeypox** (renamed to Mpox in November 2022) (WHO, 2022). The outbreak of the mpox virus globally had its toll on the LGBTIQ+ community, particularly on MSM. Stigma related to the virus was significant as the transmission of the virus was attributed primarily to the community. This has reinforced the discrimination that the queer community is often subjected to. In Lebanon, there was no response to the outbreak, including vaccination, despite the identification of multiple positive cases.
- **Lack of sexual health awareness:** With the rise of Chemsex and positive STI cases, organizations' representatives flagged that the LGBTIQ+ community's awareness on sexual health, particularly on safe sexual practices, has been weakened. Organizations deem it necessary to raise more awareness on safe practices and sexual health amidst the on-going multiple crises
- **Socio-economic rights violations:** The COVID-19 pandemic's aftermath affected the entire globe and had a particular disproportionate impact on marginalized and vulnerable communities such as the LGBTIQ+ community. These effects included violations to social and economic rights in Lebanon
- **Mental health:** Mental health needs have been on the rise in Lebanon due to the multiple crises that the country is witnessing. Despite the mainstream of mental health through the MoPH' national mental health program, services remain quite inaccessible, expensive, and unsustainable as they are dependent on NGOs and CSOs
- **Sex work and trafficking,** which can be linked to an increased risk of sexual exploitation and abuse (SEA) due to the current situation (political, economic, social, financial) whether among nationals, refugees or migrants

4. FINDINGS

CIS MEN

Outbreak of cholera: Lebanon is witnessing its first cholera outbreak in three decades. The number of positive cases has been on the rise since the beginning of the outbreak in October 2022. Many individuals fear the outbreak as they are not familiar with it, and feel incapable of dealing with another disease outbreak on top of all the stressors they have to endure on a daily basis.

Mpox: prevention and response: *(Page 31)*

Programs targeting chronic illnesses and other non-communicable diseases affecting the LGBTIQ+ community: Health programs targeting the LGBTIQ+ community have been exclusively reserved for quite a while to sexual and reproductive health, with minimal attention granted to other health aspects, including primary healthcare. LGBTIQ+ individuals find difficulty navigating the health system in Lebanon, especially when trying to identify safe healthcare providers.

Through Focus Group Discussions - Community Level (Disaggregated by Gender Identities)

With the exacerbation of the financial and economic crisis in Lebanon, people find more difficulty commuting and accessing services. People living with HIV particularly find it more difficult to afford the transportation fees to reach NGOs or the MoPH' National AIDS Program (NAP) to receive their HIV treatment

Community members living in rural areas suffer from the underdevelopment of their regions. This is reflected through the lack of presence of NGOs outside of Beirut and the centralization of most services; one person claimed they did not know what a condom was before they moved from their village to Beirut

Lack of mental health mainstreaming: *(Page 31)*

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CIS WOMEN

Misconceptions on periods and women's sexual and reproductive health, and the interaction with mental health; cis women are often subjected to stigma and bullying when referring to their mood fluctuation affected by their menstruation.

COVID-19 and the vaccines' effect on menstrual health: The topic was dismissed over two years and there were not enough studies on the interaction of the virus or the vaccine with menstruation. Most cis women participating have shared either having faced some troubles with their menstruation, or know someone who does. Indeed, recent studies suggest that COVID-19 vaccination may have short-term implications on menstruation (Chao et al., 2022).

PCOS (Polycystic Ovary Syndrome): Multiple FGD participants claimed that the medication is not available nor accessible in pharmacies or healthcare facilities; Testimony: "I had a ruptured cyst and I could not have access to any service in hospitals or NGOs because no one offers it"

The expressed terrorism against women's freedom and equality that is happening in Iran and its repercussion or aftermath on women in Lebanon

4. FINDINGS

HPV and other STIs: See above, cont'd: Many Trans women expressed their lack of access to comprehensive sexual health services, and their need for vaccination including HPV vaccines.

Cholera outbreak:
(Page 32)

TRANS WOMEN

Safe quality access to primary and general healthcare; "Health for Trans* individuals expands beyond sexual health, "We are people too, and our health is not just limited to our identity.". Comprehensive healthcare includes chronic diseases (e.g. cancer, asthma, cardiovascular diseases) and Trans* individuals rarely have access to the services, due to centralization, lack of qualified and friendly service providers, and lack of financial capacity.

Increase in substance use and Chemsex (e.g. Tina (crystal meth/methamphetamine), Liquid G, Poppers): *(Page 30)*

Lack of availability of gender-affirming hormonal therapy, and lack of financial support for their coverage by CSOs

Mental health services: psychotherapy, counseling, and psychiatry/medicines:
(Page 31)

4. FINDINGS

TRANS MEN

Gender affirming procedures: Access to hormones, access to service providers including endocrinologist, sustainability of treatment, surgical operations: top (mastectomy) or bottom surgeries, and other medical procedures

Lack of sensitivity and capacity from healthcare providers - "I went to see a gastroenterologist for a gastric issue, but he decided to preach me and give his opinion about my gender identity so I ended up not feeling comfortable, and did not receive the necessary adequate care"

Trans* people need to do their own research to have access to information related to their gender identity, and this information is often inaccessible due to different barriers, including language barriers; " We end up asking people abroad sometimes, which might not be culturally or contextually sensitive"

Lack of awareness on procedures related to gender markers change on ID card and other legal documents which are often quite complicated and inaccessible, since the government requires several documents and procedures, yet the process may be lengthy and would last several years.

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NON-BINARY

Lack of sexual education at all educational levels

Substance use and chemsex:
(Page 30)

Cholera outbreak:
(Page 32)

Access to affordable and safe sexual health services:
(Page 32)

Hindered access to sexual and reproductive health services (including pregnancy, abortion, and contraception, PrEP(Pre-exposure prophylaxis))

Lack of sustainable programs addressing queer issues:
(Page 32)

Lack of safe-identified healthcare providers: *(Page 30)*

5. RECOMMENDATIONS AND WAY FORWARD

5.1 HUMANITARIAN AND HEALTH ORGANIZATIONS SHOULD:

- **Shed more light on the effects of the COVID-19 pandemic on LGBTIQ+ individuals and their access to reliable information:** Recognize the different economic, social, and health outcomes of the pandemic on the LGBTIQ+ community and when possible collect relevant data and provide detailed analysis which would allow for a more tailored response in terms of risk communications tailored for this particular group's needs. In this context, LGBTIQ+ individuals should be included in any needs assessment that is being conducted.
- **Make your COVID-19 response and awareness activities more inclusive:** Design tailored initiatives that aim to improve access to trusted and reliable information for LGBTIQ+ individuals and sub-communities while also creating safe spaces for both online and offline exchanges whenever this community is vulnerable to misinformation about COVID-19 (or other outbreaks) and the vaccine in particular.
- **Facilitate safe and timely information sharing:** Receiving information on WhatsApp or Signal through short and simplified messages would be convenient for several vulnerable groups in Lebanon, including the LGBTIQ+ community. However, these groups must ensure privacy and abide by data safety measures which could also be communicated to the LGBTIQ+ community through relevant training. These platforms must also be directly linked to safe and efficient referral pathways to relevant humanitarian and health organizations who could provide additional support when needed, including mental health support.
- **Contribute to deconstructing stigma and protecting LGBTIQ+ people from discrimination:** Whether at a national or community level, organizations should

5. RECOMMENDATIONS AND WAY FORWARD

take further and more intense efforts to tackle the stigma and discrimination that LGBTIQ+ persons face both online and offline, which was exacerbated during the pandemic and more recently during the global mpox outbreak. This can be done by using bottom up approaches – such as collective rumor tracking or fact checking training -- which could empower the community itself to tackle misinformation in real time with the support of experienced organizations.

- **Engage with the community to enhance trust:** Use findings from this report to conduct FGDs, Listening Groups, and social media monitoring with the LGBTIQ+ community in order to stay up to date on their latest concerns, information gaps, and information seeking behaviors, while also addressing both online and offline stigma accordingly. Once these needs and concerns have been identified, create the necessary bridges with humanitarian, health and media networks – as well as the wider community in Lebanon – in order to mobilize LGBTIQ+ allies both offline and online who could offer

support in the long term.

- **Invest in research to help understand the LGBTIQ+ community in Lebanon better.** The lack of research concerned with this community presents limitations to designing relevant interventions that are effective and sustainable for this group. Invest in research studies that allow donors and implementing partners to better identify the gaps and needs for the LGBTIQ+ community.
- **Mainstream LGBTIQ+ issues within various programs and projects, and ensure inclusion.** This could be accomplished by designing projects and activities inclusive of the LGBTIQ+ needs and issues. It is necessary to build the capacity of front-liners, service providers, and other key staff on SOGIESC issues to enhance sensitization and amplify the quality of services. In addition, make sure to integrate policies and guidelines to staff, on an organizational level, that secure the protection of LGBTIQ+ individuals and the zero-tolerance against discrimination on the basis of SOGIESC.

5. RECOMMENDATIONS AND WAY FORWARD

5.2 TO MEDIA AND JOURNALISTS

ON COVID-19 AND OTHER HEALTH ISSUES:

- **Shed more light on the LGBTIQ+ community, their daily challenges, and the impact COVID-19 has had on them:** The LGBTIQ+ community is often marginalized in the media with very few media outlets and journalists reporting on their issues of concern.
- **Adopt a simple language when communicating information related to COVID-19 or other health related issues.** The use of graphics such as photos and videos as well as 'voice overs' during reports is very well received by the community and would ensure that the information gets across and is beneficial.
- **Tackle rumors and misinformation that nurture stigma and discrimination against the LGBTIQ+ community:** Rumors such as with the recent ones concerned with the relation

of the LGBTIQ+ community to mpox contributes to further stigmatizing this vulnerable group, men who have sex with men in particular (MSM). Tackle these rumors as soon as they come up in the community by providing fact-checked information.

- **Contribute to deconstructing misconceptions, stereotypes and stigma around diverse SOGIESC and raising the awareness of the Lebanese community on the hardships and daily challenges of this community, through the use of traditional media, by increasing your reporting for this group, by ensuring proper representation of the community, by refraining from romanticizing LGBTIQ+ experiences, especially Trans*.**
- **To improve its role, TV and radio outlets must improve their methods of delivery,** such as simplifying the language used in health-related topics. When hosting specialists such as healthcare workers, it is recommended they use a simplified language which can reach all members of the community alike.



5. RECOMMENDATIONS AND WAY FORWARD

ON GENERAL REPORTING:

- **When reporting on an LGBTIQ+ story, or hosting a member of the community, media and journalists should refrain from seeking religious leaders/figures opinion or intervention on the topic.** The latter often reinforces stereotypes and stigma surrounding the community, and contributes to further marginalization. Media and journalists are also asked to stop contributing in the promotion of an anti-queer discourse through the promotion of hate speech or other violent activities (e.g. Advertising for a “sexual orientation change efforts’ conference).
- **Build on success stories from the LGBTIQ+ community** and shift from reducing a community member, particularly Trans* folks, solely to their gender identities or sexual orientations. Media and journalists are advised to host LGBTIQ+ professionals and specialists in their respective fields that can ensure a proper representation of the community.
- **Regularly report or cover stories**

related to diverse SOGIESC: The mainstream information dissemination channels tend to only report on cases whenever a tragic incident happens (e.g. attacks, crackdowns) or during specific events (e.g. IDAHOBIT, Pride month, Trans* visibility day). Media and journalists, especially alternative media, are urged to disseminate information in a sustainable way related to queer and Trans* issues, without contributing to hypervisibility of the community which can be counterproductive.

- **Actively take part in capacity-building initiatives including SOGIESC training and workshops.** These activities contribute in raising awareness on inclusive and non-offensive language when covering LGBTIQ+ stories. Professionals are also advised to use accurate terminologies in Arabic, as the translation to Arabic is still quite offensive and hateful.
- **Introduce policies and guidelines,** and update their codes of conduct and ethical charts to ensure the protection of people with diverse SOGIESC and avoid

any potential harm.

- **Consult with organizations and coalitions, including the LGBTIQ+ Task Force to stay up-to-date on trends,** challenges and violations the LGBTIQ+ community is subjected to or at risk of. Media and journalists are also invited to be actively engaged to ensure media preparedness on diverse SOGIESC issues for advocacy purposes.
- **Increase online presence especially when targeting youth:** The LGBTIQ+ community turns mostly to the digital media and social media to receive information. Media professionals are advised to ensure the reach by moving to an online platform; whether a website or social media pages. This is not only possible for new media outlets or freelance journalists but also for traditional media outlets such as popular TV networks which already have some presence online.

5. RECOMMENDATIONS AND WAY FORWARD

- **Enhance engagement and communication between journalists and LGBTIQ+ groups:** rely on these groups as a primary source of information when covering topics that are related to the community.
- **Adopt a bottom-up and sensitive approach:** Go to the field and interview people from the LGBTIQ+ community to learn more about their media concerns and information needs. Use sensitive and appropriate approaches that enable you to collect reliable data from the LGBTIQ+ community without further prejudicing them. Designing your media products according to the needs of your target audience will not only increase your credibility but will also ensure that your products are contributing to enhancing their life conditions.

SPECIFIC TO SOCIAL MEDIA AND DATING APPLICATIONS:

- **Increase control of hate speech on social media including Facebook and Twitter.** Some dating applications used by people with diverse SOGIESC have integrated some parameters and features that would enhance their digital protection. Other platforms are required to put more efforts to limit incidents of bullying, shaming, discrimination, and catfishing which often have detrimental effects on the LGBTIQ+ community and lead to further violence and other human rights violations.



5. RECOMMENDATIONS AND WAY FORWARD

5.3 TO LGBTIQA+ ORGANIZATIONS

ON COVID-19 AND OTHER HEALTH ISSUES:

- **Queer organizations are asked to adopt a bottom-up approach and consult more often with community members whenever tailoring their projects and programs:** LGBTIQA+ community members often feel that the available programs, services, and activities do not necessarily address their needs and challenges.
- **Map other organizations providing services to the LGBTIQA+ community and disseminating the information with community members:** Queer organizations are often centralized in Beirut and Mount Lebanon, and many individuals residing outside of these areas find difficulties in accessing services and information. Access has been further hindered with the current economic and financial crisis, where transportation has become too costly to many community members. Queer organizations should continue building the capacity of other actors and service providers, especially in rural areas, to ensure equal and safe access to quality services and information on a national level.
- **Approach media outlets and journalists** in order to build strategic partnerships to enhance mainstream information dissemination, build the capacity of professionals on diverse SOGIESC, amplify advocacy efforts, and ensure proper and accurate reporting of LGBTIQA+ stories and incidents.
- **Introduce non-traditional capacity development activities to people with diverse SOGIESC:** **1)** Training on media literacy to enhance their access to accurate information and fact-checking, **2)** Training on SOGIESC to equip community members with knowledge to enhance agency and solidarity within the community, especially towards Trans* folks, **3)** and Training on advocacy so that community members have the necessary knowledge and tools to counteract the hate speech within the general discourse.

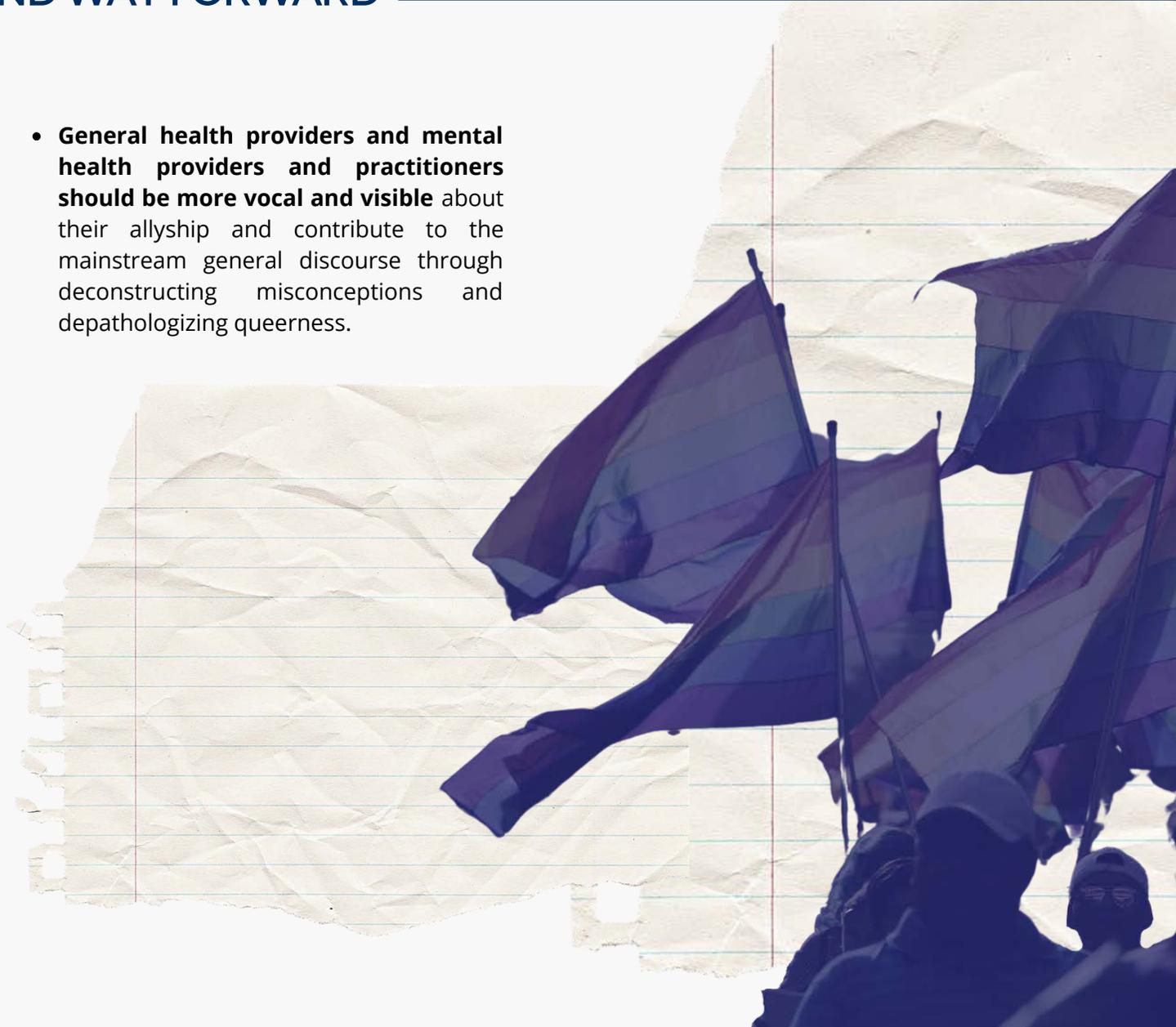


5. RECOMMENDATIONS AND WAY FORWARD

5.4 OTHER RECOMMENDATIONS

- **Update the educational system and curriculum to be more inclusive:** Introduce sexual education for children at schools and home, where sexual health and other social themes, including gender, are introduced to promote awareness and knowledge, especially to safe sexual practices, thus limiting risky behaviors (e.g. unprotected sex), promoting awareness, contributing to gender equality, and limiting bullying, discrimination, and gender-based violence, including against the LGBTIQ+ community.
- **Question the self-proclaimed spokespersons on behalf of the LGBTIQ+ community** in Lebanon who do not necessarily represent the entire community.

- **General health providers and mental health providers and practitioners should be more vocal and visible** about their allyship and contribute to the mainstream general discourse through deconstructing misconceptions and depathologizing queerness.



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8. ANNEXES

8.1 ANNEX 1 - FDG COMMUNITY

BRIEF INTRODUCTION AND OBJECTIVES OF THE DISCUSSION:

Internews wants to understand more about your experiences receiving and sharing information about COVID-19. With this survey we aim to understand trends and interests in relation to media and information in your community.

We acknowledge you are providing your personal opinion and are not representing the views of your community. The information gathered through this FGD will be treated anonymously and will be used to inform and improve our work in Lebanon and the work of health and humanitarian organizations responding to the pandemic.

Attendance should be taken including age, gender identity, profession and nationality, educational level, socio-economic status.

Organizations will be requested to invite some sub-community members to participate consensually in an FGD. FGDs will be based on gender identity and consist of: MSM, LBQ women, Trans Men, Trans Women, and non-binary (subject to being merged with trans* groups)

QUESTIONS:

- What are the different forms of media you mostly resort to? (such as newspapers, radio, online platforms, etc). Probe: Are there any particular reasons you prefer these platforms?
- What are the main sources of information that you trust and why?
- What are your main sources of information around COVID-19?
- To what extent do you trust the information you receive on COVID-19?
- Did you rely on an organization you are registered in to receive information and services on COVID-19? Which organization?
- Do you feel that you can distinguish between accurate and misinformation? How?
- Do you share the information you receive? How and with whom? (probing intercommunication among community members online vs offline)
- Do you use safe online applications (e.g. dating applications and other messaging applications)? Which? (probing safe use of digital media and safe navigation of dating applications)
- How can information dissemination/messaging be improved to meet your specific needs in information?
- Is mainstream information dissemination inclusive to sexual and gender diversity?
- Do you have enough information regarding COVID-19 prevention? (Probing preventive measures related to hygiene, in addition to vaccination)
- FOR TRANS* FGD: Are you aware of the eligibility criteria to receive the COVID-19 vaccine as a trans* person?
- What are the new health trends targeting your community? How have you heard of it?
- What 3 actions would you recommend for the media in order to improve information flow to your community?
- Do you have any other comments, suggestions, ideas, or recommendations relevant to this study?

8. ANNEXES

8.2 ANNEX 2 - KII COMMUNITY

BRIEF INTRODUCTION AND OBJECTIVES OF THE INTERVIEW:

Internews wants to understand more about your experiences receiving and sharing information about COVID-19. With this survey we aim to understand trends and interests in relation to media and information in your community.

We acknowledge you are providing your personal opinion and are not representing the views of your community. The information gathered through this interview will be treated anonymously and will be used to inform and improve our work in Lebanon and the work of health and humanitarian organizations responding to the pandemic. This KII will target local queer organizations' representatives/directors to understand the COVID-19 response to LGBTIQ+ needs.

DEMOGRAPHICS:

- Age (Needs to be 18 and above)
- Gender Identity (Cis man, cis woman, Trans man, Trans woman, non-binary, agender, queer) -
- Nationality: Lebanese
- District:
- Level of education (primary/secondary/university or higher/vocational/None/Other)
- What is your profession?
- Targeted community: (Lebanese/Syrian/Migrant/LGBTIQ+ /Other)
- Do you have any disabilities? (Yes/No)

If Yes, please specify:

- Which language do you mostly use? (English/Arabic/Other)
- Hint: for migrant workers it might be 'Other', please specify.

8. ANNEXES

QUESTIONS

- What are the different forms of media people in your community mostly resort to? (such as newspapers, radio, online platforms, etc). Are there particular reasons why they prefer these sources or platforms?
 - What are the main sources of information that people in your community trust and why?
 - What are your main sources of information around COVID-19?
 - To what extent do you trust the information you receive on COVID-19?
 - Do you feel that people within your community can distinguish between accurate and misinformation? How and in what ways?
 - Do you share the information you receive? How and with whom?
 - Does your organization provide health-related services/activities?
- Did you introduce COVID-19 specific projects/activities within your organization?
 - Do you have experience receiving questions/inquiries about COVID-19 (including the exposure to the virus, symptoms, illness, vaccine...etc)
 - If the organization disseminated information related to COVID-19: How did you communicate this information with your beneficiaries and target audience?
 - In your opinion, to which extent do you think the marginalization of the LGBTIQ+ community in Lebanon has affected its access to and exchange of information?
 - How can information dissemination/messaging be improved to meet your specific needs in information?
 - What are the current trends and health-related issues your community is facing?
- What 3 actions would you recommend for the media in order to improve information flow to your community?
 - Do you have any other comments, suggestions, ideas, or recommendations relevant to this study?

LGBTIQA+ COMMUNITY

INFORMATION ECOSYSTEM ASSESSMENT: DEMAND-SIDE ANALYSIS

ROOTED IN TRUST 2.0 - LEBANON FEBRUARY, 2023



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