



# 'INSIDE-OUT':



*Understanding  
Information Flows  
and Flaws of LGBTI  
Communities in  
Bulawayo.*

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# LIST OF ACRONYMS

ACRONYMS	DEFINITIONS
<b>ARMZ</b>	Advocacy and Research for Men in Zimbabwe
<b>BCC</b>	British Broadcasting Corporation
<b>CCC</b>	Citizens Coalition for Change
<b>CDC</b>	Centres for Disease Control and Prevention
<b>CeSHHAR</b>	Centre for Sexual Health and HIV AIDS Research
<b>FGD</b>	Focus Group Discussion
<b>GALZ</b>	Gays and Lesbians of Zimbabwe
<b>HCW</b>	Healthcare Worker
<b>HIV</b>	Human Immunodeficiency Virus
<b>IAZ</b>	Intersex Advocacy Trust of Zimbabwe
<b>ID</b>	Identity Document
<b>IDIs</b>	In-depth Interviews
<b>IEA</b>	Information Ecosystem Assessment
<b>KIIs</b>	Key Informant Interviews
<b>LGBTI</b>	Lesbian, Gay, Bisexual, Transgender, and Intersex
<b>MDPCZ</b>	Medical and Dental Practitioners Council of Zimbabwe
<b>MP</b>	Member of Parliament
<b>MSM</b>	Men who have sex with men
<b>NCZ</b>	Nurses Council of Zimbabwe
<b>PSH</b>	Population Solutions for Health
<b>SALC</b>	Southern Africa Litigation Centre
<b>SOGIESC</b>	Sexual Orientation, Gender Identity, Expression and Sex Characteristics
<b>SRC</b>	Sexual Rights Centre
<b>TREAT</b>	Trans Research Education Advocacy and Training
<b>UBH</b>	United Bulawayo Hospitals
<b>UNHRC</b>	United Nations Human Rights Council
<b>UNICEF</b>	United Nations Children Child's Fund
<b>VOVO</b>	Voice of the Voiceless
<b>WHO</b>	World Health Organisation
<b>ZANU - PF</b>	Zimbabwe African National Union – Patriotic Front
<b>ZBC</b>	Zimbabwe Broadcasting Corporation
<b>ZIMAHA</b>	Zimbabwe Men Against HIV and AIDS

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## EXECUTIVE SUMMARY

The Information Ecosystem Assessment (IEA) is a study designed to understand the dynamics of production, transmission, and consumption of information in each environment. Internews conducted an IEA in Zimbabwe's southern region between October and December 2022, highlighting gaps and underrepresentation of key populations such as the Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) community.

This IEA specifically investigated how individuals who identify as LGBTI receive, share, access and contribute to information about COVID-19 vaccines and other health related information. This report therefore outlines the prevailing IEA context of the LGBTI community in Zimbabwe, how the research was undertaken, related findings, with recommendations for government, humanitarian organisations, and the media.

The study adopted a qualitative methodological approach with the aim to bring out detailed and nuanced data that speaks to the subject at hand. Non-probability snowball sampling was used to recruit research participants and gain access to the "hard-to-reach populations" with diverse sexual orientation and gender identity. The sample was stratified according to sexual orientation<sup>1</sup> - namely gay and bisexual men, lesbian and bisexual women – along with a group of people who are intersex, and a group of trans women and trans men.

Gender non-binary people were not part of the sample. Data was collected through desk reviews, Focus group Discussions, (FGDs), Key Informant Interviews (KIIs) and In-depth Interviews (IDIs). As this LGBTI IEA was a pilot study, its geographical scope was limited to Bulawayo. Other groups such as people who identify as queer or as asexual were not represented.

Study findings reveal that advocacy and support organisations whose mandate is advocating for the rights, access to health information and services for LGBTI people are the primary and most trusted sources of information. These organisations include the Sexual Rights Centre (SRC), Voice of the Voiceless (VOVO), TREAT, Gays and Lesbians of Zimbabwe (GALZ), and Population Solutions for Health (PSH). The study also discovered that some gender non-binary and transgender individuals faced challenges with forms with 'boxes' for gender but that only have two binary categories of male and female, with non-inclusive language, and with heteronormative questions.

This meant that the collection of information required by healthcare workers (HCWs) excluded some trans and non-binary people, limiting their access to vaccine information and COVID-19 vaccine. The study uncovered that marginalised communities are exposed to multi-layers of vulnerabilities embedded and nested in communities particularly during health emergencies. Access to health-related information is often constrained as they have unique needs in comparison to the general population. The LGBTI community is usually vilified especially in mainstream media and consequently this pushes the community to live on the periphery.

Drawing from the research findings, the report highlights key recommendations targeting various stakeholders including the government, media, and organisations working with LGBTI people:

- **Relevant civil society organisations (CSOs)** should package different information and processes for distinct categories of the LGBTI community. This will ensure inclusivity when specific information needs are provided for.
- **Health departments, media and CSOs should** target LGBTI specific social platforms to reach more LGBTI people from their communities and to also provide a safe space for expression and exchange of information and ideas.
- **Media outlets and journalists** should receive capacity building on LGBTI-sensitive reporting to better cover LGBTI stories using inclusive language.
- **CSOs should lobby the government to provide** for identity documentation aligned to self-identified gender identities among the LGBTI people to cater for individuals who identify as transgender or non-binary.
- **The government in collaboration** with CSOs should provide training to HCWs on LGBTI-sensitive health service delivery.
- **CSOs, government departments** and the media should avail different information and processes for different parts of the LGBTI community.

[1]The report takes note that diversity of sexual orientation is not mutually exclusive with intersex status or diverse gender identity. For example, a trans man can also be gay, while a trans woman can also be lesbian, etc.



# 1. INTRODUCTION

In Zimbabwe people of diverse sexual orientation, gender identity, expression, and sex characteristics (SOGIESC) are often confronted by discrimination, stigma, and sometimes high levels of violence.<sup>2</sup>

Members of the LGBTI community are sometimes excluded from social, cultural, economic, and political processes due to discriminatory and exclusionary attitudes. Within public discourse - both popular and political- discriminatory rhetoric is often used to vilify LGBTI people.

In private spaces, families and marriages are often sites of 'discrimination, inequality and unequal power' for LGBTI people (McGeough and Sterzing 2018:493). In addition, interlocking and mutually reinforcing discrimination and exclusionary practices inhibit LGBTI people from accessing essential information and healthcare services, particularly sexual and reproductive healthcare services. However, violence and discrimination against LGBTI people is increasingly recognised as a critical health, development, and human rights concern (Saiz, 2004, Casey et al. 2019).

Despite such recognition, information on the needs of sexual and gender minorities in different localities is often scant. In some instances, potential research participants may prefer to hide their sexual orientation or gender identities due to well-founded fears, while in other cases data collection tools are insufficiently attuned to capture such statistics, leading to a lack of gender identities disaggregated data (Evagora-Campbell et al. 2021, Heidari et al. 2021). The focal concern of this study is how members of the LGBTI community in Bulawayo access, value, share and trust health information that they receive.



[2] The term SOGIESC is inclusive and often used to broadly describe non-mainstream categories of these aspects. This term is more general and inclusive to all people with SOGIESC other than—for example— lesbian/ gay/ bi+/ transgender/ queer/ intersex / asexual/ agender / ally, (as the '+' represents in LGBTQIA+). However, the acronym LGBTI will be used for the purposes of this discussion since it is the abbreviation commonly used in the local context.

## 2. CONTEXTUAL BACKGROUND

Discourse on sexual and gender identities in Zimbabwe has historically been dominated by hostile political rhetoric. Since the late former President Robert Mugabe in/famously and publicly asserted that “homosexuals” were worse than animals and should not even have individuals defending them, Zimbabwe has largely been characterised by homophobic sentiments for more than two decades expressed in local, regional, and global platforms (Muparamoto, 2021).

These negative political sentiments towards LGBTI people have also been supported by key leaders from opposition political parties such as the Citizens Coalition for Change (CCC) party President Nelson Chamisa, who asserted that Mugabe’s stance on homosexuality was “positive”.

Consequently, the LGBTI community in Zimbabwe encounters hostility and vilification and are confronted by discrimination and different forms of violence.

A study by Müller and Daskilewicz (2019) concluded that due to their non-normative sexual orientation, LGBTI people in Zimbabwe are more likely to experience social discrimination, verbal harassment as well as both physical and sexual violence than the general population. Accusations of ‘homosexuality’ are commonly used to vilify personal or professional reputations of business or political rivals, particularly men.

In 2015, a ZANU-PF Member of Parliament (MP) brought defamation proceedings against another ZANU-PF member aligned with a different faction for allegedly calling him gay. On one hand, such accusations are made to gain political mileage at the expense of each other’s sexualities. On the other hand, this demonstrates the mockery some parliamentarians have towards LGBTI people.<sup>4</sup>

Often, cultural, and religious narratives are invoked against homosexuality which is constructed as a Western practice that threatens the country’s moral fibre and national culture. In the 1990s, Patricia McFadden, a feminist, faced deportation by the Zimbabwean government for defending the rights of the LGBTI community. She was accused of betraying ‘Zimbabwean culture and family values’ (McFadden, 2001).

Hostile societal attitudes were reported in the 2014 Afrobarometer report which stated that nine in 10 Zimbabweans (90%) indicated they would “somewhat dislike” (7%) or “strongly dislike” (83%) having LGBTI people as neighbours.<sup>3</sup>

The same report notes that while intolerance for the LGBTI community cuts across all levels of society, communities in Bulawayo and Midlands, were less intolerant toward LGBTI people when compared to other parts of the country. The report also concluded that tolerance levels for LGBTI people were slightly higher among urban residents (13%) than rural residents (9%).<sup>4</sup>

Post-Mugabe era, the new government is yet to accommodate rights for the LGBTI community in a way that can enhance their freedom of communication and expression. In November 2021, South African gay personality, Somizi Mhlongo, was reportedly barred from visiting Zimbabwe to attend the reopening of one of the affluent restaurants in Harare. This followed a petition to the Zimbabwean President Emmerson Mnangagwa by a coalition of indigenous churches and the ZANU-PF Youth League who threatened to protest if Mhlongo was allowed to attend the function. Leaders of the Apostolic Council, a coalition of more than 600 Christian groups, said in its letter to President Mnangagwa that “Zimbabwe doesn’t tolerate homosexuality”. The Apostolic Council also warned that Mhlongo’s attendance would cost ZANU-PF votes in 2023. It is, however, unclear if the openly gay personality was banned due to a government directive or if event organisers pulled out in fear of retribution or boycott.

The lack of legal protection of LGBTI people has contributed to a hostile environment characterised not only by widespread stigma and discrimination, but also the stifling of LGBTI activism in Zimbabwe (Muparamoto & Moen, 2022).

[3]ab\_r6\_dispatchno124\_tolerance\_in\_zimbabwe.pdf (afrobarometer.org)

[4] ibid

In 2016, the Zimbabwean government rejected calls by European countries at the United Nations Human Rights Council (UNHRC) Working Group meeting to embrace diversity of sexual orientation but accepted 142 other recommendations that are in line with the national Constitution. The then Vice President, Emmerson Mnangagwa, now current president, expressed that the Zimbabwean government could not accept recommendations around 'homosexuality' as it was unlawful in the country.

While the current Zimbabwean Constitution is praised for being progressive because of its founding values, expansive bill of rights, and efforts to promote freedoms, quality, and non-discrimination (Dziva, 2018), it is not clear about the rights of members of the LGBTI communities. The Constitution expressly prohibits same-sex marriages under Section 78 (3). Furthermore, the Constitution does not make provision for transgender people to have their preferred identities legally recognised, although Section 56 (3) provides for non-discrimination on grounds of 'sex and gender'. The 2016 Southern Africa Litigation Centre's (SALC) report on laws and policies affecting transgender people asserts that there are no laws or policies that provide for hormonal treatment or other gender-affirming healthcare for transgender people.

Other legal instruments that specifically infringe on the rights of the LGBTI communities in Zimbabwe include Section 14 (1) of the Zimbabwe Immigration Act, and Section 73 (1) of the 2006 Criminal Law (Codification and Reform) Act, which criminalises consensual same-sex sexual acts between men.

This law has been used where suspicion of homosexuality has been reported or alleged. An article by Stewart (2012) titled Erasing 76crimes of August 14, 2012, articulates 18 incidences of repression and harassment of LGBTI people in Zimbabwe by the public and police in the narrative of sustaining the Section 73 (1) of the Criminal Law, highlighted the arbitrary detention of LGBTI activists by law enforcement agents:<sup>5</sup>

*"In Bulawayo, three police details illegally entered and searched the home of Joseph, a known member of GALZ, ostensibly looking for 'pornographic materials.' Joseph and his friend were arrested, handcuffed, and detained overnight without being informed of any charges brought against them. Joseph and his friend were released without charge." (Stewart, 2012)*

Considering that some homophobic abuses are also perpetrated by law enforcement agents, this dissuades members of the LGBTI community from seeking justice. The Zimbabwean mainstream media has also perpetuated the negative portrayal of the LGBTI people. Mabvurira et al (2012) noted how mainstream media has historically viewed homosexuality as an evil and unnatural western construct that must be shunned from society, and this has led to the negative portrayal and coverage of LGBTI people. State-controlled public media entities have tended to amplify homophobic utterances made by some political, religious, and traditional leaders (see for example Campbell, 2002, Engelke, 1999, Epprecht, 1998, Dunton and Palmberg, 1996).<sup>6</sup>

A 2021 media guide developed by SALC reported that Zimbabwe still recorded the highest number of inflammatory and dangerous articles compared to Eswatini and Malawi.

The articles were mostly op-eds or letters to the editor. For instance, Mabvurira et al (2012: 221) notes that in the period leading to the constitution making process, the State media embarked on negative publicity of homosexuality demonstrated by headlines such as "Homosexuality Destroys, Curses a Nation (The Sunday Mail, 21-27 February 2010)". The Herald newspaper, another State newspaper, also had a story titled, "Gay parties Western, not human rights", which affirmed the homophobic view that LGBTI people have no human rights (Tsododo 2013; Machivenyika 2014). An online newspaper, The Zimbabwe Mail, published a story about an apostolic sect which blamed state-owned Sunday Mail newspaper for running an advert that bears a picture of the South African gay personality - Mhlongo. The publication likened homosexuality to Satanism and a taboo in the spiritual realm (Staff Reporter 2021).

Public media is also infamous for 'exposing' prominent people alleged to be homosexual. One such example is of the then Zimbabwe Broadcasting Corporation (ZBC) Chief Executive Officer Alum Mpofo who was allegedly caught in a compromising position with another man, leading to widespread vilification resulting in his resignation. Furthermore, local tabloids H-metro and B-Metro have also gained notoriety for publishing pictures of people alleged to be gay or have their pictures leaked when relations with their partners strain. Such media representations have contributed to stigma impacting the LGBTI community.

[5] A second case involved two women who were detained by the police on allegations of being lesbian after they were reported by family members. The women were detained by the police for three hours, during which they were verbally abused through homophobic and sexist slurs. In addition, police officers took photos of the women threatening to send the photos to one of the national newspapers for publication. In another case, two male friends were picked up by the police while grocery shopping on charges of 'being gay'. At the police station, they were forced to undress and physically assaulted to force them confess that they were gay. One of the men was also sexually assaulted by a police baton stick.

[6] These include The Patriot, controlled by the ruling party, the Zimbabwe African National Union-Patriotic Front (ZANU-PF) and public media newspapers from the Zimpapers group (The Chronicle, H-Metro, The Herald, B-Metro, and The Sunday Mail)





There are some organisations such as TransSmart, a transgender rights organisation, who share the view that traditional news outlets in Zimbabwe have improved their coverage of LGBTI issues in post-Mugabe era through consulting relevant organisations, although they are yet to see a significant increase in public media statements supporting LGBTI people. The societal stigma and institutionalised discrimination of LGBTI people has contributed to their exclusion in government programming. For example, the Zimbabwean government's health budget does not explicitly address the health of LGBTI people.

This may explain why current healthcare facilities do not provide tailored health information relevant for different groups within the LGBTI community. Muparamoto (2022) observes that Zimbabwean gay men have been indirectly included in HIV programming under the 2018-2020 Global Fund Grant for key populations but notes the marginalisation and exclusion of the lesbian community. He attributes this to the predominant focus on same-sex attracted men at the expense of same-sex attracted women which is compounded by biases in biomedical approaches which present gay men as highly vulnerable to HIV infection.

Due to stigma, marginalisation, and intimidation in a homophobic environment, the LGBTI people in Zimbabwe find it difficult to freely communicate, express and identify themselves in open and social platforms. Most media platforms also lack commitment to extend coverage of LGBTI rights and issues. As a result, LGBTI people have had to depend predominantly on scheduled physical meetings organised by civic organisations such as the SRC, PSH and the Centre for Sexual Health and HIV AIDS Research (CeSHHAR), for communication and sharing of information.

These meetings as well as private social networks notably Facebook and WhatsApp groups have provided safe spaces for the LGBTI community to constantly engage. The COVID-19 pandemic, characterised by curtailed physical interactions, further enhanced the use of virtual channels like social media to disseminate information around social justice among LGBTI people. However, the prohibitive internet data costs negatively affected information access.

Nonetheless, there is still limited literature about how LGBTI organisations and individuals accessed, produced, consumed, and shared information at the onset of the COVID-19 pandemic and more generally during health crises. This study was, therefore, critical to determine how LGBTI communities in Zimbabwe consume, produce, and contribute health-related information. It sought to understand unique challenges they have experienced and continue to experience in accessing health information in Zimbabwe in the context of COVID-19.

## 3. METHODOLOGICAL APPROACH

The IEA adopted a qualitative methodological approach to bring out detailed, nuanced, and insightful data on how LGBTI people access, share and trust information related to COVID-19 and other health related issues. Thorne (2000) and Neumann (2003) assert that qualitative data offers thick descriptions that capture lived realities.

The IEA research was based on three key principles that lie at the core of the Internews methodological approach and these include:

1. Putting the community at the core of the research: Internews strives to be at the centre of the communities that it serves. As such, we endeavor to have the community itself do a large part of the research; communities select the research questions and collaboratively identify the relevant stakeholders. This was do to the greatest extent possible in this study.

In conducting the study, the research assistant's knowledge of the LGBTI community's networks, was critical in gaining access to the community and establishing rapport with participants while allowing for smooth data collection without reservations from community members in fear of being victimised or their sexuality being disclosed.

2. Following a human-centred research design: The IEA seeks a holistic understanding of people's information practices.

We understand demand and supply in a broad sense, not narrowly focused on media outlets or traditional media actors. Our scope of analysis is defined by how people access and consume information, not by pre-defined categories. We strive to understand which practices are broadly shared, specific needs and behaviours of groups, especially the most vulnerable ones.

3. Integrating research and action: We do not see IEAs as "end products" but most often they are the first stage of our project design, providing invaluable context and building a trusting relationship with the community we hope to work with. They are always connected to recommended actions, whether our own, or those undertaken by communities, our partners, and other key stakeholders in the ecosystem.

### 3.1 SAMPLING TECHNIQUE

Study participants were selected using a combination of purposive and snowball sampling techniques. Purposive sampling was used to target LGBTI participants and organisations working with LGBTI groups notably SRC, VOVO, TREAT, GALZ, and PSH. These are the same organisations from which we identified key informants. Snowball sampling was then used to reach LGBTI participants who took part in in-depth interviews and FGDs. Considering the homophobic context in which the study was done, snowballing was an ideal sampling strategy to use as the study focused on a sensitive research subject within a hard-to-reach community.

Therefore, for individual interviews, we relied on LGBTI-centred organisations to identify initial participants, who in turn then referred us to other participants. For FGDs, the researchers tapped into existing grassroots organisations such as the Advocacy and Research for Men in Zimbabwe (ARMZ), and Zimbabwe Men Against HIV and AIDS (ZIMAHA) who were instrumental in the mobilisation of gay and bisexual men. These organisations also contributed towards building the much-needed rapport that worked well in penetrating the community.

We were, however, aware that snowballing might generate a homogenous sample, which may be limiting when all participants are drawn from the same friendship network. To address this, we approached initial participants from different organisations and LGBTI categories and those who did not know each other to broaden the social networks within which we gained access. The sample comprised participants from all categories of the LGBTI community namely those identifying with lesbian, gay, bisexual, and transgender identities, and intersex people. The diversity in the sample allowed for comparative analysis of experiences in terms of access to health information for various categories of the LGBTI community. However, in terms of geographical scope, the study was limited to Bulawayo as a target location under the project.

## 3.2 METHODS

### DESK REVIEW

The study began with desktop review focusing on constitutional, legislative provisions, policies, and initiatives around LGBTI rights in Zimbabwe. The review further interrogated how these policies and legislative environment find expression within everyday practices and impinge on the rights of the LGBTI people. Additionally, the desk review sought to uncover how LGBTI communities access information which speaks to their specific needs. Researchers also mapped organisations that work with LGBTI people and ascertained their reach and activities.

### KEY INFORMANT INTERVIEWS

#### (KIIS)

A total of six KIIs were conducted with key informants drawn from SRC, VOVO, GALZ, PSH, and TREAT. In these KIIs researchers sought to explore the role these organisations play to ensure LGBTI community access to health information and healthcare services in general. The interviews also examined challenges and assumptions faced by the organisations in information dissemination to LGBTI people.

### IN-DEPTH INTERVIEWS (IDIS)

Ten IDIs were conducted with individuals that self-identify as part of the LGBTI community. These included gay (3), lesbian (2), bisexual (2), intersex (1), and transgender (2) people. The interviews focused on the processes of identification and how participants navigate laws, negative societal narratives, hostility in their everyday lives, as well as their information and healthcare needs. IDIs provided rich and nuanced data that spoke directly to information and healthcare needs of LGBTI people in Zimbabwe.

### FOCUS GROUP DISCUSSIONS

Four FGDs were conducted with the LGBTI community individuals. The FGDs were deliberately stratified in accordance with identities of participants. The four groups had gay and bisexual men, lesbian and bisexual women, intersex people, and transgender people. The disaggregation was meant to capture the diverse and unique experiences these communities face. In FGDs, researchers sought to understand how participants access and share information, which information platforms they source information from and the extent to which they trust these information channels. Researchers also explored how and in what ways participants are included in humanitarian programming.

### ETHICAL

#### CONSIDERATIONS

The research team adhered to research ethics that enshrine human rights, including dignity and respect for, and sensitivity to participants. The team endeavoured to abide by the “do no harm” principle. The research team sought informed consent from participants through consent forms which outlined the purpose of the research. The research participants voluntarily participated in the research. In seeking consent from participants, the researchers explained that there would be no payment for participating in the study and instead highlighted how their participation would contribute to informing better health information systems among the LGBTI communities. However, it emerged that some participants expected financial incentives which they had been accustomed to in prior research conducted by some CSOs. For this reason, two potential participants declined to participate in the study.

Participants were also granted anonymity if they felt uncomfortable being identified with the LGBTI community. The research team assured confidentiality and privacy to those who revealed their identity.

### 3.3 STUDY LIMITATIONS

Since our research findings are based on a small sample and one geographical location, study findings cannot be generalised to the larger LGBTI population in Zimbabwe. For example, the sample did not have representation from queer and asexual groups or other people with diverse SOGIESC whose lives do not fit into the boxes of LGBTI. Furthermore, the near absence of research done on lesbians, bisexuals, transgender and intersex people in Zimbabwe limited the analysis and identification of information needs of different members of the LGBTI community outside the male-identifying gay community which has received significant research and media focus.



## 4. FINDINGS

This part of the report presents the findings from the study. These findings are drawn from explorations through KIIs with representatives from organisations working with LGBTI communities, IDIs and FGDs with lesbian, gay, bisexual, transgender and intersex participants. Five key thematic areas were used in presenting and analysing findings which outline sources of information, mainstream media coverage of LGBTI people, information barriers, information trust and information networks among the community under study. The findings in this section aim to demonstrate the diversity of information needs and barriers of the diverse groups within the LGBTI community.

The Measuring Trust Framework guided the analysis of the findings. The Trust framework was developed by Internews, as part of the Rooted in Trust (RiT 2.0) project to explore components that determine trust in an information ecosystem at an individual or institutional level. The elements include Proximity (relating to information access); Accuracy (relating to whether information is factual and relevant); Control (relating to freedom of choice and decision-making); and Intention (relating to level of interest towards the information provided).

The findings speak to information barriers that specifically hinder the LGBTI community from accessing information and this include social isolation, perceived negative responses, lack of political representation, formalised support systems, inadequate information support services and lack of awareness of existing resources. While social isolation indicates a self-imposed barrier and given the nature of societal pressure among the LGBTI people, these can contribute to fear of exposure and hesitance to discuss information needs with professionals.

### 4.1 SOURCES OF COVID-19 AND OTHER HEALTH RELATED INFORMATION

The study sought to determine primary sources of health information for participants. Research findings suggest that civil society organisations, particularly those advocating the rights of sexual and gender minorities, were among the main sources of information for LGBTI people. These organisations included the SRC, VOVO, TREAT, GALZ and PSH. The main reason cited was that these are perceived to be inclusive organisations that fully understand LGBTI issues. A participant who identified as transgender reported being referred to GALZ to obtain their vaccine and other COVID-19 related information, while one gay man said:

“I receive health related information at SRC Drop-in Centre because this is the space where I feel comfortable to express myself without stigma and discrimination when compared to local clinics.”  
“For health-related information, I would come here to the GLC, SRC, I go to PSH, I go to CeSHHAR ... I feel comfortable to talk to anyone about my [Sexual Reproductive and Health Rights] (SRHR) [needs] because of my sexual diversity. I didn't go to local clinics for any SRHR or any health-related situation I had because I feared discrimination.” (Transgender woman, IDI)

This indicated that some LGBTI people prefer seeking health information from these CSOs and they feel they can freely express themselves, compared with local clinics or government hospitals. However, other participants felt that information shared by some CSOs was inadequate and specific to the needs of some gender identities within the LGBTI group:

“... GALZ, SRC, I know that I can access health services at PSH, I can access them at SESH. [With] PSH, I've noticed now, you know, with their advertisements and stuff like that, but it really focuses circumcision, family planning, and all of that. They don't particularly zone in on, you know, [Sexually Transmitted Infection] STIs in their marketing, particularly, maybe HIV, because it's, you know more mainstream, but for STIs and, cervical cancer screening, there's still a few knowledge gaps.” (Lesbian participant)  
“We are over HIV, there are new and emerging infections. We want to know the effect of these vaccinations on trans individuals already on hormonal treatment. We need to move on from the whole HIV story among LGBTQI people.” (Transgender man)

These participants' sentiments highlight information gaps caused by an overemphasis on HIV effects on the LGBTI population, leaving out how some health outcomes impact on their specific needs, for example the impact of COVID-19 vaccines on hormonal therapy for transgender people. Such views show a gap among organisations in the dissemination of relevant and timely health information that address specific needs of the broad spectrum of LGBTI people.

The majority of participants, both in FGDs and IDIs indicated that besides CSOs they relied mainly on social media platforms as primary sources of health-related information targeting LGBTI people before and during the COVID-19 pandemic. They specifically mentioned peer-to-peer engagements through WhatsApp groups and closed Facebook groups solely dedicated to LGBTI people. This was also affirmed in KIIs where key informants revealed a plethora and diversity of WhatsApp groups that LGBTI people have as means of sharing information among themselves. For example, one key informant from ARMZ, stated that:

*“We have noticed that most people can manage to get WhatsApp data, you understand. So, most people use WhatsApp space where you meet people from all over the country. Even people from Harare are there, they will be sharing what is happening in Harare and us from Bulawayo, we will be learning.”*

The SRC, on the other hand, streamlined COVID-19-related information across all their social media platforms. They used their "SRC Updates" social media group with community members to share statistics, precautionary measures, and other COVID-19 related information with their communities. Another key informant also mentioned that they used their WhatsApp platform titled "Viva Activism" to disseminate information. All of this was done to ensure that LGBTI people received COVID-19 information from organisations they could easily relate to. In addition to social media platforms, informal social networks also emerged as another space where LGBTI people accessed information during COVID-19 as a form of peer mental health support initiative. This was emphasised by one of VOVO's Key informants, who stated that:

One bisexual male participant further elaborated the strength of social networks among LGBTI people in an environment that discriminate them. He asserted that:

*“One thing about the LGBTIQI people, the majority, this is not an umbrella term, but I think that the community often parties together, cries together, works together so they spend more time together. So, I'm sure if you spend more time together you are also going to regard each other highly in terms of information dissemination. So, this is some level of trust by extension.”*

This creativity and solidarity of LGBTI people ensured that information among community members spread even during the pandemic beyond social media platforms, while also providing moral support which was needed. This interconnectedness of LGBTI people also allowed them to create their own information ecosystem as a community.

According to most participants, these social platforms promote self-esteem, increase social connectedness and resilience, and thus minimising risk for suicidal behaviors. This is because social media spaces and informal social networks were said to provide safety, support, allowing LGBTI people to be free on these platforms where they receive services such as medical advice, mental health counseling, and referrals to community resources.

*“I think in terms of WhatsApp platforms we have 'CODES' group, 'His forum', 'joint club', and another group for people living with HIV. As for Facebook pages, we have other pages like ZIMLGBT, Broad Community where they share information about HIV among the LGBT community.”*

A documentation and mobilisation officer at VOVO revealed that during COVID-19, they primarily conducted their outreach communication through a WhatsApp group which comprised LGBTI people from different parts of Zimbabwe. With a local name loosely translated to mean 'let's build each other', the WhatsApp platform was used for sharing COVID-19 information at a national scale and other general information relevant to LGBTI people as it was perceived to be affordable, thus accessible:

*“This thing (COVID-19) stressed us too much as VOVO, to the extent that we decided to have physical meetings that we did every Friday. Someone from TREAT or GALZ could bring a topic for discussion for example, we want to learn about transgender person. So, we would buy drinks and food to make sure that the activity becomes fun. It helped to reduce stress because that Friday it will be a fun day for everyone.”*

[7] The WhatsApp and Facebook group names have been changed to protect the privacy of participants.

With reference to mainstream media, a few participants cited radio stations such as Khulumani FM and Skyz Metro FM as other sources of information, they explained that these channels mainly provided COVID-19 related and general health information which was not specific to the LGBTI<sup>8</sup> people.<sup>9</sup> Findings also revealed that there is a general lack of reliance on hard copy newspapers as a source of information. This was primarily due to the increased use of social media and rising cost of print newspapers. One participant highlighted that:

*“During the height of COVID-19 pandemic sources of income dried up hence it was difficult to fork out a US\$1 to buy a newspaper instead of bread.”*

These findings reflect the economic decline that has characterised Zimbabwe for the last two decades. The economic decline is manifest in high levels of unemployment in the formal sector, currency volatility, eroded incomes, and food insecurity (Woyo & Slabbert, 2020). Prior to the onset of the COVID-19 pandemic, the poor state of the Zimbabwean economy indicated by an unemployment rate of over 80% (World Help, 2020) and 34% of the population living in extreme poverty (Africa Press, 2019) meant many individuals including those in the LGBTI community resorted to supplementing formal employment incomes with informal activities such as buying and selling of goods. The COVID-19 pandemic further worsened the country's socio-economic situation where many were left without jobs, while those in the informal sector lost their sources of livelihood due to lockdown restriction measures.

In terms of access to health information, research results demonstrated that LGBTI people rarely relied on public health institutions for their information needs. Stigma and discrimination were cited as main reasons why LGBTI people do not access information in public health facilities, including COVID-19 related information. This was confirmed by a key informant who is a Health Care Worker (HCW) at Mpilo Central Hospital, the largest referral hospital in southern Zimbabwe, who stated that HCWs are insufficiently sensitised to serve LGBTI identifying people, therefore stigmatise and discriminate them based on sexual orientation:

*“Health care workers in government hospitals do not have much information or understanding of the LGBTI community hence discrimination will always be there.”*

The key informant elaborated that the discrimination of LGBTI people in public health centres is exacerbated by the limited to no understanding of LGBTI issues by HCWs owing to the influence of societal norms and values:

*“Given the fact that the society in general does not understand the LGBTI and that healthcare workers are people born of the same society; they are bound to act like the society by discriminating LGBTI people when accessing health services.”*

In such an environment, there is lack of trust of public health providers, which significantly hinder LGBTI people's access to COVID-19 and other health-related information in healthcare facilities.

### 4.3 MAINSTREAM MEDIA COVERAGE OF LGBTI PEOPLE

The study also sought to establish the nature and extent of mainstream coverage of LGBTI people and issues. Findings revealed how Zimbabwe's mainstream media perpetuates heteronormativity and homophobia through marginalisation and negative representation of LGBTI issues and people. In FGDs, the consensus was that mainstream media reporting of LGBTI people was predominantly negative and derogatory. A Lesbian woman said; “Most stories about us are bad. The information we want about us is not there”.

This negative coverage has led the LGBTI community to shun mainstream media and rely on social media platforms that are specific for LGBTI communities as highlighted in earlier sections of this report. According to expressions from participants, the derogatory coverage has led to high levels of stigma towards LGBTI people in society, which in turn has increased their risk of experiencing mental and psychological problems. These problems range from anxiety disorders and depression to substance abuse and risky sexual behaviour. For example, there are higher incidences of suicide attempts and suicide related deaths among men who have sex with men (MSM). Although data is not disaggregated, Zimbabwe suicide rates currently stands at 14.10%. According to one of the key informants, most of these suicide cases involve LGBTI people, especially those that are still in the 'closet' or want to come out but face negative family reception.

[8] Khulumani FM is a state-owned radio station catering for communities in Bulawayo and Matabeleland region.

[9] Skyz Metro FM is a commercial radio station that also operates in Bulawayo.



Furthermore, trans women participants stated that the media is insensitive to pronouns, which resulted in them misgendering transgender people. One key informant who works with the LGBTI community indicated that the main challenge is heteronormativity, which dominates the media fraternity. He asserted that rarely is information tailored to the needs of all population groups broken down according to different identities. Rather, it is presented in binary and heteronormative ways. For example, information is presented for men and women, or for boyfriend and girlfriend. Common relationships in the LGBTI community - which may involve two women or two men, trans and non-binary people, or diverse gender expression - are not catered for or visible.

Furthermore, a key informant from the SRC stated that negative reporting of LGBTI people has limited their reliance on mainstream media. He emphasised that this has resulted in their avoidance of seeking information from mainstream media, which may explain why there is limited mainstream media uptake in the community. However, there were some noticeable improvements in some radio stations, as one intersex person mentioned that Khulumani FM has a programme called "behind closed doors" that occasionally brings gender diversity and sexuality issues. Another key informant, a journalist working for an online media platform, highlighted that as an organisation they cover stories on LGBTI groups when their scope of work permits them to do so.

This demonstrated that, while mainstream media is not yet as welcoming to gay, lesbian, or bisexual people, other independent media sectors have cordial relationships with organisations that provide programming for LGBTI people for example SRC and GALZ. The respondent further added that she covered investigative stories about LGBTI people and has written a story about the intersection of culture and reality.

#### 4.4 INFORMATION TRUST

When asked which sources of information they trusted and why, the LGBTI community agreed across all FGDs that organisations such as SRC, GALZ, TREAT were reliable sources of information. These organisations provide services specifically for the LGBTI community, whereas there were other identified organisations like the CesHHAR which provide information services mainly for sex workers. PSH, while catering for the general population, was identified as another source that provided extensive information customised for LGBTI people. According to one respondent, the major reason for trusting these organisations was their belief that they are staffed with competent personnel who have received extensive training to understand LGBTI issues. Furthermore, trust also stemmed from the rapport that LGBTI communities have built with these organisations which have long been established, especially their information services. One trans identifying participant stated:

From this expression, one can deduce that community members are concerned about the authenticity of information they receive from other sources such as Google. This was also confirmed by one respondent who stated that:

*"When the pandemic began some rumors were saying COVID-19 will end in China, but I asked myself that if BBC news is saying this is spreading across the world why would it skip Zimbabwe?"*

Other respondents indicated they trusted information from large Non-Governmental Organisations (NGOs) and UN entities like United Nations Children Child's Fund (UNICEF) and World Health Organisation (WHO) as they believed the information they share would have been thoroughly researched. The respondent expressed; "Go to sources of information, I would say anything coming from the WHO, sometimes the [Centres for Disease Control and Prevention] CDC". This demonstrates that, while LGBTI people primarily trust information from organisations that provide programming for them, they also trust information from established institutions outside their spaces.

*"We have working relationship with them... if we have stories, we go to them for information or if they have events that they want us to cover we do that."*

*"I do trust information I get from TREAT because I have been using it again and again. Also, they provide the same information you will get on Google hence that is why I trust it."*

ZIMBABWE

All these findings sum up the Trust framework given that the LGBTI community doubts the accuracy and intention of information in the mainstream media. From the LGBTI research findings, the community feels strongly about proximity in the framework, where issues of representation are highly questionable. They feel that their privacy and choice is not respected by authorities and community at large. The Measuring Trust Framework below is an analysis of how research findings intersect with it. The study concluded that accuracy, proximity, control, and intention are major determinants of trust with different sub-components.

### ACCURACY

From this IEA, Internews found a clear view that information provided by mainstream media about the LGBTI community lack facts. The general belief is that media only reports on LGBTI issues to sell papers. This according to a respondent is evidenced by the sensational headings that LGBTI stories are given. This is exemplified by observations by one key informant who works with the LGBTI community that:

*“Journalists are also born of a society that does not understand the LGBTI, discriminates and criminalises them so even when they present information on health, they're likely to present information on health in a very general channel lacking facts on how the LGBTI are affected”.*

### CONTROL

Another reason revealed by the study on why the LGBTI community does not trust mainstream media is that they are not given control over published stories that concern them. One participant stated that; “Media does not respect our choice to be with who we want to be [with] and many a time stories are published without the side of the LGBTI individual in the story”.

### INTENTION

There is also a general perception that stories about LGBTI people are published with the intention to generate newspaper sales as indicated by one respondent who said, “the intention of journalists when they write stories is to sell their paper”. This response is a critical indicator highlighting one of the reasons why LGBTI people do not trust mainstream media. This resonates with sentiments from another participant who indicated that when it comes to coverage of LGBTI

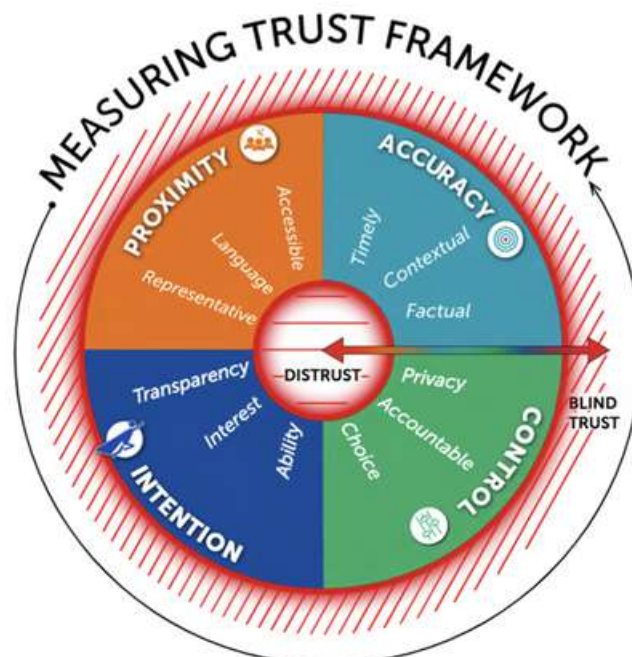
stories journalists just want to sell the paper and have no interest in getting the facts on the story from involved parties. The ability of journalists to write about LGBTI stories is also questioned as they are not part of the LGBTI community.

### PROXIMITY

Representation in the media is a major factor affecting the proximity component of the trust framework in this research. According to a participant who works with trans women:

*“It is very difficult for LGBTI people to get employment anywhere including in the media because of lack of proper documentation and this is one of the reasons behind lack of representation in the media”.*

For this reason, the LGBTI community only trusts information/news from the various social media platforms that are for and by LGBTI people as they feel such platforms represent their concerns.



Source: Measuring Trust partnership Module- Internews

## 4.5 INFORMATION BARRIERS FOR LGBTI PEOPLE

The criminalisation of sex between men, together with LGBTI relationship discrimination and stigma, stood out as a major information barrier. The LGBTI community are largely invisible to the dominant heterosexual populations because of an unfriendly legal environment. They are stigmatised and discriminated against, which discourages early diagnosis and subsequent treatment and limits access to healthcare. This was also demonstrated during the assessment, when some transgender people reported being stigmatised by HCWs when attempting to get vaccinated. One transgender person told her story:

*“I went to UBH the experience was worse. I met a nurse who was part of the group of healthcare workers who were sensitised under TREAT and when I saw a familiar face, I was happy. However, the way she treated me was very weird as she told everyone to stand up, alerting others that I am not a woman. She acted in a dumb way asking me questions about breastfeeding, pregnancy - intentionally. After producing my vaccine card and ID as I had already been vaccinated before, her argument was why it was written male whilst I looked female...”<sup>10</sup>*

Due to the dehumanising experiences and the broader stigma and discrimination, some transgender people are reluctant to receive vaccines. This also demonstrates that, despite sensitisation programmes; activities conducted by LGBTI organisations to capacitate healthcare workers on gender diversity, some still engage in discriminatory practises, affecting transgender people's access to COVID-19 vaccines and broader health information.<sup>11</sup>

Furthermore, transgender, and intersex people, found it difficult to access healthcare facilities during the hard lockdown which required the production of identity documents and authorisation letters to move around. This was mainly due to identity documents that do not match their gender presentation. This also affected access to vaccines by these individuals. Trans and intersex individuals in Zimbabwe currently lack identity documentation aligned to their preferred gender because the Department of Home Affairs and central registry system does not provide for such. This results in their failure to access healthcare services and other social resources that require production of identity documents to gain access. In general, limited access to gender-affirming care is of particular concern. Gender-affirming healthcare involves clinical services that support individuals' physical and mental health as they define, explore, and align with their gender identity.

There is also a general perception that stories about LGBTI people are published with the intention to generate newspaper sales as indicated by one respondent who said, “the intention of journalists when they write stories is to sell their paper”.

[10] The United Bulawayo Hospitals (UBH) is situated in the Eastern part of the city of Bulawayo. It is one of two principal referral centres for the Southern part of the country. The hospital also serves as one of the two referral centres for an urban population of about one million.

[11] Sensitisation involve making health Care Workers 'sensitive' about various LGBTI issues. This is the core of awareness raising and issuing that inclusive principles are taken into consideration when health Care services are being given to sexual minorities.



This response is a critical indicator highlighting one of the reasons why LGBTI people do not trust mainstream media. This concurs with sentiments from another participant who indicated that when it comes to coverage of LGBTI stories journalists just want to sell the paper and have no interest in getting the facts on the story from involved parties. The ability of journalists to write about LGBTI stories is also questioned as they are not part of the LGBTI community.

Some gender non-binary people who were part of FDGs with transgender and intersex people said they faced challenges with forms, language, and heteronormative question or being misgendered. This meant that some required information did not account for diversity beyond the male and female binary, limiting their access to vaccine information and the vaccine itself: "We hate being called men or gents, it's very personal like when a stranger says it to you... We usually get all these when seeking medical services". This is also confirmed by the SALC (2016) report on laws and policies affecting sexual minority people, which noted that there is no constitutional provision in Zimbabwe that specifically permits transgender people to change the gender marker on their birth certificates or other official documents, and that there are no laws or policies that provide for hormonal treatment or any other gender-affirming healthcare for transgender people.<sup>12</sup> Therefore, the continuous non-inclusive healthcare services negatively impact LGBTI people information access on vaccines. Transgender people expressed concern about how vaccines may interact with their hormonal therapy leading some to distrust them. This was stated by one transwoman in a detailed interview<sup>413</sup>

*"To be honest, I don't know if the vaccine will react with my hormonal therapy, so I've decided not to be vaccinated, and there have been fewer studies conducted to show the relationship between the two".*

These findings highlighted knowledge gaps that still exist on how the vaccine affects transgender people.

Lesbian participants raised concerns over the blanket approach in LGBTI community interventions which also shadow other communities represented in the 'alphabet'.<sup>14</sup> One participant highlighted how research has mostly been done about men who have sex with men (MSM), while lesbians have not been included as research participants. This has culminated in issues for Lesbians being ignored. Examples in healthcare and sexual health services were highlighted, one lesbian participant said:

*"Information on the female condoms and STIs among lesbian couples is not readily available, besides the condom there is nothing available for us, yet in some areas we hear of protection of the tongue, no one is sensitising us about these options".*

Lesbian women felt excluded in programming remarking that they were only accommodated in MSM programs. They further highlighted the need to have finger cots to place on their tongues as protection measures during sexual activities. A finger cot is a finger condom, which is a flexible tube-like cap that covers a finger or tongue they keep the covered area dry and there are suitable for safer sex (Boskey 2022).

To further highlight the gap in information and interventions, another lesbian participant added that:

*"This is why you see we are not considered in other health interventions, look at cancer screening, we go there, and an object is inserted in my private parts, yet for some of us the whole concept of penetration is what we are against."*

Such scenarios highlight the gap, and lack of sensitivity in health service provisions for all populations. Once these are not adopted and tailor made for the specific population groups, health seeking behaviors and outcomes will still lag and impact the overall development of health equity.

[12] Transgender-rights-in-Zimbabwe.pdf (southernafricalitigationcentre.org)

[13] Feminizing hormone therapy typically is used by transgender women and nonbinary people to produce physical changes in the body that are caused by female hormones during puberty. Those changes are called secondary sex characteristics. This hormone therapy helps better align the body with a person's gender identity.

[14] 'Alphabet' is a colloquial term for the range of letters that appear in the acronym 'LGBTI'.

## 5. RECOMMENDATIONS

Drawing from the findings discussed in the report, the following recommendations are made:

### 5.1 TO LGBTI-ORIENTED ORGANISATIONS

- Digital media platforms such as Facebook have created an alternative platform to challenge dominant negative media narratives about LGBTI people. Organisations supporting LGBTI communities should therefore target such platforms to reach more people from their communities and provide a safe space for expression and exchange of information and ideas.
- Due to the limited channels of trusted sources for LGBTI communities, it is imperative to strengthen the capacity of LGBTI people to discern differences between misinformation and accurate information.
- As LGBTI people are based in different locations - such as those in larger cities, rural and peri-urban areas - there is a need to expand the study beyond Bulawayo or other major urban centres to understand the information ecosystems of LGBTI groups. This is supported by the discovery that LGBTI people have WhatsApp and Facebook groups with connect people from other parts of the country, therefore it would be insightful to understand how these dynamics contribute to their information ecosystem and benefit them.

- Relevant CSOs should package different information and processes for different categories of the LGBTI community. This will ensure that the specific information needs are provided for.
- CSOs should lobby the government to provide for identity documentation aligned to self-identified gender identities among the LGBTI people to cater for individuals who identify as transgender or non-binary, and to allow intersex people to live within the gender identity that they know themselves to have.

### 5.2 TO THE MEDIA OUTLETS

- The media needs to engage the LGBTI community to gain a better understanding of LGBTI- inclusive terminologies when reporting about their issues. This will help to build cordial relationships, and where possible co-creation, between the media and the LGBTI community.
- Media outlets and journalists should receive capacity building on LGBTI-sensitive reporting to better cover LGBTI stories and to use inclusive language.
- Media training workshops reporting on the LGBTI community should include editors to stem sensationalising news articles about the LGBTI community.

### 5.3 GOVERNMENT DEPARTMENTS

- The Department of Home Affairs' central registry system should provide for identity documentation aligned to self-identified gender identities among the LGBTI people and to cater for individuals who are transgender and/or intersex.
- Health institution personnel must be effectively capacitated so that they are sensitive when dealing with LGBTI people and create safe spaces for them to feel free to seek health information and health care services.
- Government health regulatory bodies should establish and monitor safe and effective feedback mechanisms to deal with discriminatory health care professionals.
- It is imperative for government to note and address stigma and discrimination against LGBTI people as a key social determinant of health. This will be achieved through providing training for healthcare workers on LGBTI-sensitive health service delivery.
- The health ministry must provide information and support for LGBTI people across many areas of life, rather than just being treated as a potential health problem or more specifically as HIV key populations.
- The government health institutions should avail different information and processes for different parts of the LGBTI community. For example, they should produce and disseminate information that also targets lesbians who are often left out in health programming in Zimbabwe which tends to focus more on gay men.

## 5.4 HUMANITARIAN AND DEVELOPMENT ACTORS

They should:

- Provide more support for LGBTI CSOs to do more information outreach themselves given that they are trusted organisations among LGBTI communities.
- Make use of social media platforms that LGBTI communities prefer, such as Facebook and WhatsApp as primary channels to access and share information with the community.
- Invest in research studies that offer deep insights about intervention gaps for the LGBTI people during humanitarian crises such as COVID-19. This will inform the design of more appropriate, effective, and sustainable responses that meet the needs of the LGBTI community.
- Provide necessary safeguards which consider diverse and inclusive responses in health emergency interventions.
- Initiate and promote collaboration with organisations that LGBTI community trusts and feel safe with. This will help facilitate fruitful engagement with LGBTI communities.
- NGOs and health actors need to conduct gender sensitive research pertaining to the LGBTI community to better understand and meet their sexual and reproductive health needs and rights.
- There is need for humanitarian and health institutions to train and sensitise health care workers and hospital personnel (security and support staff) on the pitfalls of stigma and discrimination towards LGBTI patients whenever they seek health services.
- NGOs and Humanitarian agencies must ensure that information on the LGBTI community's experiences is disseminated through credible and reliable sources like the MoHCC and organisations that support the LGBTI+ community.

## CONCLUSION

This study was conducted to ensure that the RiT 2.0 IEAs are inclusive of LGBTI identifying people. LGBTI people are often confronted by discrimination, stigma and sometimes, high levels of violence. Apart from discriminatory attitudes, members of the LGBTI community are sometimes excluded from social, cultural, economic, and political processes and confronted with physical violence, discrimination, and exclusion exacerbated by inflammatory rhetoric and prejudicial narratives that vilify LGBTI people.

In the Zimbabwean context, the constitution does not recognise same-sex marriages, and LGBTI people do not have legal protection from discrimination, harassment, and violence. Consistent with the intolerant legal framework, the public health system is designed around heterosexual, cisgender, and gender binary people. This is compounded because private health is accessible to a minority, further excluding many LGBTI people from healthcare. Evidence based research is therefore critical to increase access to dignified healthcare and to meet the health needs of LGBTI people. An understanding of information flows and access by LGBTI people serves as a critical key to informed decision-making on health-related matters and overall wellbeing. From this it can then be noted why this study was necessary.

Study findings indicated that main sources of information for LGBTI people are advocacy and support organisations which include SRC, VOVO, TREAT, and GALZ, PSH for LGBTI people whose mandate revolves around upholding and supporting LGBTI people's rights and access to health information and services. Social networks through messaging applications also served as real time connections to transmit and share information during the pandemic.

The study further uncovered that some gender non-binary and transgender individuals faced challenges with binary forms allowing identification only as men and women, with non-inclusive language, and with heteronormative questions. This meant that some required information by HCWs did not account for diversity within the LGBTI community. In addition, study findings indicate some consensus from FGDs that mainstream media reporting excludes their community and often use stories of LGBTI people to increase market sales by focusing on negative aspects of the community. Among other recommendations the study suggested the expansion of the assessment to cover the experiences of LGBTI people in remote areas.





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# 'Inside-out':

Understanding Information Flows and Flaws of LGBTI Communities in Southern Zimbabwe

