

**Examination of LGBT people's
lived experiences and public
perceptions of sexual and
gender minorities in Rwanda**



HDI
HEALTH DEVELOPMENT INITIATIVE



African Population and
Health Research Center

Examination of LGBT people's lived experiences
and public perceptions of sexual and
gender minorities in Rwanda



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Research Team

APHRC	HDI	Tulane University
Dr Emmy Igonya Kageha Emmanuel Otukpa Dr Boniface Ayanbekongshie Ushie Dr Caroline Kabiru Nicholas Etyang Dr Anthony Ajayi Grace Kibunja Winnie Opondo	Dr Aflodis Kagaba Dr Cassien Havugimana Liliane Umwiza Twahirwa Louange Gentille Dusenge Christopher Sengoga Dr Vianney Nizeyimana	Dr Kristefer Stojanovski

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Table of Contents

Research Team	ii
List of Figures	v
List of Tables	v
Abbreviations and Acronyms	vi
Key definitions	01
Executive Summary	03
Objectives	06
Methodology	07
Study design	07
Study setting	07
Study population	07
Sample and sampling	07
Quantitative sampling	08
LGBT lived experiences survey	08
Public perceptions survey	08
Qualitative sampling	08
Focus group discussions (FGDs) and In-depth interviews (IDIs) with LGBT people	08
Key informant interviews (KIIs) with the general public	08
Data collection instruments	09
Quantitative instruments	09
LGBT lived experiences tool	09
General perception tool	09
Qualitative instruments	10
Data collection and management	10
Recruitment and training of research assistants	10
Pilot testing	10
Data collection	10
Data quality assurance	10
Data management	11
Data analysis	11
Ethical considerations	11

Findings	12
The lived experiences of LGBT people	12
Socio-demographic characteristics	12
Experiences of discrimination	15
Experiences of tolerance	18
Freedom of self-expression	18
Challenges accessing essential services	19
Acceptance and rejection	21
Experiences of domestic abuse	22
Self-rated mental health	22
Mental health (depressive symptoms) and drug use	22
Frequency of substance use among LGBT participants	23
Impact of COVID-19 on LGBT people	24
Access to basic services	24
Laws and policies	25
Awareness of LGBT rights and freedoms	25
Available support systems	26
Public perceptions survey	28
Socio-demographic characteristics	28
Awareness of human rights and laws concerning LGBT people	30
Community attitudes and perceptions towards LGBT people	31
Discrimination in different places	32
Respondents' attitudes towards LGBT individuals	34
Views on the choice to be LGBT	34
Views on same-sex relationships	35
Discrimination and violence against LGBT persons	36
Conclusion	38
Recommendations	39
References	40

List of Figures

Figure 1.	Districts where the study was conducted	08
Figure 2.	Opinions of respondents about which sexual orientation faces the most discrimination	15
Figure 3.	Sources of discrimination against LGBT people	18
Figure 4.	Freedom to express sexual orientation and gender identity	19
Figure 5.	Participants with depressive symptoms in the last two weeks	23
Figure 6.	Effects of government COVID-19-related measures	25
Figure 7.	Public awareness of LGBT human rights issues in Rwanda	30
Figure 8.	Awareness of laws that protect LGBT people	31
Figure 9.	State and community reactions to LGBT people	32
Figure 10.	Public perceptions of where LGBT people encounter discrimination	33
Figure 11.	Respondents' attitudes towards LGBT Rwandan individuals	34
Figure 12.	Public survey respondents' beliefs about homosexuality	35

List of Tables

Table 1.	Number of implemented qualitative interviews and discussions conducted in each district	09
Table 2.	Demographic details for the lived experiences survey	13
Table 3.	Areas where respondents experienced discrimination	16
Table 4.	Challenges in accessing services and associated factors	21
Table 5.	Substance use behaviors and types	24
Table 6.	Proportion of LGBT participants reporting difficulties in accessing basic services	25
Table 7.	Knowledge of government/NGO programs supporting LGBT rights	27
Table 8.	Socio-demographic characteristics of non-LGBT study participants	28
Table 9.	Views on school teaching about gay and lesbian sex and LGBT rights	36
Table 10.	Self-reported discriminatory actions against LGBT people	37

Abbreviations and Acronyms

APHRC	African Population and Health Research Center
CBOs	Community Based Organizations
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSO	Civil Society Organization
DME	Data Management and Evaluation
FGD	Focus Group Discussion
HDI	Health Development Initiative
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
KII	Key Informant Interview
LGBT	Lesbian, Gay, Bisexual and Transgender
NGO	Non-Governmental Organization
RDS	Respondent Driven Sampling
RNEC	Rwanda National Ethics Committee
SOGI	Sexual Orientation and Gender Identity
SQL	Structured Query Language
SRHR	Sexual and Reproductive Health and Rights
TRREE	Training and Resources in Research Ethics Evaluation
UN	United Nations
UNFPA	United Nations Population Fund

Key definitions

- **Asexuality:** An enduring absence of sexual attraction. People who are asexual often identify as “asexual”.
- **Bisexuality:** An enduring emotional, romantic, or sexual attraction to people of more than one gender. People who are bisexual often identify as “bisexual”.
- **Cisgender:** A person who identifies with the sex they were assigned at birth. Cisgender is the word for anyone who is not transgender.
- **Discrimination:** This refers to the act of treating someone differently. It is the prejudice directed towards anyone perceived as belonging to sexual or gender minorities who consequently are deprived of opportunities and access to services.
- **Gay:** Sexual orientation of a person who is emotionally, romantically, and/or sexually attracted to people of the same sex or gender. Also refers to a male whose primary and romantic attraction is towards other males.
- **Gender:** refers to the attitudes, feelings, and behaviors that a given culture associates with a person’s biological sex. Behavior that is compatible with cultural expectations is referred to as **gender-normative** while behaviors that are viewed as incompatible with these expectations constitute **gender non-conformity**.
- **Gender Diversity:** refers to the extent to which a person’s gender identity, role or expression differs from the cultural norms prescribed for people of a particular sex. This term is becoming more popular as a way to describe people without reference to a particular cultural norm.
- **Gender Expression:** This refers to the external characteristics and behaviors that are socially constructed within the culture as being either masculine or feminine. Characteristics and behaviors that constitute gender expression include clothing, chores, social interactions, mannerisms and hairstyles.
- **Gender Identity:** This is the internal sense of who we are, and how we see ourselves with regard to being a man, woman or somewhere in between or beyond these identities.
- **Gender-sensitive approach:** Laws, policies, programs or training modules that recognize that there are different gendered actors (women, men, girls, boys, transgender and gender-diverse individuals) within a society, that these individuals are constrained in different and often unequal ways and may therefore have different and sometimes conflicting perceptions, needs, interests and priorities.
- **Homophobia:** Discriminatory or prejudicial actions or ideas related to an individual’s actual or perceived sexual orientation.
- **Lesbian:** Sexual orientation of a female whose primary sexual and romantic attraction is toward other females.
- **Lesbophobia:** Discriminatory or prejudicial actions or ideas related to an actual or perceived female whose primary sexual and romantic attraction is toward other females.
- **Non-binary person:** Is a person identifying as either having a gender which is in-between or beyond the two categories of ‘man’ and ‘woman’. Such a person fluctuates between the categories of ‘man’ and ‘woman’, or is thought of as having no gender, either permanently or some of the time.
- **Sexual Orientation:** This refers to who an individual is physically, spiritually, emotionally, romantically and emotionally attracted to based on the other person’s sex, gender identity and gender expression in relation to the individual. Manifestation of sexual orientation is not correlated to gender identity or gender expression.

- **Transgender:** An umbrella term that refers to an individual whose gender identity is different from their sex assigned at birth. A transgender person usually adopts, or would prefer to adopt, a form of gender expression that is in consonance with their preferred gender.
- **Transphobia:** Discriminatory or prejudicial actions or ideas related to an individual's actual or perceived gender identity or gender expression.



Executive Summary

Despite the existence of laws and policies that protect human rights, sexual and gender minorities (lesbian, gay, bisexual, and transgender [LGBT] people) across sub-Saharan Africa (SSA) are socially excluded from full participation in society. While LGBT rights are gaining momentum and increasingly being highlighted in the global arena, several SSA countries have formulated punitive laws against sexual and gender minorities. However, Rwanda is one of the few African countries that has assented to international conventions and continental frameworks that protect the human rights of all citizens including LGBT populations. The country is a signatory to the 2011 United Nations statement condemning violence against LGBT people and has joined nine other African countries to support LGBT rights.

This report presents the results of a mixed-methods study conducted in Kigali and the southern provinces of Rwanda to explore the lived experiences of LGBT people and public perceptions of LGBT people. The study provides insights into the lived experiences of LGBT individuals in Rwanda, including the nature and type of exclusions they face, the factors that contribute to their social exclusion, and their well-being.

Setting and Methodology

We conducted the mixed-methods study in six districts within the capital Kigali and the southern province of Rwanda. The quantitative component included a survey of people who self-identified as LGBT and members of the public. We conducted in-depth interviews (IDIs) with LGBT leaders, focus group discussions (FGDs) with LGBT individuals, and key informant interviews (KIIs) for the lived experiences component. This triangulation of methods was helpful in gaining a deeper understanding of LGBT people's lived experiences and to provide insights on their social exclusion. We conducted KIIs with different stakeholders, including civil society organizations (CSOs), teachers, healthcare providers, security operatives, and local authorities. We also reviewed existing policies in the country. The study targeted individuals aged 18 years and older who provided informed consent to participate and could respond to questions in either English or Kinyarwanda.

Main Findings

Overall, we interviewed 499 LGBT individuals, broken down by location, that is, Kigali (55%), Huye (17%), Muhanga (15%), and Nyanza (12%). The average age of respondents' was 26 (± 5.7) years. Ninety-six percent of the LGBT participants had attended school, with 55% having vocational training as their highest level of education. About a third (34%) had been married. Most participants (64.5%) were unemployed while 19.2% were in regular employment, and 11% were self-employed. Thirty-nine percent identified as gender non-conforming, nearly a third (32%) were cisgender males and 11% were cisgender females.

Qualitative data findings demonstrated that LGBT people face discrimination, with participants agreeing that transgender and gay men experience it more frequently and intensely than lesbians and bisexual individuals. However, the quantitative data show that seven in ten lesbians (68%) experienced discrimination, which is nearly as high as transgender people (70%) but higher than gays (56%) and bisexuals (50%).

About two-thirds of the respondents had experienced at least one form of discrimination. Discriminatory experiences were most common when participating in religious (44.9%) and cultural (41.7%) events and when looking for housing (30%). However, some participants reported noticeable improvements in the treatment of LGBT individuals. LGBT respondents noted that they continue to face challenges in accessing basic services, such as health (47%), social services (54%), and food (64%). Nonetheless, respondents acknowledged government efforts to ensure equal opportunities and access to basic social services for all.

A majority (79.6%) of respondents in the public perception component were Christians. The public perception survey indicated discrimination was highest in health facilities (70%) and social protection/welfare (70%) service provision. Approximately two-thirds of respondents suggested that discrimination is prominent in places of worship (58%), places of work (62%), learning institutions (63%), homes (63%), communities (64%), and public spaces (63%). About three in four (74%) members of the public indicated that the sexual acts or gender expressions of LGBT people are ungodly while 49% felt that LGBT individuals were unnatural. Over half (50%) believed that homosexuality, bisexuality, and transgenderism result from too much freedom and liberty. One in three respondents in the general population perception survey indicated that they supported LGBT rights, 43% reported feeling positive towards LGBT people, and 32% supported LGBT rights.

Recommendations

1. Government and civil society organizations should conduct awareness campaigns among LGBT people to ensure that they know their human rights and legal protections available to them, as well as LGBT-related policies.
2. Government and civil society organizations should implement programs that raise community awareness about LGBT people and which foster acceptance of gender and sexual diversity through:
 - i. Community dialogues, which bring together LGBT and non-LGBT people for open discussions as these can be a viable pathway to creating awareness.
 - ii. Trained community leaders (e.g., religious leaders) who would facilitate such dialogue sessions. It would be essential to identify strategies that frame LGBT people's rights which resonate with the local citizenry when implementing such programs.
3. Government and civil society organizations should provide training on human rights to healthcare workers, law-enforcement officers, members of the media and education sectors, judges and lawyers. Such training would include the rights of LGBT people to access services.
4. Involve faith leaders in influencing community perceptions of LGBT people. It will be necessary to conduct awareness campaigns among faith leaders on the inclusion of LGBT people.
5. Advocate for, enact and implement comprehensive anti-discrimination legislation and policies that address all forms of direct and indirect discrimination including sexual orientation and gender identity. This should be supplemented with capacity strengthening of law enforcement officials to implement and monitor these laws and policies in an accountable manner.



Introduction

Despite the existence of laws and policies that protect human rights, sexual and gender minorities (lesbian, gay, bisexual, and transgender [LGBT] people) across sub-Saharan Africa (SSA) are socially excluded from full participation in society. While LGBT rights are gaining momentum and increasingly being highlighted in the global agenda, many SSA countries have formulated punitive laws against sexual and gender minorities.

Rwanda is one of the few African countries that has assented to international conventions and continental frameworks that protect the human rights of LGBT people (1, 2). For example, Rwanda signed the United Nations statement condemning violence against LGBT people in 2011 and joined nine other African countries to support LGBT rights (3).

Following an inquiry from the international human rights community and Rwanda's civil society organizations (CSOs) in 2009, the Government of Rwanda opened debates on decriminalization of specific areas of sexual and reproductive health and rights (SRHR), including same-sex sexual relationships and adolescent sexual and reproductive health (4, 5). Rwanda's civil society organized into a consortium in 2009 and started an advocacy campaign to revise the penal code and decriminalize same-sex relationships. The decade-long civil society advocacy efforts culminated in the 2018 revised penal code, which completely removed articles criminalizing same-sex relationships (6).

The 2003 Constitution of Rwanda (revised in 2015) protects all citizens against discrimination based on any form of difference (7). Article 16 of the Constitution indicates that all Rwandans are born and remain equal in terms of rights and freedom from discrimination (7). Generally, some sectors in Rwanda have done a great job addressing LGBT issues, while others still lag behind. For example, the country's health sector has made efforts to improve the health and rights of everyone, including LGBT individuals, by increasing access to affordable and equitable services, particularly SRHR services for adolescents and young people in Rwanda (8). Rwanda ratified various international and regional human rights laws and policies relevant to sexual and reproductive health (SRH) such as the Convention on the Rights of the Child, the International Covenant of Economic, Social and Cultural Rights, and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (9). Rwanda also ratified the African Charter on Human and Peoples' Rights (10), the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, known as the Maputo Protocol (11), and the African Youth Charter (1).

However, LGBT people continue to face discrimination and arbitrary arrests based on individual and communal moral and cultural convictions (6). In 2016, the president of Rwanda delivered an address stating that living as an LGBT citizen in Rwanda "...hasn't been our problem, and we don't intend to make it our problem" (12). His statement has been interpreted in different ways by those favoring and opposed to LGBT rights (13). Nonetheless, the literature points to evidence that same-sex relationships were present even in the pre-colonial Kingdom of Rwanda dating from the 15th century, through the colonial years to independence in 1962 (14, 15).

The ambiguity on the legality of same-sex relations opens LGBT people's rights to contestation (16). Sexual orientation remains a taboo subject. In 2017, a prominent female television journalist's public proposal to a longtime female partner stirred debate about same-sex relations which eventually turned hostile (17). The Rwandan law does not criminalize LGBT people, however, their rights are open to interpretation based on the moral inclinations of members of the public and those in positions of power. This compromises their full access to rights, including health and other fundamental needs.

Given the prevailing interpretation of the rights of LGBT people in Rwanda, it is important to understand their everyday lived realities and experiences in the country. For example, how and where do LGBT persons experience social exclusion? How do institutional and societal structures enable individual and collective practices of inclusion/exclusion? How is social exclusion devised and practiced at the structural, social, and individual levels? Some studies have attempted to explore the experiences of individuals with diverse sexual orientations and gender identities (SOGI) but have primarily focused on HIV among men who have sex with men (18-21).

We examined the lived experiences of LGBT people and the public's acceptance and perceptions of LGBT people. We provide insights into the current situation for LGBT people in Rwanda, including an examination of the factors contributing to their social exclusion. We also explored the nature and forms of social exclusion for LGBT people, including daily experiences of stigma, discrimination, and human rights abuses. In addition, we examined public perceptions on the well-being of and the legal context for LGBT people in Rwanda.

Objectives

The objectives of the study were to:

- Examine LGBT people's experiences with policies and public discourse on sexual and gender minority issues;
- Explore social, educational, security and economic experiences of LGBT people and the implications of these experiences on their mental well-being;
- Assess LGBT people's access to social welfare and comprehensive healthcare services;
- Explore LGBT people's experiences managing their sexual and gender identities within the legal, social, and cultural norms of Rwanda;
- Capture the impact of COVID-19 and related response measures on the LGBT community;
- Assess the general public's knowledge and perception of the rights and acceptability of LGBT Rwandans.



Methodology

Study design

We conducted a mixed-methods study to examine the lived experiences of LGBT people and societal perceptions of LGBT people. We conducted two cross-sectional quantitative surveys: the lived experience survey of people self-identifying as LGBT and a general perception survey among members of the public. We also conducted qualitative in-depth interviews (IDIs) and focus group discussions (FGDs) with LGBT people to understand their issues, specifically concerning social exclusion and discrimination. Finally, we conducted key informant interviews (KIIs) with non-LGBT individuals.

Study setting

We conducted the study in six districts: Gasabo, Kicukiro, and Nyarugenge districts in Kigali city province, and the districts of Muhanga, Nyanza, and Huye in the Southern Province (Figure 1). The Southern Province is the center of Rwandan culture. For example, Nyanza is home to the King's palace museum, while Huye is home to the historic museum (22). Moreover, Huye is home to the University of Rwanda, the most prominent university in Rwanda, with more than 11,000 students.

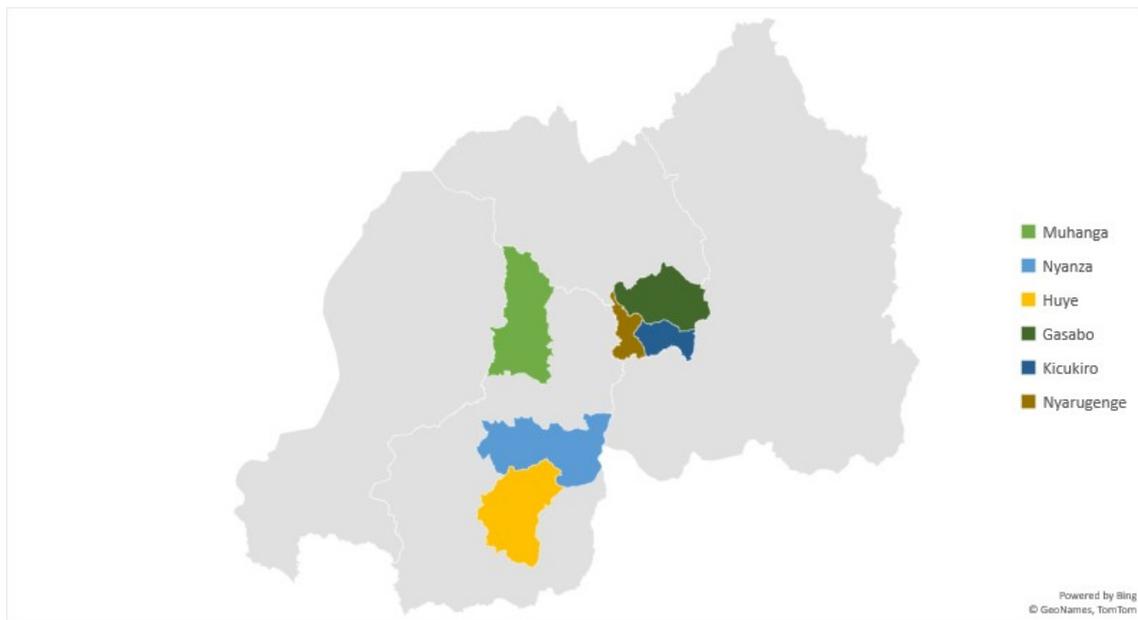


Figure 1: Districts where the study was conducted

Study population

The inclusion criteria for the public perception survey included being 18 years or older, consent to participate, and capacity to answer questions either in English or Kinyarwanda. Participants for the lived experiences survey, IDIs, and FGDs had to self-identify as LGBT persons. For the key informant interviews, we targeted various stakeholders who have some influence on the LGBT community, namely, police officers, small business owners, teachers, healthcare providers, religious leaders, cultural leaders and influencers, and civil servants. These key informants did not identify as LGBT.

Sample and sampling

Quantitative sampling

LGBT lived experiences survey

We calculated a minimum sample of 495 LGBT participants (23) using the Cochran formula for calculating a sample for proportions from an unknown population. To improve the precision of the estimate, we used a 95% confidence interval. We adopted a respondent-driven sampling (RDS) approach to reach LGBT people. The RDS method is useful for hard-to-reach populations, especially those experiencing stigma (24). We initially identified four seed respondents through LGBT community-based organizations (CBOs) in the Health Development Initiative's (HDI) network in each surveyed district. These seeds initiated a chain of recruitment of their peers. We gave the seeds six coupons to refer peers (participants received transport reimbursement as they met interviewers at a location different from their usual places of residence). We offered each participant the opportunity to refer six members of their network. We selected seeds depending on their social connections and status within the LGBT community. Each study coupon had a unique, non-replicable recruitment number to identify peer networks that fit the inclusion criteria and was color-coded to the specific regions.

Public perceptions survey

We estimated that a sample of 1,111 participants was sufficient to provide insights into the mindset of the average Rwandan towards LGBT people. We used a similar sampling strategy to calculate the sample size, but this time from a known population. To recruit participants, the team mapped and utilized places where people tend to congregate in large numbers, such as markets, construction sites, and places of worship. In Huye, we recruited respondents at Huye Center Market, Huye Commercial Business Center, University of Rwanda main campus, including a construction site in the university, Rango Market, and Huye Bus Station. In Muhanga, participants were drawn from the Bwiza Market, Muhanga Bus Station, and Muhanga Modern Market. In Nyanza, respondents were recruited at Nyanza Bus Station and Haji Enterprise. In Kigali City, respondents were selected from the central market, Ziniya Market, Nyanza (a sector in Kicukiro District) Market, Remera Bus Park, Kabeza Market, Nyanza Bus Station in Kicukiro, Nyarugenge Market, bus station and places of worship, Nyamirambo Market and Bus Station, Nyabugogo Market and Bus Station, Kimironko Market, Kabuga Market, Gisimenti Trading Center, Kibagabaga Market, Batsinda Market, Gatsata Market, and Remera Bus Station.

Qualitative sampling

Focus group discussions (FGDs) and In-depth interviews (IDIs) with LGBT people

We used snowball sampling to identify LGBT people for the IDIs and FGDs. LGBT people who had concerns about their confidentiality in FGDs participated in the IDIs. We used the snowball approach to identify discussants for the FGDs and grouped them according to age group, biological sex, and socio-economic class to create homogeneous groups. The number of participants was determined by data saturation (i.e., uncovering repetitive themes, ideas, and opinions).

Key informant interviews (KIs) with the general public

For the KIs, we used purposive sampling to select participants from the general population based on their sphere of influence on the LGBT community. The KIs continued until we reached data saturation. Table 1 shows the qualitative sample breakdown.

Table 1 : Number of implemented qualitative interviews and discussions conducted in each district

	District	IDIs	FGDs	KIs
Number per location	Huye	-	10 in G, B, T group 10 in L, B, T group	4
	Nyanza	-	9 in G, B, T group	4
	Muhanga	-	10 in L, B, T group	4
	Kigali	6	10 in L, B, T group 10 in L, B, T group	4
Total number of interviews/discussions		6	6 FGDs (59 participants)	16

*Numbers here represent individuals in each FGD

Data collection instruments

Quantitative instruments

LGBT lived experiences tool

The LGBT lived experiences instrument included questions examining the different dimensions of LGBT people's everyday lives. We adapted the LGBT lived experiences questionnaire from the Survey on the lived experience of the LGBT community in South Africa (25). The survey domains included demographic characteristics, views, and experiences on the political and legal environment, nature and magnitude of discrimination, public tolerance, family dynamics, challenges about health, substance use, and the impact of COVID-19. Additionally, the survey explored discrimination in access to essential services, unfair treatment at work, eviction from places of residence, denial of rights to participate in social and religious events, harassment, violence, economic security, and mental health issues.

General perception tool

The general perception survey examined societal and cultural attitudes towards the LGBT community and citizens. We adapted it from the EU fundamental rights agency 2012 LGBT survey and the Progressive prudes' survey of attitudes towards homosexuality and gender non-conformity in South Africa 2016 (25, 26). The questionnaire included socio-demographic characteristics, LGBT awareness, and self-reported actions against LGBT individuals. In addition, we asked respondents to share their experiences regarding LGBT people in Rwanda.

Qualitative instruments

We developed three qualitative guides for FGDs, KIIs, and IDIs. The goal of the focus group discussions was to explore the lived experiences of LGBT Rwandans. The FGD guides assessed cultural and societal attitudes toward LGBT people, knowledge of legal protections against discrimination, lived experiences in everyday life, and their service and program needs. We also covered the impact of the COVID-19 pandemic on the LGBT community.

The KII guides with non-LGBT participants probed on topics related to society's perception of LGBT people, interactions with LGBT people, awareness of LGBT-related politics and policies, and the impacts of the COVID-19 pandemic.

Both the FGDs and the IDIs were conducted after the quantitative data collection, with the FGDs preceding the IDIs. We added additional probes to the focus group and interview guides to capture particularly unique issues as the qualitative and quantitative data were being collected and analyzed.



Data collection and management

Recruitment and training of research assistants

We recruited data collectors from within the LGBT community and provided extensive training focusing on quantitative and qualitative interviewing skills and Android-based devices for quantitative interviewing. Additionally, all research assistants took an online research ethics course provided by Training and Resources in Research Ethics Evaluation (TRREE).

Pilot testing

The instruments were piloted before full research implementation. We conducted 22 lived experiences and 29 general perception surveys, and four qualitative interviews as part of the pilot study. The pilot study unearthed many issues, such as the refusal to sign consent forms. Furthermore, the public perception survey participants expressed vile opinions towards members of the LGBT community, causing fear among field workers who themselves were LGBT. Other issues revolved around questions that were either unclear or repeated and redundant, as well as wrongly translated questions that altered the intended meaning. These issues were unpacked and addressed during a debrief meeting before mobilizing for data collection.

Data collection

Research assistants interviewed respondents in a private space, where participants were comfortable expressing themselves. We collected all quantitative data electronically using the SurveyCTO platform, facilitating real-time review and quality checks. We performed a preliminary analysis of the quantitative data to identify gaps for further exploration through qualitative interviews. Through the KIs, we collected data from non-LGBT participants to gain information that would complement the general public perception and the LGBT lived experience surveys. Furthermore, we carried out FGDs and IDIs with LGBT community members for in-depth insights into the lived experiences of LGBT people. All qualitative interviews and discussions were audio-recorded after obtaining consent from the respondents. Data collectors took notes and documented non-verbal cues to provide context for transcripts. Transcription of qualitative data incorporated important linguistic and cultural nuances for interpretation.

Data quality assurance

The principal investigator and co-investigators closely monitored data collection and implemented spot-checks on 5% of the sample to verify data accuracy. In addition, the research team held weekly meetings to address quality and performance issues. Deviations from the protocol were promptly addressed.

Data management

APHRC's Data, Measurement, and Evaluation (DME) Unit was responsible for the overall data processing and management. For the quantitative components, the DME unit designed the data entry screen and provided troubleshooting support in the field, conducted the extraction of data to a central data storage system (SQL Server), and the scheduled backup and archiving of the data. The collected data was sent daily from Rwanda to APHRC's server. The data was transferred to Stata for further cleaning.

All audio-recorded qualitative interviews and discussions conducted in Kinyarwanda were translated and transcribed into English by bilingual transcribers. Interviews conducted in English were transcribed verbatim. To ensure the accuracy of transcription, we compared the transcripts of a selected number of interviews with the original recordings.

Data analysis

We used descriptive statistics to summarize the quantitative data, including describing respondents' characteristics (e.g., gender identity and sexual orientation), LGBT people's awareness of their constitutional rights and opinions, experiences of perceived or actual discrimination due to SOGI. We also used cross-tabulations to compare results by province and other selected features.

Two researchers independently coded qualitative interviews. We developed a codebook using both inductive and deductive approaches, using the study objectives as the starting point and expanding as we read and reread the transcripts to incorporate saturated themes that we did not have included in the interview guides. In developing the codebook, transcripts were read for familiarity and followed by a more reflexive and critical reading. We grouped the data into themes directly related to the study objectives. We compared the codes generated by the two researchers and grouped the final codes into themes. One of the co-investigators assisted with code development.

Ethical considerations

The Rwanda National Ethics Committee approved the study (No. 117/RNEC/2021). The study protocol was first reviewed and approved by the APHRC Internal Ethics Review Committee.

The study teams were trained and observed the ethical principles to protect human participants in research, including confidentiality, privacy, and participant autonomy. All persons who agreed to participate in the study gave informed consent. The study team anonymized all data, assigning participants unique identifiers to protect their identities. Participants received transport reimbursement.



Findings

We divided the results section into: (1) the lived experiences of LGBT people, and; (2) the public perceptions survey.

The lived experiences of LGBT people

Socio-demographic characteristics

A total of 499 LGBT individuals responded to the survey, broken down by location as follows: Kigali (55%), Huye (17%), Muhanga (15%), and Nyanza (12%). The average age of the LGBT participants was 26 (± 5.7) years. Ninety-six percent of respondents had attended school, with 55% having vocational training as their highest level of education. A third (34%) had been married. Most participants (64.5%) were unemployed while 19.2% were in formal employment, and 11% were self-employed.

The demographic details reveal diverse SOGI groups. Table 2 shows that 62.5% identified as gay, 23.8% as bisexual, and 13.4% as heterosexual. Thirty-nine percent identified as gender non-conforming and close to a third (32%) stated they were cisgender males. Cisgender females constituted 11% of the sample.

Table 2 : Demographic details for the lived experiences survey

Selected socio-demographics	Number	Percent (%)
Biological sex		
Male	355	71.1
Female	129	25.9
Chose not to disclose	15	3.0

Gender identity		
Gender non-conforming	194	38.9
Cisgender male	161	32.3
Cisgender female	55	11.0
Transgender	71	14.2
Preferred not to answer	18	3.6
Sexual orientation		
Heterosexual	67	13.4
Same-sex	312	62.5
Bisexual	119	23.8
Asexual	1	0.2
Age group		
18 - 24 years	222	44.5
25 - 49 years	277	55.5
Place of residence		
Urban	419	84.0
Rural	56	11.2
Peri-urban	24	4.8
District		
Muhanga	77	15.4
Nyanza	58	11.6
Huye	87	17.4
Nyarugenge	156	31.3
Kicukiro	83	16.6
Gasabo		
38	7.6	
Employment status		
Unemployed	348	69.7
Employed/Self Employed	151	30.2
Highest educational attainment		
Informal apprentice	4	0.8
Primary	128	26.8
Secondary/vocational	323	67.6
Post-secondary	23	4.8
Never attended school	21	4.21
Relationship status		
Ever married	178	33.7
Never married	321	64.3
Total	499	100.00

Discrimination, tolerance, and acceptance of the LGBT persons

Homophobia, transphobia, and lesbophobia are lived realities. Qualitative data showed that LGBT people were marginalized. However, some participants noted greater acceptance of LGBT people in recent years. However, participants explained that Rwanda still has a long way to go in terms of acceptance of LGBT people:

"[...] For starters, they [LGBT persons] are not accepted in the general community. Our culture is still not welcoming of them...But this is something that we are working on, trying to get communities to become more understanding.. [...] Compared to how things were a few years back, we can say that things now are better than before. But we still have a long way to go before we are at a decent place concerning LGBT rights. [...] Now, they are taken as seriously as everyone else" (KII, Civil Society, Kigali).

Experiences of discrimination

All LGBT people face discrimination. However, quantitative data revealed a higher proportion of intersex (70%), bisexual (67.5%), and lesbian (56%) people experience it more than gay (49.5%) and transgender (41.5%) individuals.

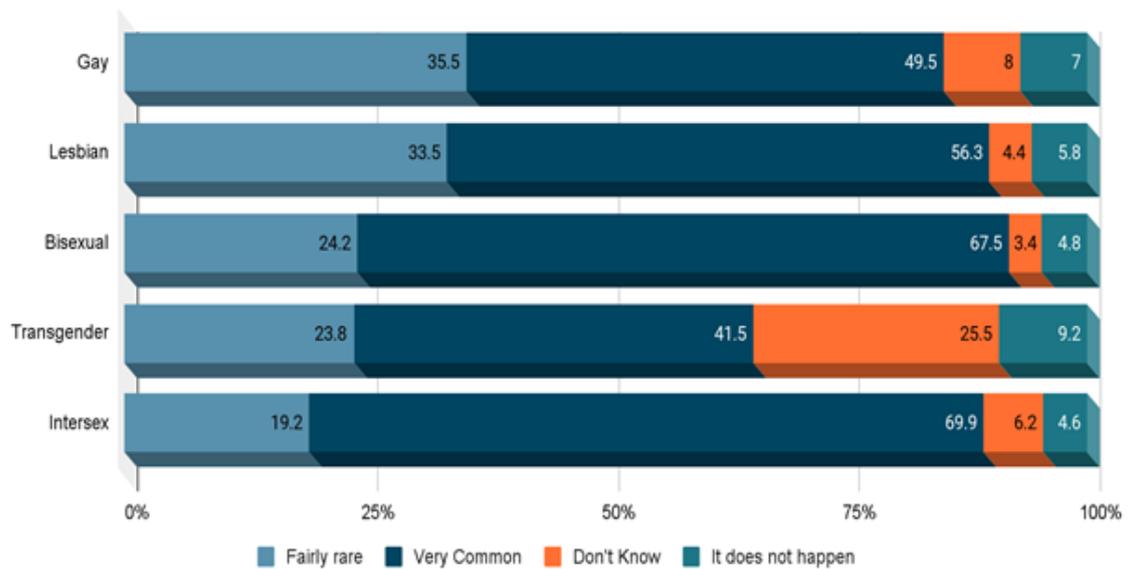


Figure 2: Opinions of respondents about which sexual orientation faces the most discrimination

There were divergent views among LGBT people about the experience of discrimination across the spectrum of sexual orientations. The qualitative interviews indicated a belief that gay, transgender, and bisexual men face greater discrimination in comparison to lesbians:

“I think that being transgender or gay leads to mistreatment. For instance, as a bisexual man, it has been my experience that girls tend to like me until they realize that I am also attracted to men. I have broken up with many girls over this fact, and they then went around telling everyone that I liked men and spreading vile rumors about me. People have not yet normalized the existence of LGBTQ+ people” (GBT, FGD, Kigali).

“[...] I think it depends on people’s appearance. I think gay men are more discriminated against than lesbians because they are more easily identified. Lesbians are less likely to identify as lesbians unless one personally knows their sexual orientation. For instance, if a girl kisses another girl on the cheek, it is taken as a normal thing, but if a guy does the same thing, it would be a completely different story” (LBT, FGD, Kigali).

However, other focus group participants insisted that lesbians equally face discrimination when their identity is known:

“There is no difference between them [lesbians] and us [gay men]. They are called bad names and criticized in the same way we are. There is no difference between how society perceives them and us” (GBT, FGD Kigali).

Table 3 shows that two-thirds of the respondents had experienced at least one form of discrimination, but this experience was more common when participating in religious (44.9%) and cultural (41.7%) events and when looking for housing (30%). One in four (25%) respondents indicated that they had experienced discrimination in education, healthcare, safety, security and social protection.

Table 3 : Areas where respondents experienced discrimination

Areas respondents’ experienced discrimination	Number (n)	Percent (%)
Never experienced discrimination	162	32.5
Housing	152	30.5
Safety and security	119	23.8
Education	118	23
Healthcare access	113	22.6
Employment	101	20.2
Social protection	87	17.4
When participating in cultural events	182	41.7
When expressing religious beliefs	224	44.9
Others	34	6.8

Multiple responses allowed

Qualitative data revealed discrimination within families, the general community, places of worship, health facilities, places of employment and by landlords. A dominant theme from the IDIs and FGDs was discrimination in restaurants:

"[...] when you go out for coffee where they know that you are gay, you may not be given a table, and when you go with friends, they tell them to be careful" (GBT, FGD Nyanza).

Participants in FGDs and IDIs said house owners [landlords] refuse to let houses to them due to their sexual orientation:

"I think if you are [gay] 'girlie', landlords won't rent you their property. Some may think twice before allowing you to rent it" (IDI 46 years-old, sales associate, Kigali).

A middle-income gay man narrated his disbelief when his landlord suddenly evicted him because the landlord suspected him of being gay:

"He [landlord] told me that for the time I have rented his house he has never seen a lady visitor [come] to my house [shakes his head in disbelief]. He kicked me out. I paid my rent on time. I was never in arrears. Why would someone be watching who comes to my place, and why would he be interested in ladies visiting me?" (IDI, 35 years-old, Chef, Kigali).

LGBT participants also reported discrimination in employment. According to LGBT participants, discrimination happens both at the time of recruitment and while on the job. For example, gay people or those suspected of being gay would miss out on promotions. In one of the FGDs, a gay participant shared how a friend always missed promotion, which he linked to his gay identity:

"His colleagues were promoted, and he was not. Funny enough, his colleagues frequently ask him whether he has a wife and children. What do you think they are implying? Obviously, they suspected he was gay and thought this could be why he was not promoted" (GBT, FGD, Kigali)

Figure 3 shows widespread discrimination from individuals (85.2%) in the community. Nearly one in five LGBT participants had experienced discrimination from public institutions. Over one in five (23.6%) LGBT participants indicated that discrimination emanates from NGOs and private institutions. These findings align with qualitative data as discussants in an FGD noted that:

"You find that our discrimination comes from individuals, not the government" (GBT, FGD, Nyanza).

Qualitative data reveals that LGBT people experience stigma and discrimination during religious activities and in religious spaces. For example, some participants noted that Islam is more stigmatizing and discriminating than Christianity with Muslims being especially discriminatory against transgender women:

Qualitative data reveals that LGBT people experience stigma and discrimination during religious activities and in religious spaces. For example, some participants noted that Islam is more stigmatizing and discriminating than Christianity with Muslims being especially discriminatory against transgender women:

“I am a Muslim by faith, but now I can’t go to the mosque because I would get discriminated against. I can’t even show up in female outfits or even display my female mannerisms in public for fear of the reaction from my Muslim brothers and sisters. I won’t be allowed to go inside the mosque dressed the way I’m dressed now (points to her female garb)” (GBT, FGD Kigali).

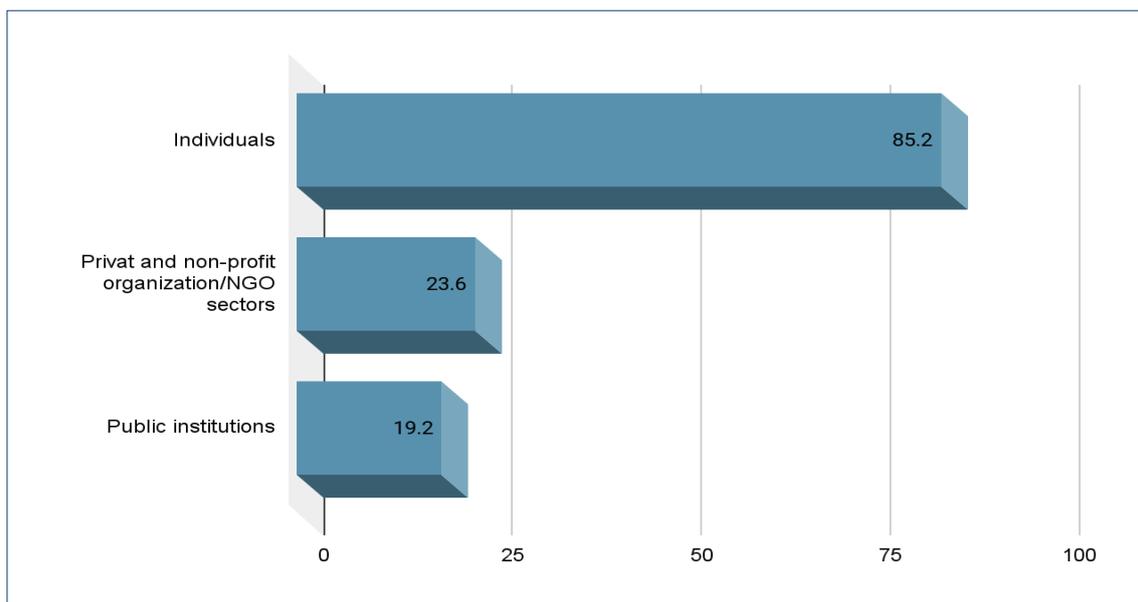


Figure 3: Sources of discrimination against LGBT people

When asked about the sources of discrimination, participants in FGDs, IDIs, and KIs cited culture and religion. Typically, people invoke religion and culture when acting in discriminatory ways against LGBT people, such as denying their existence in saying that ‘religion and culture do not allow transgenderism or homosexuality.’ The discriminatory treatment also emanates from the family, as one interviewer noted:

“[...] I know that my family already counts me as a loss because they know it already, but they simply cannot talk about it. For instance, they don’t give me the same opportunities or even treat me the same as everyone. It is common to spend three to four months without hearing from my family. It is a big family... sometimes, I wonder whether no one misses me” (IDI, 46 years-old, sales associate, Kigali).

Experiences of tolerance

The survey also investigated tolerance towards LGBT people when they interact or seek services from public or private institutions and NGOs. The majority reported fair treatment in either public (75%) or private institutions (81%). However, tolerance levels depended on the context and whether a person was lesbian, gay, bisexual, or transgender, and knowledge of their sexual orientation or gender identity. For example, an interviewee said, “[...] our society simply does not allow transgenderism.” Further, some participants felt that LGBT people receive fair treatment as individuals but not when they show up as a couple:

“In Rwanda, whether you are trans, gay, lesbian, etc... There is no single service you can’t get except when you come out as a couple: that they can’t tolerate” (LBT, FGD, Kigali).

Freedom of self-expression

When asked whether the government is doing enough to guarantee the rights and freedoms of LGBT people, the majority (63%) said that the government is not doing enough. The qualitative data captured this sentiment:

“It would make a big difference if the government took a clear stand on it [LGBT]. But, as long as the government doesn’t open up about it, there is no way that Rwandans will understand or accept it” (IDI, 46 years-old, sales associate, Kigali).

Given the discrimination, and government stance, about three in five (67.5%) of the participants reported feeling mistreated and discriminated against whenever they expressed their sexual orientation. Figure 4 below shows a similar proportion reported that they experienced some bias and discrimination (71.1% and 73.1%).

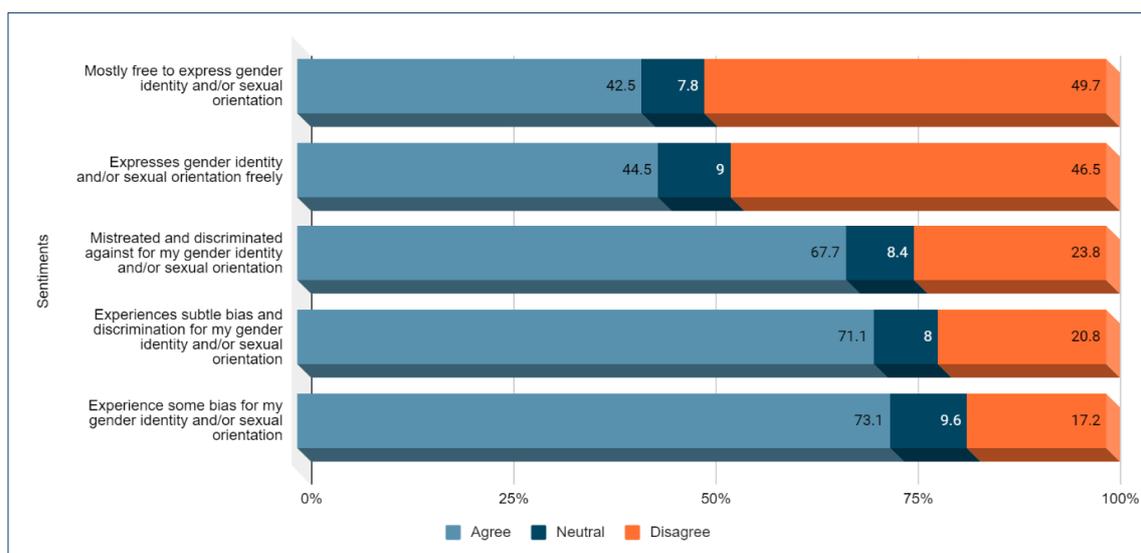


Figure 4: Freedom to express sexual orientation and gender identity

Qualitative data reveal a fear among LGBT people of self-expression and coming out of the closet. Stigma and violence hinder disclosure, including freely expressing their sexual and gender identities. Discussants in an FGD session held that society discriminates against them once they disclose their gender identity or sexual orientation. They noted that “at school, when boys or even girls know that you're gay, they won't sit with you.” As a result, some LGBT people hid their sexual and gender identity from their families, educational institutions, and the larger community to avoid stigma and discrimination. As one participant noted, “I never opened up to anyone even at school but I knew it all along”. Those who had never experienced stigma and violence in the society also indicated that they ‘kept to themselves’ to avoid stigma.

Participants in a focus group discussed the negative treatment that LGBT people face when their sexual and gender identity is known. For example, in one FGD session, participants discussed how a mother instigated the police to lock a son in jail to “change” his gay sexual orientation.

Challenges accessing essential services

The survey sought to identify the challenges LGBT people in Rwanda face when seeking essential services. Access to healthcare, financial, food and social services presented challenges to LGBT participants. Approximately half of the survey participants experienced challenges while accessing healthcare services (47%), financial services (43%), and social services (54%). More than half (64%) experienced challenges while accessing food services.

While key informants acknowledged government efforts in providing opportunities to LGBT people to access healthcare through HIV interventions, LGBT participants reported challenges in accessing healthcare. Money for treatment (63%), concerns about healthcare provider treatment (53%), and distance to the health facility (46%) are some of the reasons that prevent them from accessing healthcare services (see Table 4). Moreover, the qualitative data emphasized the quality of care as a concern while accessing health services:

“I have heard of kids who were paraded from provider to provider, including medical students, to observe what the anal cauliflower infection looks like. This was done without their consent. Just imagine how embarrassing that was. Even if they got the care and treatment, of what quality was it?” (IDI-VIP, 46-year-old, sales associate Kigali).

Key informants revealed that healthcare providers' attitude towards LGBT people in Rwanda inhibits healthcare access. Further, they believed that religion and culture influence healthcare providers' attitudes towards LGBT people, as a participant aptly stated:

“Many healthcare providers, as you know, are first members of the Rwandan society, which means that they are influenced by the culture, and religious beliefs. As a matter of fact, most health centers are faith-based” (IDI, 46-year-old, sales associate, Kigali).

As a result of the poor quality of care, many LGBT people fear seeking care, specifically when they contract sexually transmitted infections. The fear is because of accidental disclosure of one's sexual orientation, as an FGD discussant noted:

“Also, we face the consequences of sexually transmitted diseases because some hospitals cannot deal with us. Personally, the issue that I would like to prioritize is that when you get a problem such as a sexually transmitted infection and go to the hospital, they will treat you as if you are crazy and give you service after making you wait for everyone to go home” (GBT, FGD, Nyanza).

In addition, participants reported that they do not seek healthcare services for fear that healthcare providers might disclose their gender identity or sexual orientation to their families:

“I don’t go to the hospital here because my wife may discover my life. No one keeps a secret, and I cannot risk it” (GBT, FGD, Nyanza).

It is important to note that most of the healthcare facilities in Rwanda are government or faith-based. This context may influence healthcare providers’ attitudes towards LGBT people in the country.

Table 4 : Challenges in accessing services and associated factors*

Services with access challenges	Number	Percent (%)
Health services	236	47.3
Financial services	214	42.9
Social services	271	54.3
Food services	320	64.1
Other services	62	12.4
Factors implicated in healthcare access		
Money for treatment	313	62.7
Distance to facility	230	46.1
Taking transport	247	49.5
Concerns about treatment by healthcare provider	262	52.5
Concerns about availability of healthcare provider	172	34.5
Concerns about availability of drugs/medicines	179	35.9
Other concerns	27	5.4

Multiple responses allowed

Acceptance and rejection

Disclosure of sexual orientation and gender identity to family and members of their social circles is a daunting experience for LGBT people. In this study, 45% and 10% say they are yet to make the disclosure to family members and other people in their social circles, respectively. Non-disclosure emanates from the fear of the consequences. Among those who disclosed their status, 15% experienced rejection from their families and 11% from social acquaintances. Family members were almost three times less accepting of LGBT people than other social acquaintances.

Focus group discussion participants said their families viewed same-sex orientation as either sinful or “un-Rwandan”. Participants noted that their families consider diverse SOGI as a learned behavior that deviates from religious and societal norms and can therefore be deliberately unlearned. For example, an FGD participant said, “our neighbors and the Rwandan society at large [...] call us stupid, crazy, and cursed, yet they do not know that we are normal and love who we are and what we do. Our neighbors sometimes report us to local leaders, and sometimes the leaders are not as nosy as our neighbors, but that element of shame is still there”. Some families pray daily for their members who are LGBT, hoping to transition them to ‘normalcy’, as one respondent mentioned:

“Most families will not really accept you. They might pretend, but all they do is make you the topic of prayer every night. That makes more people in the family aware, which is very uncomfortable” (GBT, FGD, Nyanza).

Furthermore, participants narrated that families often subject their LGBT members to harsh and potentially harmful disciplinary measures to correct the ‘deviant’ behaviors, as one respondent stated:

“I know of a gay boy a few years ago in the city; this boy was detained at the request of his parents. They asked the police to come up with a reason to lock him until he came back to his senses” (GBT, FGD Nyanza).

Levels of acceptance seem to differ depending on the setting or region, with urban areas tending to be more accepting than rural areas. An interviewee described it thus:

“I would also say that it depends on where you live. Urban areas are more accepting of everyone, and they are likely to treat everyone equally. I have lived in both areas. I can say that in my experience when information like that leaks then people will say that you have a demon, and even though they will talk about you behind your back at least you will not get people coming to pray for you all the time like in the village” (IDI, 23-year-old, Muhanga).

Participants also described a lack of acceptance in family and social circles and connected it socio-economic situations, with affluent or financially independent people less affected. One participant stated:

“Luckily, I have a job and my own life but the exclusion from society and family is sad” (IDI, 46 years-old, sales associate, Kigali).

Experiences of domestic abuse

Survey participants were asked whether they had faced any type of abuse, and to describe the manifestation of the abuse. Close to two-thirds (66%) of respondents in the quantitative component reported having experienced psychological abuse, while 10% had experienced physical abuse.

Some of the common forms of abuse included name-calling, taunting, isolation from others and being associated with the devil. In a GBT discussion session, participants said, “They call us cursed, rejected, crazy, demons, mentally ill ... They say we are cursed by Satan”.

The qualitative data also revealed that domestic abuse stems from non-acceptance and intolerance among family members. Participants explained that such abuses escalated during the COVID-19 lockdown as pandemic-related challenges forced some LGBT people to move in with their families:

“During the pandemic, I’m pretty sure there were some of us who went back to live with our families as they could not afford to live alone anymore. Families that have not yet accepted us but we had to be patient despite the insults and abuses from them since there was no other choice” (GBT, FGD, Kigali).

Participants reported that domestic abuse has significant psychological consequences on LGBT individuals including self-stigmatization, self-doubt, bitterness towards self and others, and thoughts of self-harm and suicide:

“[...] But the biggest impact, really, is on mental health. Hearing those taunts over and over might push a person to commit suicide or harm themselves” (GBT, FGD, Kigali).

Self-rated mental health

We asked LGBT people to rate their mental health on a 10-point scale, ranging from poor (1-3), moderate (5-6), to good (7-10). Approximately two in five (41%) respondents rated their mental health as moderate and 31% as poor. Only 18% of the participants rated their mental health as good.

Mental health (depressive symptoms) and drug use

In terms of depressive symptoms, we used the Patient Health Questionnaire (PHQ-9) a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.. Respondents rated how often they experienced nine symptoms over the last two weeks. We created five categories from the emerging composite score namely, none (0-4), mild (5-9), moderate (10-14), moderately severe (15-19), and severe (20-27) depressive symptoms. Approximately a quarter (24%) of respondents reported moderate to severe depressive symptoms (Figure 5).

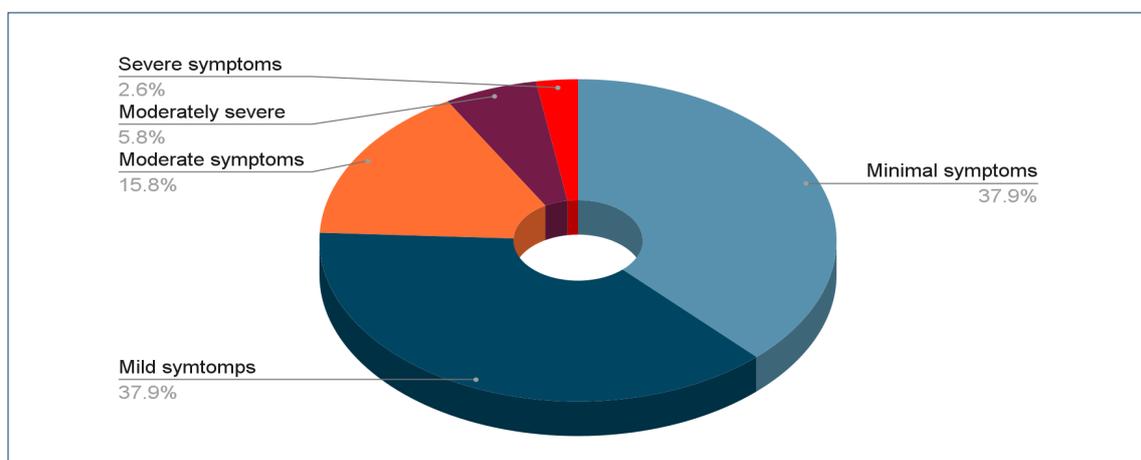


Figure 5: Participants with depressive symptoms in the last two weeks

Qualitative data confirms that mental health challenges are high among LGBT people in Rwanda because of societal discrimination and pressure:

“It may lead to self-hatred or even hating people around you because you keep thinking that you are different. You think a lot about why you were born like that; why did this happen to me? It becomes a problem even to yourself because of the people around you, their criticisms of your character, and the way they look at you when you pass by” (GBT, FGD, Kigali).

Frequency of substance use among LGBT participants

While most respondents reported that they do not use substances (79%), 14% said they use marijuana (Table 5). In the qualitative interviews, LGBT participants explained that substance use is a consequence of psychological abuse:

“The things they say about us destroy us. And this leads to unplanned drug abuse. We use weed to help us forget about it all” (GBT, FGD, Kigali).

Table 5 : Substance use behaviors and types

Drugs	Number	PerCent (%)
None	395	79.2
Weed	68	13.6
Tobacco	28	5.6
Other	26	5.2
HerOine	8	1.6
Cocaine	3	0.6
Khat	3	0.6

Although participants in rural and peri-urban areas rarely mentioned substance use, some indicated that it was mainly an issue during adolescence due to feelings of abandonment by family and friends, loneliness, and lack of adequate coping mechanisms:

“The perceptions are damaging, and as such, we hide, lose families and friends and live in isolation to protect ourselves. But, sooner or later, we learn to cope. When the dangerous age is over, you are safe. You see, in adolescence, one may resort to drugs due to poor coping, and by the time they find a partner, the damage is already done.” (IDI, 46 years-old, sales associate, Kigali).

Impact of COVID-19 on LGBT people

Sixty-one percent of LGBT respondents reported difficulties accessing essential services during the COVID-19 lockdowns, and 89% reported adverse effects on their income. However, 82% were in support of the COVID-19 containment measures.

Access to basic services

When asked how COVID-19 impacted access to basic services, on average half of the participants reported experiencing difficulties in accessing health services, financial services, and security services among others. Two in every three respondents expressed facing difficulties in getting social protection services (see Table 6).

Table 6 : Proportion of LGBT people respondents reporting difficulties in accessing services

Services	Number	Percent (%)
Health services	236	47.3
Financial services	214	42.9
Security services	271	54.3
Social protection	320	64.1
Other services	62	12.4

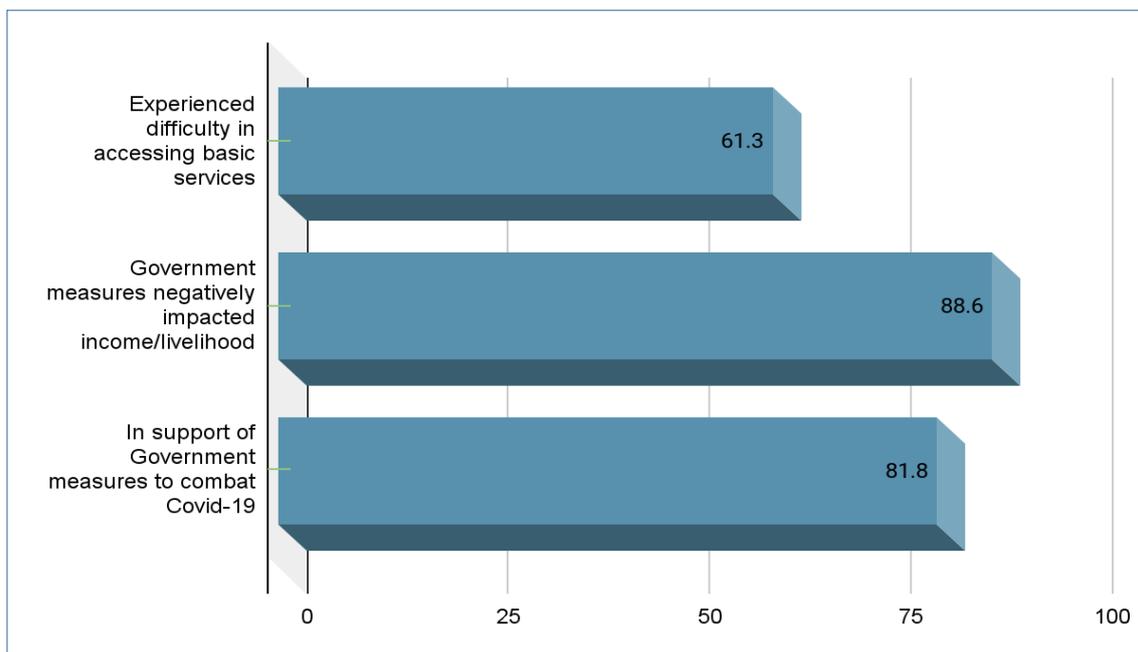


Figure 6: Effects of government COVID-19-related measures

Although some qualitative interview participants felt that all Rwandans experienced limited access to essential services due to COVID-19 restrictions, some alluded to heightened discriminatory attitudes towards LGBT people. For instance, focus group discussants noted that some people blamed the pandemic on the LGBT community:

*“[...] some people said that homosexuality is the cause of COVID-19” (GBT, FGD Huye).
“We were also condemned to be the cause of the COVID-19 pandemic” (LBT, FGD Kigali).*

The FGDs participants reported that being LGBT was associated with being rich despite their low socio-economic status. This misconception meant that members of the LGBT were not readily selected for food aid, as one respondent stated:

“Although we were helped like others at first, people said that we were rich and we did not need food aid, yet we were starving. But thank God for his protection; we are still alive. We got support from different institutions” (GBT, FGD, Kigali).

Laws and policies

Awareness of LGBT rights and freedoms

The survey also explored LGBT people’s knowledge of their constitutional rights and legal provisions on SOGI. As a 33-year-old bisexual chef in Kigali explained, “no, I don’t know any [laws]”, many LGBT participants were unaware of their rights and freedoms. However, some understood that while they have fundamental rights as people, Rwanda has no specific laws affirming LGBT rights. The laws of Rwanda generally protect all Rwandan citizens, including LGBT people. A participant in a GBT group discussion noted that “in general, there are laws that support all citizens alike. We are also included”

Available support systems

We asked respondents about programs or awareness campaigns by either the government or NGOs that support LGBT rights. Over half of the respondents mentioned knowing non-governmental organizations that support LGBT rights. One in three respondents stated that they knew about government programs and campaigns against discrimination based on SOGI and other minority groups (see Table 7). Narratives from the qualitative data similarly reveal the existence of LGBT rights programs and advocacy campaigns:

“There have been community-based organizations that bring us together with people who listen to us and help us think positively. They make me feel like we are alive and useful; like I am a person in society, my business is valuable, while people in the general community don’t think we deserve any kind of value. At least we get to know each other in these groups” (GBT, FGD, Nyanza).

Table 7 : Knowledge of government/NGO programs supporting LGBT rights

Knowledge of organizations that support	Number	Percent (%)
Lesbians	280	56.1
Gay people	288	57.7
Bisexual people	268	53.7
Transgender people	263	52.7
Intersex people	222	44.5
Proportion of awareness of government programs/campaigns against LGBT discrimination by participants		
Lesbian/Gays	223	44.7
Transgender/bisexual	203	40.7
Intersex	172	34.5
Minority groups	179	35.9
Sexual orientation	271	54.3



Public perceptions survey

In this section of the findings, we provide the results from the public perceptions survey.

Socio-demographic characteristics

Table 8 shows the sample distribution by sex, age, residence, education, religion, occupation and level of education. Overall, we interviewed 1,254 people, with a majority (61%) of participants being male. Majority of the respondents (70%) were 18-34 years-old. Most (70%) of the participants were from urban areas while 79.7% were Christians (e.g., Catholics 43%, Protestants 22.6%, Adventists 14,1%) and had secondary/vocational education (62%).

Table 8 : Socio-demographic characteristics of non-LGBT study participants (N=1,254)

	Number	Percent (%)
Gender		
Male	762	60.8
Female	479	38.2
Other	13	1.0
Age (years)		
18-24	261	20.8
25-34	610	48.2
35-44	266	21.1
45+	117	9.3

District		
Muhanga	206	16.4
Nyanza	188	15.0
Huye	213	17.0
Nyarugenge	258	20.6
Kicukiro	110	8.8
Gasabo	279	22.2
Residence		
Urban	880	70.2
Rural	257	20.5
Peri-urban	117	9.3
Religion		
Catholic	539	43.0
Protestant	284	22.6
Adventist	177	14.1
Islam	121	9.6
Traditional	10	0.8
Other	32	2.6
No-religion	91	7.3
Ever attended school		
Yes	1123	89.6
No	131	10.4
Highest level of education		
Primary	321	28.6
Secondary/vocation	697	62.1
Post-secondary/tertiary	105	9.4
Occupation status		
Employed/self-employed	820	65.4
Unemployed	434	34.6

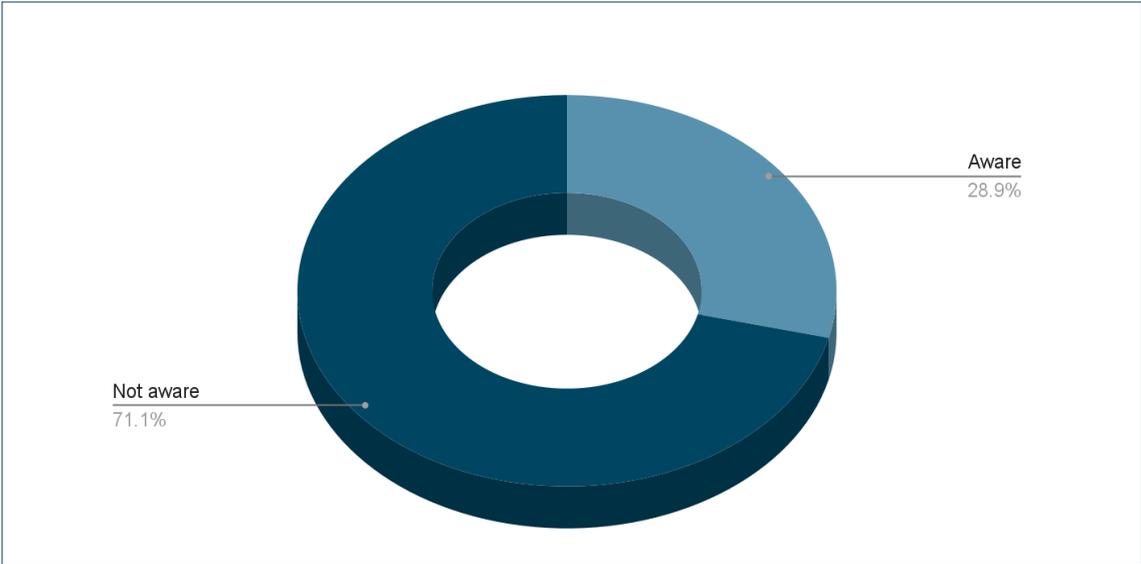


Figure 7: Public awareness of LGBT human rights issues in Rwanda

Rwanda is considered one of the more progressive countries in sub-Saharan Africa due to its support for several international and regional treaties and laws concerning LGBT individuals. From the survey, 85.5% (Figure 8) of the respondents were unaware of laws on LGBT rights compared to awareness on human rights issues.

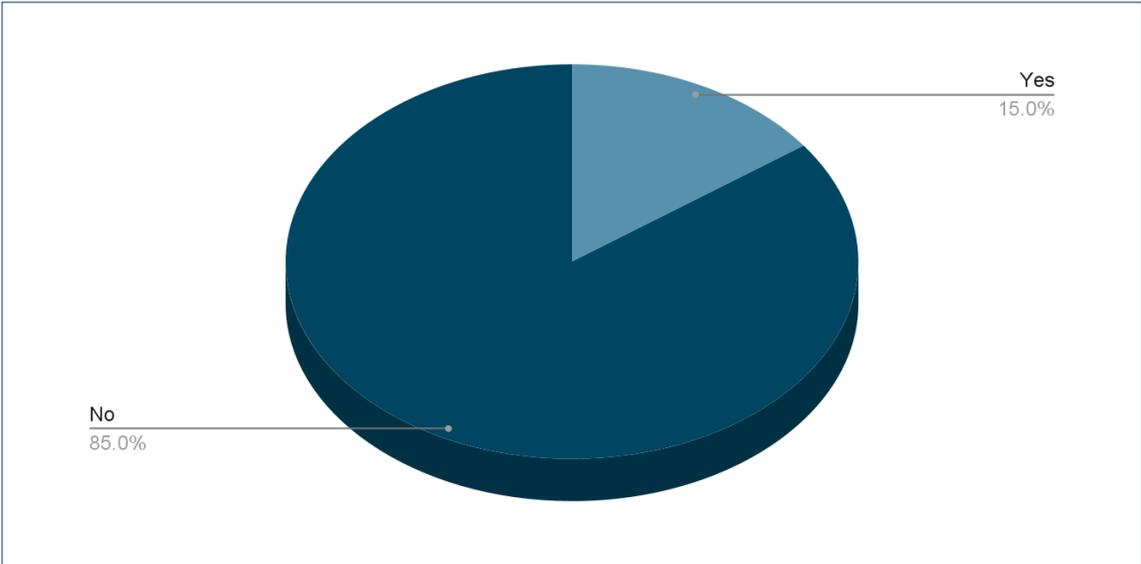


Figure 8: Awareness of laws that protect LGBT people

Key informants had mixed views of laws on LGBT rights. Some participants had no knowledge but indicated interest in learning more about laws that protect the LGBT community in Rwanda. However, others vehemently opposed LGBT people's acceptance. The two excerpts below succinctly captured these two views:

"I don't want to know those laws because of the hate that I have for this community. I can't even take the time to listen to that because it will be a waste of time" (KII, 32 years-old, hospitality business, Kigali)

"There are no laws or regulations about LGBT in Rwanda, but we do have customs that govern our culture, which does not tolerate LGBT communities" (KII, 46 years-old, Pastor, Muhanga).

Conversely, some of the participants believed that having LGBT-specific laws would be discriminatory as existing laws are already inclusive for all citizens, including members of the LGBT community. Further, some argued that the main problem was not the lack of laws but a poor understanding of the rights of LGBT people:

"If we start to talk about specific laws related to the LGBT community, we are starting to discriminate because we are all Rwandans" (KII, 34 years-old, Civil society, Kigali).

"The law is not the problem; the problem is people's mindset who think that LGBT community members should be abandoned" (KII, 34 years-old, civil society, Kigali).

Community attitudes and perceptions towards LGBT people

Participants were asked to indicate the extent to which they agreed or disagreed with seven statements on state and community attitudes towards LGBT people. When asked about lawmakers' attitudes towards LGBT people, 34% disagreed that lawmakers have negative attitudes towards LGBT people. One in four respondents (20%) agreed that lawmakers have a negative attitude towards the LGBT community in Rwanda. On acceptability by the wider community, most respondents disagreed that LGBT people are accepted in either their communities (62%) or in Rwanda overall (56%). Forty-eight percent agreed that people in the community were fearful of LGBT people, and 36% agreed that it is unsafe to discuss LGBT issues in Rwanda. In the qualitative data, participants stressed that the LGBT people's behavior is unorthodox and was therefore not welcome in the community - "Being gay is not normal behavior at all." One key informant felt that having gay people meant that young women would not find husbands.

"They should just stop being homosexual. That's what will help them. Our sisters are going without husbands because of this nonsense" (KII, 32 years-old, hospitality business, Kigali).

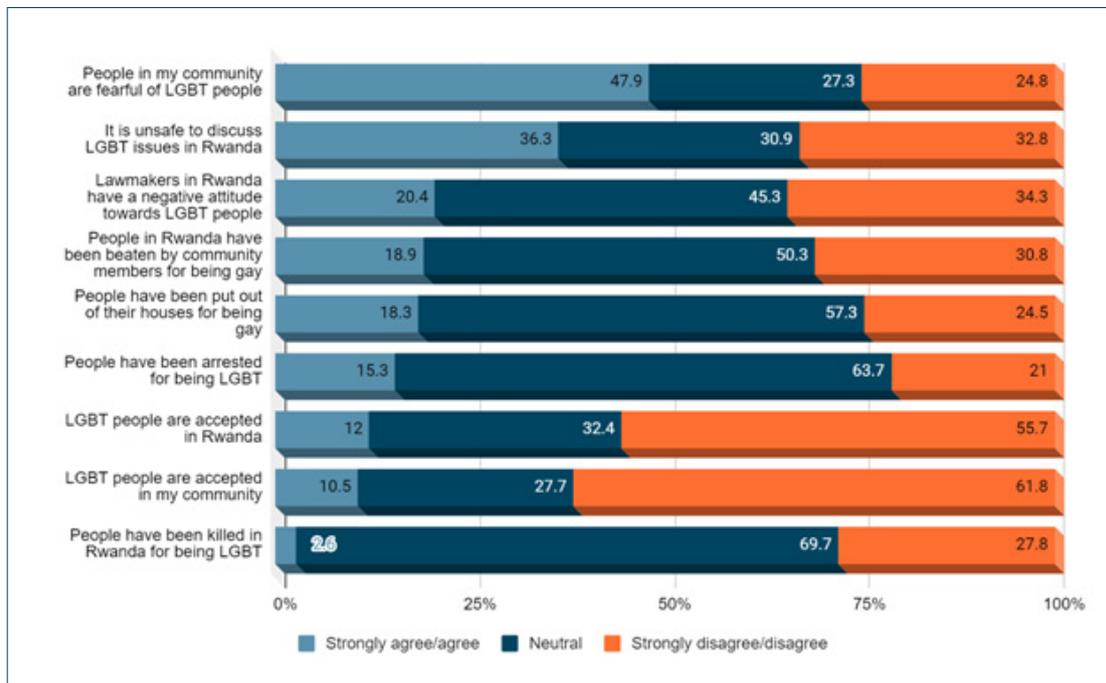


Figure 9: State and community reactions to LGBT people

Discrimination in different places

Most respondents agreed that LGBT individuals experience discrimination. Seventy percent of participants said that LGBT people faced discrimination in health facilities and social protection/welfare programs (Figure 10). Approximately two-thirds agreed that LGBT people face discrimination in places of work (62%), learning institutions (63%), homes (63%), communities (64%), and public spaces (63%). One key informant noted that LGBT people faced discrimination because of service providers' cultural and religious values:

"Relating your concern to what I know in the realms of culture and religion, I am not surprised when I hear that some individuals have rejected them or denied them the services. I am not saying that it is the right thing to do, but I cannot expect people not to be shocked by someone whose behavior does not align with our cultural and religious values. It simply cannot be received well" (KII, 51 years-old, pastor, Nyanza).

A key informant, working with an LGBT-supporting CSO, noted that stigma and discrimination were significant barriers to healthcare access for LGBT people:

"The first one is stigma and discrimination at the community level. This is true for the neighborhoods where they live and even at the administrative level where they seek public services. We tend to see most of these cases when referring them to health centers. In most health centers, the healthcare professionals refuse them service, so we have to go through the process multiple times to find centers that will work with them" (KII, 34 years-old, Civil Society, Kigali).

Similarly, a pastor noted that LGBT people were stigmatized by healthcare providers:

“At the hospital, they treat them like people who have mental problems and like sick people” (KII, 46 years-old, Pastor, Muhanga).

A key informant working with civil society explained that discrimination in health facilities was because most health facilities in Rwanda are faith-based. As a result, they are less likely to support the LGBT community fully.

“See, across Rwanda, most health centers are faith-based. Hospitals are run by Catholic, Anglican, or Muslim priests who discriminate against the LGBTI community” (KII, 36 years-old, Civil Society, Kigali).

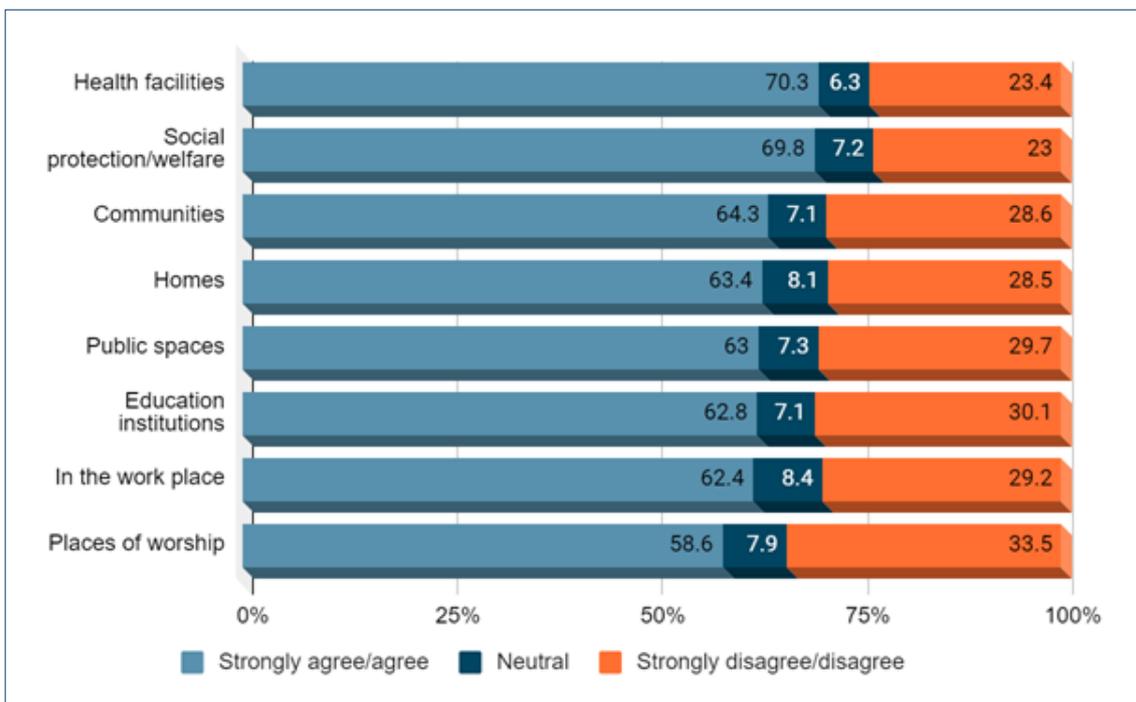


Figure 10: Public perceptions of where LGBT people encounter discrimination

Respondents' attitudes towards LGBT individuals

Participants responded to nine statements on their general feelings and attitudes towards LGBT people. Close to half (46%) of the participants had a negative attitude towards LGBT individuals. About three in four (74%) of the respondents indicated that the sexual acts or gender expressions of the LGBT people are against God's intentions. Almost half (49%) of the respondents believed that LGBT individuals are unnatural while over half believed that homosexuality, bisexuality, and transgenderism result from excessive freedom and liberty. Only one in three participants (32%) agreed that they support LGBT rights, while 43% agreed that they feel positive towards LGBT people (Figure 11). According to key informants, negative attitudes towards LGBT people stemmed from cultural values:

"No, our culture does not accept this" (KI, 32 years-old, hospitality business, Kigali).

"We do have customs that govern our culture, which does not tolerate LGBT communities. According to those, LGBT is disgusting and embarrassing to our culture as Rwandans" (KI, 46 years-old, Pastor, Muhanga).

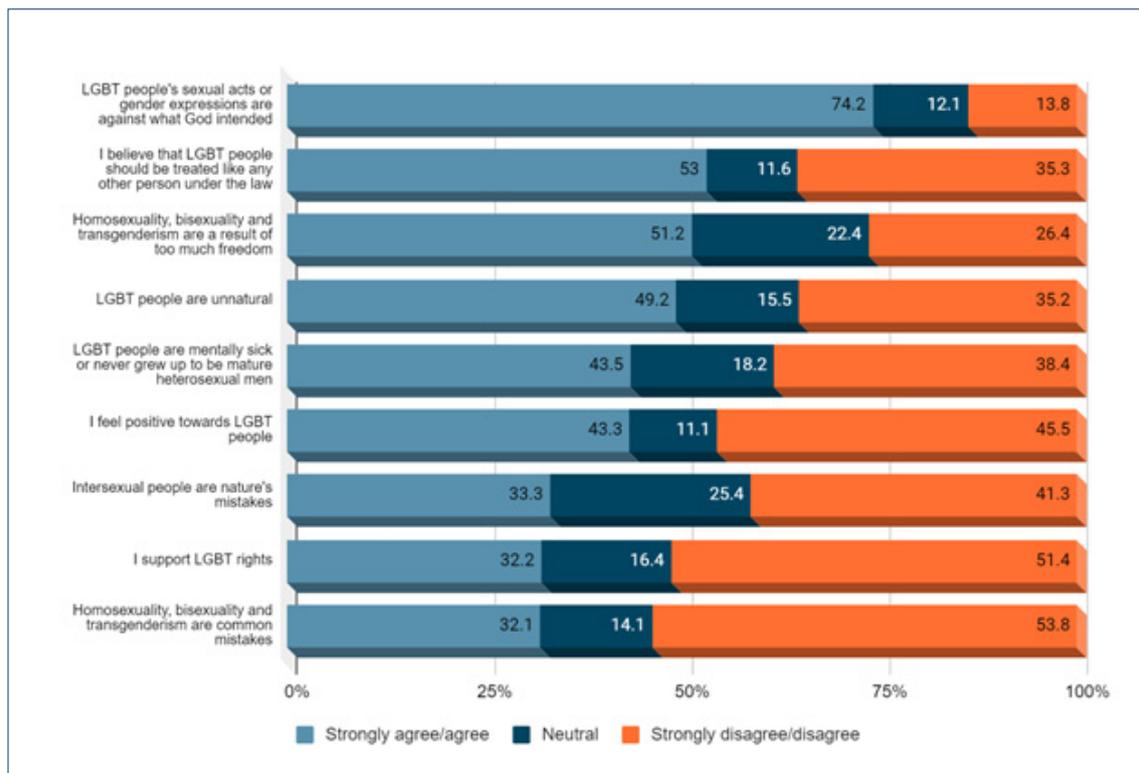


Figure 11: Respondents' attitudes towards LGBT individuals Rwandese

Views on the choice to be LGBT

Respondents questioned the naturalness of LGBT individuals (Figure 12) and insinuated that being LGBT is a reversible choice. Less than half (46%) of the respondents believed that one is born a homosexual, heterosexual, or bisexual, and majority (63%) thought gay people could become heterosexual. Most respondents (67%) believed that bisexuality is a choice. Some key informants held similar views that being LGBT was a learned behavior:

"I don't think LGBT members are born LGBT: they learn to become members of the LGBT Community" (KI, 46 years-old, pastor, Muhanga).

"Personally, I think that homosexuality is a choice because God does not make mistakes" (KI, 51 years-old, pastor, Nyanza).

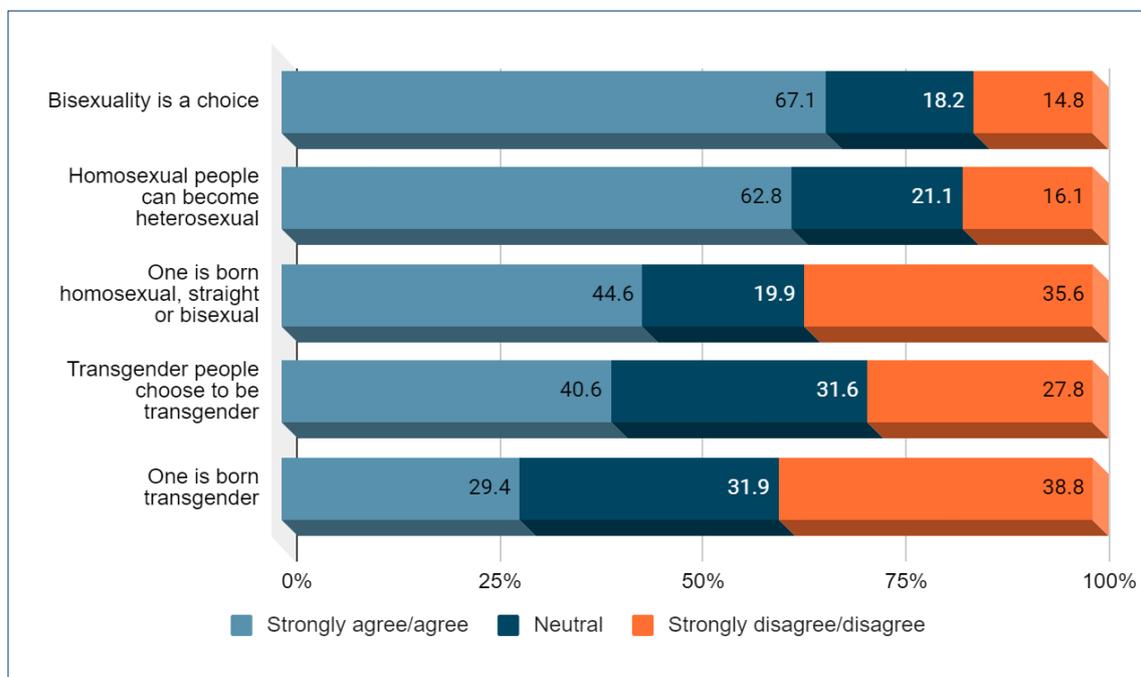


Figure 12: Public survey respondents' beliefs about homosexuality

Views on same-sex relationships

The majority of respondents (69%) strongly agreed or agreed that sex between people of the same sex was "just plain wrong" (Table 9). However, two in five (41%) said students should be taught about LGBT rights in school.

Table 9 : Views on school teaching about gay and lesbian sex and LGBT rights

Views	Strongly agree/agree (%)	Neutral (%)	Disagree/strongly disagree (%)
Sex between two men is just plain wrong	68.5	12.8	18.7
Sex between two women is just plain wrong	68.9	13.1	17.9
Students should be taught about LGBT rights at school	41.5	9.9	48.6

Discrimination and violence against LGBT persons

Close to half (47%) reported that they had not and would not avoid someone because they were LGBT. However, 17% reported having avoided someone because they were an LGBT person in the 12 months preceding the survey, while 21% stated that they used derogatory names to refer to an individual because of that person's sexuality. Three percent of the respondents reported that they had physically harmed someone because of that person's sexuality in the 12 months preceding the survey. The opinion of a key informant demonstrated with clarity the threat that LGBT people face:

"For example, if I met them in private, I would beat them or shout and say that I have caught a thief so that the police would take them away. These people live like criminals; they cannot report me anywhere" (KII, 32 years-old, hospitality business, Kigali).

Another key informant noted that LGBT people should not be tolerated in the community and should be taken to rehabilitation centers:

"If I ever had a child who turned out to be gay, I would dump him, kill him or send him to the Iwawa rehabilitation center. Being gay is not normal behavior at all" (KII, 32 years-old, hospitality business, Kigali).

A pastor similarly noted that having a child who is LGBT would be sad and embarrassing:

"When you give birth to a girl, you are happy when she gets married and gives you a grandchild. Even when you give birth to a son, you are happy when he gets married and gives you a grandchild. So, to Rwandans, it's very sad and embarrassing to them. It is a loss [to be same-sex and not have children]" (KII, 46 years-old, Pastor, Muhanga).

Table 10 : Self-reported discriminatory actions against the LGBT

Self-reported actions	Have done it in the past year Number, (%)	Have not done it, but might do it Number, (%)	Have not and would not do it Number, (%)	I don't know what I would do Number, (%)
a. Avoided someone because they are LGBT	216 (17.2)	331 (26.4)	588(46.9)	119(9.5)
b. Teased someone who dressed up and acted like someone of the opposite sex	229 (18.3)	236 (18.8)	678 (54.1)	111 (8.9)
c. Used a derogatory name to refer to someone who is LGBT	257 (20.5)	201 (16)	692 (55.2)	104 (8.3)
d. Beat/physically injured someone because they are LGBT	37 (3)	144 (11.5)	918 (73.2)	155 (12.4)
e. Refused to hire or work with someone because they are LGBT	54 (4.3)	300 (23.9)	721 (57.5)	179 (14.3)



Conclusion

The findings in this report present a startling portrait of the stigma and discrimination that LGBT people in Rwanda experience and must navigate to live their lives. We found extreme indifference or hostility toward LGBT people, communities, and their rights in Rwanda. Findings from both the quantitative and qualitative data show that Rwandan society does not accept LGBT people.

The marginalization of LGBT people in Rwanda negatively influences their ability to access and utilize essential services, including housing and employment or even simply going to a coffee shop. Moreover, this discrimination may also negatively impact the mental health of LGBT people as many of those interviewed described issues of anxiety, depression, social isolation, and a need to conceal their identity as LGBT.

While LGBT people in Rwanda face considerable hostility, a minority of the population believes that LGBT persons should have access to the same rights and protections as non-LGBT persons. Working with people and organizations who already have this belief could be a starting point towards safeguarding the human rights and dignity of LGBT people in Rwanda.

However, despite progressive laws and policies assented to by the state, its silence could facilitate the social exclusion of LGBT people in Rwanda. The findings provide important insights into important factors contributing to the social exclusion of LGBT people in Rwanda. We provide recommendations based on the socio-ecological model which incorporates an individual's environment, interpersonal relations with family and peers, community/societal relations (e.g., in school or the workplace) as well as national laws and policies.

Recommendations

The study findings demonstrate limited awareness of LGBT rights among the general public in Rwanda, which contributes to the social exclusion of LGBT people. Increasing public awareness on the human rights of LGBT people may influence social support for them. Members of the LGBT community should also be aware of their rights and the existing legal protections available to them. To address the social exclusion and marginalization of LGBT people, governmental and civil society should:

1. Conduct awareness campaigns among LGBT people to ensure that they know their human rights, LGBT-relevant policies and the legal protections available to them.
2. Implement programs that raise community awareness about the LGBT community and which foster acceptance of gender and sexual diversity through:
 - i. Community dialogues, which bring together LGBT and non-LGBT people for open discussions as these can be a viable pathway to creating awareness.
 - ii. Trained community leaders (e.g., religious leaders) who would facilitate such dialogue sessions. It would be essential to identify strategies that frame LGBT people's rights which resonate with the local citizenry when implementing such programs.
3. Train healthcare workers, law-enforcement officers, members of the media and education sectors, judges and lawyers. Such training would include the rights of LGBT people to access services.
4. Involve faith leaders in influencing community perceptions of LGBT people. It will be necessary to conduct awareness campaigns among faith leaders on the inclusion of LGBT people.
5. Advocate for, enact and implement comprehensive anti-discrimination legislation and policies that address all forms of direct and indirect discrimination including sexual orientation and gender identity. This should be supplemented with capacity strengthening of law enforcement officials to implement and monitor these laws and policies in an accountable manner.

Authors

Dr Emmy K. Igonya, Emmanuel Otukpa, Nicholas Etyang, Twahirwa Louange, Dr Boniface Ushie, Dr Cassien Havugimana, Dr Kristofer Stojanovski, Christopher Sengoga, Grace Kibunja, Winnie Opondo, and Dr Caroline Kabiru.

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Examination of LGBT people's lived experiences and public perceptions of sexual and gender minorities in Rwanda

