



Examination of sexual and gender minorities' lived experiences in Kenya

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Abbreviations and Acronyms

APHRC	African Population and Health Research Center
CBOs	Community-based organizations
COVID-19	Coronavirus disease of 2019
CSO	Civil society organization
FGD	Focus group discussion
HIV	Human immunodeficiency virus
IDIs	In-depth interviews
ILGA	International Lesbian, Gay, Bisexual, Trans, and Intersex Association
INGO	International non-governmental organization
KII	Key informant interview
LGBTQ+	Lesbian, gay, bisexual, transgender, queer and other gender non-conforming people
MSM	Men who have sex with men
NASCOP	National AIDS & STI Control Programme
NGO	Non-governmental organization
RDS	Respondent-driven sampling
SDGs	Sustainable Development Goals
SQL	Structured query language
SSA	Sub-Saharan Africa
STI	Sexually transmitted infection
UN	United Nations

Key definitions

Asexuality: An enduring absence of sexual attraction. People who lack sexual attraction often identify as “asexual.”

Bisexuality: An enduring emotional, romantic, or sexual attraction to people of more than one gender. People who are sexually attracted to more than one gender often identify as “bisexual.”

Discrimination: The act of treating someone differently; prejudice directed toward anyone perceived as a sexual and gender minority, in which they are deprived of opportunities and access to services.

Gay: The sexual orientation of a person who is emotionally, romantically, and/or sexually attracted to people of the same sex or gender; usually refers to a male whose primary and romantic attraction is toward other males.

Gender: 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; behaviors that are viewed as incompatible with these expectations constitute gender non-conformity.

Gender diversity: 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: External characteristics and behaviors that are socially constructed within the culture as either masculine or feminine, such as clothing, chores, social interactions, mannerisms, and hairstyles.

Gender identity: The internal sense of who we are and how we see ourselves regarding being a man, a 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 that they may therefore have differing and sometimes conflicting perceptions, needs, interests, and priorities.

Homophobia: A discriminatory or prejudiced action or idea related to someone's actual or perceived sexual orientation.

Lesbian: The sexual orientation of a female whose primary sexual and romantic attraction is toward other females.

Lessophobia: A discriminatory or prejudiced action or idea related to someone's actual or perceived female whose primary sexual and romantic attraction is toward other females.

Non-binary person: A person identifying as either having a gender that is in between or beyond the two categories “man” and “woman,” as fluctuating between “man” and “woman,” or having no gender, either permanently or some of the time.

Sexual orientation: A person who is physically, spiritually, sexually, romantically, and emotionally attracted to another person based on their sex, gender identity, and gender expression. It does not correlate to gender identity or gender expression.

Transgender: An umbrella term referring to an individual whose gender identity is different from the sex assigned at birth. A transgender person usually adopts or would prefer to adopt a gender expression in consonance with their preferred gender.

Transphobia: A discriminatory or prejudiced action or idea related to someone's actual or perceived gender identity or gender expression.

Gender pronouns

Common pronouns include:

- He / him / his (for someone who identifies as male)
- She / her / hers (for someone who identifies as female)
- They / them / their (for someone who does not identify strictly as male or female; these pronouns are considered gender neutral)

Executive Summary

Lesbians, gays, bisexuals, transgender, queer, and other gender non-conforming (LGBTQ+) people in sub-Saharan Africa face identity-based violations of their human rights and injustices arising from stigma and discrimination across socioecological levels. In Kenya, the increasing prominence of LGBTQ+ activity is accompanied by the persistence of legal sanctions against same-sex behavior and the perpetuation of deep-seated cultural prejudices. These factors perpetuate harassment, discrimination, and acts of violence against individuals within the LGBTQ+ community. Furthermore, Kenya's Penal Code contains provisions that prohibit same-sex activities as an unnatural offence punishable by up to 14 years in prison. Religious and heteronormative social norms adversely affect the lives of LGBTQ+ individuals. However, there is inadequate data on the lived experiences of LGBTQ+ people. This study sought to contribute to the growing field of knowledge on gender and sexual minorities in Kenya by exploring the lived experiences of LGBTQ+ people in that country.

Methods

We conducted a cross-sectional mixed-methods study from May to June 2022 across four Kenyan counties, namely, Nairobi, Eldoret, Kisumu, and Mombasa. We triangulated qualitative and quantitative data collection techniques. We collected qualitative data from LGBTQ+ people (both those who self-identify and those who are men who have sex with men who do not self-identify). The quantitative data was collected using a questionnaire; for the qualitative data, we employed focus group discussions (n=24), key informant interviews (n=71), and in-depth interviews (n=42). We used respondent-driven sampling to reach a total of 1,587 LGBTQ+ people.

Key Findings

The findings show that participants were likely to be more aware of their constitutional rights regarding freedom and health and less likely to be aware of a range of rights such as the right to shelter, the right to education, freedom from stigma and judgment, and the right to acceptance. From qualitative data, there is more awareness of the right to health and more familiarity with the anti-homosexuality law in the Penal Code.

While qualitative data show prevalent discrimination in employment at the point of hiring and during employment, the quantitative study reveals low awareness of laws forbidding discrimination against minorities when applying for jobs. Participants from Eldoret were most aware of the laws forbidding discrimination against minorities when applying for jobs.

Concerning discrimination, overall, the findings show that discrimination is more common based on gender expression (90%), gender identity (87%), sex (74%), and level of income (70%) than on religion, age, district of residence, or disability. Regionally, discrimination based on the level of income (84%) and residence (72%) was very common in Kisumu. A high proportion of LGBTQ participants from Kisumu report that they freely express their sexual orientation and gender-diverse identities. Qualitative data show that LGBTQ people in lower-income brackets experience more discriminatory acts compared to those in higher-income brackets. The majority (70%) of participants reported experiencing subtle bias and discrimination. Similarly, seven out of ten participants (71%) reported that they experience some bias because of their sexual and gender identities. From qualitative data, misconceptions, religious and cultural beliefs, negative actions, attitudes including comments, and a lack of income are factors shaping tensions around sexual and gender minorities' self-expression.

Both qualitative and quantitative data reveal differentiated discrimination against LGBTQ+ people. Quantitatively, gays (83.7%), transgender people (72.7%), and lesbians (62.4%) face the most discrimination, while intersex persons (54.6%) and bisexuals (47.6%) are less likely to experience discrimination. Relative to other minority groups,

participants perceive discrimination to be higher among people with disabilities (76.6%), lesbian, gay, and bisexual (70.3%), transgender (63.8%), and minority and migrant groups (63.6%). Qualitative data show that transgender and feminine gay men face the most discrimination, while lesbians are more likely to be tolerated or accepted by the society. Nonetheless, almost four in ten participants have never experienced discrimination. Mombasa seems somewhat tolerant compared to other regions and has the highest proportion (51.8%) of participants who had never experienced discrimination.

Most participants in each city agreed that discrimination is by individuals. A significant number agreed that discrimination is by public institutions, and the majority disagreed that discrimination is by the private, non-profit, and non-governmental organization (NGO) sectors. Across the board, Kisumu has the highest discrimination levels, while Eldoret is the least discriminating. This, in part, could be informed by the highest proportion of LGBTQ+ persons stating that they freely (42%) and mostly freely (48%) express their sexual and gender identity in Kisumu compared to Eldoret, where LGBTQ+ people rarely freely express themselves and there are fewer discussions on LGBTQ+ issues. Qualitative data show that discrimination and related negative attitudes are linked to the visibility of LGBTQ+ identity; in this case, it could be through personal disclosure, effeminate behaviors among gay men, and those who are flamboyant about their sexual orientation and gender identity.

A significant number of participants experience day-to-day discriminatory acts, such as insults, people acting as if they were better than them, and being treated with less courtesy and minimal respect compared to others. Insults and being treated with less courtesy than others were prevalent in Kisumu (65%) and Nairobi (64%), and the lowest harassment and poor services were reported in Eldoret. Again, this could be informed by LGBTQ+ people not being open about their sexual orientation and gender-diverse identity in Eldoret. Qualitative research shows that practices of discrimination and experiences of differentiated treatment feature prominently in the daily lives of LGBT+ individuals in employment, health, and education.

In places (areas) where discrimination is experienced, quantitative data show that discriminatory acts happen when LGBTQ+ people engage in religious activities (42.1%), cultural events (40%), or educational and youth development activities (36.3%). In addition, qualitative data show that families, residential areas, social media, and essential services such as housing, health care, security, and employment are notorious discrimination spaces. Furthermore, for challenges in service provision, more than two thirds of respondents (71.1%) had challenges accessing financial services; six in ten participants had challenges accessing social services (64.2%), food services (61.5%), and money for treatment (60.2%). Qualitative interviews affirm the challenges of accessing essential services, as reported previously. Fear, violence, stigma, and discrimination were the main factors impeding access to services.

Concealing, hiding, or keeping identities secret from families and society, including educational institutions, places of worship, and workplaces, are ways to escape discrimination and stigma. Secrecy or hiding includes not disclosing, suppressing LGBTQ+ behaviors and feelings, not freely expressing oneself, and defactoring bisexual relationships.

Qualitative data show that LGBTQ+ people use substances to confront difficult lives or to escape negative life experiences and to cope with loneliness, suicidal thoughts, anxiety around coming out, sex work, homophobia and transphobia, and economic and social stress. From quantitative data, almost half (47.6%) of the participants have never abused drugs. Of those who abuse drugs, marijuana is the most used. Mombasa reported the highest proportion of substance users at approximately 50%, while Eldoret had the lowest at 34.7%.

The results indicate that discrimination is triggered by cultural, religious, and social norms and ideologies. Sexual and gender minorities are considered deviants in relation to religious beliefs and culture, which is cited as the justification for discriminatory actions and violence toward individuals identifying as LGBTQ+.

Concerning the mental health of LGBTQ+ people, all participants had experienced some form of depression. The majority experienced minimal (43%) depression, 36% mild, 13% moderate, 5% moderately severe, and 3% severe depression.

The study revealed that COVID-19 had a negative impact on the lives of LGBTQ+ people. Most participants (76.56%) had their livelihoods or incomes negatively impacted by COVID-19-related measures. Almost eight in ten (76.69%) had trouble accessing basic services.

In terms of social support, most participants were aware of social support services available for LGBTQ+ people, with gay people being the most knowledgeable (81.2%), while intersex people were the least knowledgeable (67.7%).

Conclusion

Participants' awareness of laws and human rights concerning LGBTQ+ people were limited. Concerning human rights, participants were aware of freedoms and health rights and were less aware of other human rights. On laws concerning employment, participants were less aware of laws protecting them in employment. Discrimination is prevalent, including verbal abuse, bias, treatment with less courtesy, offensive language, and harassment. Discrimination is prevalent in places of worship, cultural events, employment, security services, residential areas, and social media spaces. Participants who are open about their sexual orientation and gender diversity are more likely to attract discrimination than those who hide. For this reason, regionally, LGBTQ+ people in Kisumu are more likely to experience stigma than those in Eldoret. Even though LGBTQ+ people are aware of organizations providing social support, the results show a relationship between discrimination, substance abuse, and depression.

Recommendations

- Need for increased LGBTQ+ individuals' knowledge and awareness of their rights. Knowledge about the laws and rights can empower LGBTQ+ individuals and reduce discrimination and victimization. Awareness interventions must consider this as a priority to ensure LGBTQ+ individuals are aware of all their rights for their everyday survival. We also recommend awareness of human rights in the public.
- Leverage community advocacy activities, including ongoing sensitization of the public and service providers, including government institutions and religious and cultural institutions, on knowledge about sexual and gender minorities' and related human rights.
- Have various stakeholders, including the government(s) and its agencies, work to guarantee the rights to education and shelter for LGBTQ+ people.
- The Kenyan government should honour its commitment to the international treaties as part of Kenyan laws and policies to enhance inclusive development.
- Stakeholders, including international non-governmental organizations (INGOs) and NGOs, donors, the government, and its agencies, should lead on establishing a safe and conducive environment that is devoid of judgment but ensures confidentiality to discuss the underlying effects of substance abuse.
- National and county governments should lead on inclusiveness. Government(s) and civil society organizations (CSOs) should collaborate in training service providers, including law enforcement officers (security) and the education sector on human rights in relation to LGBTQ+ and the larger society. In particular, we recommend, like other minority groups, that county governments take the lead in recognizing sexual and gender minorities and include them in governance and economic activities. Involving LGBTQ+ people would help break down social barriers and stigmatization, including barriers around discussions on LGBTQ+ issues.
- Meaningful ally-ship is required. Involve religious and traditional leaders in open and respectful dialogues about sexual and gender minorities to promote inclusivity, acceptability, and tolerance.
- Diplomatic missions and INGOs should encourage international organizations and other human rights groups to advocate for tolerance through increased and sustained funding of advocacy efforts.

- Use a humanistic-centered approach. Involve various stakeholders in the co-creation and designing of interventions, and include LGBTQ+ individuals in advocacy work to break down social barriers and stigma.
- Economic empowerment through further education or vocational training and seed money for businesses is critical.
- We suggest geographical expansion of support services to various towns to decongest services. LGBTQ+-led organizations offering support services can provide online resources and helplines for the LGBTQ+ community.
- More research activities will inform policy work and CSOs' programming.

Introduction

Sexual and gender minorities—lesbian, gay, bisexual, transgender, queer, and gender non-conforming (LGBTQ+) individuals—in sub-Saharan Africa continue to face discrimination and stigmatization despite the presence of various laws and regulations protecting human rights (Ogueji and Ogueji, 2022; Namwase and Jjuuko, 2017). Even in countries where same-sex relationships are legal or decriminalized, LGBTQ+ people still face stigma, discrimination, and violence due to their sexual orientation and gender identity, which push them to the margins of society. This prevents them from accessing basic social amenities and services like health care, education, housing, and security (Ogueji and Ogueji, 2022; Almeida et al., 2009; Igonya, 2017; Igonya and Moyer, 2016; Henriquez and Ahmad, 2021). Studies link discrimination and stigma to sociocultural and theological issues that portray LGBTQ+ people as criminals and deviants, which exacerbates their socioeconomic and health vulnerabilities (Astramovich & Scott, 2020; Igonya, 2017). This is happening even though the Sustainable Development Goals (SDGs) have drawn a lot of attention to efforts to advance the rights of LGBTQ+ people (Namwase and Jjuuko, 2017).

Global surveys and empirical facts show that several nations have introduced pro-LGBT legislation and abolished those that criminalized people who identify as LGBTQ+ (Vestlie, 2021). The increased levels of education on sexual and gender minorities in most societies may be behind improvements in societal attitudes (Mucherah et al., 2016). However, the International Lesbian, Gay, Bisexual, Transgender, and Intersex Association (ILGA World) has revealed that approximately 80 countries still discriminate against and have laws criminalizing LGBTQ+-aligned persons (ILGA World, 2020). These organizations have revealed that same-sex relationships are still banned in 32 African countries and are punishable by death in Sierra Leone, Sudan, Tanzania, Tunisia, Uganda, Zambia, Zimbabwe, Mauritania, northern Nigeria, and southern Somalia, or by jail sentences ranging from three to 14 years in prison and/or a fine. Sudan's Penal Code of 1991 instituted 100 lashes and a five-year imprisonment; Uganda has increased the severity of its laws to include jail terms and death sentences (Namwase and Jjuuko, 2017; Malone, 2022). Such legal provisions violate the human rights of persons who identify as LGBTQ+ in these countries, exposing them to risks such as arrest, prosecution, and imprisonment (United Nations High Commissioner for Human Rights (OHCHR), 2017; Baraza, 2016).

LGBTQ+ behavior is not generally acceptable in most societies in sub-Saharan Africa (SSA): a survey conducted in 34 SSA countries revealed that LGBTQ+ tolerance, though improved, remains extremely low at 20% (Rouget, 2021). This finding has remained constant for the last five years but has seen a decline in tolerance in Kenya.

Kenya's LGBTQ+ landscape is, nevertheless, as complicated as that of other SSA nations. The country strongly disputes that same-sex relationships are African or religious and prohibits LGBTQ+ behavior through the Kenyan Constitution and Penal Code Act sections 154, 162, and 165 (Government of Kenya, 2010). Kenya has ratified several regional and international human rights conventions and instruments, including the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social, and Cultural Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; the African Charter on Human and Peoples' Rights; and the Mapu Declaration.

The UNHCR's worldwide periodic evaluation of the state of human rights brought attention to the intolerance toward the LGBTQ+ community. Kenya was urged in the review to take the necessary actions to ensure the protection and equality of LGBTQ+ people as well as to decriminalize same-sex behavior between consenting adults by abolishing any statutory laws that criminalize this behavior (OHCHR, 2021). However, the Republican Liberty Party put up a measure in the Kenyan National Assembly in August 2014 that would increase the death penalty or life in prison as the highest punishment for consenting to same-sex sexual activity (DirtPol Blog Posts, 2014). Excessive tension and abuses caused by the public, the Kenyan government, and its agencies are pushing the same agenda (Vestlie, 2021). Physical assault, loneliness, social shame, house evictions, or other vulnerabilities are among the

violations and tensions that the criminalization of homosexuality exacerbates (GOV.UK-The Independent Advisory Group on Country Information [IAGCI], 2020; Chang 2014).

The LGBTQ+ population in Kenya has a more difficult time navigating daily life because of these regulations and Kenyan society's strong cultural, traditional, and religious influences (Lewis et al., 2023; Harper et al., 2021; Government of Kenya, 2010; Deutsche Welle, 2021; UK Home Office, 2020). LGBTQ+ people frequently experience stigma, discrimination, and breaches of their human rights, including physical assaults, emotional and sexual abuse, arbitrary arrests, extortion, ostracization, eviction from their home, termination from jobs, and denial of justice (Lewis et al., 2023; Harper et al., 2021; Deutsche Welle, 2021). Despite Kenya's widespread disapproval of homosexuality, residents of bigger towns such as Nairobi and Kisumu may be more accepting of LGBTQ+ individuals; in this manner, LGBTQ+ people could relocate to places where they experience greater acceptance (UK Home Office, 2020).

Although literature on lived experiences among persons who identified as LGBTQ+ is limited, it is characterized by fear, anxiety, loss of self-esteem, internalized homophobia, and stress that affect their welfare, economic advancement, health, and family settings (Lewis et al., 2023; Harper et al., 2021; Jauregui et al., 2021; Gomes, 2013; GALCK, 2005; Igonya, 2017). The seminal works of the Gay and Lesbian Coalition of Kenya (GALCK) (2005), Lewis et al. (2023), and Jauregui et al. (2021) significantly provide insights into the experiences of structural and everyday stigma, discrimination, and violence that lesbian, bisexual, and transgender women face in Kenya. Social inclusion and exclusion, therefore, form an elaborate attempt to produce knowledge about the lived experiences of LGBTQ+ people. We used the lens of a sociological model to explore laws, policies, and the lived experiences of LGBT people in Kenya.

Objectives

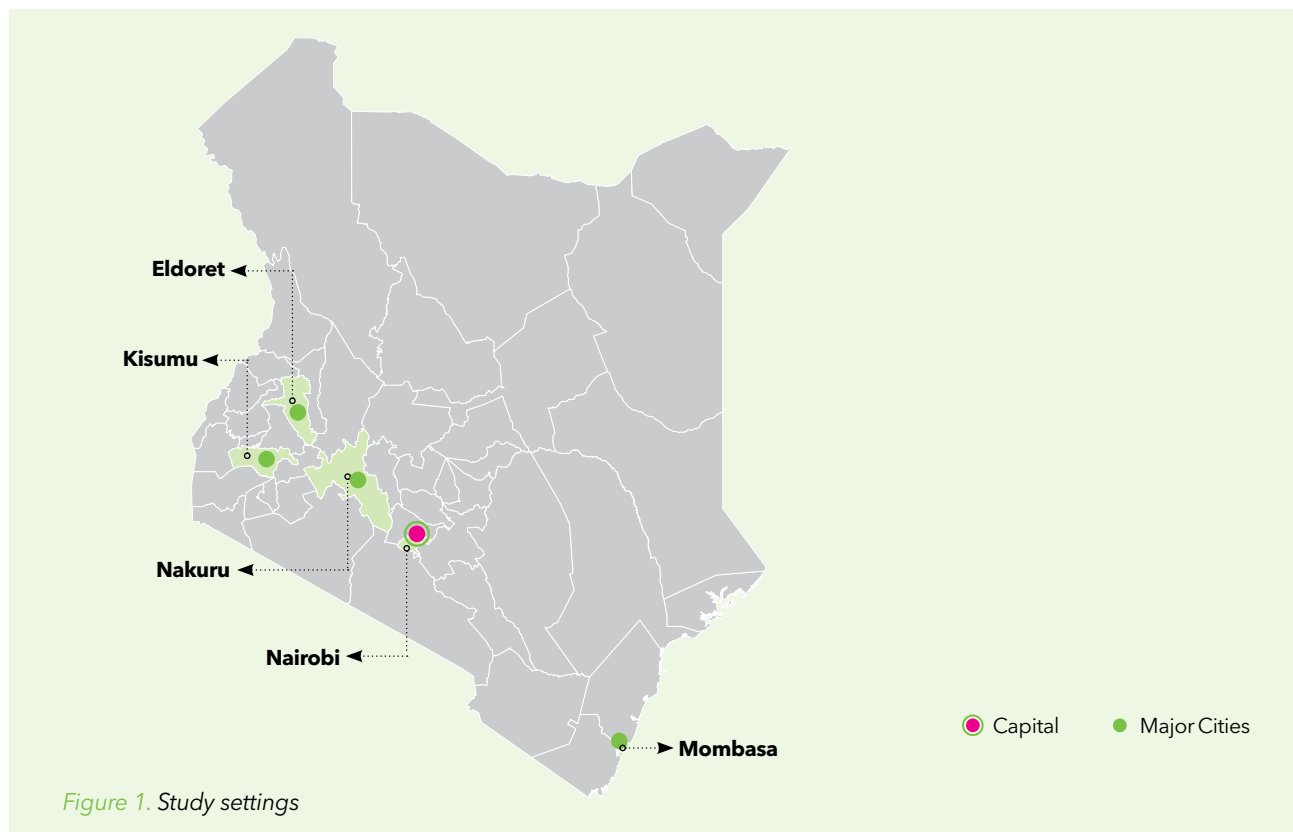
- Examine LGBTQ+ people's experiences with policies and public discourse on sexual and gender minorities' issues.
- Explore social, educational, security, and economic experiences of LGBTQ+ people and the implications of these experiences on their mental well-being.
- Assess LGBTQ+ people's access to social welfare and comprehensive health care services.
- Explore LGBTQ+ people's experiences managing their sexual and gender identities within the legal, social, and cultural norms in Kenya.
- Capture the impact of COVID-19 and related response measures on the LGBTQ+ community.

Methodology

Study design

We conducted a cross-sectional mixed-methods study, triangulating data collection methods and data sources to address the overall and specific objectives. Using a socioecological model, we examined the experiences of people identifying as LGBTQ+ at the individual level, in families, in the community, as well as relations with various institutions, including the government(s) on various issues, such as policies, laws, and public discourse; social, educational, health care, security, social welfare, and economic experiences; mental well-being; navigating identities within the legal, social, and cultural norms; and experiences with COVID-19.

The research was carried out in May and June 2022 in four Kenyan counties: Nairobi, Eldoret, Kisumu, and Mombasa. (See Figure 1.) These counties were selected because of the presence of sexual and gender minorities and CSOs. Nairobi County, the capital city of Kenya, hosts the national government department's headquarters and the highest number of development partners and CSOs, including the main LGBTQ+ networks. It has a sizable number of LGBTQ+ individuals. Mombasa County, the second-largest city in Kenya, has a sizable LGBTQ+ population (Geibel et al., 2009) and several CSOs including LGBTQ-led organizations targeting key populations. Kisumu County, located in Western Kenya in Nyanza, due to high HIV prevalence in the region, hosts a high number of development partners and LGBTQ+-led organizations. Uasin Gishu County is located in the Rift Valley region. Eldoret Town, the exact site for research, is the headquarters of Uasin Gishu County. Eldoret town, in Uasin Gishu County, has a significant but hidden LGBTQ+ community and few LGBTQ+ organizations. The site came into the limelight during the formation of the Nyanza Rift Valley Western Kenya (NYARWEK) movement, covering Western and Rift Valley regions of Kenya.



We collected qualitative data from LGBTQ+ people (both those who self-identify and men who have sex with men [MSM] who do not self-identify) and key informants. We used a questionnaire to collect quantitative data; for the qualitative data, we employed focus group discussions (FGDs), key informant interviews (KIIs), and in-depth interview (IDI) techniques.

Sampling

Quantitative sampling

Participants who agreed to participate in the lived experience survey had to be LGBTQ+ individuals. Based on an unknown number of LGBTQ+ people, we calculated the minimum sample size of LGBTQ+ participants at 495 using the Cochran formula for calculating a sample for proportions from an unknown population (Cochran, 1965); to improve the precision of the estimate, we used a 95% confidence interval. We used respondent-driven sampling (RDS) (Salganik, 2004; Heckathorn, 1997) to reach out to the hard-to-reach population of LGBTQ+ people, especially those experiencing stigma for coming out or identifying as LGBTQ+. RDS provides a realistic and resilient alternative to creating a quasi-probability sample in groups where establishing a sampling frame is difficult or impossible, such as among sex workers, MSM, or injectable drug users (Salganik, 2004). In this strategy, we identified four seed respondents through LGBTQ+ community-based organizations (CBOs) in each site through the LGBTQ+-led organizations network. Each seed had six distinct, non-replicable recruiting coupons to distribute to peers who met the inclusion requirements. The selection of seeds was dependent on their social connections and status within the LGBTQ+ community. These seeds subsequently extended recruiting referral chains and attained the final sample via RDS through recommendations from respondents. Seeds received KES 500 (USD\$ 4) for transport reimbursement. 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. Through RDS, we reached our final sample through referrals from respondents to other respondents.

Qualitative sampling

We employed a combination of snowball, convenient, and purposive sampling approaches to select participants for the in-depth interviews and focus group discussions with LGBTQ+ Kenyans. Through snowballing, in-depth interviews were conducted with LGBTQ+ individuals of higher socioeconomic backgrounds, as they expressed being uncomfortable attending the group discussions due to confidentiality concerns. Similarly, participants in focus group discussions were selected through snowball sampling from the LGBTQ+ community spectrum. The groups were homogenous based on age, sexual orientation, gender identity, and socioeconomic class. The number of participants was determined by regions and data saturation (i.e., uncovering repetitive themes, ideas, and opinions). For key informant interviews, we used purposive sampling from the general population based on their sphere of influence on the LGBTQ+ community; these were health care providers, local leaders, business owners, police officers, religious leaders, and leaders of CSOs in each district. The number of participants was also determined by data saturation (see Table 1).

Table 1: Summary distribution of the qualitative interviews

Site	In-depth interviews (IDI)	Focus group discussions (FGD)	Key informant interviews (KII)
Nairobi	11	6	19
Mombasa	11	6	16
Kisumu	10	6	16
Eldoret	10	6	20

Inclusion and exclusion criteria

For the entire research, only LGBTQ+ individuals aged 18 and above who provided informed consent and could respond to questions in English, Swahili, or their native language were included. We excluded people who were not LGBTQ+ and those who were unable to offer informed consent.

Data collection instruments

Lived experiences survey

The LGBTQ+ lived experiences survey included questions that examined different dimensions of the daily lives of LGBTQ+ Kenyan citizens. We adopted and modified the lived experiences of LGBTQ+ people questionnaire from the Survey on the Lived Experience of the LGBT Community in South Africa conducted by the Inclusive Society Institute. The survey domains included demographic characteristics, views, and experiences in the political and legal environment, the nature and magnitude of discrimination, public tolerance, family dynamics, challenges about health and substance use, and the impact of COVID-19. Additionally, the survey explored discrimination in relation to 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.

Qualitative data collection instruments

FGD, KII, and IDI topic guides were developed and used in data gathering. The goal of the focus groups was to explore the lived experiences of the LGBTQ+ community. The key informant interview guides with non-LGBTQ+ participants probed topics related to society's perceptions of LGBTQ+ people, interactions with LGBTQ+ people, and awareness of laws, policies, and related politics on LGBTQ+ issues.

Both the focus groups and the in-depth interviews were conducted concurrently with the quantitative data collection, with the FGDs preceding the in-depth interviews. We added other probes to the focus group and interview guides that were particularly striking as the qualitative and quantitative data were being collected and analyzed.

Recruitment and training of research assistants

We recruited data collectors from within the LGBTQ+ community and provided extensive training focusing on quantitative and qualitative interviewing skills and the use of 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.

Pilot testing

We piloted the data collection instruments before full research implementation. As part of the pilot study, we conducted 15 lived experiences, 15 general perceptions survey interviews, five qualitative interviews, and an FGD with 10 LGBTQ+ individuals. The pilot study exposed an array of issues, such as research assistants feeling comfortable with LGBTQ+ individuals and public perception survey participants expressing vile opinions toward the LGBTQ+ community, causing fear among research assistants. Other issues revolved around Swahili translations that were either unclear or wrongly translated and altered the intended meaning. During a debrief meeting, these issues were unpacked and addressed, as explained in the risk management section of this report.

Data management

The Data, Science, and Evaluation theme of the African Population and Health Research Center (APHRC) oversaw general data processing and administration. A data manager created the data entry screen, assisted with technical issues in the field, pulled the data to a central data store (SQL server), scheduled backup and archiving of the data,

and performed preliminary cleaning of the centrally stored data. The unit also handled IT system management tasks to maintain data security. The information was then downloaded into Stata for analysis. All data were anonymized; research participants were given unique study identities, and no names were printed on any study materials. To allow for comparability in the study, important aspects of respondents' sexual and gender identification—lesbian, gay, bisexual, and transgender—were kept. Anonymized data are publicly available via APHRC's Microdata Portal, per APHRC's data-sharing policy.

Data analysis

To analyze the data, we included descriptive analysis to summarize respondents' characteristics by gender identity, sexual orientation, and province. We attempted to address the LGBTQ+ community's understanding of their constitutional rights and perspectives, as well as their sense of discrimination based on their gender identity and/or sexual orientation. And ultimately, we compiled a cross-county comparative analysis of the results.

Risk management

We endeavored to involve LGBTQ+ individuals as research assistants. We worked with all field supervisors from LGBTQ+-led organizations. In advertising for research assistants, LGBTQ+ organizations shared the ads widely within their communities. We recruited the few who applied. Many of the research assistants were from the larger community. For this reason, we conducted a Value Clarification and Attitude Training session during training on data collection to orient the research assistants on sexuality, social exclusion, related policies and laws, sexual orientation, and gender identity expression and to sensitize them on stigma and discrimination and confidentiality. The principal investigator and co-investigators supervised data collection activities and were available for adverse eventualities.

Ethical considerations

The African Medical and Research Foundation Ethics and Scientific Review Committee provided ethical approval for this study. The National Commission for Science, Technology, and Innovation also granted the research authorization and permit. We obtained permission from appropriate national ministries, county commissioners, and county administrations. During the project, the research team was trained to observe the ethical principles to protect human subjects in research, including confidentiality, privacy, and participant autonomy. The purpose of the study, data collection methods, and benefits and risks associated with participation were included in the participants' informed consent form. Because discussions around LGBTQ+ topics can inhibit participation among LGBTQ+ people and the public, attention was paid to informed consent statements at the beginning of interviews and discussions. All people who agreed to participate in the study gave informed consent. Considering the sensitive nature of the data collected, confidentiality was highly observed. The study team anonymized all data, assigning participants unique identifiers to protect their identities. Participants received transportation reimbursement. Only the research team had access to the data.

Findings

Participants' sociodemographic characteristics

Table 2 presents the percentage distribution of sociodemographic characteristics of LGBTQ+ individuals who participated in the quantitative survey. A sample of 1,587 participants completed the survey as follows: Eldoret (27.2%), Kisumu (23.4%), Mombasa (26.3%), and Nairobi (23.1%). Across the four counties, participants' ages ranged between 18 and 61 years, with slightly more than half of them (52.7%) aged between 18 and 24 years. Most participants reported that their assigned biological sex at birth was male (71.8%). The overall non-conformers in the study were 9.8%. A higher proportion of the non-conformers (19.7%) were from Eldoret, whereas Kisumu and Mombasa had 6.7% each, and Nairobi had 4.6%.

Overall, 58.5% of interviewees identified as homosexual, 39.4% as bisexual, 1.5% as heterosexual, and 0.6% as asexual. Regionally, there was a significant difference in the interviewees who identified as homosexual or asexual: Eldoret (58.5%), Kisumu (69.9%), Mombasa (51.6%), and Nairobi (56.8%). Concerning gender identity, 876 (55.2%) identified as cisgender males, 319 (20.1%) as cisgender females, 155 (9.8%) as non-conforming, 130 (8.2%) as transgender females, and 94 (5.9%) stated they were transgender males.

Table 2: Demographic characteristics

Characteristic N=1,5871	Frequency (%)
Age (years)	
18-24	834 (52.7)
25-30	487 (30.7)
31-35	152 (9.6)
>35	111 (7.0)
Biological sex	
Female	442 (27.9)
Male	1,140 (71.8)
Other	5 (0.3)
Gender identity	
Cisgender (female)	319 (20.1)
Cisgender (male)	876 (55.2)
Non-conformers	155 (9.8)
Transgender (female)	130 (8.2)
Transgender (male)	94 (5.9)
Other (specify)	13 (0.8)
Sexual orientation	
Asexual	10 (0.6)
Bisexual	625 (39.4)
Heterosexual	24 (1.5)
Homosexual	928 (58.5)
County	
Nairobi	366 (23.1)
Eldoret	432 (27.2)
Kisumu	372 (23.4)
Mombasa	417 (26.3)

Characteristic N=1,5871	Frequency (%)
Employment status	
Employed	374 (23.6)
Self-employed	374 (23.6)
Unemployed	839 (52.9)
Ever attended school	1,579 (99.5)
Pre-primary/primary	188 (11.9)
Secondary	705 (44.6)
Highest educational attainment	
Undergraduate/ master's/PhD	466 (29.5)
Vocational	220 (13.9)
Individuals aware of participants' sexual orientation	
Friends	1,454 (91.6)
Family	642 (40.5)
Coworkers	313 (19.7)
No one	80 (5.0)
Preferred not to answer	7 (0.4)
Other	46 (2.9)
Relationship status	
Cohabiting	62 (3.9)
Dating	730 (46.0)
Divorced, separated, or widowed	24 (1.5)
Married	85 (5.4)
Single	654 (41.2)
Other (specify)	32 (2.0)

Over half of participants (52.9%) were unemployed at the time, while 374 (23.6%) were in formal or self-employment for each category. Almost all (99.5%) respondents had attended school. Of those, 44.6% had attained secondary education, 29.5% had a university degree, 13.9% had vocational education, and 11.9% had primary education as their highest qualification. The majority of the interviewees (91.6%) revealed their sexual orientation to friends, 40.5% to family, and 19.7% to co-workers, whereas 5% opted to conceal information on the same. Findings of this study indicated that 46% of the LGBT individuals were dating, 41.2% were single, and 9.3% were married or cohabiting.

Rights and Freedoms

Awareness of constitutional rights

Given the centrality of human rights in the core context of this research, LGBTQ+ individuals' knowledge of their constitutional rights and freedoms is a very important aspect of social inclusion. Table 3 presents the findings on this issue. The majority of participants (68%) were aware of their constitutional rights regarding freedom and privacy. The awareness of constitutional rights to freedom and privacy was highest in Kisumu (76.1%) and lowest in Eldoret (61.3%). Awareness of other constitutional rights was very low among the participants. Participants were most likely to be aware of their freedom of expression (22.9%) and the right to life (18.7%) and less likely to be aware of their rights to shelter (0.7%), education (0.8%), freedom from stigma or judgment, acceptance (0.4%), and equity and equality (1%). A fraction of participants (26.9%) believe the government is doing enough to guarantee rights as they relate to gender identity and/or sexual orientation.

Table 3: Awareness of rights and freedoms

Variables	Overall, N=1,5871 (%)	Region/County			
		Eldoret, N=432 ¹ (%)	Kisumu, N=372 ¹ (%)	Mombasa, N=417 ¹ (%)	Nairobi, N=366 ¹ (%)
Aware of constitutional rights as these relate to freedom and privacy	1,094 (68.9)	265 (61.3)	283 (76.1)	301 (72.2)	245 (66.9)
Aware of access to basic services/ information or needs/quality services	61 (5.6)	25 (9.4)	12 (4.2)	18 (6.0)	6 (2.4)
Aware of access to justice/fair treatment	28 (2.6)	7 (2.6)	5 (1.8)	8 (2.7)	8 (3.3)
Aware of all freedoms and rights guaranteed to a Kenyan	18 (1.6)	3 (1.1)	3 (1.1)	7 (2.3)	5 (2.0)
Aware of equity and equality rights	11 (1.0)	5 (1.9)	5 (1.8)	1 (0.3)	0 (0.0)
Aware of freedom from discrimination/ right to employment	23 (2.1)	3 (1.1)	10 (3.5)	5 (1.7)	5 (2.0)
Aware of freedom from stigma/ judgment/right to acceptance	4 (0.4)	0 (0.0)	0 (0.0)	0 (0.0)	4 (1.6)
Aware of freedom from violence/abuse/ security/ protection	13 (1.2)	1 (0.4)	6 (2.1)	1 (0.3)	5 (2.0)
Aware of freedom of association/right to marriage/engagement/ socialize/Gay and Lesbian Coalition of Kenya	92 (8.4)	29 (10.9)	33 (11.7)	16 (5.3)	14 (5.7)

Aware of freedom of expression	250 (22.9)	52 (19.6)	65 (23.0)	68 (22.6)	65 (26.5)
Aware of freedom of movement	163 (14.9)	33 (12.5)	37 (13.1)	54 (17.9)	39 (15.9)
Aware of freedom of worship/religion	13 (1.2)	3 (1.1)	3 (1.1)	5 (1.7)	2 (0.8)
Aware of right to choose/ democracy/ consent/freedom of cross-dressing	43 (3.9)	11 (4.2)	8 (2.8)	15 (5.0)	9 (3.7)
Aware of right to education	9 (0.8)	0 (0.0)	1 (0.4)	5 (1.7)	3 (1.2)
Aware of right to health care	33 (3.0)	3 (1.1)	8 (2.8)	8 (2.7)	14 (5.7)
Aware of right to life	205 (18.7)	51 (19.2)	35 (12.4)	65 (21.%)	54 (22.0)
Aware of right to privacy	120 (11.0)	39 (14.7)	50 (17.7)	22 (7.3)	9 (3.7)
Aware of right to shelter/ property ownership	8 (0.7)	0 (0.0)	2 (0.7)	3 (1.0)	3 (1.2)
Unknown	493	167	89	116	121
Believes that the government is doing enough to guarantee rights as it relates to gender identity and/or sexual orientation	427 (26.9)	70 (16.2)	130 (34.9)	125 (30.0)	102 (27.9)
¹ Frequency (%)					

Except for the right to health, qualitative findings suggest participants were aware of inclusive laws but lacked specific knowledge of laws affirming LGBTQ+ rights. A participant in FGD, Nairobi, noted: *"You know, most of those that cover gay people are just the normal laws that cover everyone else. In the Constitution, human rights are protected, for instance, freedom of movement, freedom of privacy, voting, and all these freedoms, but there is nowhere that specifies the rights of the LGBT."*

The Constitutions of Kenya, the Penal Code, HIV policies, and repeal 162 were popular laws and policies cited. According to participants, the Kenyan Constitution's Bill of Rights generally protects all Kenyan citizens, including LGBTQ+ people, and Kenyan laws neither infringe upon nor champion the rights of LGBTQ+ people.

“The only thing that protects them [LGBT people] in Kenya is the Constitution, the bill of rights; in as far as they are human beings, they are entitled to all those rights. But looking at the other laws, of course, we have some statutes like the Employment Act that indicates you are not supposed to discriminate based on SOGIE, based on, you know, it goes back to the rights, but I don't feel like there is a specific law that you would say is championing the rights for LGBT.” (KII, Uasin Gishu)

While the Constitution promises rights for all, participants reported ambiguity and contradictions in the laws, rights, and enforcement of laws, in particular regarding same-sex relations or sexual and gender minorities:

“The only problem that I know ... the challenge that I know of is that the Constitution is very silent ... on one side, it guarantees the fundamental rights of every individual. There is freedom of association, but then on the other side, it criminalizes, like a natural offense; gayism is a natural offense. So [the] Penal Code on one side criminalizes that, or rather the Constitution [on] one side guarantees freedom of association. So you see, as police officers, sometimes we find ourselves in a catch-22 situation. But because we are enforcing the law, what we do is that we handle matters as they come.” (KII, Mombasa)

Perhaps because of the inclusion of men who have sex with men (MSM) in Kenya's HIV strategic plan 2009-10 and in HIV guidelines and implementation, participants were aware of the right to health care. In Kisumu, a key informant explained the right to health care through HIV inclusion: *"We have health guidelines that safeguard the health interests of the [LGBT] population, NASCOP [National AIDS & STI Control Programme]. [In the guidelines], NASCOP defines the key population as men having sex with men, male and female sex workers, long-distance drivers, truck drivers, and fishermen. Those guidelines have really helped a lot in terms of access to medical health services, both through NGO organizing and government organizing."*

Overall, qualitative results show that LGBTQ+ individuals don't know about the specificities of fundamental rights and freedoms, as they focused on broad laws, mainly the Constitution and Penal Code, and HIV. However, contradictions and ambiguity in laws and the implementation of laws were reported, citing punitive measures as a source of ambiguity in governments' laws and policies even as Kenya has a progressive legal and policy environment:

"We have a very progressive, legal, and policy environment that supports the LGBTI. So, the Bill of Rights is very clear and it speaks to the issues of discrimination, specifically, anyone in Kenya has a right to enjoy certain rights, and therefore it's accepted and it's not subject to discrimination, issues of gender, issue[s] of religion. Again, that is ambiguous, so yes, it is where it exists, but there is no supportive law to give the nuances, specifically to protect the LGBTI community. In the health sector, which I have mentioned, there is quite good progress. We have a very good policy document, which ... speaks to the issues of rights. Health policy, they mention key populations because of HIV ... mentioning men who have sex with men but do not specifically mention LGBT. We have certain kinds of legislation that are friendly, but not very specific to mention and highlight the issue of LGBT in the country ... A lot of work has happened with the strategies, and policies, and the Ministry of Health has developed the frameworks ... However, I do not think that there are restrictions—even, for example, LGBTI to vie for political office. On social rights, LGBTI with the proper documentation can apply: for example, NHIF [National Health Insurance Fund] and health care services and facilities, apart from the discrimination, and many, many other benefits there. Okay. So, I would say the legal space is partly supportive and also partly restrictive." (KII, Nairobi)

Structural stigma and discrimination inherent in laws and policies were reported. On health, participants detailed that the inclusion of the LGBTQ+ community was limited to HIV policies and guidelines. In faulting the policies and laws on SGMs, they referred to other minority groups, such as people living with disabilities and intersex individuals who are not only included but mentioned in the laws and policies that facilitate access to services such as health care, education, and related development policies, among others.

"In different sectors like health, education ... I see that the laws that I will mention are not so key ... you know for the LGBTQ+ people we are not mentioned anywhere. It is as if we are not seen. Even in the development of policies, they will just develop these policies to address issues affecting Kenyans as a collective but not Kenyans in all our marginalization. We have Kenyans who are sex workers, LGBTQ... now there is the inclusion of people with disabilities. I think also in the recent census we had the inclusion of intersex persons ... because we have laws like the universal health coverage, which offers quality and accessible health services for all, but for a queer woman like me, if I go there [and] I have an STI, they ask me to bring a partner. [If] you bring a woman as well, they wouldn't give me these services but yet the policies they include everyone." (IDI, Mombasa)

Awareness of laws forbidding discrimination when applying for jobs

Generally, most participants were not aware of any laws forbidding discrimination against a person's sexual orientation or gender identity when applying for a job (Figure 2). About one fourth (24.1%) of the participants were reported to be aware of laws forbidding discrimination based on gender identity when applying for a job. Two out of ten participants (21.6%) were aware of laws forbidding discrimination against sex characteristics or being intersex when applying for a job. Of those aware of laws forbidding discrimination when applying for a job, Eldoret reported the highest number of participants (29.9%) aware of the laws, while in Nairobi, about 2 out of 10 (22.8%) participants indicated being aware of laws that forbid discrimination against people because of their sexual orientation when applying for a job (Figure 3).

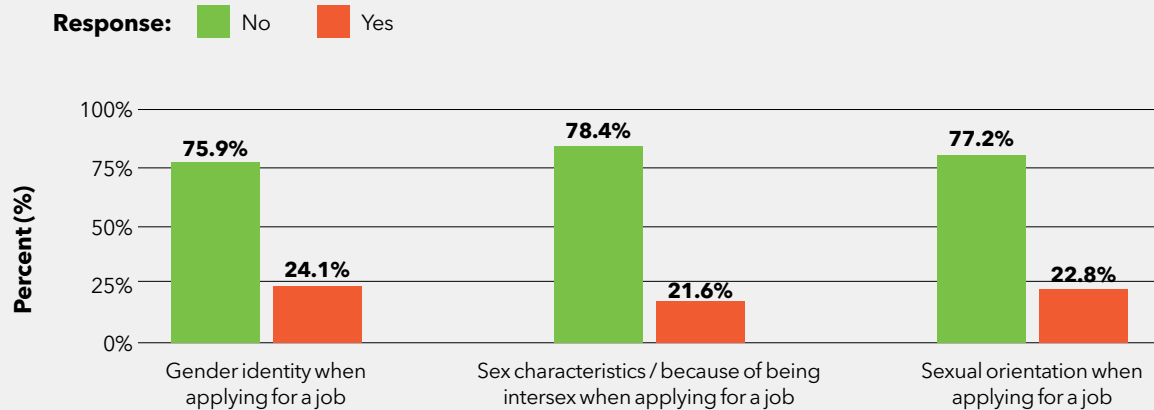


Figure 2: Law that forbids discrimination against persons because of their sexual orientation, gender identity, or sex characteristics/intersex when applying for a job

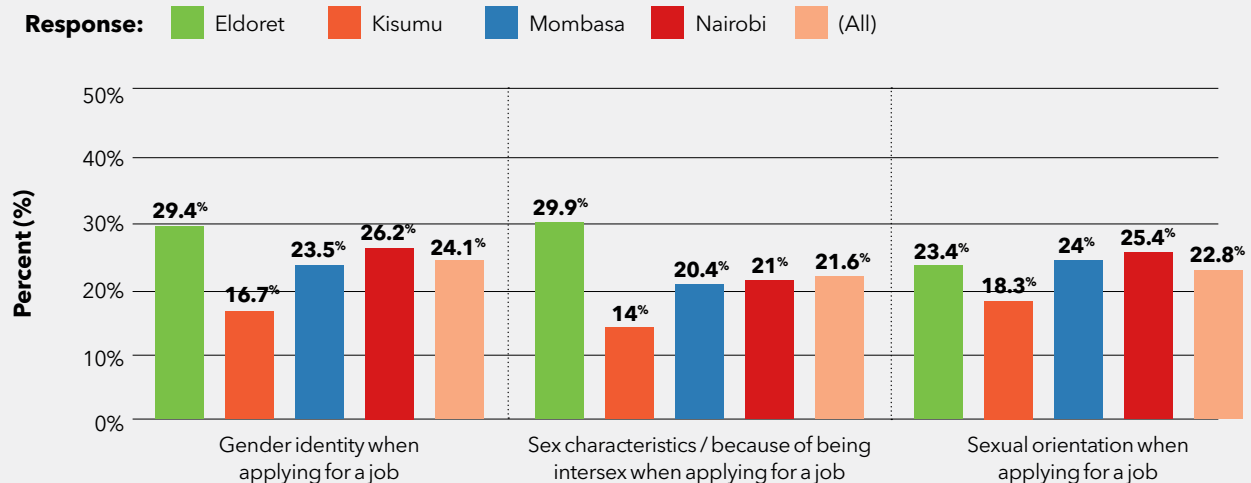


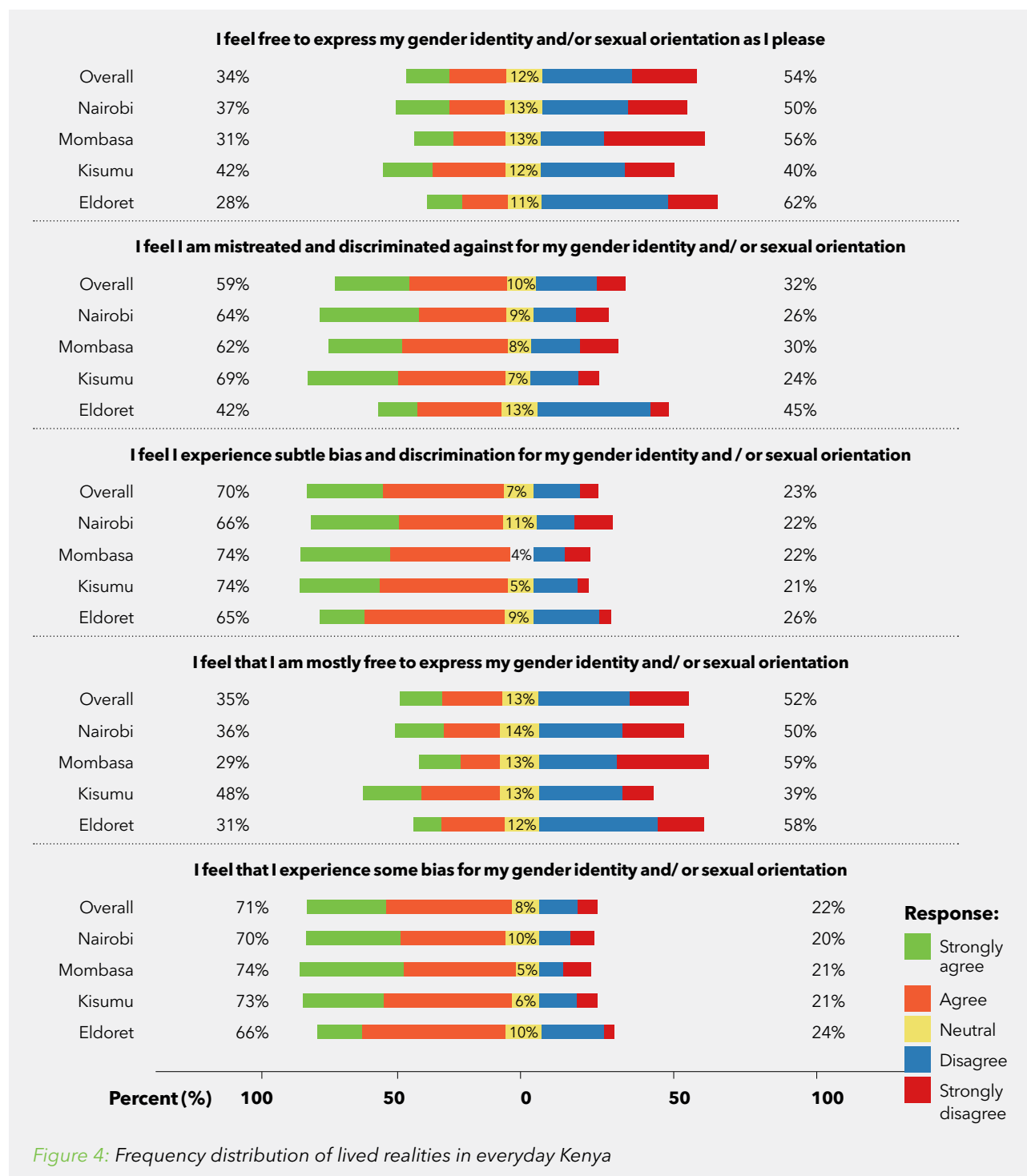
Figure 3: Law that forbids discrimination against persons because of their sexual orientation, gender identity, or sex characteristics/intersex when applying for a job.

Qualitative data show discrimination in employment. Participants shared discrimination experiences at the point of being hired and in employment, which they link to knowledge or suspicion of one's sexual orientation. While at hiring it can be obvious that you are left out because of your sexual identity, especially for feminine gay men, transgender people, and cross-dressers, when someone is already employed, excuses are used to fire LGBTQ+ individuals, as captured in the vignette below:

“I had a very ugly experience at work last year [because of] my TikTok video that had my content with that of my girlfriend. We were just dancing. Of course, TikTok has its own regulation. You cannot just do sexual content, they will just block you. And someone at work searched my username, went to TikTok, downloaded videos of me and my girlfriend, and shared them at work. So, in the morning, I am going to work and everyone is looking at me ... And around that time ... in fact, I had just been discharged [from hospital] after one week of being at the hospital. You know, I was thrown out of work, and they used another language that said, “You are always sick, so you better go, we no longer need you here.” But I knew that was not the reason because I was just doing my work very well.” (IDI, Kisumu)

Freedom of expression

Qualitative data indicate that some LGBTQ+ individuals opted to express their gender through deviant behavior, including clothing, social interactions, mannerisms, or hairstyles. Discrimination because of this gender expression tends to occur when community members observe that the “deviants” that the persons are is inconsistent with religious or cultural beliefs. According to the survey findings (Figure 4), about a third of the participants (34%) stated that they express their sexual orientation or gender identity, while 35% indicated that they mostly freely express gender identity and sexual orientation. Regionally, Kisumu had the highest proportion of those who stated they freely (42%) or mostly freely (48%) express their gender and sexual orientation.



The overall results indicate that 70% of participants felt some subtle bias and discrimination based on their gender identity and/or sexual orientation. Participants in Kisumu and Mombasa counties reported the highest proportions of 73% and 74%, respectively, of those who feel subtle bias and discrimination based on their gender identity and/or sexual orientation. Overall, seven out of ten participants (71%) feel that they experience some bias based on their gender identity and/or sexual orientation. Mombasa region has the highest proportion (74%) of participants who feel that they strongly agree or agree that they experience some bias because of their gender identity and/or sexual orientation.

Qualitative analysis reveals tension around self-expression and coming out. However, LGBTQ+ individuals in Kisumu express themselves coming out, and their free expression is limited to close friends, while others openly express themselves in society. Further, qualitative analyses confirm that some selectively freely express themselves to their significant other but maintain secrecy with the larger community. As one participant said, *"Am mostly out to my friends, those who are around me, and I usually feel it is important for them to know me ... so am out to my friends and best friends and am out to the community, but I don't have to like shout it loud, but I am usually comfortable with myself in public."* A few participants in Mombasa and Uasin Gishu reported expressing themselves freely in public and through social media:

"For me, I mingle freely and I will still come presenting as myself. What has made it easy is the fact that I have information and this information has really empowered me ... So, I attend weddings where I will wear some nice official [outfit], if that day I decide to be in a suit [laughs] or that day you decide it's nice jeans; so, I attend social events and I attend them as a queer person. I don't attend them as a straight person, yet ... I post my stuff as a queer person, 100% queer. I know there are a lot [of] risks attached to it, but at the end of the day, I do not want to hide in a shell. So, I'm sensitive and careful about what I post. But I post my stuff as a queer person, yes. If you go to my social media page, you will just see that this is just a guy [laughs]." (IDI, Uasin Gishu)

Those who freely express themselves contend that expressing themselves openly facilitates self-acceptance and the use of social media platforms.

"But in the community at large where I reside, even for the neighbors, first of all, I am very out about my sexuality. I have been in the media several times, I am a 'TikToker,' I do my videos so openly, LGBTQ+-related videos ... So, I think that has helped me because someone may say that is so-and-so, but so what? But if you live in hiding, they take advantage and see that you have not accepted yourself. If you do not love yourself, how do you expect someone else to love you? ... [chuckles]. So, I think that is what has helped me personally and that is what I use to encourage other LGBTQ+ persons. Especially these young people who come to me and say ... 'I have been kicked out from home.' I tell them being gay is hard; you have to be strong. Because that is the reality. Until it is not hard anymore, we have to fight the battle together. I think that is what has helped me." (IDI, Mombasa)

Participants discussed strategies LGBTQ+ individuals use to avoid attention, discrimination, and stigma. As expressed in the excerpts above, participants assert that being gay is hard. Rejection, being put out of the family home, or avoidance by friends were some of the experiences are a common place in lived experiences of LGBTQ+ individuals. Participants cited the concealing or hiding of identities in families and society, including education institutions, places of worship, and workplaces, as one of the social navigation strategies employed by LGBTQ+ people to ensure livability. Misconceptions, negative actions and attitudes, lack of income or loss of privileges, and social norms, including societal expectations, occupy a central place in shaping tensions around sexual and gender identity self-expression. Some participants reported being cautioned by CSOs against freely expressing themselves in communities for fear of negative repercussions. A key informant explained:

"For society, whether you are a lady who is lesbian or a man who is gay, society expects you to get married to a person of the opposite sex and have children. Society does not expect you to be in love with a fellow man or fellow woman. It is very difficult: you find that most of them will follow what society expects, but deep inside, they are not satisfied. That is where you will find a man who is married and has a wife and children, but somewhere they have a gay partner. Because there is something that is missing in his life and society will not accept him if he says, 'I am gay and want to live with a fellow man, or I am lesbian and want to live with a fellow lady.' Society will look down on you and call you names, so they will just do what society expects of them, but deep inside that is not what they want." (KII, Nairobi)

Within their families and society, participants shared how experiences of negative comments about LGBTQ+ people perpetuate sexual orientation secrecy or discourage coming out. In a focus group discussion, a participant sharing a negative comment made by his mother about gay people explained:

“I remember there was a time the LGBTQ+ community organized a strike fighting for their rights, and it was even in the news. By then I was watching [the] news with my parents, and then my mom said that [if] she dare find her child in that community—and her facial expression was very serious, and she was like—‘If I get my child in this, I’ll skin him alive.’ Imagine that I am one of the gays. I personally am one of them, and then Mom speaks like that ... I did not talk or say anything. For my own security and the fear of being put out of the house, I was like, ‘Hey, let me remain calm to maintain my own business.’ For some, coming out was equated to committing suicide.” (FGD, Kisumu)

Concealing their sexual orientation and gender identity seems to be the best way for survival. According to a key informant in Eldoret, coming out is as serious as committing suicide:

“They are not able to identify themselves as LGBTQ+ in churches because they will be sent away. I know those who are very active [in the] choir: I always tell them that one day they can decide to talk and say, ‘You know, I’m gay, I’m transgender’ and see what will happen, and they say they will never [do that] because that is like committing suicide.” (KI, Eldoret)

Those whose sexual orientation is revealed shared about negative treatment within their families, as exemplified in a conversation during a focus group discussion in Nairobi:

R: For me, I used to stay with my mom. When I came out to her, she chased me away and I moved in with my girlfriend.

M: Have you ever tried to go back home?

R: No. They say I am a disgrace to the family. I cannot go back.

M: Has anyone tried to reach out to you?

R: No, they do not know where I am.

M: And how long has it been?

R: Almost three months.

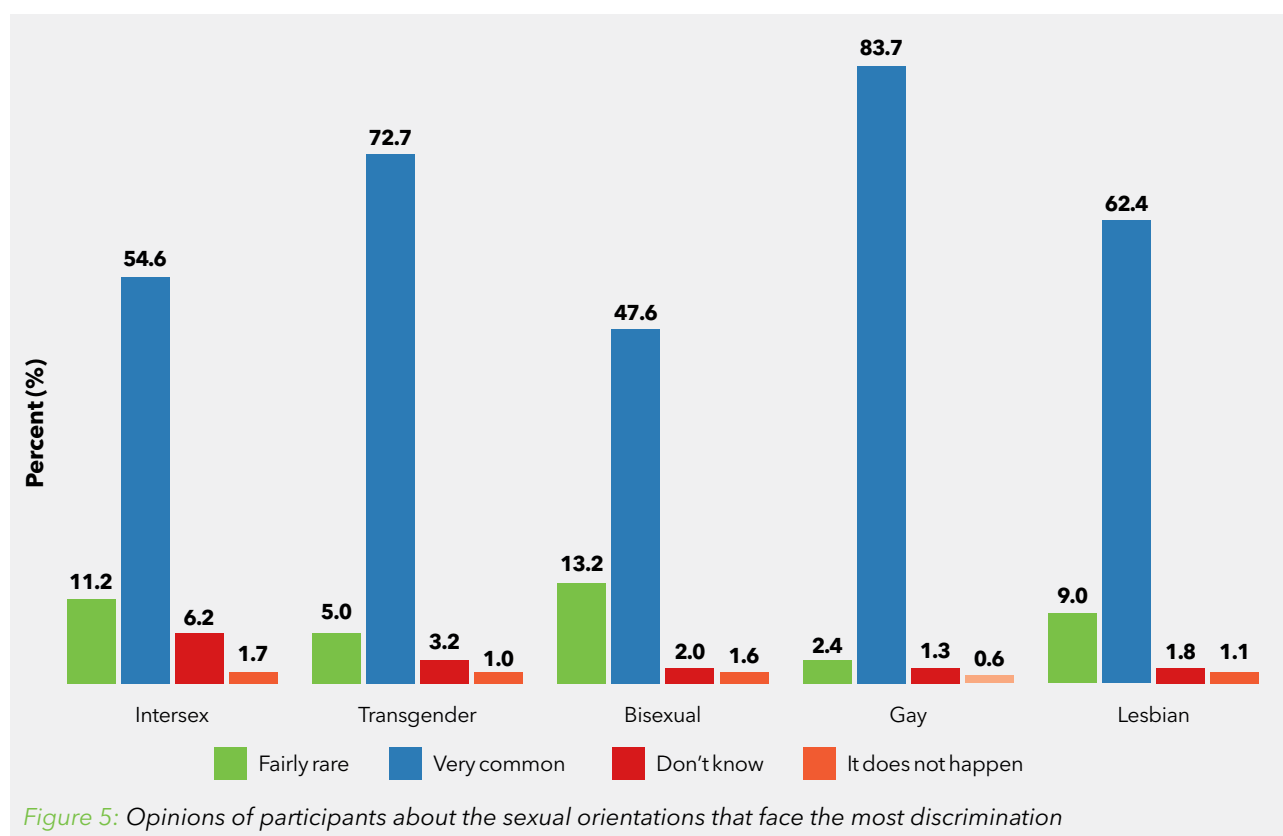
Besides coming out or feminine mannerisms among gays and masculine mannerisms among lesbians, suspicion of sexual and gender orientation was linked to association with LGBTQ+ organizations and to dress code. An in-depth interviewee in Kisumu explained, “Some people in the LGBTQ+ [community] do things openly, and so that is how they are normally identified. Others even kiss openly, and when the landlord sees that, or even neighbors’ children, you are given a notice.” All of these come with consequences.

For fear of being discriminated against and being denied services such as attending church services, LGBTQ+ people hide their identities. A key informant in Nairobi used an example of marriage to explain how anything that does not align with heteronormative social norms and cultural beliefs and expectations is not acceptable, resulting in strategies such as de facto bisexuality to avoid discrimination.

Discrimination

Sexual orientation facing the most discrimination

According to the survey findings, discrimination toward LGBTQ+ people is prevalent (Figure 5). Most participants believed gay (83.7%), transgender (72.7%) and lesbian (62.4%) persons face the most discrimination, while intersex (54.6%) and bisexual persons (47.6%) are the least discriminated against.



Qualitative data confirmed that transgender persons and feminine gay men face the most discrimination, as reported by an in-depth interviewee in Mombasa: "...a transgender man or woman cannot go to church in a dress ... There was a time I went with my transgender friend to a church here in Mombasa. They cannot wear a dress because they are a stud, but he dresses like a man. I remember one of the ushers just saw them from a distance and brought a 'lesbo' to them telling them that they cannot dress like that there. It is either you change clothes or never come back here again."

Table 4 shows that slightly more than half of the participants experienced at least one form of discrimination. Compared to other marginalized groups, data revealed that people with disabilities (79.6%), lesbian/gay/bisexual (70.3%) people, transgender (63.8%) persons, and minority and migrant groups (63.6%) significantly experienced discrimination.

Table 4: Group discrimination

Group	Overall, N=1,587 ¹ (%)	Region/County			
		Eldoret, N=432 ¹ (%)	Kisumu, N=372 ¹ (%)	Mombasa, N=417 ¹ (%)	Nairobi, N=366 ¹ (%)
Discrimination based on age	658 (41.5)	189 (43.8)	144 (38.7)	148 (35.5)	177 (48.4)
Discrimination against people with disabilities	1,263 (79.6)	352 (81.5)	322 (86.6)	312 (74.8)	277 (75.7)
Discrimination against gay, lesbian, and bisexual people	1,116 (70.3)	278 (64.4)	281 (75.5)	307 (73.6)	250 (68.3)
Discrimination against transgender people	1,012 (63.8)	236 (54.6)	256 (68.8)	289 (69.3)	231 (63.1)
Discrimination against intersex people	915 (57.7)	218 (50.5)	231 (62.1)	263 (63.1)	203 (55.5)
Discrimination against minority groups and migrant groups	1,010 (63.6)	269 (62.3)	244 (65.6)	267 (64.0)	230 (62.8)
Discrimination based on religion	891 (56.1)	241 (55.8)	193 (51.9)	247 (59.2)	210 (57.4)
Discrimination based on sex	1,107 (69.8)	320 (74.1)	256 (68.8)	292 (70.0)	239 (65.3)
¹ Frequency (%)					

Findings from qualitative data support quantitative findings that reveal differentiated discrimination with high levels of discrimination against gay and transgender people. In all study sites, qualitative data show that lesbians are more tolerated or accepted by society, even though they equally face mistreatment in the society. Men in same-sex relationships, on the other hand, face more intolerance from society:

“... for being gay or even transgender, these are things that are seen as outside the reality ... outside the norm, but for lesbians, you will hear them say that, ‘Ah it’s normal for girls to have emotional attachment’ ... so, many straight people would prefer lesbians than gays or transgender ... they will say, ‘Girls are normally that way because they are emotionally attached and it’s normal.’ Even the act, people don’t look at ... Actually, when you think about two women, [it] is a fascination, but when [you] think about two men ... it will disgust you. I know two girls fascinate even straight men, because it is interesting to see two women kissing. In fact, you want to join and have a threesome. But two men even holding hands automatically becomes ‘Ah, no, this isn’t normal,’ so the judgments on them [are] really harsh.” (IDI, Uasin Gishu)

However, it was reported that those whose physical appearance or any disclosure gives away their identity are likely to experience discrimination. For instance, “*masculine lesbians do face discrimination more than lesbians ... a female masculine, they are the ones who normally really feel the heat [discrimination].*” Similarly, “*Okay, when it comes to gays, there is a bottom and a top; top won’t feel the heat because top is just a normal guy, but bottom because maybe he has a piercing or is wearing a trouser that is a bit tight, or he is bragging a little, now you see they start feeling the heat too*” (IDI, Nairobi). For transgender people, “*Hate or discrimination for transgender people is based on the changes they undertake to fit their identity*” (KII, Mombasa). Obvious changes are visible, especially during transitioning or from the way they dress.

Generally, participants intimated that society is harsher toward gay men because they are men behaving like women and therefore are “disgusting to society,” as was expressed by a participant in a focus group discussion in Kisumu. “*The community is harsher on gays because they stereotype that it’s a weakness for a man to look like a woman. So, when they notice that you are that and you even publicly try to express yourself, then you attract more hate. I think for lesbians, the community has been used to seeing girls getting all touchy and friendly with themselves ... But that’s not so for men; you don’t get close to your fellow man.*”

Day-to-day discriminatory acts

Various discriminatory-related actions experienced by LGBTQ+ individuals were explored. Overall, slightly more than half of the participants reported that they experienced discrimination most of the time by virtue of receiving insults (56%), people acting as if they were better than them (55%), being treated with less courtesy (53%), and getting minimal respect (52%), as illustrated in Figure 6. Across the regions, discrimination based on insults and being treated with less courtesy than others was prevalent in Kisumu (65%) and Nairobi (64%), respectively. Moreover, discrimination based on harassment (26%), and experiencing poorer service at stores or restaurants (21%), were the lowest in Eldoret (Figures 6–10).

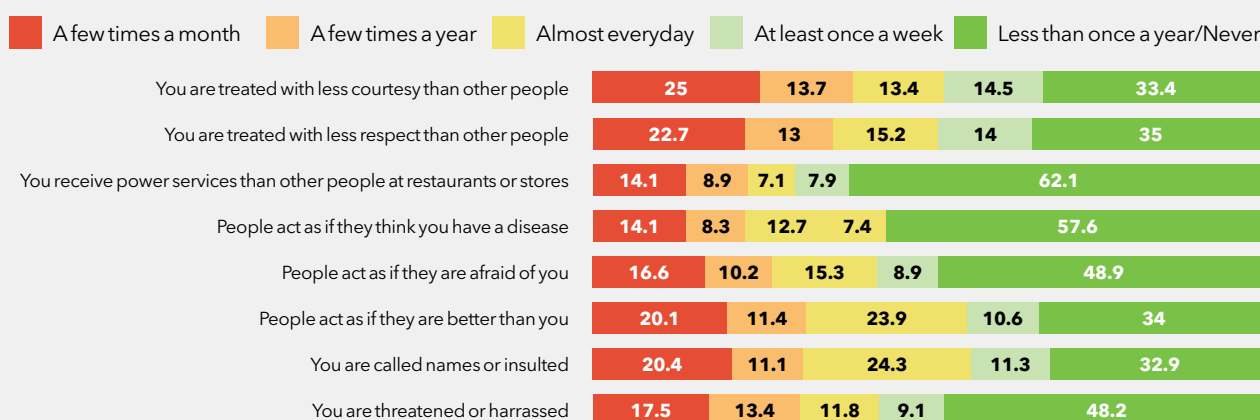


Figure 6: Proportion of discrimination experienced every day to over time

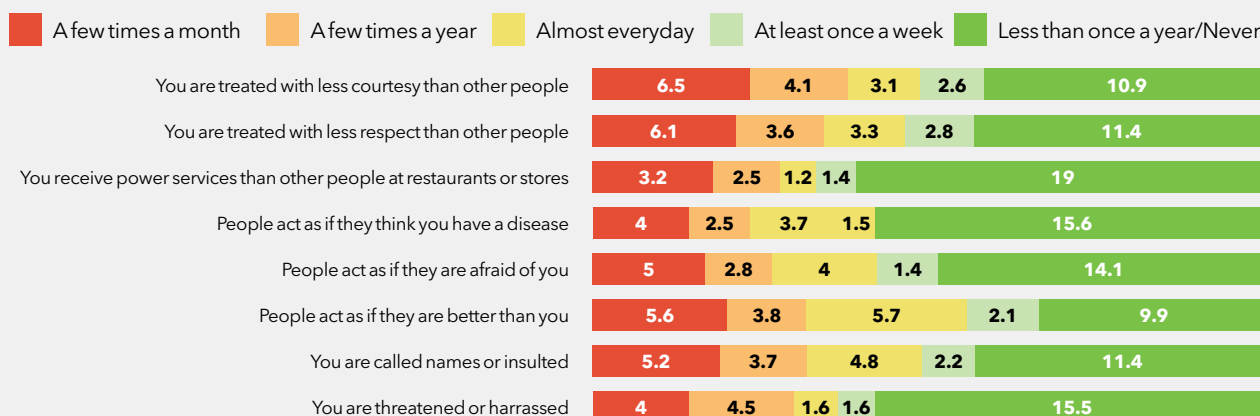


Figure 7: Eldoret: proportion of discrimination experienced over time

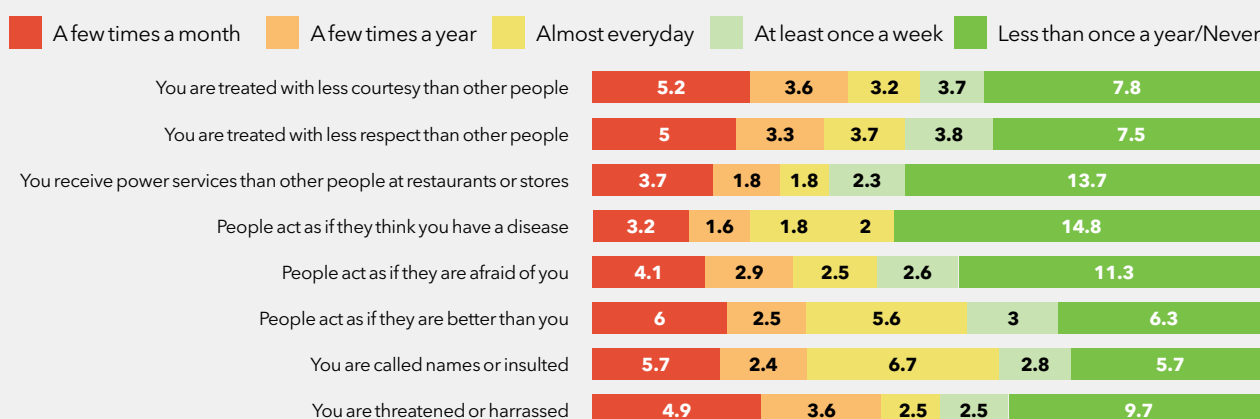


Figure 8: Kisumu: proportion of discrimination experienced over time

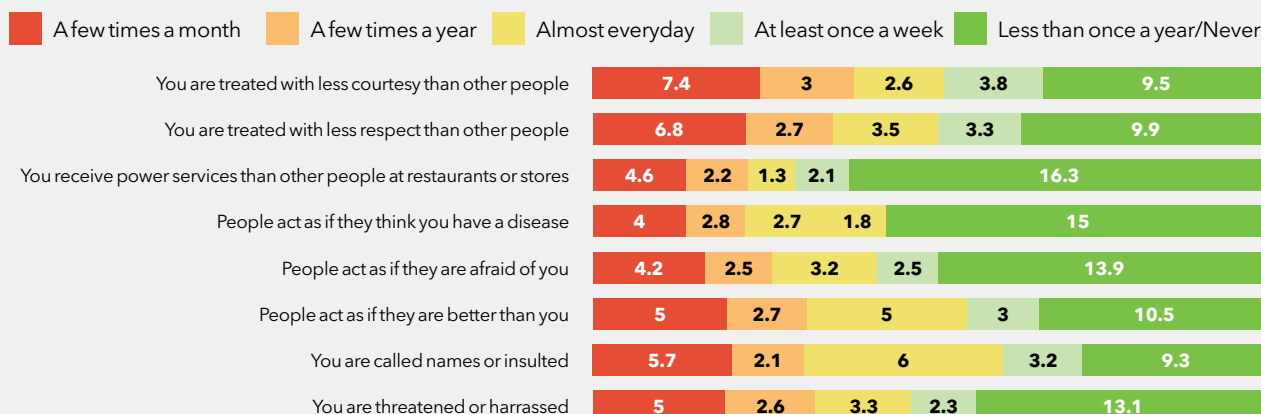


Figure 9: Mombasa: proportion of discrimination experienced over time

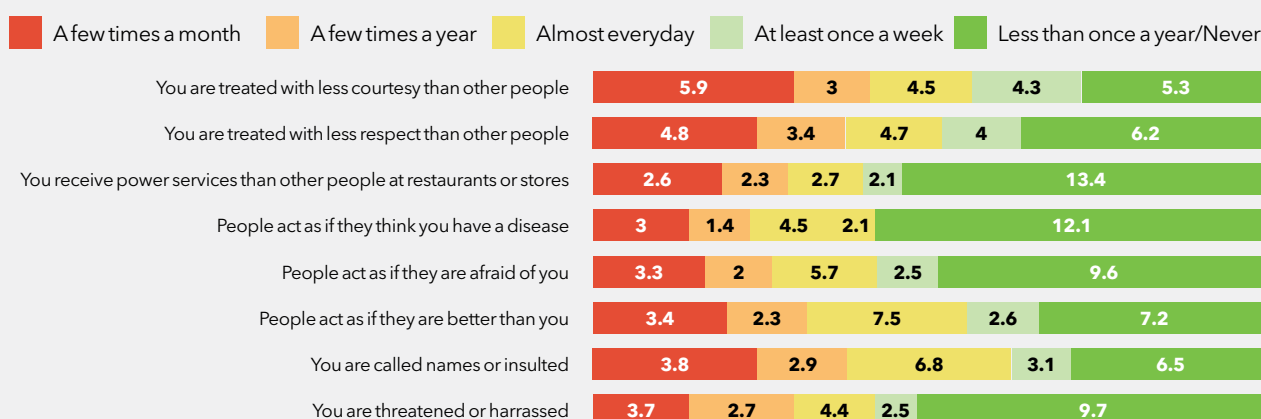


Figure 10: Nairobi: proportion of discrimination experienced over time

Practices and frequency of discrimination

Table 5 shows that, in general, the majority of the participants faced discrimination in their day-to-day lives through being treated with less courtesy (39.4%) and less respect than other people (36.7%). This occurred a few times a month or at least once a week, with discourtesy being higher in Nairobi (44%) and disrespect prevalent in Mombasa (38%). However, discrimination in terms of service provision, stigma, fear toward the respondent, condescension, verbal abuse, and harassment were the least experienced day-to-day discriminations. The majority of the respondents reported their occurrence to be less than once a year.

Practices of discrimination and differentiated treatment experiences feature prominently in the daily lives of LGBT+ individuals through insults or derogatory names, harassment, and being threatened. They are called cockroaches, are considered satanic, crazy, paedophiles, and a confused lot, and are blamed for diseases including COVID-19 in society. Some other participants added, "... they always believe that we are crazy, very cursed and very hopeless people. That we are satanic and are bound for hell" (IDI, Mombasa). "There are those who will take you to the therapist, thinking that you might have mental issues" (IDI, Uasin Gishu). "Some say you are demon possessed" (FGD, Nairobi). "The perception that the community has on gay men is that we are 'pedophiles.' Yeah, that we have sex with kids ... We belong to the devil" (FGD, Uasin Gishu). "They are seen as social misfits ... they are people without direction" (KII, Kisumu).

As indicated in various statements, LGBTQ+ people are blamed for misfortunes in society, including being causes or reservoirs or carriers of diseases.

“They say that they are not God’s children and that they are devil’s children who brought illnesses to the world ... They are told that they bring STIs and AIDS” (FGD, Mombasa). “These are the ones who have brought COVID—you wonder, ‘Did I invent COVID?’” (FGD, Mombasa). “Let me just start with the most recent one, where they were saying that it is us who are the cause of monkeypox ... It’s annoying. I mean, it’s not us who brings the diseases” (IDI, Uasin Gishu).

It is evident that LGBTQ+ people confront threatening statements about them, such as “these [LGBTQ+] don’t even deserve to live, and they should be killed” (FGD, Kisumu) “All of these people should be burnt” (FGD, Uasin Gishu). “Those people should be killed” (FGD, Mombasa).

Challenges when seeking essential services were discussed. They reported being treated differently when seeking essential services, which they linked to their gender identity. Education, health, and employment were essential services where they mostly encountered differentiated treatment. In most cases, they were denied essential services:

“I think [of] most of the key services as challenging first education; you find that once you’ve been identified as you belong to the LGBT community, then you find that expulsion. Yeah, you are chased from school or from an institution ... When you go to look for employment, if you’re a gender non-conforming person or an LGBT person that is very open, then people really brand you as either a bad influencer: today we’re going to give you a job, or maybe they feel that you are impersonating somebody, and you find that you don’t get that job. Another thing you realize [is] that even sometimes in medical cases, you go to seek medical services, maybe you are presenting with an STI. Somebody wants to know how you got that STI. And once you tell the, this is how I got it, then they start calling in the other eight workers to come and witness or come and see this person [who] is so open about themselves....” (KII, Kisumu)

Qualitative analysis confirms that if they are not denied services, LGBTQ+ individuals are treated with less respect than other people when seeking essential services. A participant in Uasin Gishu explained,

“... the straight are the ones seen as the real people now [laughs], so you find that the heterosexual is given a lot of respect compared to the LGBT ... Basically, I would say, it’s just that we cannot be stoned to death, so we are being tolerated, we are not being accepted” (IDI, Uasin Gishu). This is blamed on societal lack of understanding of sexual and gender minorities. As a result, LGBTQ+ individuals are painted negatively by the society. “They are always being depicted as them being sexual beings, ratchet, drug users, HIV-positive” (KII, Mombasa).

Besides challenges in accessing essential services, participants reported that LGBTQ+ individuals receive poorer service in restaurants and stores than other people. In Mombasa, some eateries or clubs have clearly posted, “LGBT+ ARE NOT ALLOWED HERE,” while “... there are some joints where you will go and not get services: for example, an eatery—you find the management will issue a communication via the waiter to just ignore the person. So, you don’t get any service” (FGD, Mombasa).

Places (areas) where discrimination is experienced

While findings show discrimination to be a common practice, Table 7 indicates that 41% of the participants had never experienced discrimination. Participants who had been discriminated against were most likely to have experienced this when expressing religious beliefs (42.1%) or participating in cultural events (40%) or in education and youth development (36.3%). Kisumu reported the highest cases of discrimination; only 26.6% of respondents had never been discriminated against.

Table 5: Areas where participants experienced discrimination

Areas where respondents experienced discrimination	Overall, N=1,587 ¹ (%)	Region/County			
		Eldoret, N=432 ¹ (%)	Kisumu, N=372 ¹ (%)	Mombasa, N=417 ¹ (%)	Nairobi, N=366 ¹ (%)
I have never experienced any of the above	657 (41.4)	181 (41.9)	99 (26.6)	216 (51.8)	161 (44.0)
Education and youth development	576 (36.3)	147 (34.0)	189 (50.8)	114 (27.3)	126 (34.4)
Access to healthcare and healthcare services	436 (27.5)	97 (22.5)	110 (29.6)	129 (30.9)	100 (27.3)
Safety, security and psycho-social services	424 (26.7)	69 (16.0)	125 (33.6)	114 (27.3)	116 (31.7)
Access to essential services	257 (16.2)	47 (10.9)	71 (19.1)	62 (14.9)	77 (21.0)
Homelessness and access to housing	471 (29.7)	60 (13.9)	132 (35.5)	144 (34.5)	135 (36.9)
Job creation, employment and asylum seeking	436 (27.5)	78 (18.1)	109 (29.3)	133 (31.9)	116 (31.7)
When participating in cultural events	635 (40.0)	161 (37.3)	138 (37.1)	130 (31.2)	206 (56.3)
When expressing religious beliefs	668 (42.1)	201 (46.5)	133 (35.8)	152 (36.5)	182 (49.7)
Other	45 (2.8)	11 (2.5)	19 (5.1)	12 (2.9)	3 (0.8)
¹ Frequency (%)					

The qualitative information reveals that residential areas, places of worship, essential services such as education, housing, health care, security, and employment, and attending cultural activities are notorious for discrimination. Participants reported experiences with excommunication in churches. They are either excommunicated or subjected to conversion therapy and conformity in dressing for transgender people.



"For me, the church banished me from attending and gave two options. I either go for prayers to change or stop attending. This is a Catholic church." (FGD, Nairobi)



"Here in Barsheba there is a lady, she was born a male but she has the female features and she even walks like a female ... and she has lipstick on. So, one Friday she went to the mosque; one old man came up, slapped her, and told her she shouldn't come to worship, so she had to go, but later on she had to look for the mosque leader: What is the problem if I come to worship? So, that case was discussed, but then she was beaten badly and left that day without worshipping." (KII, Mombasa)

Discrimination in access to housing

Narratives about eviction from houses or being barred from renting houses were shared in all study sites. For example, in Mombasa, an in-depth interviewee shared his eviction ordeal: *"There is [the] time I was with a friend in my house, then there was a knock at the door. On opening, I found a man telling me that they have been sent from the office to bring to me a letter. On opening [the letter], it was a notice to vacate the house without telling me the reason for the notice. I called them [and] that is when they told me that 'We have heard that you are this and that way and we are Muslims, we do not want such people in our houses. By a certain date you should have moved out.' ... I pay my rent well, but investigating me and finding out about how I live was the problem. They told me, 'No, we are Muslims, we don't want that.'"*

While some LGBTQ+ people are told outright that “We do not accept people like you here,” LGBTQ+ tenants are forced to move out when landlords refuse to collect money from them or threaten to make their stay difficult until they move out.

“I have had a chance to interact with an intersex person who was house hunting. He had paid the deposit and everything and then just by how they were, the owner of the house told them, ‘Just take your money. I don’t want you in my house.’” (IDI, Uasin Gishu)

Participants intimated that non-LGBTQ+ tenants influence landlords’ decisions to evict LGBTQ+ individuals.

“There are times when the landlord or the landlady—if, for example, you live with your partner—you will find that maybe they will tell you to go because ‘We don’t accept people like you here.’ Maybe they say it in a way [like] ‘Eh, today your neighbors have been talking a lot and we have observed that you are’ It is like you are disturbing their peace. You’ve sat in your house, you are paying the rent, you are paying your bills, you haven’t gone to anyone to ask for fee[s], you haven’t gone to anyone to ask for anything, you haven’t even gone door to door to convert anyone. Just because you are existing in this space where there are heterosexual people and they feel you should not have the audacity to exist in such a space. You find that there are people who deny you housing just based on who you are and the people that you are in love with.” (FGD, Uasin Gishu)

Discrimination in education

Qualitative data reveal discrimination in educational institutions. Some FGD participants shared experiences about expulsion from such institutions, as one of them explained:

“Talking [about] education, personally I have been expelled from three high schools. Just because the principal thought I would influence the other students into [being] gay ... And also, when I went to college, I had to cope with stigma. So, it deprived [me of] getting [a] very good education because from there, I stopped concentrating [on] education. Why should I go to school, yet people judge me?” (IDI, Kisumu)

Intolerance of LGBTQ+ people was reported in institutions of learning. There were also reports of teachers deliberately failing students suspected of being LGBTQ+. Participants in a focus group discussion with lesbians shared how, in schools, LGBTQ+ individuals leave school for fear of unknown reactions from fellow students. “In schools, you find that LGBTQ+ students leave because of the fear of other students. When you are suspected of or caught seducing other students, you just feel the threat and walk away from school because you are afraid of what fellow students will do to you. You cannot report. The teachers do not want to get involved; as a matter of fact, they want the students to deal with such cases. Therefore, the LGBTQ+ students will just walk out while the teachers do nothing about it.”

Participants also reported how learners suspected to be LGBTQ+ transfer schools, as exemplified by a key informant in Mombasa:

“So, I know violence is a real issue, as is access to services, because, like the way the laws are, there are some services that, yes, should be available for everyone, for example, education; there is no limitation on who should get education, but if you think about it in terms of prejudices in boarding schools and kids’ learning centers, kids are taken out of schools because they are perceived as gay of some sort.”

Participants intimated that in some schools, teachers endorse violence against LGBTQ+ people through denunciation of and calls to end same-sex relationships. In one school, during a cultural day, students performed a play on morality, and homosexuality was one of the issues presented. “Homosexuality is presented as a modern sin that ‘we should end before God ends us,’ and the head teacher applauded the students for saying we should not tolerate homosexuality. Such pronouncements plant seeds of intolerance among you.”

Discrimination in health care

While men who have sex with men (MSM) are included in HIV interventions, qualitative analysis shows problematic access to health services. Participants shared about continued stigma and discrimination of LGBTQ+ people in accessing health care, in particular when presenting with STIs related to same-sex acts:

“... there is a time I contracted an STI and went to a government facility for treatment ... so the doctor started talking badly and to an extent never wanted to touch me. He just told me to sit while pointing at me with the needle ... he asked me where I got the STI from and if I was sleeping with other men. Before he could finish attending to me, he had gone and told other doctors around. Many would pass by and greet me just to see me. I really felt like my right to health [care] had been taken away.” (IDI, Nairobi)

Similarly, a participant reported that

“... there was a time I had problems in my private parts; I had swellings. When I went to the hospital for a checkup, the doctor asked me if I was engaging in homosexuality. So, you find that instead of treating me they start asking questions and call for another doctor who asks questions, too, and it goes on and on. So, you see it is like discrimination stigma.” (IDI, Mombasa)

Participants reported being subjected to unnecessary questions, being kept waiting longer at the health facility, and a lack of privacy and confidentiality. In public health facilities, health care providers call their colleagues to the examination room to see the STIs.

“This brings about fear: you are discriminated against. So, it becomes a challenge to seek services in public hospitals. I don't know when they'll stop such behaviors. But stigma and discrimination are still there in public hospitals,” noted a participant in Uasin Gishu. In Kisumu, a participant in a focus group discussion shared, “You are on the bed; someone comes in to get a stupid thing like a file, scissors, you know, stupidity, and you are there, naked for examination.”

A participant in a focus group discussion reported how she was refused services in a health facility:

R: I stood there waiting to be called just to see those who came later getting in as I waited. So that person thought I am a man. I went in and asked him. The moment I talked, he asked whether I am a man or woman ... I told him I had waited for so long, yet he kept calling other people inside while skipping me on the line. He asked again whether I was male or female. This got me pissed off ... then he sent me away to go and seek help from elsewhere.

M: Did they serve you?

R: No. ... Because he wanted me to show him whether I am really a lady or intersex. (FGD transgender, Kisumu)

Participants reported how the health care providers in public health facilities make their STIs public, which inhibits access to health services.

“Personally, I have never gone for services at a public hospital because of the experience that a friend went through. The nurse started shouting in the corridor, asking, ‘What is this we have today?’ just because [of] a pimple he had in the private parts.” (FGD, Nairobi)

Discrimination in safety, security, and psychosocial support

Qualitative analysis reveals participants' concerns around the safety of LGBTQ+ individuals. Cases of violence, including physical beating and rape, and concerns around access to justice were reported. They reported differentiated security and safety. According to participants, police officers laugh at or make fun of them or accuse them of “spoiling the community” when they attempt to report violence such as physical beatings or rape or intimate partner violence or when sex workers' clients refuse to pay for sex work services. A lesbian participant lamented,

“We are treated totally different, because for me as a lesbian, if I come to you the police officer [and say] I'm a lesbian woman, I have been raped, when I come to you, you will tend to say, 'No, you deserve it. Why don't you love men? You deserve it' ... You are told to wait outside. Now a straight woman comes in, she has been raped, and now it becomes a serious case: Why? Is it because she's straight? Why do you take this woman's issue to be more serious than mine, yet we have the same issue ... they tend to take the issues of straight [people] more seriously than LGBTQ community issues.” (IDI, Uasin Gishu)

According to a key informant interviewee in Mombasa, LGBTQ+ individuals risk the police turning against them.

“When he has gone to look for help, he is the one who is arrested and locked inside instead.”

Discrimination when participating in cultural or social events

Condemnation and gossiping about same-sex relations in cultural events was reported. Preachers use cultural events to condemn homosexuality:

“There is a time I went to a funeral, a friend of mine had lost a brother, and then there was the preaching session. All of a sudden things changed, like the children of today have become lesbians, they are into homosexuality, they are into tattoos. So, they don't want to go straight into it, they bring in other topics and it becomes so uncomfortable.” (IDI, Uasin Gishu)

Challenges in accessing services and associated factors

More than half of the participants had experienced various challenges in accessing services. The results indicate that more than two thirds of the respondents (71.1%) had challenges accessing financial services. Participants from the Kisumu region (79.0%), Nairobi region (78.4%), and Mombasa region (76.7%) had higher odds of having challenges accessing financial services. Six out of ten participants had social services (64.2%), food services (61.5%), and money for treatment (60.2%) challenges. The prevalence of challenges in accessing financial (79.0%) and food services (68.3%) was higher in the Kisumu region, while respondents from the Nairobi region (73.5%) had the highest odds of challenges in accessing social services (see Table 6).

Table 6: Challenges in accessing services and associated factors

Services with access challenges	Overall, N=1,587 ¹ (%)	Region/County			
		Kisumu N=372 ¹ (%)	Eldoret N=432 ¹ (%)	Mombasa N=417 ¹ (%)	Nairobi N=366 ¹ (%)
Health care services	860 (54.2)	219 (58.9)	164 (38.0)	246 (59.0)	231 (63.1)
Financial services	1,128 (71.1)	294 (79.0)	227 (52.5)	320 (76.7)	287 (78.4)
Social services	1,019 (64.2)	265 (71.2)	216 (50.0)	269 (64.5)	269 (73.5)
Food services	976 (61.5)	254 (68.3)	160 (37.0)	299 (71.7)	263 (71.9)
Other (specify)	104 (6.6)	11 (3.0)	27 (6.3)	34 (8.2)	32 (8.7)
Factors implicated in health care access					
Money for treatment	955 (60.2)	254 (68.3)	211 (48.8)	241 (57.8)	249 (68.0)
Distance to the health facility	688 (43.4)	172 (46.2)	151 (35.0)	164 (39.3)	201 (54.9)
Taking transport	771 (48.6)	166 (44.6)	158 (36.6)	216 (51.8)	231 (63.1)
Concerns that you will be treated differently because of your gender identity	700 (44.1)	150 (40.3)	202 (46.8)	160 (38.4)	188 (51.4)
Concerns about the availability of health care providers	537 (33.8)	131 (35.2)	113 (26.2)	140 (33.6)	153 (41.8)
Concerns about the availability of drugs	689 (43.4)	158 (42.5)	140 (32.4)	198 (47.5)	193 (52.7)
Other concerns	42 (2.6)	8 (2.2)	12 (2.8)	17 (4.1)	5 (1.4)
¹ Frequency (%)					

Qualitative interviews confirming challenges in accessing essential services such as education, housing, and health care have been reported above. Fear, violence, stigma, and discrimination were the main factors impeding access to services. A key informant in Mombasa talked about access to services, saying, "Violence is also a problem because beyond discrimination, beyond the prejudice of somebody thinking something about you, so that people are ... afraid of existing in their truest form because maybe if you dress a certain way and live in a certain neighborhood, you can be beaten and people can gang up on you. In schools, LGBT+ students are transferred, they cannot stay there ... So, yes, access to services such as those and generally in terms of access to things and also their safety and security."

Discrimination based on age, gender expression, gender identity, religion, disability, income level, and sex in Kenya

Descriptive analyses explored discrimination against LGBTQ+ people based on their age, gender expression, gender identity, religion, disability, income level, and district of residence. Findings in Figure 11 show that discrimination was common based on gender expression (90%), gender identity (87%), and sex (74%). Overall, discrimination based on religion was moderate (49%) but was more common in Mombasa (65%). Discrimination based on age was moderate in all regions.

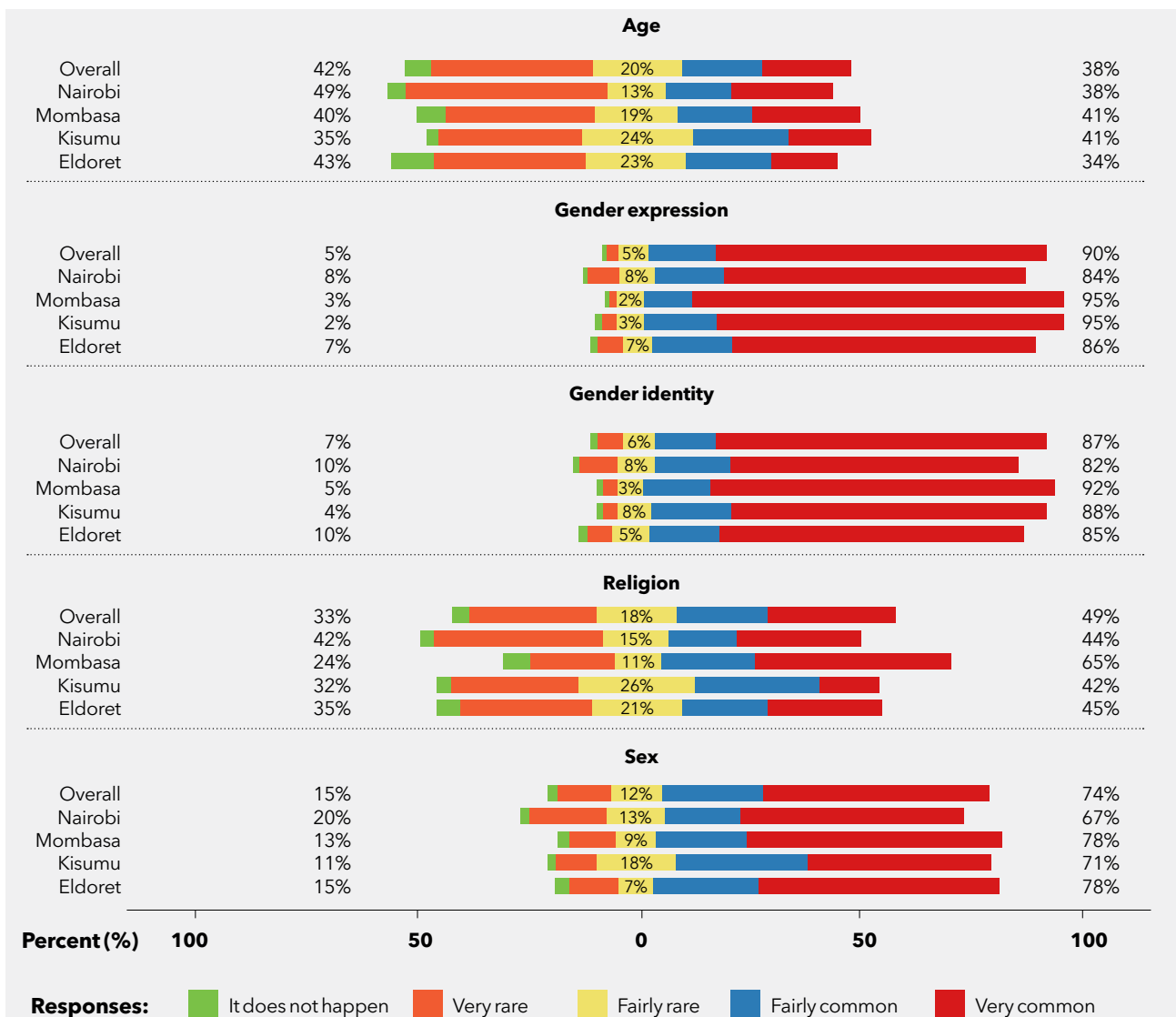
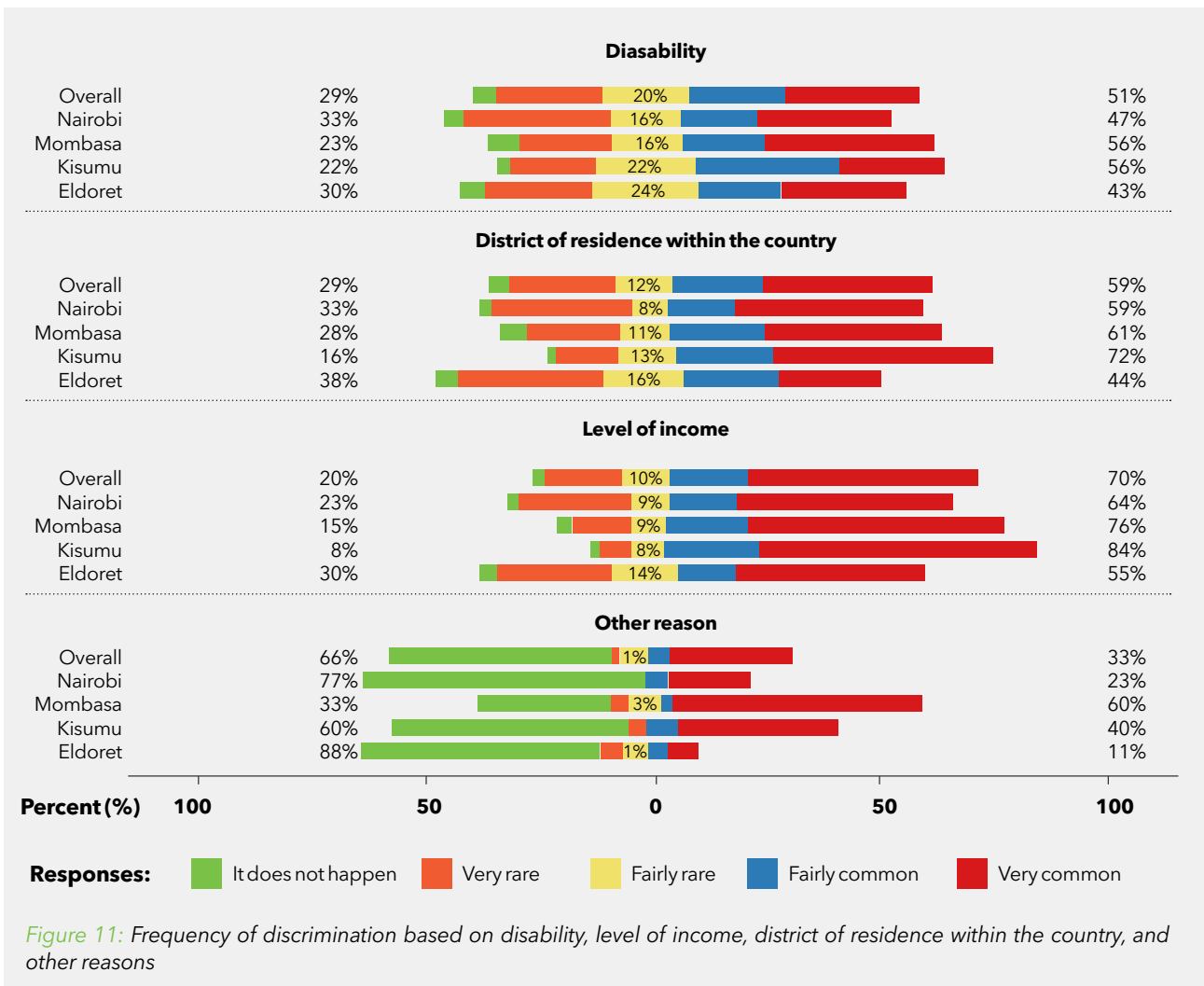


Figure 11: Frequency of discrimination based on age, gender expression, gender identity, religion, and sex in Kenya

Findings in Figure 12 show that instances of discrimination based on income level (70%) were very common, based on district of residence within the country (59%) and disability (51%). With regard to regions, a majority of participants who experienced discrimination on the basis of income level (84%) and residence (72%) were from Kisumu.



Income levels and discrimination

Qualitative data show that LGBTQ+ people in lower income brackets seem to experience more discriminatory acts compared to those in higher income brackets. For example, several Kenyan celebrities (artists, musicians, socialites) have come out and identified as LGBTQ+, and society seems to quickly move on from these revelations. One focus group discussion participant from Kisumu stated that even though she posts about her lesbian identity on social media, her brothers do not question her or ask her about it, because "she is the sister who usually sends them things." On the other hand, one in-depth interview participant from Mombasa mentioned that "unless you live in a rich neighborhood, if [it's] discovered that you are a homosexual, you will be kicked out, being given six-hour or twelve-hour notices to have left somebody's house." Various participants shared their experiences on shifts in attitudes based on change in economic status. As a key informant in Uasin Gishu reported, "And everybody has embraced him, mainly because I told you he is very kind and, number two, he is financially stable. So, I think the financial part also is playing a big role in his favor ... actually, I have never seen anybody who is so much against him, not really ... I have never seen anybody face him and question him and all that." LGBTQ+ participants shared how they were accepted by their families and friends based on improvement of their individual economy. A participant in a focus group discussion in Kisumu explained:



"So, socioeconomic also comes in [the] sense that you will find there is bias even with parents. You will find that maybe somebody comes from a wealthy family or personally has money: [the] coming out of that person won't be the same way to the other who is not financially stable ... You find that this person from a wealthy family will have much support. You know maybe this other person comes from the rural areas and has not been empowered or exposed enough, and he will suffer rejection. There are so many people who have suffered rejection and have been excluded." (FGD, Kisumu)

Another participant shared mixed reactions on the excommunication experience.

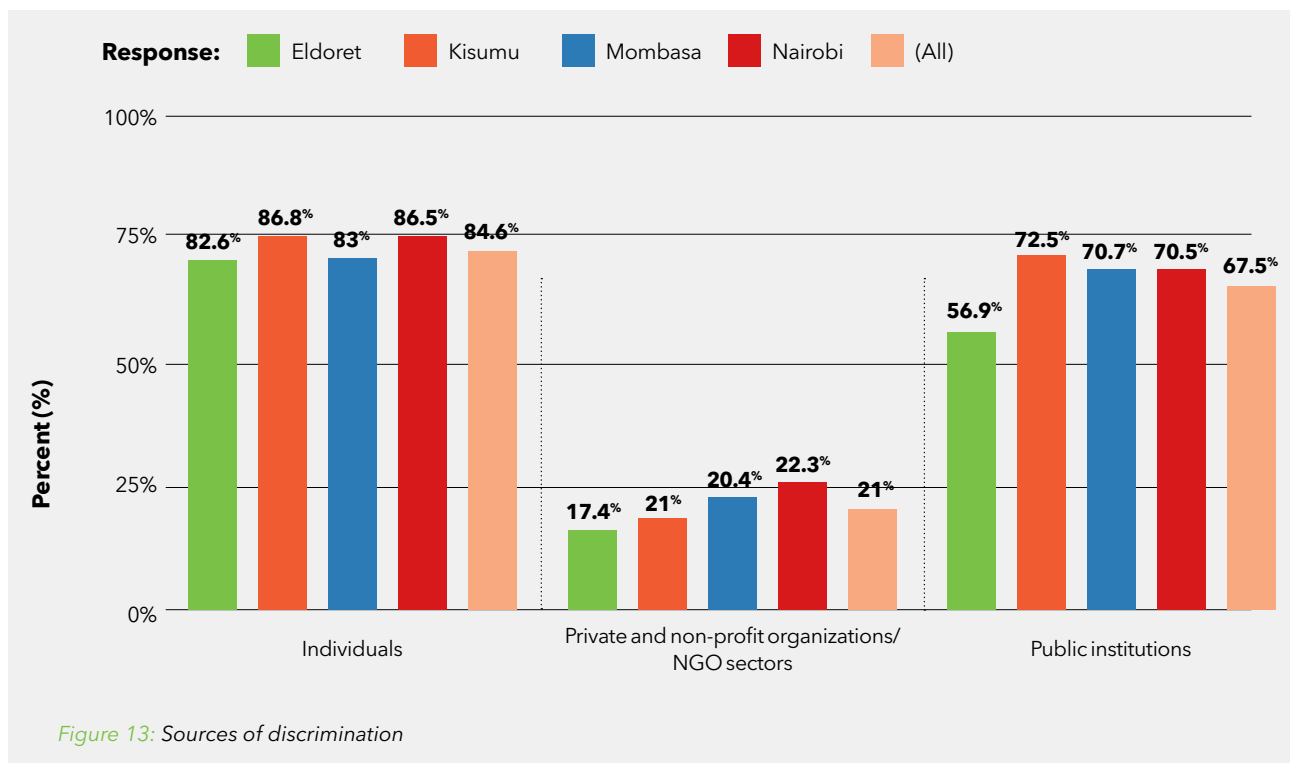


"I was excommunicated so many years ago because of my sexual orientation ... But recently they have been apologizing. They want me to come back ... I think that they thought I would never make it in life at that age. Having realized that even the sexual minorities make it in life, they can see that I am making a good life, that I can probably be of help to them. It has now changed. The financial status is changing." (IDI, Nairobi)

Similarly, in Kisumu, another focus group discussion participant shared mixed reactions toward his sexual orientation in the family: "My mother is okay and doesn't have a problem with me and has not rejected me in any way, but there are two of my siblings who had issues with me initially. But now, since I started getting these small jobs, where they see that I no longer depend on them, they see me to have progressed. I have my own job that feeds me. So, in terms of family, there is respect and I have no problems."

Sources of discrimination: Who and what inform discrimination

The results in Figure 13 show that discrimination mainly emanated from individuals, as seen in the overall response (84.6%) from the four study sites. Above 82% of the participants in each city agreed that discrimination was from individuals, with this being highest in Kisumu (86.8%) and lowest in Eldoret (82.6%). Discrimination from public institutions came in second, as it was reported by 67.3% of all participants. The number of participants who agreed that discrimination emanated from public institutions was highest in Kisumu (72.3%) and lowest in Eldoret (56.9%). Overall, participants were least likely to report discrimination by private and non-profit organizations/NGO sectors (21%). Across the four cities, participants in Nairobi (24%) were more likely to report discrimination by private and non-profit organizations/NGO sectors, and those in Eldoret (17.4%) were less likely to report this.



When asked where discrimination comes from, participants in FGDs, IDIs, and KIs cited culture and religion. Typically, people invoke religion and culture when acting in discriminatory ways against LGBTQ+ people, such as denying their existence: "religion and culture do not allow transgenderism or homosexuality." The differential treatment also emanates from the family, as an interviewee noted:

“I called my parents and told them that am bisexual. And my mom told me ... that it's demonic. She did not talk to me for like two weeks thereafter. She would come to the house and she would not talk to me and would only talk to my brothers.” (FGD, Nairobi)

Individuals

Participants intimated that most discrimination emanates from individuals in families and from the community. Individuals in religious families were reported as the most discriminatory. Such families, which aspire to have heterosexual children, have difficulty accepting LGBTQ+ individuals. A participant in a Nairobi focus group discussion with LGBTQ+ individuals said, "The parents want the best for you, [which is they] want you to get married and have a family of your own, so that they have grandchildren ... If the parents realize that you are a lesbian, they start hating on you, to an extent of being denied food. You are told to go and eat from your partner's place. Asking for school fees becomes a big problem, as you are told, 'Why should we pay school fees for you when you decided to join the other side?'"

In Kisumu, a participant shared about mistreatment and rejection within the family:

“I started lesbianism in class seven ... So, when I was in form two when they suspended me, they said I was in illuminati. At home, they called people to pray for me ... They did pray for me until all my cousins were like, 'Do not go near Val, Val will rape you.' ... At home, we are with my sister, so when we remain the two of us, my mother calls my sister to get out of the house. I remained alone in the house. You just face that kind of rejection.” (FGD, Kisumu)

Others also reported being put out of the house, rejection and communication breakdown, and withdrawal of school fees.

The larger community

Second to family was discrimination from individuals in the larger community.

“The moment I am seated somewhere and hear someone passing by, claiming, 'These are the ones who have brought COVID' ... You hear them saying, 'These are the ones who have brought HIV in the world' ... It disturbs you mentally. That 'these are the ones that are stopping the rain.' I was told this recently by these municipal officers in their offices as I was passing by ... So, you hear them telling me, 'They are the ones who are making it not rain and have drought completely in this world.'” (FGD, Mombasa)

Impact of religion and culture on discrimination

Qualitative data revealed discrimination based upon religious beliefs held by community members. According to an IDI participant in Kisumu, "People believe that LGBT are sinners, and they advocate that they be beaten and burnt." An FGD participant in Nairobi stated the belief held by Christians that "LGBT acts are demonic," while FGD participants from Mombasa stated that "Muslims believe that having sex with people of the same gender is a sin before God and such people should be lynched." These beliefs had an impact on how LGBTQ+ people were treated during religious activities and in religious spaces, especially when they try to express their gender identity.

Cultural beliefs also have an impact on discrimination against LGBTQ+ people. IDI and FGD participants stated that people believe being an LGBTQ+ member is a cultural taboo, that such people are "bewitched and cursed," and that they are copying a lifestyle influenced by Western ideology.



"... being under LGBTQ community are seen as [a] marker of modernity ... you are seen to have adopted Western modernity ... there is this club we went to hang out from home, me and my friends, and it's owned by a certain woman. Then we were just expressing ourselves and the woman came and told us, 'I don't want Western behavior in my club; be like men or leave!'" (FGD, Uasin Gishu)

LGBTQ+ people may experience challenges with ownership of family property that is based on cultural practices, as stated by an FGD participant in Nairobi: "They think that you don't have a right to hold property. That because you are gay, go and get married to a man who will give you property. So, it becomes a challenge."

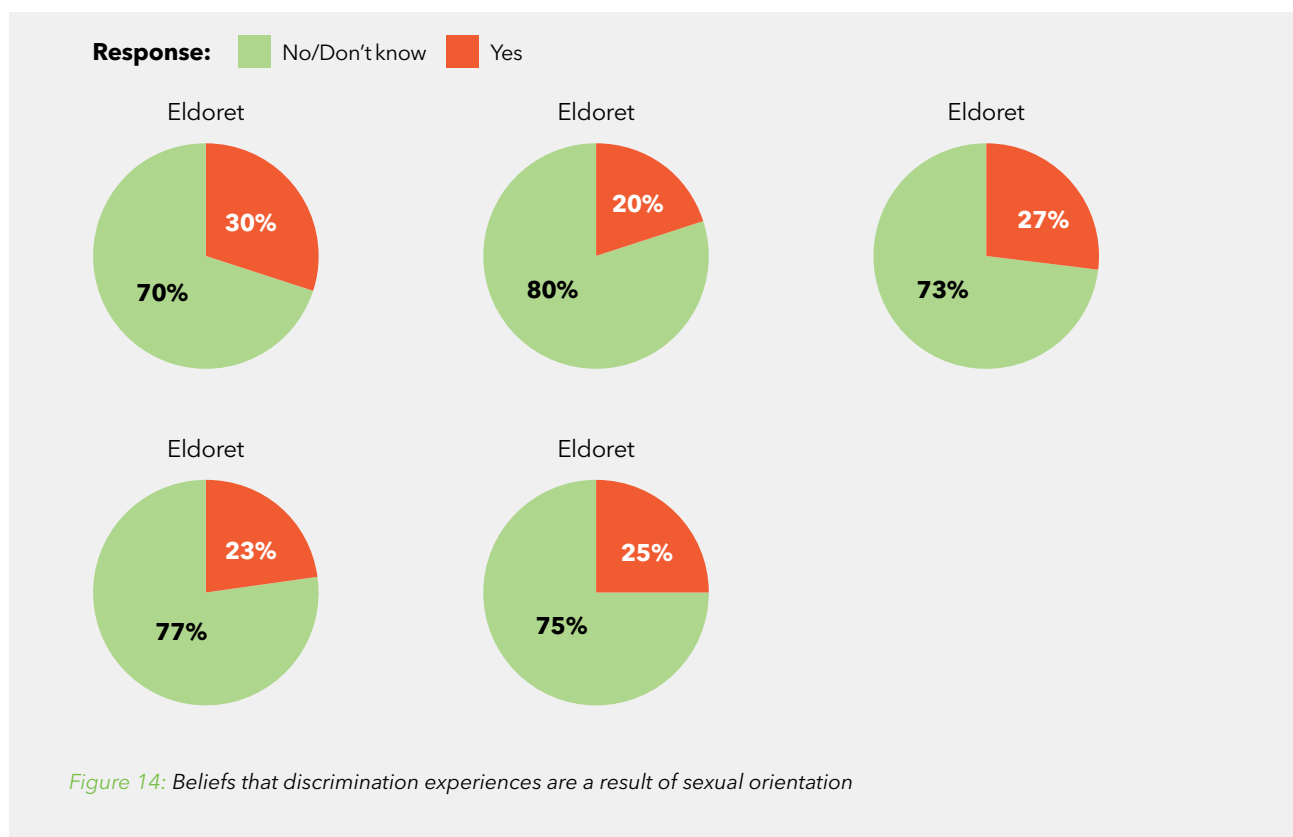
Religion and religious beliefs have an impact on the discrimination received by LGBTQ+ people. These inform the view that the LGBTQ+ lifestyle is a sin, going against the teachings advocated for by their religion, and lends credibility to the discrimination that follows as a result of these beliefs.



"... the Muslims, they say that we should be just killed, and if you go to Somalia, you cannot find an LGBT [person]. If you are caught, it is a direct death sentence." (KII, Human rights activist, Uasin Gishu)

Discrimination believed to be associated with sexual orientation

Overall, many of the interviewees (75%) believed that their experiences of discrimination were a result of their sexual orientation. Across the regions, Kisumu (80%) and Nairobi (77%) recorded the highest proportions of interviewees who believed discrimination was associated with sexual orientation (Figure 14).



Qualitative data concur with the quantitative findings that participants experienced discrimination because of sexual orientation. In Nairobi, an FGD participant talked about receiving negative treatment from the family once their sexual and gender identity were revealed: "For me, I used to stay with my mom. When I came out to her, she chased me away and I moved in with my girlfriend ... they say I am a disgrace to the family. I cannot go back."

Other participants also talked about their experiences of discrimination within families and among friends, all of which are associated with other people's knowledge of their sexual orientation. Discrimination and stigmatization acts included ostracization, avoidance or isolation, or rejection and gossiping about one's sexual identity.

“... one thing [is] I was excommunicated from home. Oh, it's close to 10 years now ... I've never seen them. And the moment I tried to reach out ... through friends and clansmen, I went back home and after two days went back to factory settings where they don't see me, and I just feel like, no, I shouldn't force them. So, I would say I was discriminated against by my own family. They rejected me for who I am. And yeah. That's something that is so hurting up to date.” (IDI, Nairobi)

“I have experienced being avoided because one of my friends got some messages and a gay application on my phone. They did not tell me but went and told other people ... That gave them the chance to start investigating and they found that I even go to LGBTI organizations, so most of my friends avoided me. I lost like half of my friends. They believe I am a bad person and should not be with them.” (IDI, Mombasa)

In Uasin Gishu, a key informant suggested that in some cases, rejection is accompanied by withdrawal of social support and family responsibilities: *“In the family, the first thing, they are rejected. Secondly, they are seen as abnormal people, like something is wrong with them. They are also denied responsibilities, and sometimes they are not being considered to go far in life; therefore, they don't want to spend so much maybe paying the school fees, taking them to college, and are not considered to be helpful in future.”*

Substance use

Closely linked to negative lived experiences is substance use. Table 7 shows that nearly half (47.6%) of the participants have never abused any drug as a coping mechanism. For those that did, about 40.6% mostly abused marijuana. Across the regions, Mombasa had the highest proportion of substance use, at approximately 50%, while Eldoret had the lowest, at 34.7%. Heroin was the least abused overall at 1.4%, with all regions registering a proportion below 2%.

Table 7: Types of substance use

Substance use types	Overall, N=1,587 ¹ (%)	Region/County			
		Kisumu N=372 ¹ (%)	Eldoret N=432 ¹ (%)	Mombasa N=417 ¹ (%)	Nairobi N=366 ¹ (%)
None	756 (47.6)	177 (47.6)	263 (60.9)	135 (32.4)	181 (49.5)
Marijuana	644 (40.6)	159 (42.7)	150 (34.7)	207 (49.6)	128 (35.0)
Khat	336 (21.2)	50 (13.4)	40 (9.3)	165 (39.6)	81 (22.1)
Cocaine	41 (2.6)	10 (2.7)	9 (2.1)	12 (2.9)	10 (2.7)
Heroin/Brown sugar/White crest	23 (1.4)	6 (1.6)	7 (1.6)	3 (0.7)	7 (1.9)
Smokeless tobacco/Kuber	163 (10.3)	27 (7.3)	16 (3.7)	68 (16.3)	52 (14.2)
Glue	5 (0.3)	0 (0.0)	1 (0.2)	2 (0.5)	2 (0.5)
Other (specify)	90 (5.7)	23 (6.2)	11 (2.5)	28 (6.7)	28 (7.7)

“... we are the highest drugs and substance abuse individuals in Kenya due to different circumstances ... I would say that many times you find most people turn to drugs and substance abuse due to depression and most of them due to the life they have found themselves in due to idleness, prostitution, you understand. So, as a prostitute, how do you expect me to sit in a club and get insulted while I'm sober, right? I have to go and take a drink, smoke something and things like that.” (IDI, Mombasa)

Qualitative data participants reported substance use to confront a hard life or escape negative life experiences. The data indicate substance abuse to cope with loneliness, suicidal thoughts, anxiety around coming out, engaging in sex work, homophobia and transphobia leading to use of derogatory language, and stress, including economic and social stress. A participant in Kisumu shared, *"If you see us laughing, [it is not] that we are happy; we survive on drugs because of the challenges we go through. We suffer a lot from drug addiction because of the feelings of not being accepted or recognized and eventually we find ourselves being involved in drugs ... and they do not know what people put us through that makes us do drugs. It is a bit of a challenge and a very big one."* Substance use gives them the confidence to face the harsh world or a sort of escape from the reality, which is made up of myriad challenges, such as lack of income and homelessness. They also reported lack of alternative coping strategies.

“When I came out for my family, the meeting was tough. ... The only solace I had was drugs. I used to take drugs to get over the fact that my mother wasn't calling me, my sisters were not talking to me, and my brother doesn't want to hear about me. Before they came to accept it, I was really wasted and was turning into an addict because I wasn't going to work and was on drugs most of the time. I was even getting sicker because of stress and having sex with anyone I came across. I was almost dying.” (IDI, Nairobi)

“I will talk on behalf of transgender [persons]. It is a struggle, and you are a minority within a minority group so everyone tries to escape, even being called insane. Because I remember when I started transitioning socially, that word 'insane' was in my mind, and I was so suicidal, I didn't want to go through this. ... Also, we have transgender [persons] who are sex workers because there are no jobs. So, one goes to be a sex worker; for you even to forget that you are going to do this, you find someone taking cocaine and hard drugs so that you don't even remember what you are going to do.” (FGD, Uasin Gishu)

“... many of the LGBTQI persons face a lot of financial crisis. With that, they have mental issues, so they find their comfort on drugs ... Another thing also, we have the transgender sex workers, we have the MSMs [men who have sex with men], MSWs [men who have sex with women] ... Some of these sex workers cannot go have sex around without any drugs. They cannot function properly with fresh minds.” (FGD, Mombasa)

Weed (bhang), hard drugs (cocaine), alcohol, and antidepressants are some of the drugs they abuse:

“Overusing the antidepressants or the medicines that we are given based on our mental health ... because you want to feel high or maybe you have overused bhang to the extent that you don't feel any effect. You find that someone breaks the medicine into cocaine form. Instead of swallowing, someone breaks it ... It becomes a powder; they mix with weed, so you smoke. Even the cigarette, the filter; they remove all the contents inside, as I have seen, then you put in the weed, cocaine and everything, so someone feels high ... Sex workers, on the other hand, you find someone taking cocaine and hard drugs so that you don't even remember what you are going to do.” (FGD transgender, Uasin Gishu).

Use of anti-depressants:

“And the last drugs that I also do abuse a lot are my depression medications. Sleeping, because usually I don't have much sleep. So that one I take even multiple times [even though] I shouldn't because I just want to sleep like the whole night, the whole day. I don't want to think anything else. I don't want anybody around me. I just want like ... especially when I have been insulted by someone ... like you are like this; you are like this ... that's the time I will go and drink the drug twice because I don't want to wake up in the middle of the night and start thinking, 'He told me this.' So, even if I will wake up the following day in the evening...” (FGD transgender, Uasin Gishu).

Experiences of tolerance

From qualitative data, LGBTQ+ people experience marginalization in different spheres of society. However, some participants reported greater acceptance of LGBTQ+ people in recent years. A key informant talked about the recognition of freedom of association given to LGBTQ+ people at a local university.

“The other day we were in Kakamega. We went to this restaurant. And then there was just a section that had been put ... where if you are rainbow, then you just go sit there. So, any other rainbow can come and interact with you ... So, in the discussion, one of the lecturers of Masinde Muliro [University] is the one who told us that this section is for the rainbow. You will see any student who feels to be rainbow going to that place. So, I know for universities, there's been that sort of freedom and free expression.” (KII, Kisumu)

A few club owners also spoke against the violence witnessed in clubs against LGBTQ+ people, thereby showing some level of tolerance with having LGBTQ+ customers coming into their establishments:

“I normally ... tell them, we have to accept; if you don't like, then you can leave, and that's why they come here. If you don't like gay people, lesbians, you are free to leave. We are not forcing anyone here; these are our brothers, and they are free to stay here and enjoy themselves like everyone else.” (KII club owner, Mombasa)

While it is true that religious beliefs have an impact on discrimination against LGBTQ+ people, a few participants spoke about being allowed to attend some church services, even though not everybody in those congregations approved of this.

“In our church, which is an LGBT community church ... one of our church members who is white and gay was invited in[to] a local church and there was a lot of talk on why the pastor had invited a gay person on the altar. But the pastor said, “Those are the people I want,” so today, if you go to that church, you will find so many LGBT persons attending service[s] there.” (IDI, Nairobi)

Concerning the social media space, many participants mentioned that social media is not a safe space, and a lot of hate is still witnessed. On the other hand, a few participants also mentioned some level of tolerance on social media, which gave some room for LGBTQ+ postings on various issues:

“Social media has safe spaces ... Because right now, if we get into my TikTok, it's full of queer men, you know. I mean, I am happy seeing someone do TikTok like any other person, I am happy to see [them] express themselves as they want, they are not restricted, they don't feel [they are] being closed out ... you know. They are not trying to masquerade what is not there. For me, sometimes I feel it has done something. Inasmuch as we are getting trolled and all that, at least one can do TikTok like any other person. Someone can post a photo with however they are dressing. When we talk of social media, I feel like it weighs both equally.” (FGD, Uasin Gishu)

“... I know there are a lot of risks attached to it [100% identification as a queer], but at the end of the day, I don't want to hide in a shell. So, I'm sensitive and careful about what I post ... I have interacted with people in social media based on queer issues, I have found opportunities, let's say forums, that are online ... Because you will post something in social media, and you don't know how many people you will reach. It's something educative, it's something to do with how to treat a queer person, it's something to do with queer people, and their rights and everything, so at the end of the day it also gives me an opportunity to reach out to many people and educate them.” (IDI, Uasin Gishu)

Experiences of acceptance

As much as homophobia is still a lived reality in Kenya, some participants in the qualitative study reported some tolerance and acceptance of LGBTQ+ people in recent years. This, it was reported, has been enhanced in part through LGBTQ+ organizations and INGOs/NGO advocacy interventions that sensitize various stakeholders about the human rights of LGBTQ+ people. Sensitization of health care providers, the police, church, and mosque leaders, especially when accessing services, and their need to be treated like any other client accessing the same services was reported. The sensitization activities are reported to have changed attitudes of the target audience toward LGBTQ persons. Law enforcement officers are some of the stakeholders where change was reported:

“Cause, like here in Mombasa, we can have sections with some of the law enforcers, and we have seen them becoming friendly and supporting ... not supporting them in ... how they live but ensuring that they are not denied access to services. They get a fair trial in the Kenya law enforcement ... Organizations such as Pema Kenya have tried to sensitize the key stakeholders of the justice industry being the police officers. Being that for a criminal case to start you must go to the police station, so Pema Kenya ... start[ed] sensitizing them that there are such and such people living amongst us and when they come to you, you should attend to them without discrimination. So, the reception has been good so far and at least the police station will appreciate the fact that LGBTQ individuals are in our community, and they have actually started taking a keen eye on how their rights are being violated and they have started documenting them. It has helped us take cases to court as [an] LGBTQ community; evidence is there and our investigations have been done well, so it is a success, and the reception is good.” (KII, Mombasa)

“The police are friendly nowadays and since sensitization was done, it is not such a big deal. You find that if you are violated as a member of the LGBT, there is a gender-based desk, and the moment you go there, you just ask where is the gender-based desk. They know everything to do with LGBTQ and when you go there, you get helped rather than going to the OB [police occurrence book] where you won't get help.” (IDI, Kisumu)

A clinical officer in Eldoret shared a change in health provider attitudes in delivery of health services to LGBTQ+ persons:

“I'm a senior clinician at Moi Teaching and Referral Hospital ... the main thing they face is stigmatization and isolation because the main issue is that we have different norms and cultures in our society. That makes it very difficult for them to [be] open that they are members and they are part of the LGBT community. So, my work, my main work as a health care provider, was to be part and parcel of creating a safe space for them where they can open [up], and they can share their challenges. Then we [would] sit down as a team. It was a fully integrated unit, a team comprising doctors, clinicians, nurses, psychological counselors, peer mentors, and guys who can come up with the solutions for their problems and the challenges they face, whether it is a psychosocial, economic, [or] medical issue.” (KII, Uasin Gishu).

Self-reported mental health status

The study investigated the mental health of LGBTQ+ participants in the past two weeks. Using self-reporting, Figure 15 below illustrates that all participants experienced some level of depression. Most of the participants experienced minimal (43%) depression, 36% mild, 13% moderate, 5% moderately severe, and 3% severe depression in the past two weeks.

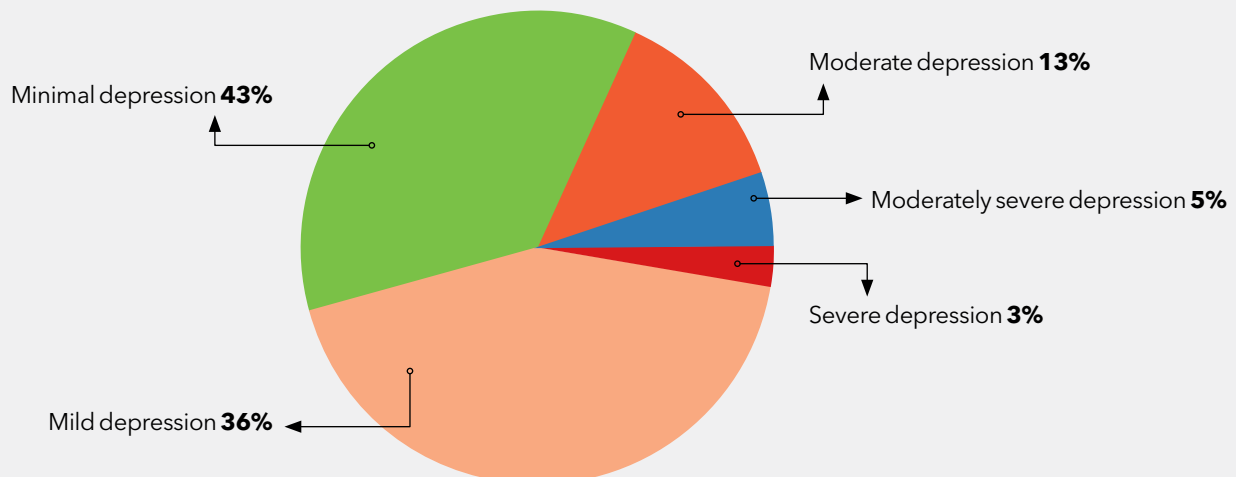


Figure 15: Participants' self-reported mental health status

Participants in qualitative data discussed mental health challenges experienced as a result of the discrimination and different levels and types of violence they experienced as LGBTQ+ people. The mental health challenges include depression and feelings of rejection, as exemplified by these participants:

“If you look at all the challenges we have mentioned from discrimination, violence, all this contribute[s] to mental health. An example is a friend of mine who lost his job because he was wearing a bracelet like that one (rainbow colors bracelet), he had pierced his ears and was wearing earrings, so the supervisor sacked him from the job. He went back to his house and for almost a month he was depressed.” (FGD, Nairobi)

The perceived perception from society in general toward LGBTQ+ people induces depression and other mental health issues:

“Beliefs and perceptions affect LGBT people because you must think about yourself. You will keep asking yourself, ‘Am I not like all human beings? Do I look like an evil person?’ ... It becomes a conflict; you start to question yourself, ‘How does God view me?’ you know. We question ourselves from time to time so it affects LGBT people mentally and this causes a lot of things like drug and substance abuse, when someone is rejected and has abandonment issues, she/he will be attached to someone even when that person is abusive, so there is a lot going on in the community: abandonment issues, mental health issues” (IDI, Uasin Gishu)

Qualitative data show that activists working in LGBTQ+ programs, as expressed by one key informant, also experience mental health challenges taking part in a focus group discussion:

“For us, [it] still is having programs and projects that can help in mental well-being of LGBT persons, because we also acknowledge that most activists are usually so much in [the] activism space, but no one pays attention to how well they are doing ... we have had so many cases and so many incidences of activists who died by suicide and no one knew about it. So, it pushes for programs and projects that help in the mental well-being of the LGBT persons ... you are working in a hostile environment, and you are also dealing with traumatizing issues. For instance, you hear that someone has been raped or someone has been chased out of their house, or murder[ed] ... you know; so, you also carry that trauma as an activist, especially if you are the first responder and all that. And, just by proximity, because I know this person has been killed because of this, it could be me, you know. So, there are mental issues like stress, depression, anxiety ... and all that. Yeah.” (FGD, Uasin Gishu)

Experience with COVID-19

Figure 16 illustrates that many participants (76.56%) had their livelihoods or incomes negatively impacted by the government’s COVID-19 related measures, and 76.69% experienced difficulty in accessing basic services.

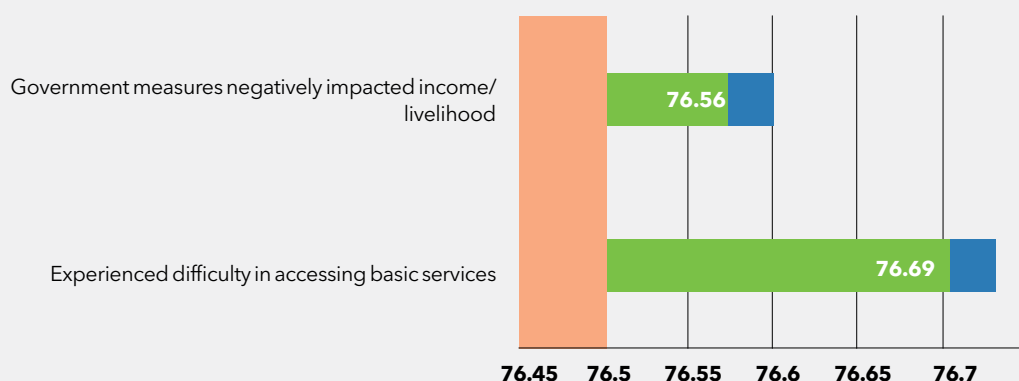


Figure 16: Effects of the government’s COVID-19-related measures

Qualitative data show the impact of how government measures affected livelihoods and affected access to basic medical services. COVID-19 grossly affected income and access to health services for a majority whose primary source of income is sex work and those who depend on projects:

“Oh, my God, that was the time we were affected the most. As a community, we really suffered that time. I remember we had a network that was supporting the LGBTQ persons in Western Nyanza and Rift Valley. And that is the time that network went under. So, when it went under there was totally no support, because most of us were dependent on the network, for small jobs for at least one to three kinds of support. But now once the network went under and at the same time COVID hit hard ... It was hard, because so many people lost their livelihood, there was no means of surviving ... it was very difficult. It was a tough moment for us as a community.” (KII, human rights defender, Kisumu)

COVID-19 also affected social lives:

“Let us just speak the truth ... Homosexuals, lesbians mostly meet in clubs. They share their lifestyles, and being that clubs were closed, which means they were denied the right to entertainment, and if something is inside you that is always recurring, you must take, you have to dance, you're addicted to dancing, and you are addicted maybe to sipping one or two. Now that one was affected by COVID-19. What were the results, physically and financially? Many of these donors were not chipping in and so these people were physically and financially violated, and emotionally.” (KII, Kisumu)

COVID-19 affected access to HIV-related and sexual and reproductive health-related commodities, as indicated by a key informant in Nairobi:

“During COVID-19, we had a very adverse effect, especially to our MSM community program. There was a lot of rationing of the commodity, Anti-retroviral [ARV treatment], the prep. Therefore, we had shortages ... we ran short of funds for the anal warts surgery program. We just resumed this year January ... under our HPV program.” (KII, Nairobi).

Awareness of support services for LGBTQ+ people

Considering participants' knowledge of organizations in the country that can offer support or advice to LGBTQ+ people who have been discriminated against, overall, most of the participants were knowledgeable (Table 8), with gay men being the most (81.2%) knowledgeable, while intersex people were the least (67.7%) knowledgeable. Sexual and gender minorities in Eldoret were the least knowledgeable across all categories.

Table 8: Participants' knowledge of organization(s) in the country offering support or advice to LGBTQ+ people who have been discriminated against

Knowledge of organization offering support or advice	Overall, N=1,587 ¹ (%)	Region/County			
		Eldoret N=432 ¹ (%)	Kisumu N=372 ¹ (%)	Mombasa N=417 ¹ (%)	Nairobi N=366 ¹ (%)
Lesbians	1,228 (77.4)	270 (62.5)	313 (84.1)	360 (86.3)	285 (77.9)
Gays	1,288 (81.2)	276 (63.9)	340 (91.4)	376 (90.2)	296 (80.9)
Bisexuals	1,190 (75.0)	258 (59.7)	306 (82.3)	361 (86.6)	265 (72.4)
Transgender people	1,180 (74.4)	256 (59.3)	313 (84.1)	352 (84.4)	259 (70.8)
Intersex people	1,074 (67.7)	245 (56.7)	259 (69.6)	335 (80.3)	235 (64.2)
¹ Frequency (%)					

The qualitative data analysis reveals that most participants are aware of the organizations offering support to LGBTQ+ individuals.



"I know, for example, with these organizations that I have had the opportunity to work for, they are sensitized. So, it starts from the point of sensitization so that they are able to know when their rights are being violated, so that they have reporting mechanisms; there are security trainings that happen so they are able to know, for example, if I am attacked in my estate, who can I report to? How do I go to the police? ... So, I guess the sensitization, providing people who are best placed to help, so people within the community and these organizations are able to advance their course" (KII, Mombasa)

"I think by now, a lot of groups or facilities are trying to come up with support activities or economic corners, at least to help the LGBT society ... Because we find that a long time ago, you couldn't find any ... But for now, most of the NGOs are trying to do it ... we have Anza Mapema ... some years back, we had KIPE, which was focused [on] positive empowerment, we have ISTAR, I can remember I saw it back in Nairobi ... And even some parts of CDC programs." (KII, Kisumu)

The views expressed above confirm that most participants, including key informants, LGBTQ+ in-depth interviewees, focus group discussants, and opinion leaders, were aware of organizations and the support they provide. Their views also show the importance of LGBTQ+ individuals being aware of these organizations.

Conclusion and Recommendations

LGBTQ+ people, through advocacy efforts, actively pursue social inclusion. In this study, we sought to find out the lived experiences of LGBTQ+ people in four counties in Kenya. Specifically, the study explored LGBTQ+ people's lived experiences in policy, social, educational, social welfare, health, security, and economic realms, and the implications of these experiences on their mental well-being within the legal, social, and cultural norms in Kenya. We have also captured the impact of COVID-19 and related response measures on the LGBTQ+ community. In doing so, we explored issues around stigma, discrimination, acceptance, tolerance, and rights. Meanwhile, Kenya criminalizes same-sex behavior.

The results from this research provide important information on the lived experiences of LGBTQ+ people in Kenya. The fact that over 1500 LGBTQ+-identifying study participants were reached out to in three weeks is a clear indication that this community is no longer hidden, despite illegality. Overall findings demonstrate that negative attitudes toward LGBTQ+ individuals persist. Members of the LGBTQ+ community are regularly marginalized and subjected to oppression.

Rights and freedom

We found that the majority of the participants were aware of their constitutional rights and freedoms but limited to freedom of expression and right to health. The study found they were less aware of a litany of rights, including their rights to shelter and education. This is in part attributed to concentrating on jurisprudence for some rights. The growth and expansion of the LGBTQ+ community's rights and freedoms in Kenya is a subject that is characterized by both advancements and enduring challenges. Like many other African countries, Kenya struggles with a complex legal system that affects LGBTQ+ rights. According to section 162 of the Penal Code, homosexuality is still prohibited since it constitutes "carnal knowledge against the order of nature."

Despite these challenges, Kenya has seen the emergence of a significant LGBTQ+ rights movement. Activists and organizations like the National Gay and Lesbian Human Rights Commission, which has played a significant role in promoting the rights of LGBTQ+ people, are leading the effort. The different approaches of LGBTQ+ organizations take an active role in judicial procedures, offer support to people who have been victims of violence or prejudice, and start public awareness campaigns. At the same time, support and international pressure from organizations like Human Rights Watch and Amnesty International have been crucial in advancing LGBTQ+ rights in Kenya. These organizations work to promote legislative changes while bringing international attention to violations of human rights in the nation.

We recommend:

- » Various stakeholders, including the government(s) and its agencies, should work to guarantee the rights to education and shelter for LGBTQ+ people.
- » Increase LGBTQ+ individuals' knowledge and awareness of their rights. Knowledge about the laws and rights can empower LGBTQ+ individuals and reduce discrimination and victimization. Awareness interventions must consider this as a priority to ensure that LGBTQ+ individuals are aware of all their rights for their everyday survival. We also recommend awareness of human rights among the public.

Discrimination

A high proportion of participants linked discrimination to their sexual orientation and gender identity. Stigma and discrimination of sexual and gender minorities is experienced across all socioecological levels (Harper et al., 2021; Jauregui et al., 2021) and has to do with being different or deviant in relation to laws, culture, and religious beliefs (Deutsche Well, 2018). Despite the presence of various laws and regulations protecting human rights and the fact that the Sustainable Development Goals (SDGs) have drawn a lot of attention to efforts to advance the rights of LGBTQ+ people (Namwase and Jjuuko, 2017). While some progress has been made through advocacy, LGBTQ+ people still endure hostility.

Stigma and discrimination are more common based on (intentional or non-intentional) disclosure of identities through coming out or self-expression and through physical traits, including femininity among gay men, and income level. Most of the participants believed that gays, transgender people, and lesbians face the most forms of discrimination. These forms of discrimination, which are based on their sexual orientation, include verbal abuse, being treated with less courtesy, and harassment. Discrimination occurs at places of worship, cultural events, employment, and security services. Other challenges included eviction from houses or being barred from renting houses, deliberately failing students suspected of being LGBTQ+, and stigmatizing LGBTQ+ people who access health care. The discrimination emanated from individuals and public institutions. However, private and non-profit organizations showed little discrimination against LGBTQ+ people.

We recommend:

- Continuous sensitization of the public and service providers, including government institutions and religious and cultural institutions, on sexual and gender minorities is critical.
- The Kenyan government should honor its commitment to international treaties as part of the Kenyan laws and policies to enhance inclusivity. Civil society organizations (CSOs) need to work with the national and county governments to champion inclusivity.
- Highly leverage the CSOs' training capacity of service providers, including law enforcement officers (security) and the education sector on human rights in relation to LGBTQ+ people and the larger society.
- Like other minority groups, county governments are to take the lead in recognizing sexual and gender minorities and include them in governance and economic activities. By involving LGBTQ+ people, break down social barriers and stigmatization, including barriers around discussions on LGBTQ+ issues.

Experience of acceptance and tolerance

While acceptance and tolerance of LGBTQ+ people have increased (Pousher and Kent, 2020), levels are still very low. Although most of the participants are faced with various forms of discrimination, some have reported acceptance of their sexual orientation in recent years, in part linked to the advocacy work sensitizing various stakeholders, including health care providers, the police, and church and mosque leaders, on the challenges that LGBTQ+ people experience. However, LGBTQ+ people view social media as unsafe; they witness hostility. Homophobia is still a lived reality in Kenya.

We recommend:

- Highly leverage and build capacity of ongoing advocacy work around LGBTQ+ issues, including the rights of LGBTQ+ persons to access necessities, such as housing, economic opportunities, and security, and be recognized for support accorded to IDPs.
- Hold public education and campaigns on sexual and gender minorities as well as open and respectful dialogues on sexual and gender minorities with religious leaders and traditional leaders.

- »»» Involve various stakeholders, including LGBTQ+ individuals, in co-creating and designing in advocacy work to break down social barriers and stigma.
- »»» The diplomatic missions and INGOs should encourage international organizations and other human rights groups to advocate for tolerance through increased and sustained funding of advocacy efforts.

Mental health

Like previous studies that show LGBTQ+ people have mental health issues (Lewis et al., 2023; Harper et al., 2021; Jauregui et al., 2021; Igonya and Moyer, 2016), this study shows that all participants had some mental health issues, including depression, which was blamed mainly on discrimination and stigma but also self-stigma. Negative experiences in families, in the community, at service delivery points, and in social media are causing various degrees of depression among LGBTQ+ people in Kenya.

We recommend:

- »»» Leverage ongoing advocacy and awareness interventions on sexual and gender minorities. Improving service provider awareness would ensure demand and utilization of services needed.
- »»» Programs should onboard psychologists, offer support groups, and co-create other mental health activities in addition to advocacy work. We recommend online resources or a telemedicine approach, including helplines for the LGBTQ+ community.

Substance use

It is essential to recognize that substance abuse among LGBTQ+ people is a complex issue that is influenced by social, cultural, and religious factors. Almost half of the participants have never abused drugs as a coping mechanism. Nonetheless, the majority of those using drugs abuse marijuana to cope with loneliness, suicidal thoughts, anxiety, social stress, and homophobic attacks.

We recommend:

- »»» Scale up or introduce psychosocial and other mental health interventions. Stakeholders, including INGOs and NGOs, diplomatic missions, the government, and its agencies, should establish a safe and conducive environment that is devoid of judgment but ensures confidentiality to discuss the underlying effects of substance abuse. Increase training among service providers, including health care providers, security, and education.

COVID-19

COVID-19 grossly affected LGBTQ+ people's social, health, and economic lives. The usual socialization spaces were closed; sources of income for those depending on projects and sex work, and access to health services, were limited. Until social inclusion is realized at an acceptable level:

We recommend:

- »»» Economic empowerment of LGBTQ+ individuals and innovative methodology for distribution of commodities in crisis. This would ensure that other sources are available to LGBTQ+ individuals.

Awareness of support services for LGBTQ+ people

Many reported having knowledge about organizations that offer support to LGBTQ+ people. Although the majority of persons who identified as LGBTQ+ are aware of organizations that provide support and advice services:

We recommend:

- » Organizations should work with the various state agencies to organize workshops, seminars, and dialogues that will help reduce stigma against LGBTQ+ persons.
- » Geographically expand support services to various towns to decongest services to include rural areas. Also, these organizations can provide online resources and helplines for the LGBTQ+ community.

Future Research

Support for research activities to inform policy, and project programming, and more research for change is needed, including a national LGBTQ+ survey to provide a national outlook on the lived experiences of LGBTQ+ persons.

Partnership

As shown in our political economy analysis that government matters in LGBTQ+ social inclusion, we recommend that CSOs and government partner to address discrimination in government institutions and to provide counseling services.

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