CanWaCH

BEYOND THE BINARY:

A GUIDANCE FOR INCLUSION OF LGBTI PEOPLE IN DEVELOPMENT ACTIVITIES

About

The Canadian Partnership for Women and Children's Health (CanWaCH) is a proud membership of more than 100 non-governmental organizations, academic institutions, health professional associations and individuals partnering to support a world where women, children and adolescents, in all their diversity, realize their right to thrive in full health. Learn more at www.canwach.ca.

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Canada

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Foreword:

Gender Equality & Global Health: Working Towards LGBTI Inclusion

CanWaCH's Gender Equality Working Group (GEWG) comprised of 30 gender equality and health champions from across CanWaCH's membership, voiced interest in understanding how to better support LGBTI inclusion in our global health and gender equality programming. In particular, there was an interest and desire among gender and health development practitioners to:

- increase our understanding of non-binary gender frameworks for engaging in gender and health programming;
- identify associated tools and best practices to help us engage in gender identity discussions, programming, monitoring and evaluation, and programming;
- look for entry points for greater inclusivity in global health and gender equality programming.

CanWaCH and the GEWG acknowledge that in many of the contexts where we work, LGBTI community members experience stigma, discrimination and greater vulnerability based on their identity and expression. And as we seek to integrate and include LGBTI community members in our work, those who identify as part of the LGBTI community could be put at risk depending on how we engage. It is incumbent upon us to ensure that we have the means to engage safely, in a way that does no harm to individuals in advancing the rights of LGBTI communities and that we base this work upon active listening and authentic partnerships.

As a starting place, what we heard from the Gender Equality Working Group and our members is that we can better equip ourselves with the appropriate language, tools, and skills to start to identify opportunities to open space for a more inclusive understanding of the diversity of gender expression and experience across communities around the world that exist beyond the heterosexual binary model, both in our engagement in Canada and in our work overseas.

The purpose of this guidance is to identify key frameworks, language and resources for LGBTI inclusion specifically related to implementing global health and gender equality programming. It is hoped that the guidance contained in this note may be applicable and useful to initiatives working on gender diversity and inclusion within their development work, and more broadly, that additional future guidance will be available in this regard.

As this guidance underscores, CanWaCH and the GEWG commits to deepening our knowledge, understanding and informed approach to gender transformative programming, which includes the meaningful integration of LGBTI people in our work.

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Introduction

CanWaCH envisions a world where women, children and adolescents, in all their diversity, realize their right to thrive in full health. This document reflects CanWaCH's commitment to gender diversity and to supporting our partners and members in their efforts to address gender inequality in all its forms. The issues set out in this toolkit are grounded in the following values.

Human Rights

All human beings are free and equal in dignity and rights. An individual's sexual orientation, gender identity and sex characteristics are integral to their humanity and must not be the basis for discrimination or abuse.

Gender Equality

Regardless of gender, across the life-course and in all their diversity, individuals should have equal status, opportunities and access to realize their full potential to be healthy, and to receive care appropriate for their needs. Attainment of these goals is hindered by gender-based norms that set out acceptable roles, behaviors, and relationships, for men and women. People who do not follow these norms face discrimination, exclusion and violence. We are dedicated to gender-transformative and responsive approaches to address underlying power dynamics and inequalities.

Dignity and Autonomy

Dignity is based on a recognition that each person is born with inherent worth and the freedom to make their own decisions about their identity, their life-choices, and their body. Respecting a person's dignity means respecting their decisions. The capability to determine one's own identity and to live openly according to one's true self are core values for LGBTI people.

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Partnership and Agency

Working in partnership with others harnesses our collective ability to achieve stronger results. This document recognizes the value that LGBTI people and communities can bring to collaborative efforts to achieve gender equality. LGBTI people are the best experts on their own lived experience and their involvement in efforts regarding health and gender equality can increase the reach and effectiveness of policies and programs.

Evidence-Based Approaches

Effective policies and programs rely on evidence-based decision making. Often, policies and programs related to LGBTI people are based on myths and stereotypes, both positive and negative. This document enhances our knowledge of the lived experiences of LGBTI people, their diversity, and how their lives are impacted by intersecting identities. This knowledge base will help promote policies and programs that are responsive and effective.

Do No Harm

The principle of do no harm affirms that development activities must not put those living in fragile contexts at greater risk than they would otherwise face. Not only are some LGBTI people subjected to punitive legal and social environments, they are often scapegoats in cultural and geopolitical battles and used as distractions for unrelated social and economic anxieties. Development activities related to LGBTI people can alter local dynamics and interfere with local community coping strategies. This document recognizes the need for organizations to continually assess the risks and benefits of proposed activities and refrain from acting when risks are too high.

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This toolkit has been developed for CanWaCH partners and other organizations seeking to include LGBTI people in development activities. We hope this toolkit will increase knowledge about LGBTI populations in order to help development practitioners create inclusive organizations that advance the health and rights of women, children, and adolescents in all their diversity. Here is what you will find:

> **Part I** sets out basic information about sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), how they are defined, and how they can be assessed when collecting data about LGBTI people. Additionally, this section provides a brief summary of current empirical knowledge about the size of LGBTI populations.
>
> **Part II** examines the impact of social and structural stigma on the mental and physical health of LGBTI people. Additionally, this section reviews sexual and reproductive health needs of sexual minority women and transgender people.
>
> **Part III** focuses on the benefits of engaging local LGBTI communities and suggests how to identify and safely reach out to LGBTI CSOs. This section also includes measures that non-LGBTI CSOs can take to ensure their activities are inclusive and responsive to the needs of LGBTI people.

This document also includes three appendices.

> **Appendix I** is a glossary of terms used in this document.
>
> **Appendix II** is a style and usage guide to the grammar and usage of pronouns, various forms of the abbreviation LGBTI, and terms such transgender and intersex. This guide is useful for writing reports, proposals, and correspondence.
>
> **Appendix III** lists selected reports, toolkits, and mapping document*s* related to specific areas of programming such as transgender health, refugee issues, legal standards, and diversity policies.

This document uses the term **LGBTI** to refer to people whose sexual orientation, gender identity and expression, and sex characteristics do not conform to social expectations of sexuality and gender. This group includes people who might not use the terms lesbian, gay, bisexual or transgender to identify themselves. In Canada, organizations use variations such as LGBTQ2 (Canadian Heritage Secretariat), LGBTQ2+ (Statistics Canada), and 2SLGBTQI (Egale Canada) which incorporate a recognition of gender and sexuality in some indigenous communities in Canada. The term LGBTI is used internationally. The Style and Usage Guide, Appendix II, includes more detail on the use of LGBTI.

Where possible, this toolkit references data about LGBTI people from developing countries. However, large-scale population surveys used to collect data for use in international development, such as demographic and health surveys, income and living condition surveys, and censuses, do not include any items about sexual orientation or gender identity. In 2021, Canada will become the first and only country in the world to complete a census that includes questions about both sexual orientation and gender identity. Additional challenges in the collection and analysis of data are highlighted below. Consequently, nationally representative data about LGBTI populations in developing countries is rare, and virtually non-existent with regard to sexual minority women and transgender and intersex people. Thus, while this document relies heavily on peer-reviewed social science literature, much of that literature relies on population data in the global north.

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PART I

SOGIESC AND LGBTI: THE BASICS

SOGIESC and LGBTI: The Basics

Sexual Orientation, Gender Identity and Expression and Sex Characteristics (**SOGIESC**) are characteristics, shared by all people. The term itself, "SOGIESC" is often used in the international arena to refer to critical components of sexuality and gender which are recognized under international human rights law. Lesbian, gay, bisexual, transgender and intersex (**LGBTI**) refers to the population whose SOGIESC does not conform to cultural expectations of gender and sexuality. Table 1 sets out the corresponding SOGIESC characteristics and LGBTI subpopulations.

SOGIESC Characteristics	**LGBTI** Populations
SOGIESC Abbreviation for sexual orientation (SO), gender identity and expression (GIE), and sex characteristics (SC). SOCIESC refers to a category of personal characteristics. Everyone has a sexual orientation, a gender identity and expressions, and sex characteristics. Prior to 2017, many people used the term SOGI, referring to sexual orientation and gender identity (e.g. the UN Independent Expert on SOGI, the World Bank Advisor on SOGI). A more comprehensive view of gender expression, as well as the inclusion of sex characteristics, was reflected in the 2017 update to the Yogyakarta Principles. Since then, most international advocates use SOGIESC.	**LGBTI** Abbreviation for lesbian, gay, bisexual, transgender and intersex. LGBTI refers to the population whose SOGIESC characteristics do not conform to cultural expectations of gender and sexuality. Different cultures use different terms to describe people who have same-sex relationships or whose gender identity and expression does not fit a male-female model (such as hijra, meti, lala, skesana, motsoalle, mithli, kuchu, kawein, travesty, muxé, fa'afafine, fakaleiti, hamjensgara and two-spirit). It is not possible to include all these terms in a single abbreviation. Thus, the term LGBTI also refers to these groups even though they themselves may not use the term LGBTI to refer to themselves. When discussing a specific local population, it is preferable to use the terms used by that population.
Gender Identity and Expression (GIE)	Cisgender Transgender Non-Binary Kathoey, Hijra, Muxes, Etc.
Sexual Orientation (SO)	Heterosexual Lesbian Gay Bisexual Men who have sex with men (MSM)/Women who have sex with women (WSW) Tom, Dii, Kuchu, Takatapui, Etc.
Sex Characteristics (SC)	Intersex

Table 1. SOGESC characteristics and corresponding LGBTI subpopulations.

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1. Sexual Orientation

Variations in sexuality can be found in all populations (World Medical Association 2013). However, in most countries, very little is known about non-heterosexual populations. Stigma and prejudice has limited the availability of unbiased data about sexual orientation. Until recent decades, homosexuality was considered a disease by most major Western medical authorities (American Psychological Association 2009). As of 2021, homosexuality is criminalized in 70 countries, in large part due to the proliferation of British colonial era laws banning sodomy (Mendos et al. 2020). The desire to prevent and cure people experiencing same-sex attraction and punish those who engage in same-sex sexual activity, has infused much of the research about homosexuality with an anti-LGBTI bias (Park 2016b).

In the mid-1900s, discourse in medicine and public policy began to shift from a focus on homosexuals, as a population, to a focus on sexual orientation, as a characteristic shared by all. By 1990, the World Health Organization had removed homosexuality from the international classification of diseases, and many countries, particularly those in Western Europe and the Americas, began to adopt laws banning discrimination based on sexual orientation. Countries have also begun to enact legal protections regarding gender recognition and some jurisdictions have begun to address the human rights of intersex people. While these advances have been accompanied by more efforts to research and gather data about LGBTI populations, huge gaps in knowledge still exist.

A. Assessing Sexual Orientation

Sexual orientation is a multi-dimensional concept. Understanding a person's sexual orientation involves measurements of at least three different aspects of an individual's sexuality: Attraction, behavior, and identity (Wolff et al. 2017). Because sexuality is fluid, meaning that it can change throughout a person's life, any assessment of an individual's sexual orientation is based on a snapshot of these three dimensions taken at a particular point in time. Please refer to the section entitled Data Collection in Appendix III. for more resources.

1. Attraction

Attraction to another person is a common, though certainly not universal, part of one's sexual experience. The attraction component of sexual orientation relates to whether a person is attracted to people of the same gender, or another gender, or both. Traditionally, these options have been framed as attraction to the 'same or opposite' gender, or both. Using the framing of 'same or different' gender recognized that male and female are not the only two gender options. One widely accepted practice for identifying a person's sexual orientation attraction uses information about their gender along with the answer to the following question:

> People are different in their sexual attraction to other people. Which best describes your feelings? Are you:
>
> (a) Only attracted to females;
> (b) Mostly attracted to females;
> (c) Equally attracted to females and males;
> (e) Only attracted to males;
> (f) Not sure?

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2. Behaviour

Behaviour refers to the gender of the person or persons with whom an individual has had sex. Knowing a person's gender, we can identify an individual's sexual orientation behaviour using the following question:

> In the past (X time interval), who have you had sex with?
>
> (a) Men only;
> (b) Women only;
> (c) Both men and women;
> (d) I have not had sex.

These questions can be altered based on the purpose of the research. Asking about experience over a lifetime would capture those who have experimented. A five-year time interval might capture those who have occasional encounters. A twelve-month time period might exclude adults who are not highly sexually active, but might be more appropriate if the purpose of the research is about recent possible exposure to pregnancy involvement or sexually transmitted infections (STIs). There is a general consensus among researchers to not define the term "sex" but allow respondents to use their own definition. If the purpose of the research is about risk behaviors, questions about specific behaviors, and the frequency of them, might be included.

3. Identity

Sexual orientation identity refers to how an individual views their own sexual orientation in the context of their own life and society (Morandini, Blaszczynski, and Dar-Nimrod 2017). In some Western countries, such as Canada, nearly everyone identifies with at least one of the commonly used terms associated with Western sexual identities. Accordingly, Statistics Canada uses the following question on Canadian surveys:

> What is your sexual orientation? Would you say you are:
>
> (a) Heterosexual or straight
> (b) Gay or lesbian
> (c) Bisexual
> (d) Or please specify

In societies that use different sexual identity terms, this survey item may not produce results that are relevant to the local populations. In many parts of the world, Indigenous identities have historic roots in cultural traditions. Examples include hijra (India), meti (Nepal), fa'afafine (Samoa), and injonga (Southern Africa). In many countries, people have created contemporary identities that are neither Western nor traditional, such as lala (China), Dii (Thailand), and Kuchu (Uganda). In many cases, the terms people use to describe their sexual orientation may be the same terms that are used to describe their gender, caste, or religion. Accordingly, any effort to assess sexual orientation must account for the existence of sexual orientation identities as they exist in the population being studied.

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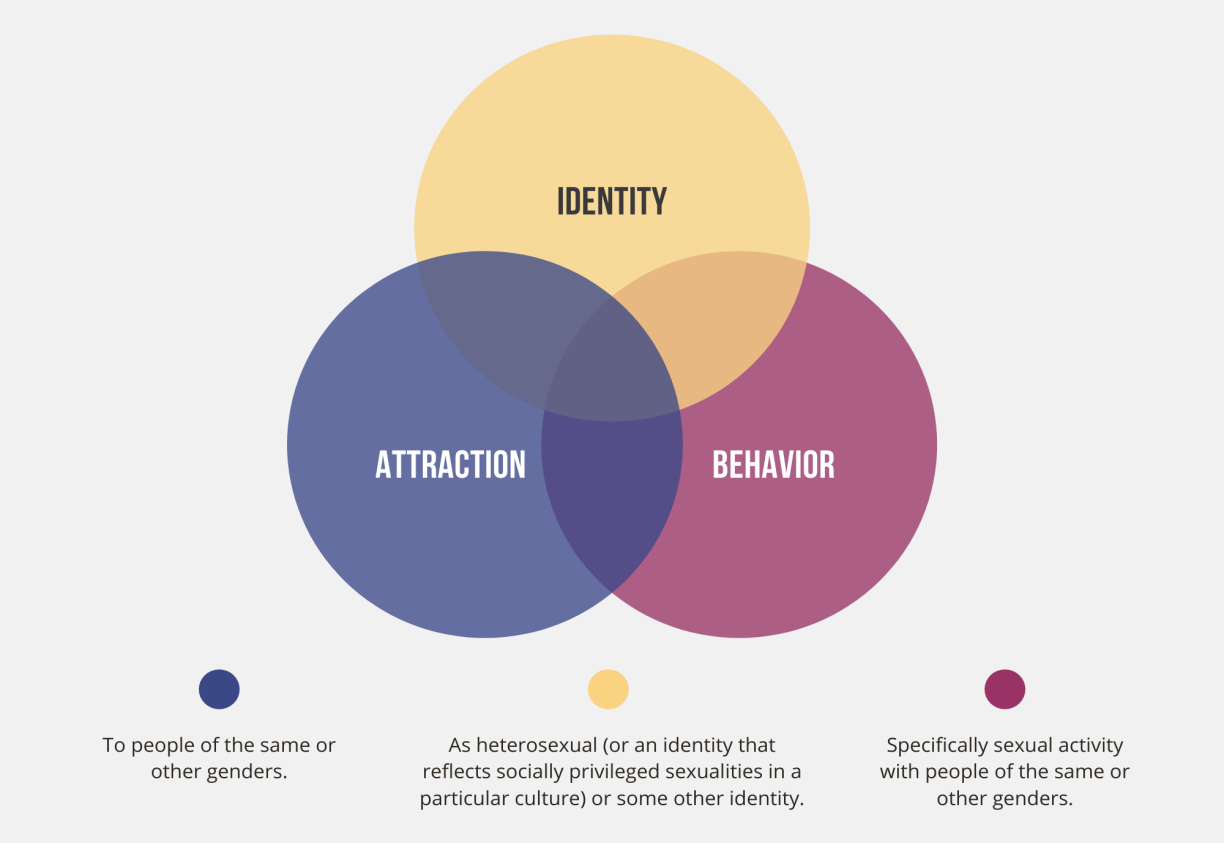

Figure 1. The three dimensions of sexual orientation.

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B. Populations According to Sexual Orientation

Empirical experience has shown that a same-sex orientation in one of the three components does not correlate to a same-sex orientation in the other two (Morgan 2013; Worthington and Reynolds 2009; Geary et al. 2018). For example, a person's identity, which is entirely self-determined, may have no correlation to a person's sexual behavior or feelings of attraction. A person who identifies herself as heterosexual has a heterosexual identity, regardless of the fact that she is not attracted to men and only has sex with women. Studies of men in Senegal, Uganda, and South Africa and China, reveal no link between behavior and identity (Larmarange et al. 2009; Baumle et al. 2013, 115-16). In fact, a recent study of MSM/WSW estimated that, globally, most people who have had same-sex sexual activity do not identify as such (Pachankis and Branstrom 2019).

Accordingly, same-sex sexual orientation can be classified into one of seven different configurations. Figure 2 provides an illustration of these configurations as well as examples of who might fit into each.

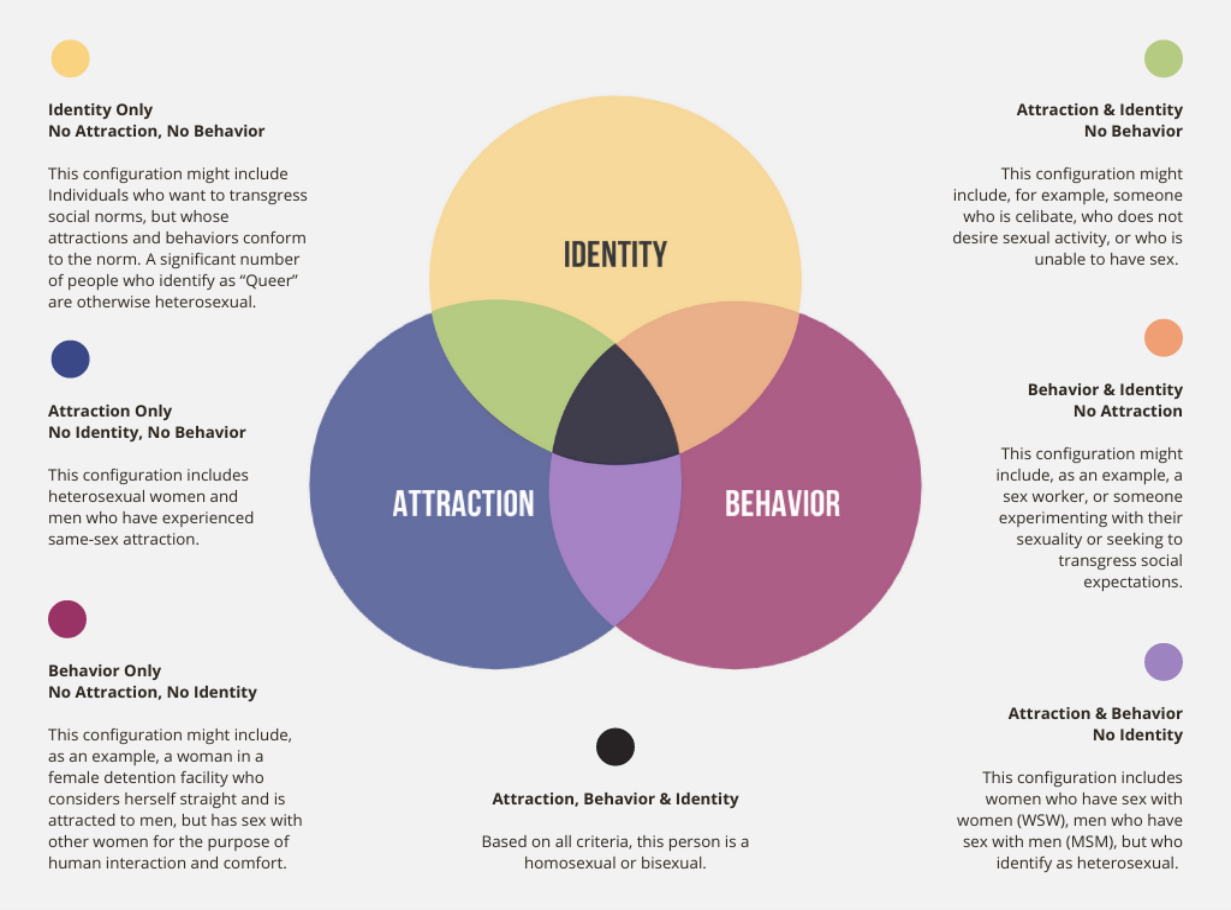

Figure 2. Seven configurations of sexual orientation.

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C. Gathering and Disaggregating Data

In the past decade, a small number of countries in the global north and south have begun to include questions about sexual orientation or same-sex household structure on national population surveys. However, the results of these surveys vary widely. The wording used in these surveys is not uniform and the results are often reported in a way that makes it unclear as to whether the survey measured sexual orientation identity, same-sex sexual behavior, or the experience of same-sex attraction. Additionally, the methods of administering the survey, known to influence the willingness of the respondents to reveal their sexual orientation by up to 65 percent, differs from survey to survey (Coffman, Coffman, and Ericson 2017).

Based on these surveys, estimates of the number of people who identify as a sexual minority range from roughly two to 5.5 percent (Conron and Goldberg 2020; Davis et al. 2017; Valfort 2017). Women are less likely than men to identify as homosexual, but more likely to identify as bisexual (Valfort 2017, 29). Estimates of the population that has engaged in same-sex sexual activity are often at least double the number of those who self-identify. Reliable estimates based on nationally representative data in countries with lower levels of stigma are in the ten to twelve percent range (Valfort 2017). One recent study estimated that in countries with higher levels of stigma, up to 94 percent of MSM and WSW continue to identify as heterosexual (Pachankis and Branstrom 2019).

Some people look to estimates of the MSM population to help assess the total number of sexual minorities. Ideally, governments submit estimates of the MSM population to UNAIDS as part of the effort to assess the impact of HIV on various subpopulations. However, these estimates are frequently derived using unreliable methods and may be purposely underestimated by a political desire to justify a lack of HIV/AIDS related programming. Experts have called these estimates "implausibly low" (Davis et al. 2017) and UNAIDS has said that the "effect of this undercount [on global totals] is substantial" (World Health Organization 2020).

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2. Gender Diversity

A. Separating Gender from Biology

Most people begin developing an inner sense of their own gender very early in life. This inner awareness influences how we express ourselves and how we want others to perceive us. For the majority of people, their gender, according to this inner awareness, is the same as the sex/gender they were assigned at birth. These people are referred to as cisgender, "cis" being the Latin prefix for same. Some people may develop an inner awareness that their true gender is different than the sex/gender they were assigned at birth. These people are referred to as transgender, "trans" being the Latin prefix for across or beyond.

B. Beyond the Male/Female Binary

Gender is frequently categorized according to a binary of options: female or male. Indeed, some transgender people understand their gender to be male (if they were assigned female at birth), or female (if they were assigned male at birth). Some cultures recognize multiple genders, often because transgender people have a well recognized cultural history. For example, in North America, the niizh mandidoowag, or two-spirit people, date back before European contact. The high courts of Nepal, India and Pakistan have each established a third legal gender category based, in part, on a finding that transgender people have a strong historical presence in local religious cultures. In the Pacific region, the Fa'afafine occupy a third-gender role in traditional Samoan culture (Madrigal-Borloz 2018).

As social and structural stigma eases, many people around the world have begun to identify their gender according to more contemporary gender categories. For example, some people who do not feel comfortable with either of the two binary gender categories of male or female may identify themselves as non-binary. Statistics Canada reports that people have identified their gender using terms such as pangender and genderqueer (Statistics Canada 2021). As one feminist scholar put it, "[t]he insistence of diverse groups on naming themselves and achieving recognition of their distinctness and variety will go on as long as aspirations for democracy exist…" (Petchesky 2009).

C. Self-Determination of Gender

Each person has the right to determine their own gender, according to international human rights standards (Madrigal-Borloz 2018). Increasingly, countries are adopting laws to ensure legal recognition of gender identity. Beginning with Nepal in 2011, roughly two dozen countries have granted at least limited recognition to a legal third gender. Other countries, led by a groundbreaking effort in Argentina, have adopted laws establishing a simplified process for name and gender change (Madrigal-Borloz 2018). As gender recognition is a rapidly evolving area of law, readers should refer to sources listed in the legal landscape section of Appendix III for an up-to-date listing of laws in each country. However, most people still live in countries where gender recognition is limited, and official documents often do not reflect everyone's gender identity (Chaim et al. 2020). Accordingly, the most reliable way to determine someone's gender is simply to ask them.

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D. Gathering and Disaggregating Data

Estimates of the transgender population are rare and vary widely. Most estimates based on how people self-identify range from 0.1 percent to 2.7 percent (Goodman et al. 2019; Valfort 2017, 31-32). One fundamental challenge to estimating transgender populations is the lack of a global standard for the wording of survey questions, lack of uniformity of survey administration methods (e.g., self-administered computer surveys or face to face), and widely varying levels of stigma.

Development practitioners depend on disaggregated data to monitor outcomes and evaluate programs. Thus, it is important to develop methods to identify and track transgender people at the program client/consumer level as well as at the national population level. One approach is to simply ask each person to identify their own gender. This approach respects the ability of each person to self-determine their own gender. While this may work in some contexts, the use of open ended questions on surveys poses two significant problems. First, an open ended question would not identify someone as transgender if they identify simply as male or female. Second, this approach risks creating a multitude of subgroup and data sets, some of which may be so small that they end up being excluded for purposes of statistical analysis. Thus, open-ended questions may result in an undercount of transgender people.

A similar approach would be to provide a range of options that reflect the genders represented in the community being surveyed. In Nepal, for example, research shows that only half of the transgender population identified as transgender, and others identified as male, female, or Meti or Kothi, two Indigenous transgender identities (Nezhad et al. 2014). Such an approach would require an initial assessment of the terms used by local transgender communities, as well as an assessment of the rate at which community members were adopting new, contemporary identities. As above, such an approach may fail to capture transgender people who identify as male or female.

Accordingly, many researchers employ a two-step approach using the following two questions:

1. What is your gender? (Variations might include a list of options, the most minimal would be the following:)
    (a) male
    (b) female
    (c) other

2. What sex were you assigned at birth, such as on a birth or baptismal certificate? (Variations of this question in countries where births are not regularly documented might be "When you were born, did your family and caretakers raise you as if you were")
    (a) male
    (b) female

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If the two answers are the same, the person is cisgender. If they differ, the person is transgender. Respondents could then be mapped according to the following groups (GenIUSS Group 2014).

WOMEN	**Cisgender women** – Female gender, female gender assigned at birth
	Transgender women – Female gender, male gender assigned at birth
MEN	**Cisgender men –** Male gender, male gender assigned at birth
	Transgender men – Male gender, female gender assigned at birth
NON-BINARY	**Non-binary –** Any gender other than male or female, any gender assigned at birth

However, as with all survey questions, one has to keep in mind the purpose of collecting data. If the purpose is to disaggregate and compare cisgender and transgender populations, this method provides a straightforward approach which can be easily adapted to multiple cultural settings. If the purpose is to compare particular subgroups of the transgender population to each other or to cisgender populations, then some other method might be required.

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3. Sex Characteristics

In the past few years, issues related to sex characteristics and intersex people have become integrated into advocacy about sexual orientation and gender identity. The intersex community is a visible part of the LGBTI movement in the global south, possibly to a degree that exceeds its visibility in the global north. Due to the activism of intersex advocates in the global north and south, UN bodies that enforce treaties on torture, civil and political rights, the rights of children, and the rights of persons with disabilities have all recognized that intersex people face human rights violation and that States are obligated to prevent such violations from occurring (United Nations Office of the High Commissioner for Human Rights 2016; United Nations Committee on Economic Social and Cultural Rights 2016; United Nations Committee on the Rights of the Child 2019; Carpenter 2020).

A. Understanding Intersex

The Office of the UN High Commissioner for Human Rights describes intersex people in the following way: "Intersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies" (United Nations Office of the High Commissioner for Human Rights 2016b). Sex characteristics are physical features that correspond to cultural and medical notions of being male or female. This includes roughly two dozen physiological systems including the genitalia, reproductive anatomy, chromosomes, hormones, physical features emerging from puberty, and the shape and alignment of certain musculoskeletal systems. Most people have sex characteristics that all align with maleness, or that all align with femaleness.

Some people are born with one or more sex characteristics that do not align with the same sex. For instance, intersex infants might be born with external genitalia that does not match internal organs such as testes and ovaries. Congenital adrenal hyperplasia, a common cause of intersex among people with XX chromanones, produces masculine features, impacts fertility, and cause a variety of health problems. Androgen insensitivity syndrome is found in intersex people who were born with female-patterned genitals, but lacking some internal female reproductive organs and having undescended testes.

Children born with atypical sex characteristics are often subjected to procedures commonly referred to as 'sex normalizing,' which attempt to make them conform to sex and gender stereotypes. These include medically unnecessary surgery and other procedures, performed without informed consent, and often leaving children with irreversible physical harm, infertility, and severe mental suffering (Physicians for Human Rights 2017). In some countries, such children are considered cursed and their families are persecuted (Office of the United Nations High Commissioner for Human Rights 2016a).

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B. Intersex, Gender, and Identity

Intersex status is distinct from gender. The premise that biology determines gender underlies the view that intersex constitutes a different gender. Because the bodies of intersex people include sex characteristics that are typically male as well as sex characteristics that are typically female, intersex people are sometimes described as having a gender that is neither completely male nor completely female. However, equating intersex with gender does not reflect the experience of intersex people themselves.

When a baby is born with sex characteristics that do not all align with one biological sex, the response is often to perform surgery and begin medical treatment for the purpose of assigning a sex. Often the expectation is that the child's gender will develop according to the sex that has been assigned to them through surgery. In reality, these interventions are frequently unsuccessful and children begin to express gender-related characteristics that are different from the sex they were assigned. Gender relates to a person's inner awareness of their own gender, as well as how they express that gender. Intersex people do not necessarily feel that their sex characteristics impact how they perceive their gender.

Intersex is primarily a physical characteristic, often revealed by an assessment of a person's physiology. Thus it is not primarily an identity. However, similar to being HIV positive or having a high IQ score, being intersex can be an identity if an individual wants others to know they are an intersex person.

C. Intersex Populations

Estimates of the size of the intersex population come from studies of medical records. These studies look at the prevalence of conditions that are considered intersex. Estimates of the proportion of intersex people in the general population run from 0.5 percent as high as 4 percent (Blackless et al. 2000). Most of the variation in numbers is not a question of how many people have a particular condition, rather it is due to differences defining what kind of conditions are considered intersex. Intersex advocacy organizations, as well as the United Nations, cite studies that conclude that 1.7 percent of births are intersex (United Nations Office of the High Commissioner for Human Rights 2016a).

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> *Currently, governments in most developing countries do not collect data about LGBTI people, and only a few come close to having representative data about subgroups. Stigma, discriminatory laws, lack of resources, and the low status of women are all contributing factors to the lack of data about LGBTI people, particularly for sexual minority women and trans people. Without such data, it is not possible to measure health and economic disparities using the same methods used for other populations.*

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PART II

HEALTH

Health

1. Impact of Stigma on Health

A. Stigma is Pervasive

Stigma is a shared belief that people with a particular trait are undesirable and worthless. In the case of gender and sexuality, the stigmatized trait is being LGBTI. Social stigma refers to the extent to which others in society believe that being LGBTI renders people undesirable not just in terms of their sexuality or gender, but in all aspects of their life. Social stigma impacts how LGBTI people are seen as citizens, parents, employees, students, neighbours, and other social roles. Structural stigma refers to how laws and institutions operate under similar beliefs. Structural stigma limits the ability of LGBTI people to live their lives as they choose.

1. Public Attitudes

Public opinion polls provide a measurement of how LGBTI people are viewed by the general public. A recent study analyzed forty years of polling data from 174 countries about public opinion about LGBT people, though the vast majority of this data only pertains to opinions about LGB people. At the same time, the world has become somewhat more polarized as the more accepting countries have increased their level of acceptance, and the more disapproving countries have become more disapproving (Flores, Brown, and Park 2016). Figure 3 shows a map of the world with countries coded from 1, the lowest level of acceptance, to 8, the highest level of acceptance.

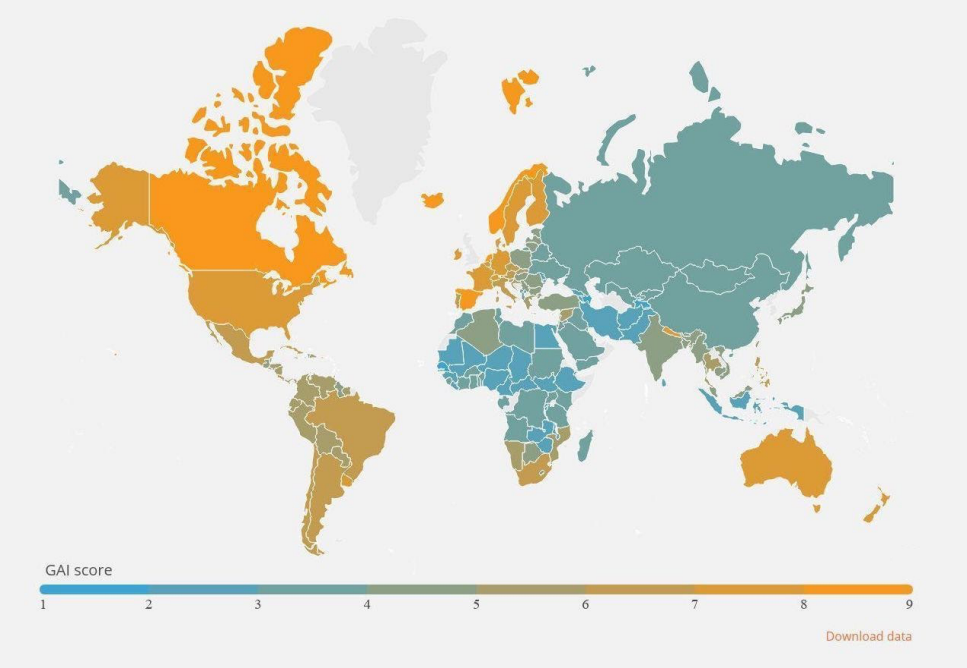

Figure 3: Level of acceptance of LGBT people, by country.

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Very little nationally representative polling has been done regarding public opinion about transgender people. Table 3 shows results from the only multi-country poll about transgender people, updated in 2018. This poll showed relatively high levels of acceptance for transgender people in countries that might otherwise be perceived as socially conservative. The same poll also showed that 57 percent of people in India agree that transgender people have a special place in society, along with 48 percent of people in Ecuador, and more than 35 percent of people in South Africa, Peru, and Mexico. Possibly this corresponds to those countries where transgender identities have been part of traditional Indigenous cultures (Ipsos 2018).

	All Respondents	Argentina	Canada	France	Great Britain	Hungary	Italy	Japan	Poland	Serbia	South Korea	Spain
Transgender people are brave	60%	70%	65%	62%	69%	48%	65%	38%	57%	54%	48%	74%
They are a natural occurrence in any population	52%	54%	54%	52%	57%	44%	45%	48%	57%	49%	48%	64%
They have a form of mental illness	23%	13%	24%	13%	16%	43%	11%	17%	41%	44%	25%	9%
I want our country to do more to support and protect transgender people	60%	67%	59%	52%	59%	41%	59%	41%	39%	48%	44%	70%
They should be protected from discrimination by the Government	70%	84%	77%	70%	81%	52%	75%	60%	51%	61%	57%	81%
They should be allowed to have surgery so their body matches their identity	69%	79%	73%	64%	75%	55%	73%	54%	61%	64%	59%	81%
They should be allowed to conceive or give birth to children (if biologically capable of doing so)	59%	75%	71%	48%	69%	50%	50%	52%	39%	38%	45%	76%
They are committing a sin	14%	13%	19%	8%	8%	12%	11%	3%	21%	27%	13%	8%
I worry about exposing children to transgender people	30%	40%	28%	22%	25%	42%	24%	15%	36%	50%	39%	19%
They are violating the traditions of my culture	23%	18%	19%	16%	14%	24%	16%	10%	37%	50%	31%	15%

Table 3. Partial results of a multinational poll about public opinion of transgender people.

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2. Structural Stigma

Laws and public policy are often based on an assumption that LGBTI people are worthless, unfit to be respected members of society, and in need of cure or punishment. Seventy countries criminalize same-sex sexual activity, and thirteen countries have laws that criminalize cross-dressing. However, most prosecutions of LGBTI people are under laws of general application such as public indecency and disorderly conduct. Forty-two countries restrict public discussion of topics related to sexual and gender diversity. Fifty-one countries restrict the ability of LGBTI CSOs to register and operate. Parental rights of LGBTI people are limited in most countries. Forty-seven countries do not permit a person to change their legal gender. Twenty-five recognize the self-determined gender of transgender people. Many other countries impose harsh requirements on those seeking to change their legal gender, such as sterilization, termination of marital and parental rights, disqualification from public service jobs, and medical treatment or institutionalization for mental illness (Mendos et al. 2020; Chaim et al. 2020). Figure 4 shows laws related to sexual orientation.

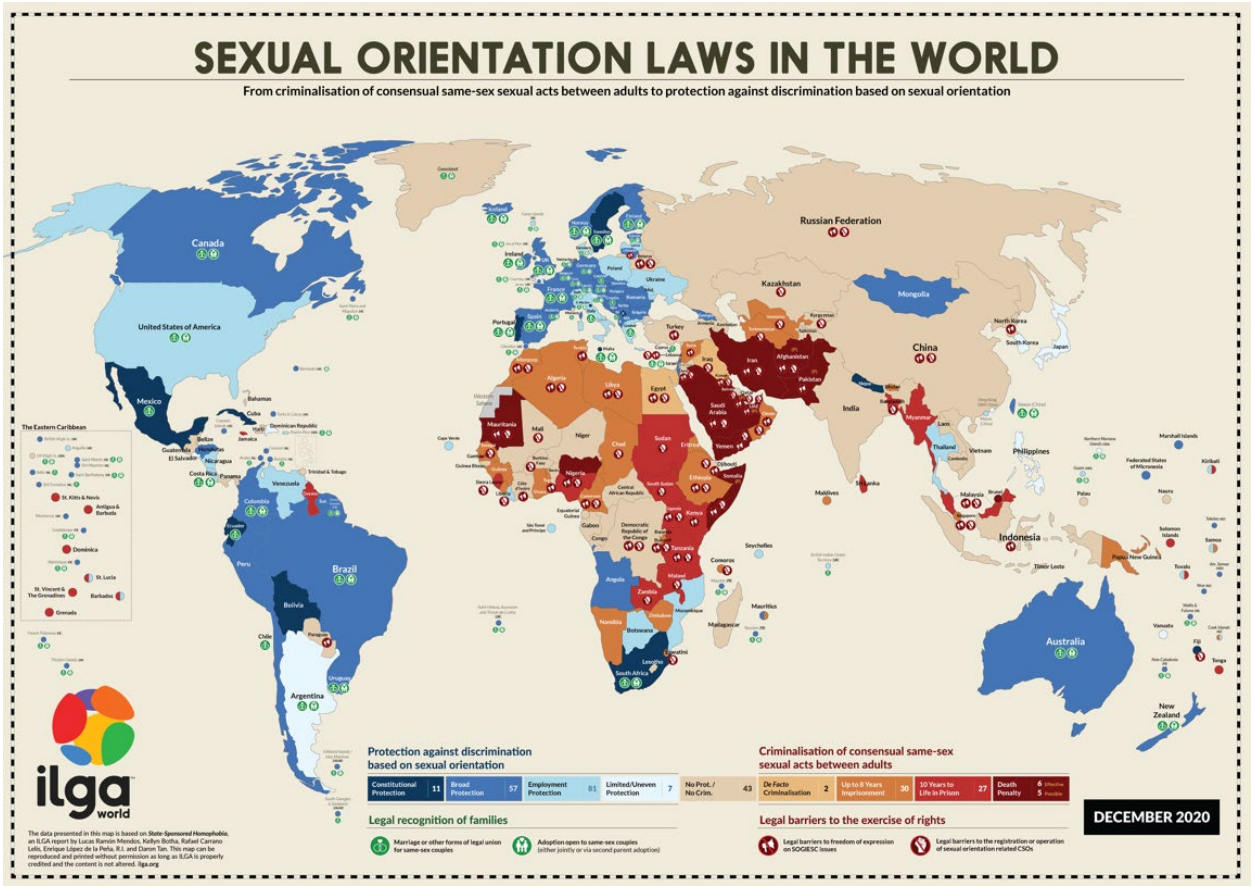

Figure 4. Sexual orientation laws in the world.

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B. Stigma Directly Impacts Health Outcomes

Evidence from all parts of the world, including developing countries, shows that LGBTI people who experience prejudice and stigma also tend to experience higher rates of anxiety, depression, and stress-related conditions such as substance abuse, heart conditions and increase risk of suicide. Researchers use the minority stress model to understand the relationship between stigma and health outcomes. At the core of this model is the recognition that, while all people experience various forms of stress, sexual and gender minorities experience additional stress and trauma that is not experienced by heterosexual, gender conforming people (Frost and Meyer 2009; Testa et al. 2017; Jones et al. 2016; Hoy-Ellis and Fredriksen-Goldsen 2017; Rood et al. 2017). According to this model, there are four specific processes through which social stigma and prejudice are manifested in the lives of LGBTI people:

1. PREJUDICE EVENTS. LGBTI people experience prejudice events which symbolize the deep cultural meaning of worthlessness assigned to this population. Such events might include assault, rejection by friends or family members, harassment at work or school, or persistent negative messages in the media about LGBTI people.

2. EXPECTATION AND HYPERVIGILANCE. After experiencing repeated instances of prejudice, LGBTI people form an expectation that such events may continue to occur. This expectation triggers a constant vigilance by LGBTI people in an attempt to protect themselves from future instances of prejudice. The stress caused by this vigilance may exist even in situations where those around the person are not acting out of discriminatory prejudice (Meyer 2003).

3. CONCEALMENT EFFORTS. LGBTI people conceal, or carefully manage, how their identity is disclosed, in response to the incidence and expectation of prejudice events. This identity concealment and management can impact an individual in at least three ways. First, identity concealment can require significant psychological resources, particularly if the individual develops a preoccupying fear and suspicion of discovery. Second, the individual is denied the psychological and health benefits that come from honest expression and sharing of emotions and experiences with others (Meyer 2003, Pachankis 2007). Third, LGBTI people are cut off from the ability to develop social support and coping networks which can help to improve health outcomes.

4. INTERNALIZATION. The LGBTI person can begin internalizing the negative messages and stereotypes of LGBTI people. Such internalized stigma can affect self-esteem, the capacity for intimacy, as well as constrain the ability of an individual to envision a life course which incorporates sexual and gender identity. Such an ability is necessary for the healthy development of LGBTI people.

These processes, individually and collectively, have been shown to impact immune function, HIV-related outcomes, cardiovascular outcomes, body mass index, cortisol levels, and occurrence of cancer (Flentje et al. 2020). Mental health outcomes include anxiety, depression, low well-being and self-esteem, loneliness, and substance use (Schrimshaw et al. 2013). A systematic review of 199 studies in both the global north and south, each looking at a comparison between heterosexuals and sexual minorities, showed that sexual minorities were at increased risk for depression, anxiety, suicide attempts or suicides (Plöderl and Tremblay 2015).

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C. Stigma-Related Violence

1. Anti-LGBTI Violence

LGBTI people face violence in all parts of the world, including in countries with relatively high levels of acceptance of LGBTI people. The lived experience of many LGBTI people indicates that violence can be omnipresent: at home, at school, at the hospital, at the workplace, on the street, while travelling or migrating, and in prisons, among other settings. It includes murders, beatings, kidnappings, rape and sexual assault, threats, coercion and arbitrary deprivations of liberty (United Nations Office of the High Commissioner for Human Rights 2015; Blondeel et al. 2018; Inter-American Commission on Human Rights 2015). A conglomerate of factors contribute to the prevalence of violence, including laws that criminalize same-sex intimacy, police indifference and abuse, official rhetoric, and extra judicial activity. Aside from violence perpetrated by individuals, LGBTI people also suffer organized abuse, including by religious extremists, paramilitary groups and extreme nationalists (Human Rights Watch 2018; Centro Nacional de Memoria Histórica (Colombia) 2015).

Sexual minority women are at particular risk for violence (United Nations Office of the High Commissioner for Human Rights 2015, para. 22). Sexual minority women often experience violence in private settings and are disproportionately affected by violence perpetrated by their family members (Armisen 2013). Additionally, instances of violence against sexual minority women are often intersectional, that is they could be related to a number of different characteristics, and they may not be reported as acts of violence against an LGBT person (Inter-American Commission on Human Rights 2015, 155-156).

2. Gender Norms and Violence

There is strong evidence that LGBTI people face violence because they do not conform to traditional, gender-based ideals of masculinity and femininity. Social norms that punish people who do not comply with gender-based expectations are called compulsory heterosexuality or heteronormativity. The Inter-American Human Rights Commission for instance, recognized that these norms demarcate acceptable forms of male and female sexuality (Inter-American Commission on Human Rights 2015, 36-38). According to the Commission, violence against LGBTI people "are manifestations of the combined structural and historical sexism and prejudice towards non-normative sexual orientations and gender identities and, therefore, can take specific forms, such as rape aimed at punishing those orientations or identities, the puncturing of silicone implants, and genital mutilation, among others." (Inter -American Commission on Human Rights 2015, 155)

Sylvia Tamale, former Dean of the Makarere School of Lawl in Kampala Uganda, explains how the existence of same-sex couples, and independent female sexuality, is considered a threat to male power. "What is therefore particularly threatening to patriarchy is the idea of same-sex relationships where a dominating male is absent and where women's sexuality can be defined without reference to reproduction" (Tamale 2007, 19). Consequently, homophobia, as well as transphobia, are weapons of sexism. The preservation of the unequal power of men requires the rejection of LGBTI people, sometimes by violent means.

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> *[a]n authentic version of gender equality to achieve freedom from oppression on the grounds of gender takes into account a multiplicity of gender identities and gender expressions.... [t]he true impact of the SDGs will be hard to achieve if their application is limited to gender binaries and constricting cisnormative ideals (Matthyse 2020, 3).*
>
> **LIBERTY MATTHYSE (SHE/THEY)**
> EXECUTIVE DIRECTOR, GENCER DYNAMIX SOUTH AFRICA

3. Violence in Different Settings

a. Refugees and Asylum Seekers

The vulnerability of LGBTI people is heightened in situations of social instability. The Inter-Agency Standing Committee, the UN's humanitarian coordination forum, reports that within the LGBTI refugee population, those whose outward appearances suggests a diverse (i.e., non- heteronormative) sexual orientation or gender identity are most at risk of violence (IASC Reference Group on Humanitarian Action 2018). This is especially true of transgender women who face exclusion by fellow refugees from their home country and sometimes from the LGBTI community as well. Sexual abuse, violence, extreme poverty, and lack of access to work and housing often leads transgender people to engage in sex work for survival. Furthermore, transgender people experience difficulties in transit and at borders because their legal documentation does not match their gender presentation. As a result, they are often searched, detained and abused (United Nations High Commissioner for Refugees 2010, 5).

Lesbians are a particularly hidden population among refugee flows. According to the UNHCR, the generally inferior economic and social status of lesbians makes it harder for them to flee persecution and protect themselves in a new country. Additionally, because harm against lesbians is often at the hands of family or other private actors, it is sometimes considered a common crime and not related to any of the grounds to claim refugee/asylum status. Asylum claims made by lesbians tend to have a lower recognition rate than those made by gay men (United Nations High Commissioner for Refugees 2010, 13). When women are able to travel without men, they often find themselves left out of preparedness, response, and recovery efforts which are frequently geared toward traditional households headed by men (Devakula et al. 2018).

The difficulties facing intersex persons are an evolving topic as the international human rights community gain awareness of intersex people and the discrimination they face. In some countries, intersex infants are considered cursed and their families can be persecuted for having an intersex child. There appears to be little or no country information available for this group, and a lack of understanding of the dynamics associated with intersex persons and the nature of asylum claims made by them is apparent (United Nations High Commissioner for Refugees 2010, 14).

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b. Intimate Partner Violence (IPV)

A growing body of evidence shows that LGBTI people experience IPV at rates similar to, or higher than, non-LGBTI people. In many places, the laws intended to protect survivors of IPV do not apply to individuals in same-sex couples, often including transgender individuals whose gender may not be legally recognized. The lack of legal protections, as well as the lack of social acceptance of LGBTI people and their relationships, may prevent survivors from acknowledging abuse by their partners. LGBTI people may also experience identity/cultural abuse where the abuser uses the gender or sexuality of the survivor to demean, manipulate, and control them (Barrientos and Rodríguez-carballeira 2016; Finneran et al. 2012; Badenes-Ribera et al. 2015).

D. Poverty and Health

The connection between poverty and health is well established, and this relationship holds true for LGBTI people. Despite the lack of nationally representative wage and income data in developing countries, evidence from smaller scale studies suggests that LGBTI people experience higher rates of poverty for several reasons:

WORKPLACE DISCRIMINATION. LGBTI people face discrimination in hiring and promotion, as documented by a global systematic review of studies (Ozeren 2014) as well as qualitative research by the International Labor Organization (International Labour Organization 2015).

HUMAN CAPITAL. Bullying and rejection at school limits the ability of LGBTI people to build their human capital (Badgett et al. 2014).

HEALTH. Anti-LGBTI stigma can restrict someone's ability to work because of direct physical injuries and/or derived psychological trauma (Badgett et al. 2014).

E. Exclusion from Health Services

Stigma interferes with LGBTI people's ability to access appropriate health services. Sexual minority women in Western Kenya identified the need for lesbian-friendly healthcare providers as one of their top concerns (Wilson et al. 2019). Some LGBTI people encounter health care providers who are hostile or abusive to them (Lane et al. 2008). A survey of sexual and gender minorities in Nepal revealed that a high number of respondents – 23.1 percent of the total sample – reported being denied health care services. This rate was twice as high for transgender respondents (Nezhad et al. 2014). A separate survey of LGBTI people in the global south documented attempts by health care providers to use medications, surgery or institutionalization to convert lesbians and transgender people (Bishop 2019). LGBTI people may also encounter health care providers who assume that their patients are cisgender and heterosexual (Bonvicini and Perlin 2003; Dehart 2008). In these instances, LGBTI face a double bind of either concealing their identity and not receiving care based on complete information, or "coming out" to the provider, risking rejection or abuse (Arbeit et al. 2016; Bergeron and Senn 2003). One common

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response to discrimination by healthcare providers is to avoid seeking health care at all (Nezhad et al. 2014). Studies have shown that the health care utilization rate of sexual minority women is heavily impacted by their comfort level with their provider (Bergeron and Senn, 2003; Tracy, Lydecker, and Ireland, 2010).

> *The lack of data on the lives of LGBTI people in most countries is a serious barrier to advancing LGBTI inclusion in international development. However, the limited data we have paints a consistent picture of discrimination, exclusion, and too often violence based on sexual orientation and gender identity (SOGI). While we need more and better data, this data gap should not be a barrier to taking action to address the reality of exclusion of LGBTI people that we can see with our own eyes, and local implementers have many opportunities to address the health needs of LGBTI people in the communities they serve.*
>
> **CLIFTON CORTEZ (HE/HIM)**
> GLOBAL ADVISOR
> SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)
> THE WORLD BANK GROUP

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2. Sexual and Reproductive Health Concerns

A. Generally, Need for Reproductive Health Services

According to World Health Organization publications, access to appropriate health services for the wide range of sexual health problems is essential given the significant disease burden of these health conditions throughout the world. Delivery of care should be inclusive and delivered in a manner that respects privacy, confidentiality and informed decision-making. Evidence shows that positive health outcomes are increased when people have access to services and information about sexuality and sexual health (World Health Organization 2017).

B. Sexual Minority Women

1. Lesbian Immunity Myth

The reproductive and sexual health needs of lesbian and bisexual women are often ignored because of the myth of lesbian immunity, which is the pervasive belief that lesbians, bisexual women, or WSW do not contract STIs and are not at risk of unplanned pregnancy (Dolan and Davis 2003; Richardson 2000; Power, McNair, and Carr 2009; Matebeni et al. 2013; Logie, Navia, and Loutfy 2015). This belief is anchored in two false assumptions having to do with the nature of sex between women and the nature of women's sexuality.

First is the assumption that physical affection between two women does not constitute 'real sex' which is often defined culturally through the presence of a penis (Poteat et al. 2014). Accordingly, because these physical acts do not constitute sex, the belief is that they must not carry with them the risks that accompany sex. This belief is reflected both in women's sexual practices such as engaging in condomless vaginal/anal sex, lack of barrier use while having sex with other women (e.g. dental dam), or not getting preventive where such care is available. Health care providers are also susceptible to this myth, where they misinterpret the low public health risk of STI/HIV transmission among lesbian women to mean that medical care for lesbians need not include any targeted interventions for STIs/HIV (Marrazzo, Coffey, and Bingham 2011; Marrazzo and Gorgos 2012; Wilson et al. 2019).

The second assumption is that women who identify themselves as non-heterosexual never have any male sex partners. Though research on this issue is mostly from the global north, clear patterns of human sexual desire tend to exist across cultural and geographic differences. Sexuality is fluid and can vary throughout the course of one's life, particularly for women (Diamond, Bonner, and Dickenson 2015; Veniegas and Conley 2000). Research shows that self-identified sexual orientation is not a reliable indication of sexual practice (Brooks and Quina 2009; Marrazzo, Coffey, and Bingham 2011). Surveys have shown that a large majority of self-identified lesbians have had sex with a male partner, and only a small minority of WSW have never had sexual contact with a male (Koh et al. 2005; Diamant et al. 1999; Fethers et al. 2000). Contrary to the myth of lesbian immunity, lesbians, bisexual women, or women having sex with women require sexual and reproductive health services.

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2. STIs

Lesbians face risks of STIs from female sexual partners (Hutchinson, Thompson, and Cederbaum 2006; Marrazzo and Stine 2004; Lindley et al. 2008; Logie, Navia, and Loutfy 2015). In various communities of WSW, researchers have found significant rates of bacterial vaginosis and hepatitis C (Fethers et al. 2000), genital herpes (Marrazzo et al. 2001), and HIV (Carmen H. Logie et al. 2017), particularly among lesbians, bisexual women or WSW who have experienced forced sex with men (Matebeni et al. 2013). In South Africa, the high rates of self-reported HIV infection among sexual minority women were correlated with experiences of forced sex with men (Sandfort et al., 2013). Nonetheless, due to the perception that WSW are a lower risk for STIs, a substantial number of WSW are less likely to get tested for STIs or to have a pap smear or completed an HPV vaccine series even where such interventions are easily available (Jeanne M. Marrazzo and Gorgos 2012; Kerr, Ding, and Thompson 2013; Matthews et al. 2004; Charlton et al. 2011; McRee et al. 2014).

3. Pregnancy

Though there are no peer-reviewed studies about the rate of pregnancy among sexual minority women in the global south, it is clear that pregnancy occurs, both planned and unplanned. The high level of advocacy in developing countries by lesbian mothers regarding the right to custody of their own children, and the right to adopt children of their same-sex partners, indicates that lesbians in all parts of the world are conceiving and raising their own children. Studies in the global north indicate that one of every four self-identified lesbians or bisexual women becomes pregnant, and that rates of unwanted pregnancies and terminations are higher than for heterosexual women (Jeanne M. Marrazzo and Stine 2004; Bauer, Jairam, and Baidoobonso 2010; Elizabeth M. Saewyc 2011; E M Saewyc et al. 1999; Cherry and Dillon 2014; Lisa L. Lindley and Walsemann 2015; Robinson et al. 2017). Given these indirect but relevant data points, it is highly likely that sexual minority women in developing countries require sexual and reproductive health services including family planning.

C. Transgender People

1. Pregnancy Involvement

Transgender people experience pregnancy involvement (the term used in public health to encompass both the role of becoming pregnant and the role of providing sperm) both planned (C. A. Jones, Reiter, and Greenblatt 2016; Caenegem et al. 2015) and unplanned (Veale et al. 2016). Some transgender men may elect to leave female reproductive organs intact, and transition related hormones may not prevent pregnancy (Cipres et al. 2017; Obedin-Maliver and Makadon 2016). Transgender women can also be involved in pregnancy through providing sperm to their partners. Estrogen therapy, if used, does not necessarily eliminate normal sperm production (Jones, Reiter, and Greenblatt, 2016).

2. STIs

A global review of peer-reviewed literature shows that studies consistently document the high prevalence of HIV and STIs among transgender people, though the majority of such studies only involved transgender women. Researchers could only identify a ‘paucity’ of research into risk levels for transgender men. Nonetheless, where data exists, it reveals a high burden of adverse health and disease outcomes facing transgender populations (S. Reisner et al. 2016; S. Reisner and Murchison 2016).

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3. Disease Risk Related to Sex Assigned at Birth

A review of studies found that transgender people may remain at risk for conditions related to bodily systems and sex characteristics of their gender assigned at birth. Such conditions might include breast, prostate, cervical, ovarian, and endometrial diseases including cancer. The review concluded that care and screening should be chosen based on the bodies that patients have, rather than based on a typical approach of assigning testing based on a person's gender (Braun et al., 2017; Mattingly, Kiluk, and Lee, 2016; Brown and Jones, 2015).

D. Intersex People

Some intersex variations are apparent at birth. When an infant's genitals do not conform to expectations, the traditional clinical paradigm has been to perform "normalizing" procedures which may involve medically unnecessary, irreversible, repeated, and painful surgery, genital mutilation, and medical interventions. Some variations are not noted until puberty or during evaluation of adult infertility. Additionally, some adults who have had procedures as children may not have been informed of the true nature of those procedures (T. Jones et al. 2016).

Awareness about intersex conditions is increasing. For example, South Africa, the European Parliament, the Inter-American Commission on Human Rights, and the Asia Pacific Forum of national Human Rights Institutions have all taken positions that discrimination against intersex people constitutes discrimination against sex. Regarding health care, the Kenya National Commission on Human Rights notes that a shift in clinical paradigm has slowly begun to take place as more medical associations and ministries of health adopt guidance on intersex variations calling for a stop to medically unnecessary, irreversible procedures. These changes have been driven by civil society organizations in Africa, central and South America, Asia, and other regions (Kenya National Commission On Human Rights 2018; United Nations Office of the High Commissioner for Human Rights 2016a). This shift is also based on a recognition that medical providers face an ethical obligation to avoid such harm and preserve the ability of the child to consent/assent to procedures that will impact them (Dickens 2018; Reis 2019).

Some intersex people may require special gynecologic, urologic and sexual health care, as well as steroid replacement and hormone therapy. Because intersex patients may have experienced trauma related to their condition, a trauma-informed approach to sexual and reproductive health care may be helpful. Though research about intersex populations is sparse, evidence suggests that intersex people experience higher rates of mental health problems as well as physical issues (T. Jones et al. 2016).

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PART III

ENGAGING LGBTI COMMUNITIES

Engaging LGBTI Communities

1. LGBTI Communities Around the World

Like LGBTI people themselves, LGBTI community organizations can be found in any country where there is an active civil society, including countries that are in armed conflict, located remotely, and where LGBTI people face possible criminal prosecution. The members of ILGA World – the International Lesbian, Gay, Bisexual, Trans and Intersex Association – include more than 1,500 organizations in more than 166 countries, including regional organizations whose work includes multiple countries (International Lesbian, Gay 2018).The most recent report of global funding for LGBTI organizations shows that institutional donors made roughly 3,200 grants to groups in the global south and east, the majority coming from governments and multilateral agencies (Global Philanthropy Project and Funders for LGBTQ Issues 2020).

2. Benefits of Engagement

Understanding the potential benefits of engagement with local communities will help set goals and expectations for interactions with LGBTI CSOs. What follows are a few potential benefits of engagement with LGBTI CSOs.

EXPERTISE ABOUT LGBTI POPULATIONS. LGBTI people are themselves the best experts in their own lives. This is particularly true given the general lack of data about LGBTI populations. Because LGBTI people have faced attempts by others to define and characterize them, LGBTI communities have become primary sources of information about their own lived experience. Communities should be consulted regarding questions of how to describe, refer to, define, and classify LGBTI individuals.

PROGRAM/RESEARCH DESIGN AND IMPLEMENTATION. LGBTI people can help identify needs and priorities of LGBTI people and assess what interventions might meet those needs.

DEVELOP LGBTI SPECIFIC MATERIALS. LGBTI people can assist in the creation or review of materials targeting the LGBTI community.

OUTREACH AND VISIBILITY. After LGBTI organizations become familiar with your programs, they can provide referrals and enhance outreach efforts.

ADVOCACY. Local LGBTI organizations are familiar with the issues relevant to advocacy priorities related to LGBTI people, and have often formulated their own strategy for achieving advocacy goals. LGBTI organizations can help guide others who want to support these goals.

JOINT PROGRAMMING. Engaging in workshops, panels, sign-on letters, joint publications, and other joint programming can provide excellent opportunities to establish working relationships with LGBTI communities.

SAFE SPACE. LGBTI people are often in need of safe spaces for meetings, programs, and organizational sponsorships.

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3. Accessing the LGBTI Community

In some countries, identifying and reaching out to local LGBTI groups involves little more than an internet search and a few emails. In other places, social and structural stigma requires LGBTI groups to be more cautious about limiting access from the general public. In either case, LGBTI groups are often well connected to other sectors of civil society in countries in which they operate, especially other civil society groups that focus on human rights. Thus, accessing the LGBTI community often begins with accessing the knowledge and relationships of allied organizations in a particular country.

A recent survey of CanWaCH members shows that CanWaCH partner organizations have already acquired such knowledge and relationships on a local level. Half of the partner organizations responding to the survey either consider themselves part of the LGBTI community and its allies or are in regular communication with members of the LGBTI community. Another thirteen percent said that they would know who to reach out to if they needed additional contact with the LGBTI community.

CanWaCH members seeking to establish new ties to LGBTI groups have a number of opportunities:

CANADIAN EMBASSIES. Because of the Canadian government's global support for LGBTI issues, the staff of Canadian embassies are a source of information about the local community. Many embassies make small grants to local LGBTI organizations, monitor the human rights situation of LGBTI people, and seek to support and protect LGBTI communities through public diplomacy as well as targeted diplomatic actions.

OTHER EMBASSIES. The embassies of the largest bilateral funders of LGBTI issues are also engaging in local activities with LGBTI communities. These include Sweden, the Netherlands, Germany, Norway, Denmark, and the United States.

GLOBAL LGBTI ORGANIZATIONS. ILGA World (the International Lesbian, Gay, Bisexual, Trans and Intersex Association), the global umbrella group for LGBTI organizations, has its headquarters office in Geneva, as well as six regional offices covering all parts of the world. Each regional office has extensive knowledge of local organizations. Each region also has a regular conference addressing issues relevant to that region. Additionally, several LGBTI Canadian organizations engage in international work, and many global human rights organizations have LGBTI programs. You can find more detailed information about these groups in the section entitled "Mapping of the LGBTI community/CSOs" of Appendix III. Resources.

UN OFFICES. A number of UN agencies have ongoing relationships with local LGBTI communities. Many local LGBTI advocates have sought to use international human rights mechanisms, particularly in countries where local laws do not provide protection for LGBTI people. Globally, LGBTI advocates have sought to have LGBTI issues mainstreamed among the activities of UN agencies. Consequently, there is no central agency that addresses LGBTI issues nor is there a standardized approach to LGBTI issues among UN agencies. Some of the most active UN agencies include the Office of the High Commissioner for Human Rights, the Office of the High Commissioner for Refugees, the UN Development Programme, and UNAIDS. Staff in country and mission offices of UN agencies can be a productive source of information.

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PRIVATE LGBTI FUNDERS. Foundations, philanthropic trusts, and charities have extensive knowledge of local organizations. For example, the Astraea Lesbian Foundation for Justice, which supports a number of projects with CanWach partners, provides direct funding to more LGBTI organizations in the global south than any other funding entity. The American Jewish World Service, COC Netherlands, the Fund for Global Human Rights, the Heinrich Böll Stiftung, the Open Society Foundations, the Urgent Action Fund, the Global Women's fund and most regional Women's Funds all maintain a large number of funding relationships with LGBTI groups (Global Philanthropy Project and Funders for LGBTQ Issues 2020). Program officers at these funders may be able to provide quick information about local LGBTI communities. You can find more detailed information about these groups in the section entitled "Mapping of the LGBTI community/CSOs" in Appendix III. Resources.

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4. Safety, Security, and Do No Harm

The principle of do no harm affirms that development activities must not put those living in fragile contexts at greater risk than they would otherwise face without intervention. Development practitioners need to understand the vulnerabilities faced by LGBTI people and constantly assess whether their activities accentuate these vulnerabilities.

A. Understand Risks Faced by LGBTI Communities

In many countries, LGBTI people are particularly vulnerable to violence and discrimination because of social and structural stigma. In addition, LGBTI people are constructive participants in useful social change efforts that challenge social and legal norms. Such efforts often trigger pushback form those seeking to maintain heteronormative and cisnormative standards. LGBTI people are often the focus of cultural, legal and geopolitical battles where they are scapegoats for unrelated social and economic anxieties. Because LGBTI issues can be sensationalized and distorted in the media, it is often challenging to assess the real magnitude of potential threats to the safety and health of LGBTI people.

Development activities may pose risks to individual LGBTI people as well as LGBTI communities. Raising the public visibility of LGBTI people, the spaces they occupy, and the issues that concern them may result in elevated risks. In some contexts, legal standards may constrain attempts to publicize, communicate or have meetings regarding LGBTI issues. On the other hand, many LGBTI communities have found that avoiding visibility results in isolation and vulnerability. For these communities, higher levels of visibility can help ward off attempts to target them. Establishing visible relationships with other sectors of society, domestically and internationally, has been a source of protection and accountability. Accordingly, one cannot assume that visibility is risky and discretion is more safe.

B. Rely on Local Communities to Assess Risks and Select Responses

The best method to accurately assess the vulnerabilities of LGBTI people and the risks associated with particular activities is to consult with local LGBTI communities and organizations. LGBTI people live with risks of violence and harassment every day, and quickly assessing and responding to threats becomes a habit. The LGBTI movement has prioritized issues of security threat assessment and security planning. Most LGBTI communities have become accustomed to analyzing security issues associated with maintaining safe organizational office space, transportation, hosting meetings and public activities, methods of communication, engaging in public awareness activities, presenting staff and similar issues. Many LGBTI advocates have already developed security plans, strategies and contingency plans. LGBTI advocates also recognize the need to work in coalition with allied individuals and organizations. As part of this, LGBTI communities have experience in advising others about potential risks and recommending strategies.

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C. Observe Already-Existing Ethical Principles and Development Practices

Development practitioners should not lose sight of already-existing principles that may help guide the assessment of risks and benefits. Well-developed research ethical standards regarding human subject research provide guidance about the privacy, confidentiality and security of human subject data. In addition, organizational policies regarding diversity, professional conduct, and organizational mission can often serve as guiding principles when assessing risks and benefits. UN agencies, Canadian Embassies, and larger multinational organizations, as well as research ethics boards, may also have existing standards regarding do no harm.

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5. Providing Inclusive Services

The following are suggested measures that organizations might consider when seeking to include LGBTI populations in their activities. These suggestions assume a certain degree of latitude in addressing LGBTI populations. In some settings, social hostility or legal restrictions may render certain activities inadvisable. Consulting with the local LGBTI community will help formulate an appropriate approach.

A. Point of Entry

- ❑ The entrance to the organization's facility portrays a safe and welcoming environment. Visible indications such as magazines, posters, stickers or other objects communicate that the organization welcomes LGBTI people.
- ❑ Organizational materials include a statement that LGBTI people & families are eligible for services & programs.
- ❑ The organization does not use unnecessary surveillance equipment to monitor clients.
- ❑ The reception area is configured to best ensure client privacy in completing documents or providing personal information to a staff members. In some contexts LGBTI people may fear discovery by non-LGBTI people in their own community. For example, LGBTI refugees may be receiving services in the same facilities that serve non-LGBTI people from their home country from which they are fleeing. Some organizations designate time outside of regular hours when LGBTI people can come for intake, interviews and services.
- ❑ All gender restrooms are available for staff & clients in all agency buildings and at off-site events.
- ❑ Intake forms should use inclusive and locally-based terms, use gender neutral language, allow people to self-identify their gender, gender options include (at a minimum) an "other" category, and forms recognize households other than husband and wife.
- ❑ Intake staff are trained to let the person guide them if they are unsure about how to address an individual. Intake staff feel comfortable asking "Am I using the term or pronoun you use for yourself?" or "How do you self-identify?"
- ❑ The organization has a policy related to confidentiality for clients which specifically includes confidentiality of information relating to sexual orientation and gender identity of LGBTI clients
- ❑ Programs that serve by gender (e.g. women-only, gay/bi men only, mom's group, etc.), affirm the client's self-reported gender identity, sexuality, and familial relationships
- ❑ Staff understand that LGBTI people may not initially be willing to disclose or discuss their sexuality or gender.
- ❑ Co-advocacy relationships have been developed with LGBTI-specific providers for purposes of referrals.

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B. Human Resources

- ❑ The organization is committed to workforce diversity and equity across all levels of the organization.
- ❑ Employee training programs include workforce diversity.
- ❑ Job announcements encourage diverse applicants.
- ❑ Job candidates are screened for potential bias or training needs working with underserved communities, including LGBTI people.
- ❑ The organization's anti-discrimination policies & protocols include protections based on sexual orientation, gender identity and expression and sex characteristics.
- ❑ Healthcare insurance policies do not exclude transgender related healthcare.
- ❑ The organization has a standard procedure for name changes on employment-related documents.
- ❑ The organization has a written policy ensuring staff can use a preferred name at work.
- ❑ When LGBTI employees are sent on out-of-country assignments, issues relating to their safety are addressed in any pre-departure discussions, plans are in place to deal with security incidents as they arise, and local staff are trained regarding working with LGBTI people.
- ❑ Family-related workplace benefits (healthcare, funeral benefits, housing stipends) equitably include families of LGBTI people.
- ❑ All new staff receive information about the organization's commitment to workplace equity & social justice including LGBTI access. Job candidates and current employees understand that other employees may be LGBTI, are aware of organizational norms, and are trained regarding appropriate conduct.

C. Workplace Climate

- ❑ Workplace equity efforts explicitly incorporate LGBTI equity.
- ❑ Leadership participates in workplace equity efforts.
- ❑ Events and social activities (recreational, celebrations, fundraisers, etc.) engage and appeal to the diversity of staff and volunteers. Events are equitably attended by LGBTI families.
- ❑ There is an active LGBTI affinity group or network for staff, volunteers and board.

D. Services and Programs

- ❑ Develop an understanding of how LGBTI people are perceived within the community.
- ❑ The organization collects data to better understand the experiences of LGBTI individuals & communities in services and programs.
- ❑ Program materials have been made relevant to LGBTI individuals and communities. Some organizations create specific publications (information sheets, FAQ, etc.) that specifically target LGBTI clients.
- ❑ The organization routinely utilizes participant feedback to improve services and programs

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- ❑ For support groups and other group programs, facilitators are equipped to respond to LGBTI bias among participants, curricula are analyzed for elements which may positively or negatively address LGBTI people.
- ❑ Programs for youth account for the possibility that youth are still exploring their sexuality and gender. Demonstrate an open attitude about gender and sexuality. Do not assume that youth are heterosexual. Similarly, do not assume that youth are distressed because of their sexuality or gender.

E. Housing/Detention

- ❑ Consider special accommodations for LGBTI people, particularly transgender people who face high levels of violence in shelters and communal housing situations. Allow transgender persons to choose the accommodations that they believe are safest for them.
- ❑ Depending on the context, LGBTI persons may need to be housed separately. Scattered-site housing may be safer than communal safe-houses.
- ❑ Place LGBTI people in an area nearer to staff to lower the risk of assault and harassment.
- ❑ Consider various options, schedules, and placement of sanitation/bathroom facilities, and use of portable sanitation equipment to lower risk of assault and harassment.

F. Development and Organizational Communications

- ❑ The organization recruits board members who are supportive of LGBTI issues, including LGBTI people themselves.
- ❑ Board training/orientation includes information about the organization's equity & social justice efforts, including the organization's commitment to LGBTI access.
- ❑ Organizational leadership can fluently communicate the organization's commitment to LGBTI access.
- ❑ Leadership will advocate on behalf of LGBTI communities in public forums.
- ❑ LGBTI content is included in the organization's communications (blogs, newsletter, etc.).
- ❑ The organization collaborates with local LGBTI-specific or LGBTI-friendly media.

G. Communication/Meetings

- ❑ The organization recruits board members who are supportive of LGBTI issues, including LGBTI people themselves.
- ❑ Be respectful when using terms related to sexual orientation and gender identity. See Appendix II. Style and Usage Guide.
- ❑ Include pronouns on name tags, meeting programs, and table cards.
- ❑ When unsure, ask people "what pronoun do you use?"
- ❑ Use gender neutral language when making remarks ("Welcome everyone." "Good morning folks.").

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- ❑ If formal titles are used and you are unable to use a gender neutral title (e.g. M., Mx.), consider using function titles ("Attorney Martin." "Commissioner Tremblay.").
- ❑ When speaking on the phone, do not assume a person's voice indicates their gender. Ask the person how they would like to be addressed.

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SOURCES

Sources

American Psychological Association. 2009. "Appropriate Therapeutic Responses to Sexual Orientation." https://doi.org/10.1037/e548572011-001.

Arbeit, M. R., C. B. Fisher, K. Macapagal, and B. Mustanski. 2016. "Bisexual Invisibility and the Sexual Health Needs of Adolescent Girls." *LGBT Health* 3 (5): 342–49**.** https://doi.org/10.1089/lgbt.2016.0035.

Armisen, Mariam. 2013. "Between Us: The Complexities of Lesbians , Bisexual and Queer Women's Organizing in Francophone Sub-Saharan Africa." Queer Africa Youth Networking Center.

Badenes-Ribera, Laura, Dolores Frias-Navarro, Amparo Bonilla-Campos, Gemma Pons-Salvador, and Hector Monterde-i-Bort. 2015. "Intimate Partner Violence in Self-Identified Lesbians: A Meta-Analysis of Its Prevalence." *Sexuality Research and Social Policy* 12 (1): 47–59. https://doi.org/10.1007/s13178-014-0164-7.

Badgett, M. V. Lee, Sheila Nezhad, Kees Waaldijk, and Yana Van Der Meulen Rodgers. 2014. "The Relationship between LGBT Inclusion and Economic Development: An Analysis of Emerging Economies." The Williams Institute UCLA School of Law. https://escholarship.org/uc/item/3kn013kr.pdf.

Barrientos, Jaime, and Álvaro Rodríguez-carballeira. 2016. "Violencia En Parejas Del Mismo Sexo : Revisión y Perspectivas Actuales." *Revista Argentina de Clinica Psicologica* 25 (3): 289–98.

Bauer, G R, J A Jairam, and S M Baidoobonso. 2010. "Sexual Health, Risk Behaviors, and Substance Use in Heterosexual-Identified Women with Female Sex Partners: 2002 US National Survey of Family Growth." *Sex Transm Dis* 37 (9): 531–37**.** https://doi.org/10.1097/OLQ.0b013e3181d785f4.

Baumle, Amanda K, Anjani Chandra, Casey E Copen, and William D Mosher. 2013. "International Handbook on the Demography of Sexuality." *International Handbooks of Population* 5: 488. https://doi.org/10.1007/978-94-007-5512-3.

Bergeron, Sherry, and Charlene Y. Senn. 2003. "Health Care Utilization in a Sample of Canadian Lesbian Women: Predictors of Risk and Resilience." *Women & Health* 37 (3): 19–35. https://doi.org/10.1007/s10151-013-1020-0.

Bishop, Amie. 2019. "Harmful Treatment: The Global Reach of So-Called Conversion Therapy." OutRight Action International. https://outrightinternational.org/sites/default/files/ConversionFINAL_1.pdf.

Blackless, Melanie, Anthony Charuvastra, Amanda Derryck, Anne Fausto-Sterling, Karl Lauzanne, and Ellen Lee. 2000. "How Sexually Dimorphic Are We? Review and Synthesis." *American Journal of Human Biology* 12: 151–66. https://doi.org/10.1002/ajhb.10122.

Blondeel, Karel, Sofia De Vasconcelos, Claudia García-Moreno, Rob Stephenson, Marleen Temmerman, and Igor Toskin. 2018. "Violence Motivated by Perception of Sexual Orientation and Gender Identity: A Systematic Review." *Bull World Health Organ* 96: 29–41. https://doi.org/10.2471/BLT.17.197251.

Copyright © 2021 Canadian Partnership for Women and Children's Health

Bonvicini, Kathleen A., and Michael J. Perlin. 2003. "The Same but Different: Clinician-Patient Communication with Gay and Lesbian Patients." *Patient Education and Counseling* 51 (2): 115–22. https://doi.org/10.1016/S0738-3991(02)00189-1.

Braun, Hayley, Rebecca Nash, Vin Tangpricha, Janice Brockman, Kevin Ward, and Michael Goodman. 2017. "Cancer in Transgender People: Evidence and Methodological Considerations." *Epidemiologic Reviews* 00 (9): 1–15. https://doi.org/10.1093/epirev/mxw003.

Brooks, Kelly D, and Kathryn Quina. 2009. "Women's Sexual Identity Patterns: Differences among Lesbians, Bisexuals, and Unlabeled Women." *Journal of Homosexuality* 56 (June 2014): 1030–45. https://doi.org/10.1080/00918360903275443.

Caenegem, Eva Van, Katrien Wierckx, Els Elaut, Ann Buysse, and Guy T Sjoen. 2015. "Prevalence of Gender Nonconformity in Flanders, Belgium." *Archives of Sexual Behavior*, 1281–87. https://doi.org/10.1007/s10508-014-0452-6.

Carpenter, Morgan. 2020. "The OHCHR Background Note on Human Rights Violations against Intersex People." *Sexual and Reproductive Health Matters* 28 (1). https://doi.org/10.1080/26410397.2020.1731298.

Carrara, Sérgio, and Paula Lacerda. 2010. "Vivir Bajo Amenaza: Prejuicio, Discriminación y Violencia Homofóbica En Brasil." In *Diversidade e Homofobia No Brasil*, edited by Gustavo Venturi and Vilma Bokani. Brasil: Perseu Abramo.

Centro Nacional de Memoria Histórica (Colombia). 2015. Aniquilar La Diferencia. Lesbianas, Gays, Bisexuales y Transgeneristas En El Marco Del Conflicto Armado Colombiano. Bogotá: CNMH.

Chaim, Zhan, Sandra Duffy, Matilda Gonzalez Gil, Lara Goodwin, Nigel Timothy, and Mpemba Patel. 2020. "Trans Legal Mapping Report 2019, 3rd Edition." ILGA World. https://ilga.org/trans-legal-mapping-report.

Cipres, Danielle, Dominika Seidman, Charles Cloniger, Cyd Nova, Anita O'Shea, and Juno Obedin-Maliver. 2017. "Contraceptive Use and Pregnancy Intentions among Transgender Men Presenting to a Clinic for Sex Workers and Their Families in San Francisco." *Contraception* 95 (2): 186–89. https://doi.org/10.1016/j.contraception.2016.09.005.

Coffman, Katherine B., Lucas C. Coffman, and Keith M. Marzilli Ericson. 2017. "The Size of the LGBT Population and the Magnitude of Antigay Sentiment Are Substantially Underestimated." *Management Science* 63 (10): 3168–86. https://doi.org/10.1287/mnsc.2016.2503.

Conron, Kerith J, and Shoshana K Goldberg. 2020. "Adult LGBT Population in the United States." The Williams Institute UCLA School of Law. https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Population-Estimates-March-2019.pdf.

Davis, Sara L.M., William C Goedel, John Emerson, and Brooke Skartvedt Guven. 2017. "Punitive Laws, Key Population Size Estimates, and Global AIDS Response Progress Reports: An Ecological Study of 154 Countries." *Journal of the International AIDS Society* 20 (1): 1–8. https://doi.org/10.7448/IAS.20.1.21386.

Dehart, Dana D. 2008. "Breast Health Behavior among Lesbians: The Role of Health Beliefs, Heterosexism, and Homophobia." *Women & Health* 48 (4): 409–27. https://doi.org/10.1080/03630240802575146.

Copyright © 2021 Canadian Partnership for Women and Children's Health

Devakula, Devikara (Prim), Elisabeth Dotter, Emily Dwyer, and Maria Holtsberg. 2018. "Pride in the Humanitarian System Bangkok 4-7 June Consultation Report," 1–53. https://www.edgeeffect.org/wp-content/uploads/2018/11/Consultation-Report_Pride-in-the-Humanitarian-System_All-Annexes.pdf.

Diamant, Allison L., Mark A. Schuster, Kimberly McGuigan, and Janet Lever. 1999. "Lesbians' Sexual History With Men: Implications for Taking a Sexual History." *Archives of Internal Medicine* 159: 2730–36. https://doi.org/10.1001/archinte.159.22.2730.

Diamond, Lisa M., Susan B. Bonner, and Janna Dickenson. 2015. "The Development of Sexuality." In *Handbook of Child Psychology and Developmental Science*, edited by Richard Lerner, 3:888–931. https://doi.org/10.1002/9781118963418.childpsy321.

Dickens, Bernard M. 2018. "Management of Intersex Newborns: Legal and Ethical Developments." *International Journal of Gynecology and Obstetrics* 143 (2): 255–59. https://doi.org/10.1002/ijgo.12573.

Dolan, Kathleen A., and Phillip W. Davis. 2003. "Nuances and Shifts in Lesbian Women's Constructions of STI and HIV Vulnerability." *Social Science and Medicine* 57 (1): 25–38. https://doi.org/10.1016/S0277-9536(02)00305-2.

Elders, Joycelyn, David Satcher, and Richard Carmona. 2017. "Re-Thinking Genital Surgeries on Intersex Infants." Palm Center. https://www.palmcenter.org/wp-content/uploads/2017/06/Re-Thinking-Genital-Surgeries-1.pdf.

Fethers, Katherine, Caron Marks, Adrian Mindel, and Claudia S. Estcourt. 2000. "Sexually Transmitted Infections and Risk Behaviours in Women Who Have Sex with Women." *Public Health*, 345–49. https://doi.org/10.1136/sti.76.5.345.

Finneran, Catherine, Anna Chard, Craig Sineath, Patrick Sullivan, and Rob Stephenson. 2012. "Intimate Partner Violence and Social Pressure among Gay Men in Six Countries." *Western Journal of Emergency Medicine* 13 (3): 260–71. https://doi.org/10.5811/westjem.2012.3.11779.

Flentje, Annesa, Nicholas C. Heck, James Michael Brennan, and Ilan H. Meyer. 2020. "The Relationship between Minority Stress and Biological Outcomes: A Systematic Review." *Journal of Behavioral Medicine* 43 (5): 673–94. https://doi.org/10.1007/s10865-019-00120-6.

Flores, Andrew R., Taylor Brown, and Andrew S. Park. 2016. "Public Support for Transgender Rights: A Twenty-Three Country Survey."

Frost, David M., and Ilan H. Meyer. 2009. "Internalized Homophobia and Relationship Quality Among Lesbians, Gay Men, and Bisexuals." *Journal of Counseling Psychology* 56 (1): 97–109. https://doi.org/10.1037/a0012844.

Geary, Rebecca S., Clare Tanton, Bob Erens, Soazig Clifton, Philip Prah, Kaye Wellings, Kirstin R. Mitchell, et al. 2018. "Sexual Identity, Attraction and Behaviour in Britain: The Implications of Using Different Dimensions of Sexual Orientation to Estimate the Size of Sexual Minority Populations and Inform Public Health Interventions." *PLoS ONE* 13 (1): 1–16. https://doi.org/10.1371/journal.pone.0189607.

GenIUSS Group. 2014. "Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys." Williams Institute UCLA School of Law.

Copyright © 2021 Canadian Partnership for Women and Children's Health

Global Philanthropy Project, and Funders for LGBTQ Issues. 2020. "Global Resources Report 2017/2018."

Goodman, Michael, Noah Adams, Trevor Cornell, Baudewijntje Kreukels, Joz Motmans, and Eli Coleman. 2019. "Size and Distribution of Transgender and Gender Nonconforming Populations: A Narrative Review." *Endocrinology and Metabolism Clinics of North America* 48 (2): 303–21. https://doi.org/10.1016/j.ecl.2019.01.001.

Government of Canada. 2021. "The Human Rights of Lesbian, Gay, Bisexual, Transgender, Queer, 2-Spirit and Intersex Persons." 2021. https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/human_rights-droits_homme/rights_lgbti-droits_lgbti.aspx?lang=eng.

Hoy-Ellis, Charles P., and Karen I. Fredriksen-Goldsen. 2017. "Depression among Transgender Older Adults: General and Minority Stress." *Physiology & Behavior* 59 (3–4): 295–305. https://doi.org/10.1002/ajcp.12138.

Human Rights Watch. 2018. "Scared in Public and Now No Privacy": Human Rights and Public Health Impacts of Indonesia's Anti-LGBT Moral Panic. New York: HRW.

Hutchinson, M. K., Angela C. Thompson, and Julie A. Cederbaum. 2006. "Multisystem Factors Contributing to Disparities in Preventive Health Care among Lesbian Women." *JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing* 35 (3): 393–402. https://doi.org/10.1111/J.1552-6909.2006.00054.x.

IASC Reference Group on Humanitarian Action. 2018. "The Gender Handbook for Humanitarian Action." Inter-Agency Standing Committee. https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf.

Inter-American Commission on Human Rights. 2015. "Violence against Lesbian, Gay, Bisexual, Trans and Intersex Persons in the Americas." Washington DC: Nov. 12, 2015, IACHR, OAS/Ser.L/V/II.rev.1, Doc. 36.

International Labour Organization. 2015. "Discrimination at Work on the Basis of Sexual Orientation and Gender Identity: Results of the ILO 's PRIDE Project." http://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/briefingnote/wcms_368962.pdf.

International Lesbian, Gay, Bisexual Trans and Intersex Association. 2018. "Annual Report 2018." ILGA World.

Ipsos. 2018. "Global Attitudes Toward Transgender People." IPSOS. https://www.ipsos.com/sites/default/files/ct/news/documents/2018-01/ipsos_report-transgender_global_data-2018.pdf.

Jones, C. A., L. Reiter, and E. Greenblatt. 2016. "Fertility Preservation in Transgender Patients." *International Journal of Transgenderism* 2739 (June): 1–7. https://doi.org/10.1080/15532739.2016.1153992.

Jones, Tiffany, Bonnie Hart, Morgan Carpenter, Gavi Ansara, William Leonard, and Jayne Lucke. 2016. *Intersex: Stories and Statistics from Australia*. Cambridge: Open Book Publishers. http://www.openbookpublishers.com/product/431.

Kenya National Commission On Human Rights. 2018. *Equal in Dignity and Rights: Promoting the Rights of Intersex Persons in Kenya*. http://bethanykids.org/wp-content/uploads/2016/10/ambiguous_genitalia_in_africa.pdf.

Copyright © 2021 Canadian Partnership for Women and Children's Health

Kerr, Dianne L., Kele Ding, and Amy J. Thompson. 2013. "A Comparison of Lesbian, Bisexual, and Heterosexual Female College Undergraduate Students on Selected Reproductive Health Screenings and Sexual Behaviors." *Women's Health Issues* 23 (6): e347–55. https://doi.org/10.1016/j.whi.2013.09.003.

Koh, Audrey S., Cynthia A. Gómez, Starley Shade, and Erin Rowley. 2005. "Sexual Risk Factors Among Self-Identified Lesbians, Bisexual Women, and Heterosexual Women Accessing Primary Care Settings." *Sexually Transmitted Diseases* 32 (9): 563–69. https://doi.org/10.1097/01.olq.0000175417.17078.21.

Lane, T., T. Mogale, H. Struthers, J. Mclntyre, and S. M. Kegeles. 2008. "'They See You as a Different Thing': The Experiences of Men Who Have Sex with Men with Healthcare Workers in South African Township Communities." *Sexually Transmitted Infections* 84 (6): 430–33. https://doi.org/10.1136/sti.2008.031567.

Larmarange, Joseph., Annabel Desgrées du Loû., Catherine Enel., Abdoulaye Wade. Desgrées du Loû. 2009. "Homosexuality and Bisexuality in Senegal: A Multiform Reality." *Population, English Edition (Project Muse)* 64 (4): 635–66. https://doi.org/10.3917/pope.904.0635.

Light, Alexis D., Juno Obedin-Maliver, Jae M. Sevelius, and Jennifer L. Kerns. 2014. "Transgender Men Who Experienced Pregnancy After Female-to-Male Gender Transitioning." *Obstetrics & Gynecology* 124 (6): 1120–27. https://doi.org/10.1097/AOG.0000000000000540.

Lindley, L L, M B Kerby, T J Nicholson, and N Lu. 2008. "Sexual Behaviors and Sexually Transmitted Infections among Self-Identified Lesbian and Bisexual College Women." *Journal of LGBT Health Research* 3 (3): 41–54. https://doi.org/10.1080/15574090802093323.

Lindley, Lisa L., and Katrina M. Walsemann. 2015. "Sexual Orientation and Risk of Pregnancy Among New York City High-School Students." *American Journal of Public Health* 105 (7): 1379–86.

Logie, C. H., D. Navia, and M.R. Loutfy. 2015. "Correlates of a Lifetime History of Sexually Transmitted Infections among Women Who Have Sex with Women in Toronto, Canada: Results from a Cross-Sectional Internet-Based Survey." *Sex Transm Infect* 91 (4): 278–83. https://doi.org/10.1136/sextrans-2014-051745.

Logie, Carmen H., Ashley Lacombe-Duncan, Ying Wang, Angela Kaida, Alexandra de Pokomandy, Kath Webster, Tracey Conway, and Mona Loutfy. 2017. "Sexual Orientation Differences in Health and Wellbeing Among Women Living with HIV in Canada: Findings from a National Cohort Study." *AIDS and Behavior*, 1–15. https://doi.org/10.1007/s10461-017-1781-y.

Maddaleno, Silvina, and Florence Paz Landeira. 2015. "Intersexualidad Documento Temático." Instituto Nacional contra la Discriminación, la Xenofobia y el Racismo (INADI). www.inadi.gob.ar.

Madrigal-Borloz, Victor. 2018. "Report of the Independent Expert on Protection against Violence and Discrimination Based on Sexual Orientation and Gender Identity." July 12, 2018, A/73/152.
———. 2020. "Practices of So-Called 'Conversion Therapy': Report of the Independent Expert on Protection against Violence and Discrimination Based on Sexual Orientation and Gender Identity." May 1, 2020, A/HRC/44/53.

Marrazzo, J. M., L. A. Koutsky, N. B. Kiviat, J. M. Kuypers, and K. Stine. 2001. "Papanicolaou Test Screening and Prevalence of Genital Human Papillomavirus among Women Who Have Sex with Women." *American Journal of Public Health* 91 (6): 947–52.

Copyright © 2021 Canadian Partnership for Women and Children's Health

Marrazzo, Jeanne M., Patricia Coffey, and Allison Bingham. 2011. "Sexual Practices, Risk Perception and Knowledge of Sexually Transmitted Disease Risk among Lesbian and Bisexual Women." *Perspectives on Sexual and Reproductive Health* 37 (1): 6–12. https://doi.org/10.1363/psrh.37.006.05.

Marrazzo, Jeanne M., and Linda M. Gorgos. 2012. "Emerging Sexual Health Issues among Women Who Have Sex with Women." *Current Infectious Disease Reports* 14 (2): 204–11. https://doi.org/10.1007/s11908-012-0244-x.

Marrazzo, Jeanne M., and Kathleen Stine. 2004. "Reproductive Health History of Lesbians: Implications for Care." *American Journal of Obstetrics and Gynecology* 190 (5): 1298–1304. https://doi.org/10.1016/j.ajog.2003.12.001.

Matebeni, Zethu, Vasu Reddy, Theo Sandfort, and Ian Southey-Swartz. 2013. "'I Thought We Are Safe': Southern African Lesbians' Experiences of Living with HIV." *Cult Health Sex* 15 Suppl (August): 34–47. https://doi.org/10.1080/13691058.2013.764016.

Mathieson, C M, N Bailey, and M Gurevich. 2002. "Health Care Services for Lesbian and Bisexual Women: Some Canadian Data." *Health Care Women Int* 23 (2): 185–96. https://doi.org/10.1080/073993302753429059.

Matthews, Alicia K., Dana L. Brandenburg, Timothy P. Johnson, and Tonda L. Hughes. 2004. "Correlates of Underutilization of Gynecological Cancer Screening among Lesbian and Heterosexual Women." *Preventive Medicine* 38 (1): 105–13. https://doi.org/10.1016/j.ypmed.2003.09.034.

Matthyse, Liberty. 2020. "Achieving Gender Equality by 2030: Transgender Equality in Relation to Sustainable Development Goal 5." *Agenda* 34 (1): 124–32. https://doi.org/10.1080/10130950.2020.1744336.

Mattingly, Anne E., John V. Kiluk, and M. Catherine Lee. 2016. "Clinical Considerations of Risk, Incidence, and Outcomes of Breast Cancer in Sexual Minorities." *Cancer Control : Journal of the Moffitt Cancer Center* 23 (4): 373–82. http://www.ncbi.nlm.nih.gov/pubmed/27842326.

Mendos, Lucas Ramón, Kellyn Botha, Rafael Carrano Lelis, Enrique López De La Peña, and Daron Tan. 2020. "State-Sponsored Homophobia 2020: Global Legislation Update." ILGA World. https://ilga.org/downloads/ILGA_World_State_Sponsored_Homophobia_report_global_legislation_overview_update_December_2020.pdf.

Meyer, Ilan H. 2003. "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence." *Psychological Bulletin* 129 (5): 674–97. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4337813/%0Ahttps://doi.org/10.1080/15532739.2011.700873%0Ahttp://www.ncbi.nlm.nih.gov/pmc/articles/PMC5491368/%0Ahttp://dx.doi.org/10.1016/S1473-3099(12)70315-8%0Ahttp://rochester.summon.serialssolutions.com/2.0.

Morgan, Elizabeth M. 2013. "Contemporary Issues in Sexual Orientation and Identity Development in Emerging Adulthood." *Emerging Adulthood* 1 (1): 52–66. https://doi.org/10.1177/2167696812469187.
Nezhad, Sheila, Andrew Flores, Brad Sears, and Kyle Knight. 2014. "Surveying Nepal's Sexual and Gender Minorities: An Inclusive Approach." Los Angeles, CA: Williams Institute UCLA School of Law.

Obedin-Maliver, Juno, and Harvey J. Makadon. 2016. "Transgender Men and Pregnancy." *Obstetric Medicine* 9 (1): 4–8. https://doi.org/10.1177/1753495X15612658.

Copyright © 2021 Canadian Partnership for Women and Children's Health

Ozeren, Emir. 2014. "Sexual Orientation Discrimination in the Workplace: A Systematic Review of Literature." *Procedia - Social and Behavioral Sciences* 109 (January): 1203–15. https://doi.org/10.1016/j.sbspro.2013.12.613.

Pachankis, John E. 2007. "The Psychological Implications of Concealing a Stigma: A Cognitive-Affective-Behavioral Model." *Psychological Bulletin* 133 (2): 328–45. https://doi.org/10.1037/0033-2909.133.2.328.

Pachankis, John E., and Richard Branstrom. 2019. "How Many Sexual Minorities Are Hidden? Projecting the Size of the Global Closet with Implications for Policy and Public Health." *PLoS ONE* 14 (6): 1–12. https://doi.org/10.1371/journal.pone.0218084.

Park, Andrew. 2016a. "A Development Agenda for Sexual and Gender Minorities," no. June. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Development-Agenda-for-Sexual-and-Gender-Minorities.pdf.

———. 2016b. "Reachable : Data Collection Methods for Sexual Orientation and Gender Identity." *The Williams Institute*. Vol. 2016. The Williams Institute UCLA School of Law.

Patterson, Joanne G., Jennifer M. Jabson, and Deborah J. Bowen. 2017. "Measuring Sexual and Gender Minority Populations in Health Surveillance." *LGBT Health* 4 (2): 82–105. https://doi.org/10.1089/lgbt.2016.0026.

Petchesky, Rosalind P. 2009. "The Language of 'Sexual Minorities' and the Politics of Identity." *Reproductive Health Matters* 17 (33): 105–10. https://doi.org/10.1016/S0968-8080(09)33431-X.

Physicians for Human Rights. 2017. "Unnecessary Surgery on Intersex Children Must Stop, Press Release." *Press Release*. https://phr.org/news/unnecessary-surgery-on-intersex-children-must-stop/.

Plöderl, Martin, and Pierre Tremblay. 2015. "Mental Health of Sexual Minorities. A Systematic Review." *International Review of Psychiatry*, November, 1–19. https://doi.org/10.3109/09540261.2015.1083949.

Poteat, Tonia, Carmen Logie, Darrin Adams, Judith Lebona, Puleng Letsie, Chris Beyrer, and Stefan Baral. 2014. "Sexual Practices, Identities and Health among Women Who Have Sex with Women in Lesotho – a Mixed-Methods Study." *Culture, Health & Sexuality*. Taylor & Francis. https://doi.org/10.1080/13691058.2013.841291.

Power, Jennifer, Ruth McNair, and Susan Carr. 2009. "Absent Sexual Scripts: Lesbian and Bisexual Women's Knowledge, Attitudes and Action Regarding Safer Sex and Sexual Health Information." *Culture, Health & Sexuality* 11 (1): 67–81. https://doi.org/10.1080/13691050802541674.

Reis, Elizabeth. 2019. "Did Bioethics Matter? A History of Autonomy, Consent, and Intersex Genital Surgery." *Medical Law Review* 27 (4): 658–74. https://doi.org/10.1093/medlaw/fwz007.

Reisner, Sari L., Tonia Poteat, Jo Anne Keatley, Mauro Cabral, Tampose Mothopeng, Emilia Dunham, Claire E. Holland, Ryan Max, and Stefan D. Baral. 2016. "Global Health Burden and Needs of Transgender Populations: A Review." *The Lancet*. https://doi.org/10.1016/S0140-6736(16)00684-X.

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Reisner, Sari, and Gabriel Murchison. 2016. "A Global Research Synthesis of HIV and STI Biobehavioral Risks in Female-to-Male (FTM) Transgender Adults." *Global Public Health* 11 (7–8): 866–87. https://doi.org/10.1080/17441692.2015.1134613.A.

Richardson, Diane. 2000. "The Social Construction of Immunity: Hiv Risk Perception and Prevention among Lesbians and Bisexual Women." *Culture, Health & Sexuality* 2 (1): 33–49. https://doi.org/10.1080/136910500300859.

Robinson, K., K. Y. Galloway, S. Bewley, and C. Meads. 2017. "Lesbian and Bisexual Women's Gynaecological Conditions: A Systematic Review and Exploratory Meta-Analysis." *BJOG: An International Journal of Obstetrics and Gynaecology* 124 (3): 381–92. https://doi.org/10.1111/1471-0528.14414.

Rood, Brian A., Meredith R. Maroney, Jae A. Puckett, Ariel K. Berman, Sari L. Reisner, and David W. Pantalone. 2017. "Identity Concealment in Transgender Adults: A Qualitative Assessment of Minority Stress and Gender Affirmation." *American Journal of Orthopsychiatry* 87 (6): 704–13. https://doi.org/10.1037/ort0000303.

Rumbach, Jennifer, and Kyle Knight. 2014. "Sexual and Gender Minorities in Humanitarian Emergencies." https://doi.org/10.1007/978-3-319-05882-5_3.

Saewyc, E. M., L. H. Bearinger, R. W. Blum, and M. D. Resnick. 1999. "Sexual Intercourse, Abuse and Pregnancy among Adolescent Women: Does Sexual Orientation Make a Difference?" *Family Planning Perspectives* 31 (3): 127–31. https://doi.org/10.2307/2991695.

Saewyc, Elizabeth M. 2011. "Adolescent Pregnancy." In *Nelson Textbook of Pediatrics, 2-Volume Set*, edited by Abbie E. Goldberg, 978-982.e1. Thousand Oaks: SAGE Publications, Inc. https://doi.org/10.1016/B978-1-4557-7566-8.00118-6.

———. 2014. "Adolescent Pregnancy Among Lesbian, Gay, and Bisexual Teens." In *International Handbook of Adolescent Pregnancy*, edited by A.L. Cherry and M.E. Dillon, 726. New York: Springer Science+Business Media. https://doi.org/10.1007/978-1-4899-8026-7.

Sandfort, Theo G. M., Linda R. M. Baumann, Zethu Matebeni, Vasu Reddy, and Ian Southey-Swartz. 2013. "Forced Sexual Experiences as Risk Factor for Self-Reported HIV Infection among Southern African Lesbian and Bisexual Women." *PLoS ONE* 8 (1): 24–29. https://doi.org/10.1371/journal.pone.0053552.

Schrimshaw, Eric W., Karolynn Siegel, Martin J. Downing, and Jeffrey T. Parsons. 2013. "Disclosure and Concealment of Sexual Orientation and the Mental Health of Non-Gay-Identified, Behaviorally Bisexual Men." *Journal of Consulting and Clinical Psychology* 81 (1): 141–53. https://doi.org/10.1037/a0031272.

Sexual Minority Assessment Research Team. 2009. "Best Practices for Asking Questions about Sexual Orientation on Surveys." Los Angeles, CA.

Statistics Canada. 2021. "Participate in the Consultation on Gender and Sexual Diversity Statistical Metadata Standards." 2021. https://www.statcan.gc.ca/eng/concepts/consult-variables/gender#a11.

Tamale, Sylvia. 2007. "Out of the Closet: Unveiling Sexuality Discourses in Uganda." In *Africa After Gender*, edited by Catherine Cole, Takyiwaa Manuy, and Stephan Miescher, 17–29. Indiana University Press.

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Testa, Rylan J., Matthew S. Michaels, Whitney Bliss, Megan L. Rogers, Kimberly F. Balsam, and Thomas Joiner. 2017. "Suicidal Ideation in Transgender People: Gender Minority Stress and Interpersonal Theory Factors." *Journal of Abnormal Psychology* 126 (1): 125–36. https://doi.org/10.1037/abn0000234.

Tracy, J Kathleen, Alison D Lydecker, and Lynda Ireland. 2010. "Barriers to Cervical Cancer Screening among Lesbians." *Journal of Women's Health* 19 (2): 229–37. https://doi.org/10.1089/jwh.2009.1393.

United Nations Committee on Economic Social and Cultural Rights. 2016. "General Comment 22 on the Right to Sexual and Reproductive Health." May 2, 2016. E/C.12/GC/22. https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/089/32/PDF/G1608932.pdf?OpenElement.

United Nations Committee on the Rights of the Child. 2019. "Concluding Observations on the Combined Fifth and Sixth Periodic Reports of Australia." November 1, 2019, CRC/C/AUS/CO/5-6. https://doi.org/10.1007/BF03174582.

United Nations High Commissioner for Refugees. 2010. "The Protection of Lesbian, Gay, Bisexual Transgender and Intersex Asylum-Seekers and Refugees: Discussion Paper." https://www.refworld.org/pdfid/4cff9a8f2.pdf.

United Nations Office of the High Commissioner for Human Rights. 2015. "Discrimination and Violence against Individuals Based on Their Sexual Orientation and Gender Identity:" May 4, 2015, A/HRC/29/23.

———. 2016a. "Background Note on Human Rights Violations against Intersex People." https://www.ohchr.org/Documents/Issues/Discrimination/LGBT/BackgroundNoteHumanRightsViolationsagainstIntersexPeople.pdf.

———. 2016b. "Intersex Fact Sheet." https://www.unfe.org/wp-content/uploads/2017/05/UNFE-Intersex.pdf.

Valfort, Marie-Anne. 2017. "LGBTI in OECD Countries: A Review." OECD. https://doi.org/10.1787/d5d49711-en.

Veale, J., R. J. Watson, J. Adjei, and E. Saewyc. 2016. "Prevalence of Pregnancy Involvement among Canadian Transgender Youth and Its Relation to Mental Health, Sexual Health, and Gender Identity." *International Journal of Transgenderism* 17 (3–4): 107–13. https://doi.org/10.1080/15532739.2016.1216345.

Veniegas, Rosemary C., and Terri D. Conley. 2000. "Biological Research on Women's Sexual Orientations: Evaluating the Scientific Evidence." *Journal of Social Issues* 56 (2): 267–82. https://doi.org/10.1111/0022-4537.00165.

Wilson, B.D.M., L.C. Neubauer, A. Park, P. Abuor, and G.W. Harper. 2019. "The Sexual Health Needs of Sexual Minority Women in Western Kenya: An Exploratory Community Assessment and Public Policy Analysis." *Global Public Health* 14 (10). https://doi.org/10.1080/17441692.2019.1611895.

Wolff, Margaret, Brooke Wells, Christina Ventura-DiPersia, Audrey Renson, and Christian Grov. 2017. "Measuring Sexual Orientation: A Review and Critique of U.S. Data Collection Efforts and Implications for Health Policy." *Journal of Sex Research* 54 (4–5): 507–31. https://doi.org/10.1080/00224499.2016.1255872.

World Health Organization. 2017. "Sexual Health, Human Rights and the Law." https://share-netinternational.org/sexual-health-human-rights-law/.

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World Health Organization. 2020. "Recommended Population Size Estimates of Men Who Have Sex with Men." *Technical Brief*. World Health Organization UNAIDS.

World Medical Association. 2013. "WMA STATEMENT ON NATURAL VARIATIONS OF HUMAN SEXUALITY." https://www.wma.net/policies-post/wma-statement-on-natural-variations-of-human-sexuality/

Worthington, Roger L., and Amy L. Reynolds. 2009. "Within-Group Differences in Sexual Orientation and Identity." *Journal of Counseling Psychology* 56 (1): 44–55. https://doi.org/10.1037/a0013498.

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APPENDIX I

GLOSSARY

Glossary

Asexual	An adjective used to describe people who do not experience sexuality in the same way as others, though the precise meaning of the term is unsettled and may include someone who does not experience sexual, or romantic, attraction, drive, or function.
Bisexual	Usually refers to an individual who is attracted to both men and women.
Cisgender	A term used by some to describe people who are not transgender. "Cis-" is a Latin prefix meaning same. Cisgender people are those whose current gender is the same as they gender they were assigned at birth.
Cisnormativity	A norm that assumes all people are cisgender.
Compulsory Heterosexuality	A norm, enforced by laws, social standards, and institutional rules, that all people are, or should be, heterosexual.
Cross-Dressing	Wearing clothes, makeup, or accessories culturally associated with people of a different gender.
Female/Male	When referring to gender, used to describe to individuals, including cisgender and transgender people, who identity as female or male. When referring to anatomy, used to describe physiology that corresponds to expectations of maleness and femaleness.
Gay	Usually refers to a person who identifies his or her primary romantic feelings, sexual attractions, and/or arousal patterns as being toward someone of the same gender or sex.
Gender	The socially constructed characteristics of women, men, girls and boys–including the norms, roles, behaviours, activities, attributes, and relationships that exist between them. Gender identity is not binary. Inherent in the examination of gender is the need to recognize power differentials between men and women.
Gender Binary	The classification of gender into two distinct, opposite forms of masculine and feminine.

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Gender Expression	Gender expression is how a person expresses their gender through appearance, mannerisms, dress and behavior, including modification of bodily appearance or function by medical, surgical or other means. Gender expression may or may not correspond to a person's gender identity.
Gender Identity	A person's inner awareness of having a particular gender. Gender identity may or may not correspond to a person's gender expression.
Gender Nonconforming	Refers to persons, including cisgender people, whose gender expression does not conform to stereotypical expectations for someone of their gender. E.G., masculine women, female construction workers, men who wear make-up.
Heteronormativity	A norm that assumes all people are heterosexual.
Intersectionality	The interconnected nature of identities and traits such as gender, race, ethnicity, class, income, education, occupation, disability, caste and other status which create overlapping and interdependent systems of discrimination and inequality that give rise to exclusion and subordination. Intersectional inequalities give rise to unequal access to healthcare and to health care initiatives that are not mindful of the multiple axes of ways in which women experience discrimination. It also demands examining if people are treated equitably during illness or emergencies that compromise health.
Intersex	An umbrella term describing people born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies.
Lesbian	Usually refers to a female person who identifies her primary romantic feelings, sexual attractions, and/or arousal patterns as being toward a person of the same gender or sex.
LGBT, LGBTI	Often used as an umbrella term to describe those people whose sexual orientation, gender identity and expression, and sex characteristics to not conform to cultural expectations of sexuality and gender.
Non-Binary	Often used as a self-defined identity by those who do not identify as women or men.

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Queer	Queer is a theoretical discourse, deriving from postmodern and post-structural thought. It is often used as an umbrella term to describe all lesbian, gay, bisexual and transgender people; however, it can also refer to individuals who fall outside of those terms, as well as being an identity of sexual orientation in its own right. Queer is a term that has been reclaimed from its previous pejorative use and for this reason it is not embraced universally across the community it attempts to define, and remains controversial.
Sex Characteristics	Physical features that correspond to cultural and medical notions of being male or female. This includes roughly two dozen physiological systems such as the genitalia, reproductive anatomy, chromosomes, hormones, and physical features emerging from puberty. Most people have sex characteristics that all align with maleness, or that all align with femaleness. Intersex people have sex characteristics that align with both.
Sex Reassignment Surgery	Also called gender confirmation surgery. Refers to doctor-supervised surgical interventions and is often part of transition.
Sex/Gender Assigned at Birth	Used instead of phrases which tie a person's gender to their birth anatomy such as "born a woman," or was "a woman at birth."
Sexual Orientation	A classification of traits according to whether a person has engaged in sexual activity and/or experienced attraction to others of the same or a different gender, as well as how they identify their own sexuality.
Transgender Man/Woman	A transgender man is a man who had been assigned female at birth. A trans woman is a woman who had been assigned male at birth.
Transgender/Trans	An umbrella term to describe anyone whose current gender is different than their gender assigned at birth. Trans is an acceptable, sometimes preferred, substitute for transgender.
Transition	The process of changing one's gender presentation, legal/administrative gender makers, and/or one's body in order to publicly live according to one's true gender.
WSW/MSM	Abbreviation for women who have sex with women/men who have sex with men. Denotes an individual classified as such based on sexual behavior, irrespective of how individuals identify themselves.

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APPENDIX II

STYLE AND USAGE GUIDE

Style and Usage Guide

This guide includes recommendations for the use of terms related to sexuality and gender in international settings. There is no universally agreed-upon set of terms to describe people whose sexuality and gender do not conform to the cultural expectations of their society. As individuals around the world are increasingly able to self-determine their sexual orientation and gender, language will change to incorporate new identities and lived experiences. Additionally, these terms describe concepts that are at the center of social and political battles. Terms that were once preferred may acquire a derogatory meaning, and derogatory terms may be reclaimed by communities that affirm them. Treat this guide as recommendations rather than rules. Be open to the likelihood that preferences regarding language, terms and usage will continue to evolve.

1. "LGBTI" and Variations

The term LGBT is an alphabetism (an abbreviation where each letter is pronounced separately) for lesbian, gay, bisexual, transgender and intersex. It can be used as an adjective, to describe people, groups or issues.

A. As an Umbrella Term to Describe an Unspecified, Indeterminate Group of People, Issues or Organizations

AN UMBRELLA TERM. Because the meaning of LGBTI is somewhat ambiguous, it is used as an umbrella term to refer to all people who identify themselves as lesbian, gay, or bisexual, as well as people who are transgender and/or intersex. It may be interpreted to include people who engage in same-sex activity, but do not identify as such. In its broadest meaning, it refers to all people who do not conform to social expectations of gender or sexuality including those people who might identify as something other than lesbian, gay bisexual and/or transgender.

> *Affordable healthcare is an LGBTI issue.* CORRECT
>
> *The LGBTI community is more visible than it used to be.* CORRECT

DEFINITIONAL FOOTNOTE. Because of the multiple possible interpretations of the term LGBTI, many writers place a footnote on the term LGBT when it is first used in a document to specify how the term LGBT is defined for the purpose of the document. Here are two examples:

> *The term LGBT, as it is used in this document, refers to those who identify their sexual orientation as lesbian, gay or bisexual, and those who identify their gender as transgender.*
>
> *The term LGBT, as it is used in this document, refers to people whose sexual orientation or gender differs from the cultural expectations of sexuality and gender.*

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WHICH LETTERS? LGBT? LGBTQIA2S? Different communities use different forms of LGBT. Use the form that is commonly recognized by your audience. For example, LGBTQ2I is used by Canadians when referring to Canadian communities. The Canadian government notes that "The "2" in "LGBTQ2I' stands for "2-spirit" and refers to conceptions of sexual and gender identity in some Indigenous communities in Canada.

INTERNATIONALLY, USE LGBTI. International LGBTI organizations and multilateral bodies such as the United Nations and the World Bank most commonly use LGBTI as an umbrella term. One reason for this is that international advocacy has focused on seeking recognition that discrimination based on SOGIESC characteristics is prohibited. LGBTI is the population that corresponds to SOGIESC, as illustrated by Table 1, page 10 (you may encounter the older formulation, SOGI, which was used when the movement had less clarity about gender expression and sex characteristics). Audiences outside of Canada may not consider the use of "2" in "LGBTQ2I' to be relevant to their communities. Global Affairs Canada notes that although LGBTQ2I is used domestically, LGBTI is used internationally (Government of Canada website).

MEET PEOPLE WHERE THEY ARE. All cultures have terms used to describe LGBTI people, though in some cases those terms may be derogatory. Effective advocacy often involves meeting people where they are and hopefully moving them to a greater level of acceptance and respect. Thus, as an advocacy tactic, it may be appropriate to begin conversations using whatever terms are used by people you hope to reach, with the goal of promoting the use of respectful terms.

B. Using LGBTI Specifically, Referring to a Specific Person or Persons, Issues or Organizations

ARE YOU REFERRING TO IDENTITY? The term LGBTI can be interpreted to refer to people who have self-identified as lesbian, gay, bisexual, and/or transgender. According to this interpretation, the term LGBTI would not include people who have experienced same-sex behavior or attraction (WSW/MSM), but who self-identify as LGB. If this distinction is important, you should add clarification.

> *This study looked at the prevalence of STIs among lesbian women.* UNCLEAR The study may be about women who self-identify as lesbian or WSW who identified as heterosexual.
>
> *This study looked at the prevalence of sexually transmitted infections among people whose current gender is different than their gender assigned at birth*. CORRECT
> Based on this sentence, the reader would know that the study would include people who currently identify as transgender as well as people who currently identify simply as male or female.

Only reference the gender and sexualities of the individuals being described.

> *Janet is LGBT.* INCORRECT (and impossible given that a single person cannot be gay and bisexual and a lesbian at the same time).

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Janet is a lesbian. Janet is a lesbian women. CORRECT

Our committee, the members of which are listed below, includes LGBT people. CORRECT
As long as the committee actually includes at least one lesbian, one gay man, one bisexual person and one transgender people. If the committee only includes a lesbian and a gay man, use the term LG.

Our program serves all men, including LGBT men. INCORRECT Men are usually not considered lesbians.

Our program serves all men, including GBT men. CORRECT

ARE YOU TRYING TO SIGNAL INCLUSIVENESS? See above. When using LGBTI in organizational statements to signal that you are inclusive of diverse populations, do not use LGBTI if you know the population you are referring to does not actually include lesbians, gay men, bisexual, transgender AND intersex people. Accuracy and authenticity will garner more respect than an inauthentic attempt at inclusiveness.

This HIV prevention program targets GB men and transgender women. CORRECT if accurate.

Our survivors support group serves GLB women. CORRECT if accurate.

2. Lesbian, Gay, Bisexual

USUALLY ADJECTIVES. Gay, lesbian, and bisexual are adjectives. Lesbian can also be a noun.

Gay people, bisexual couple, he is gay, she is lesbian, she is a lesbian. CORRECT

He is the only gay in the village. She is a gay. INCORRECT

SEXUALITY. The term sexual orientation is widely accepted. The term "homosexual" is generally disfavored outside of clinical, historical, and research settings as it has a history of being used as a label for a disease. Though term sexual preference was initially popularized by feminists advocates in the 1970s, many feel it has been co-opted by those who want to portray same-sex attraction as a choice that is immoral and preventable. Thus, the term is now considered offensive and should be avoided. Likewise, lifestyle and lesbianism should also be avoided.

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3. Transgender/Trans, Non-Binary, Gender Non-Conforming

A. As an Umbrella used to Describe an Unspecified, Indeterminate Group of People, Issues or Organizations

USE AS AN ADJECTIVE. Transgender is an adjective that can be used to describe people, organizations and issues relating to transgender individuals. Trans has become an acceptable synonym for transgender.

> *They are transgender people. She is a transgender person. I study transgender issues.* CORRECT
>
> *She is transgendered. I am writing about transgender.* INCORRECT

B. Referring to a Specific Person or Persons, Organizations or Issues

USE SELF-DETERMINED GENDER IDENTITY TERMS. As a general rule, when describing another person's gender use the term that they use to describe themselves**.**

AVOID USING GENDER TERMS THAT EXCLUDE TRANSGENDER PEOPLE. Transgender people may identify as women or men.

> *This workshop is for women and transgender women. Mona is a woman and Kate identifies as a woman.* INCORRECT The implies that the term women only refers to cisgender women.
>
> *This workshop is for women, including transgender women. Mona is a woman and Kate is a woman.* CORRECT

BE CLEAR ABOUT IDENTITY VERSUS CLASSIFICATION. Gender terms can be used to describe a classification rather than an identity. For example, someone may identify themselves as male, but they might be classified, for the purpose of a research study, as transgender. If possible, you should try to clarify whether you are referring to an identity or a classification.

> *Jane, a woman, is a participant in our study of transgender women because she was assigned male at birth.* CORRECT Jane identifies as a woman, but you are classifying her as transgender for purposes of the study.

OTHER TERMS (GENDER VARIANT, GENDER EXPANSIVE, GENDER DIVERSE, ETC.). New terms to describe gender will continue to spring up as more people adopt new terms to describe themselves, and as advocates and researchers create new gender categories. Use these terms as adjectives in the same way you would use transgender. No single term works well in all contexts. It's often best to use the terms that will be best understood by your audience. See paragraph "Meet people where they are" above.

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C. Sex/Gender Assigned at Birth, Personal History, Transition

WHEN REFERRING TO A PERSON'S GENDER. As a general rule, use the term that the person uses to describe themselves, including when you are talking about the period in their life before they self-identified as their true gender. This usage reflects the experience of most transgender people who develop an inner awareness of their gender at an early age.

> *When Caitlan was in her 20's, she won the Olympic Decathlon.* CORRECT
>
> *When Caitlan was a man, she won the Olympic Decathlon.* INCORRECT
>
> *Before Caitlan transitioned, her gender expression was male.* CORRECT

Avoid language that links a person's gender to their sex/gender assigned at birth.

> *Birth-assigned sex; sex assigned at birth; gender assigned at birth; gender associated with one's sex assigned at birth.* CORRECT
>
> *Raised as a boy; raised as a girl.* CORRECT (but use with care)
>
> *Born a woman; born a man; biologically female; biologically male; genetically female; genetically male; pre-op; post-op.* INCORRECT

Transition is the correct word for the social and/or medical process of publicly living into one's true gender or lack of gender.

> *Chris transitioned at age 32.* CORRECT
>
> *Chris is transgendering; Chris had a sex change; Chris became a woman; Chris changed genders.* INCORRECT

D. Pronouns

When referring to a person whose gender is unknown or irrelevant in the context, use the singular they. Many major style guides have endorsed or mandated this use, including the Merriam-Webster Unabridged Dictionary, the Oxford English Dictionary, the AP Style Book, the Chicago Style Manual, and the Publication Manual of the American Psychological Association.

When referring to a person whose pronouns you know, use their pronouns. You don't need to refer to pronouns as "preferred," they are just pronouns. In some spaces, it has become convention to list a persons pronouns after their name.

> *Sophia Martin (she/hers).* CORRECT

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4. Intersex

INTERSEX IS AN ADJECTIVE.

She is intersex. This is the story of an intersex baby. CORRECT

She is intersexed. INCORRECT

5. Sexual and Gender Minority (SGM)

USES A QUANTITATIVE APPROACH. Individuals can be identified according to whether they belong to a minority group or a majority group. Cisgender, heterosexual people constitute a statistical majority in all societies. A sexual minority refers to someone whose sexual orientation, based either on self-identification, sexual behaviour, or the experience of sexual attraction, is other than heterosexual. Gender minority includes all people whose current gender is different than their gender assigned at birth.

BROAD AND PRECISE. The terms sexual minority and gender minority are broad because, by definition, they explicitly encompass multiple aspects of gender and sexuality. At the same time, they are precise because the determination of whether an individual is a member of a sexual or gender minority is relatively straightforward, regardless of cultural context.

These terms are often preferred by social science researchers and development practitioners who use quantitative methods in their work, and who require terms that are defined more precisely than LGBT. Some advocates prefer the term LGBTI because the label of minority is disempowering.

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APPENDIX III

RESOURCES

Resources

Advocacy Strategy and Tactics

AIDS and Rights Alliance for Southern Africa. 2015. "Sexual Orientation, Gender Identity, HIV and Human Rights. An Advocacy Toolkit." https://hivlawcommission.org/wp-content/uploads/2017/06/ARASA_Toolkit_full_web.pdf.

- This toolkit provides guidance, case studies and tools to promote advocacy for the rights of LGBTI individuals in Southern and East Africa.

Brooks, Lewis, Felicity Daly. 2016. "A Commonwealth Toolkit for Policy Progress on LGBT Rights." The Commonwealth Equality Network and the Kaleidoscope Trust. http://menengage.org/wp-content/uploads/2016/04/Commonwealth-Toolkit-for-Policy-Progress-on-LGBT-Rights.pdf.

- Provides good practices in policies, laws and judgements from the Commonwealth.

Darlington Statement. 2017. https://ihra.org.au/wp-content/uploads/key/Darlington-Statement.pdf.

- A joint global statement of intersex groups setting out goals of the intersex advocacy regarding human rights, health, allies, peer support, and education and workplace issues.

Goldenberg, Shira M, Ruth Morgan Thomas, Anna Forbes, Stefan Baral, (eds.). *Sex Work, Health, and Human Rights*. Sprenger, 2021. https://www.nswp.org/sites/nswp.org/files/sexworkhealthandhumanrightsupdated.pdf.

- Edited volume includes broad range of topics on disparities, human rights violations, and best practices for interventions

Sidotti, Chris, Jack Byrne. 2016. "Promoting and Protecting Human Rights in Relation to Sexual Orientation, Gender Identity and Sex Characteristics: A Manual for National Human Rights Institutions." Asia Pacific Forum of National Human Rights Institutions. http://nhrcnepal.org/nhrc_new/doc/newsletter/APF_LGBTI_Mannual_for_NHRIs_SOGI_and_Sex_Characteristics_Manual%20Final.pdf.

- A guide for national human rights institutions and those that work with them regarding how to include LGBTI people in human rights activities.

Transgender Europe. 2016. "Human Rights and Gender Identity, Best Practice Catalogue.". https://tgeu.org/human-rights-gender-identity-best-practice-catalogue/.

- Sets out twelve recommendations for legislation, policy and practice of States regarding transgender people.

UN Development Programme/Parliamentarians for Global Action. 2017. "Advancing the Human Rights and Inclusion of LGBTI People: A Handbook for Parliamentarians." https://www.undp.org/publications/advancing-human-rights-and-inclusion-lgbti-people-handbook-parliamentarians.

- Sets out relevant human rights frameworks and the role of parliamentarians in implementing Agenda 2030

Woolf, Lana, Emily Dwyer. 2020. "Building Stronger Equality Movements: Managing Backlash against Women 's and LGBT+ Rights Movements in the Commonwealth." Royal Commonwealth Society. https://www.edgeeffect.org/wp-content/uploads/2020/04/EdgeEffect_Backlash_Full-Report.pdf.

- Maps various forms of backlash and strategies for addressing them.

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Conflict Related Sexual Violence

All Survivors Project. 2019. "Checklist on Preventing and Addressing Conflict-Related Sexual Violence against Men and Boys." https://allsurvivorsproject.org/report/checklist-on-preventing-and-addressing-conflict-related-sexual-violence-against-men-and-boys/.

- Reviews ten areas of prevention and response to CRSV related to LGBTI and men and boy survivors.

All Survivors Project. 2020. "Preventing Conflict-Related Sexual Violence in Detention Settings Principles and Commentary." https://allsurvivorsproject.org/wp-content/uploads/2020/10/Preventing-Conflict-Related-Sexual-Violence-in-Detention-Settings.pdf.

- Sets out international principles that apply to people detained for reasons linked to armed conflict.

Dolan, Chris. 2021. "Addressing Sexual Violence against Men and Boys." Women's Refugee Commission. http://www.womensrefugeecommission.org/research-resources/addressing-sexual-violence-against-men-boys-lgbtiq-persons-in-humanitarian-settings-guidance-note/.

- A field-friendly guidance note setting out the role of homophobia and gay survivors, particularly relevant to programs seeking to incorporate male survivors of CRSV into programs serving women.

Kiss, Ligia, Meaghen Quinlan-Davidson, Laura Pasquero, Patricia Ollé Tejero, Charu Hogg, Joachim Theis, Andrew Park, Cathy Zimmerman, Mazeda Hossain. 2020. "Male and LGBT Survivors of Sexual Violence in Conflict Situations: A Realist Review of Health Interventions in Low-and Middle-Income Countries." *Conflict and Health* 14 (1). https://doi.org/10.1186/s13031-020-0254-5.

- Reviews medical, mental health and psychosocial support interventions targeting LGBT and male survivors of CRSV.

Legal and Social Landscape

"The Yogyakarta Principles on the Application of International Human Rights Law to Sexual Orientation and Gender Identity (SOGI)." 2007.

"The Yogyakarta Principles plus 10: Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics (SOGIESC) to Complement the Yogyakarta Principles." 2017. http://yogyakartaprinciples.org.

- The Yogyakarta Principles, together with the updated Yogyakarta Principles plus 10, are considered the seminal statement on issues of SOGIESC under international human rights law.

Asia Pacific Transgender Network. 2017. "Legal Gender Recognition: A Multi-Country Legal and Policy Review in Asia." http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/legal-gender-recognition--a-multi-country-legal-and-policy-revie.html.

- Maps national law and policy regarding gender recognition in Asian countries.

Asia Pacific Transgender Network. 2017. Regional Mapping Report on Trans Health, Rights and Development in Asia. https://weareaptn.org/2020/02/19/regional-mapping-report-on-trans-health-rights-and-development-in-asia.

- Highlights steps taken to improve transgender people's access to healthcare.

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Chaim, Zain, Sandra Duffy, Matilda González Gil, Lara Goodwin, Nigel Timothy Mpemba Patel. 2020. "Trans Legal Mapping Report 2019: Recognition before the law." ILGA World. https://ilga.org/trans-legal-mapping-report.

- Reviews laws impacting transgender people in 143 countries.

Daly, Felicity. 2018. "The Global State of LGBTIQ Organizing: Registration." Outright Action International. https://outrightinternational.org/sites/default/files/CSOReportJuly2018_FINALWeb.pdf.

- Maps national laws and efforts related to the ability of CSOs to legally register and operate.

Flores, Andrew R, Taylor N T Brown, Andrew S Park. 2016. "Public Support for Transgender Rights: A Twenty-Three Country Survey." https://williamsinstitute.law.ucla.edu/wp-content/uploads/Public-Opinion-Trans-23-Countries-Dec-2016.pdf.

- Includes a country-by-country listing of results of world's first public opinion survey regarding transgender issues and people.

Flores, Andrew, Andrew Park. 2018. "Examining the Relationship between Social Acceptance of LGBT People and Legal Inclusion of Sexual Minorities," https://williamsinstitute.law.ucla.edu/wp-content/uploads/Acceptance-and-Legal-Inclusion-April-2018.pdf.

- Statistical analysis of the relationship between laws and public opinion. Includes a country-by-country listing of scores for the global acceptance index.

Inter-American Commission on Human Rights. 2015. "Violence against Lesbian, Gay, Bisexual, Trans and Intersex Persons in the Americas." https://www.oas.org/en/iachr/reports/pdfs/ViolenceLGBTIPersons.pdf.

- Detailed report on the causes, incidence, and impact of violence.

Inter-American Commission on Human Rights. 2018. "Advances and challenges towards the recognition of the rights of LGBTI persons in the Americas." https://www.oas.org/en/iachr/reports/pdfs/LGBTI-RecognitionRights2019.pdf.

- Reviews national legal standards on the rights of LGBTI people, reviews their effectiveness and suggests measures to fill legal gaps.

Inter-American Commission on Human Rights. 2020. "Report on trans and gender-diverse persons and their economic, social, cultural and environmental rights" https://www.oas.org/en/iachr/reports/pdfs/TransDESCA-en.pdf.

- Reviews CESR rights related to diverse gender identities.

Izugbara, Chimaraoke, Seun Bakare, Meroji Sebany, Boniface Ushie, Frederick Wekesah, and Joan Njagi. 2020. "Regional Legal and Policy Instruments for Addressing LGBT Exclusion in Africa." *Sexual and Reproductive Health Matters* 28(1). https://doi.org/10.1080/26410397.2019.1698905.

- Reviews seven policy instruments relevant to exclusion of LGBT people.

Kismödi, Eszter, Jane Cottingham, Sofia Gruskin, and Alice M. Miller. 2015. "Advancing Sexual Health through Human Rights: The Role of the Law." *Global Public Health* 10 (2). https://www.tandfonline.com/doi/pdf/10.1080/17441692.2014.986175.

- Reviews advances in international human rights relevant to sexual health.

Mendos, Lucas Ramon. 2019. "State-Sponsored Homophobia 2019: Global Legislation Overview Update." ILGA World. https://ilga.org/state-sponsored-homophobia-report.

- The world survey of sexual orientation laws is the most comprehensive and up-to-date tracking of laws relating to sexual orientation.

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Transgender Europe. 2020. "Trans Rights Europe and Central Asia Index." https://tgeu.org/trans-rights-europe-central-asia-index-maps-2020/.
- Thirty indicators of the legal status of transgender rights applied to the laws of 47 Council of Europe member States.

United Nations Education, Social, Cultural Organization. 2016. "Out in the Open: Education Sector Responses to Violence Based on Sexual Orientation and Gender Identity/Expression." https://www.right-to-education.org/node/843.
- Global mapping of homophobia and transphobia in educational settings.

United Nations Women. 2016. "Promoting and Protecting the Rights of Lesbians , Bisexual Women , Transgender and Intersex Persons in South East Asia: Summary of Proceedings." http://www.athenamnguyen.com/assets/publications/Athena_Nguyen-Promoting_and_Protecting_LBGT_Rights.pdf.
- Review of human rights issues and good practices regarding advocacy for LBTI people.

Mapping of LGBTI Community/CSOs

ILGA World, The International Lesbian, Gay, Bisexual, Trans and Intersex Association https://ilga.org/

Armisen, Mariam. 2016. "We Exist: Mapping LGBTQ Organizing in West Africa." https://www.isdao.org/wp-content/uploads/2016/12/We-Exist.pdf.

Howe, Erin, Somjen Frazer, Gitta Zomorodi. 2017. "The State of Trans Organizing (2nd Edition): Understanding the Needs and Priorities of a Growing but Under-Resourced Movement." Astraea Lesbian Foundation for Justice and Global Action for Trans Equality. https://s3.amazonaws.com/astraea.production/app/asset/uploads/2017/10/Trans-REPORT-for-the-web-Updated.pdf.

Howe, Erin, Somjen Frazer, Gitta Zomorodi. 2017. "The State of Intersex Organizing (2nd Edition): Understanding the Needs and Priorities of a Growing but Under-Resourced Movement." American Jewish World Service, Astraea Lesbian Foundation for Justice and Global Action for Trans Equality. https://s3.amazonaws.com/astraea.production/app/asset/uploads/2017/10/Intersex-REPORT-For-the-Web-updated.pdf.

United Nations Free & Equal, 2018. "*LGBTI Equality: Frequently Asked Questions.*" https://www.unfe.org/wp-content/uploads/2018/10/FAQs-English.pdf.
- Definitions and terms related to LGBTI people.

Funders for LGBTQ Issues, 2020. "2017/2018 Global Resources Report." https://globalresourcesreport.org/wp-content/uploads/2020/05/GRR_2017-2018_Color.pdf.
- Tracks government and private philanthropic support for LGBTI communities globally. Excellent resource for identifying funders.

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Humanitarian Settings

Daigle, Megan, and Henri Myrttinen. 2018. "Bringing Diverse Sexual Orientation and Gender Identity (SOGI) into Peacebuilding Policy and Practice." *Gender and Development* 26 (1). https://doi.org/10.1080/13552074.2018.1429091.

- Analyzes need to include LGBTI people in peacebuilding activities.

Dwyer, Emily. 2021. "The Only Way Is Up: Monitoring and Encouraging Diverse SOGIESC Inclusion in the Humanitarian and DRR Sectors." UN Women. https://asiapacific.unwomen.org/en/digital-library/publications/2021/03/the-only-way-is-up.

- Reviews cases and practices of LGBTI inclusion in the humanitarian and disaster, relief and recovery systems and Asia and Pacific.

Gender in Humanitarian Action Asia and the Pacific Working Group. "Integrating Gender into Humanitarian Action: Good Practices from Asia-Pacifci: LGBTIQ+ Rights and Inclusion in Humanitarian Action and Disaster Risk Reduction," 2017. https://www.adpc.net/igo/category/ID1278/doc/2017-lpg6Jw-ADPC-GiHA6ForWeb.pdf.

- Collection of case studies and good practices.

Inter-Agency Standing Committee. "The Gender Handbook for Humanitarian Action." *Yemaya* 36, no. February (2018): 2–3. https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf.

- Provides gender analysis, planning, and actions in all aspects of humanitarian response. LGBTI issues and populations referenced throughout.

United Nations High Commissioner for Refugees. 2011. "Working With Lesbian, Gay, Bisexual, Transgender & Intersex Persons In Forced Displacement: Guidance." https://www.refworld.org/pdfid/4e6073972.pdf.

- Reviews protection needs and recommended actions.

United Nations High Commissioner for Refugees. 2017. "Training Manual for Facilitators: Working with LGBTI Person in Forced Displacement and the Humanitarian Context.". https://lgbti.iom.int/lgbti-training-package.

- Training manual, with references to additional training materials.

Intersectionality

Blyth, Jen, Karen Alexander, Lana Woolf, Alex Devine, and Asahel Bush. 2020. "Out of the Margins: An Intersectional Analysis of Disability and Diverse Sexual Orientation, Gender Identity, Expression & Sex Characteristics in Humanitarian and Development Contexts." Australian Department of Foreign Affairs and Trade. https://www.edgeeffect.org/wp-content/uploads/2020/08/Out-of-the-Margins_Full-Report_June-2020.pdf.

- Reviews literature relevant to the intersections of disability and SOGIESC in development and humanitarian contexts.

Fedorko, Boglarka, and Lukas Berredo. 2017. "The Vicious Circle of Violence: Trans and Gender-Diverse People, Migration, and Sex Work." Transgender Europe. https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

- Explores relationship between social exclusion of trans people and sex work.

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Intersex

Intersex Human Rights Australia. 2020. "Inclusion Guide to Respecting People With Intersex Variations." https://ihra.org.au/wp-content/uploads/key/Intersex-inclusion.pdf.
- Targeted toward organizations seeking to serve intersex people.

Intersex Human Rights Australia. 2021. "Raising The Bar: How to Be an Intersex Ally." https://ihra.org.au/wp-content/uploads/key/Raising-the-bar.pdf.
- Subtitled "a guide for organizations and individuals keen to go further than trying to define the term."

Intimate Partner Violence

Barros, Isa Correia De, Ana Sani, Luís Santos. 2019. "Gender and Same-Sex Intimate Partner Violence: A Systematic Literature Review." *Trends in Psychology* 27 (1). https://doi.org/10.9788/TP2019.1-10.
- Explores psychological domains related to gender and IPV.

Laskey, Philippa, Elizabeth A. Bates, Julie C. Taylor. 2019. "A Systematic Literature Review of Intimate Partner Violence Victimisation: An Inclusive Review across Gender and Sexuality." *Aggression and Violent Behavior* 47 (July-August). https://doi.org/10.1016/j.avb.2019.02.014.
- Includes examination of representation of LGBTQ+ community in literature.

Peitzmeier, Sarah M., Mannat Malik, Shanna K. Kattari, Elliot Marrow, Rob Stephenson, Madina Agénor, Sari L. Reisner. 2020. "Intimate Partner Violence in Transgender Populations: Systematic Review and Meta-Analysis of Prevalence and Correlates." *American Journal of Public Health* 110(9). https://doi.org/10.2105/AJPH.2020.305774.
- Examines rates of victimization and disparities compared with other groups.

Swan, Laura E.T., Richard S. Henry, Erin R. Smith, Adriana Aguayo Arelis, Brenda Viridiana Rabago Barajas, Paul B. Perrin. 2019. "Discrimination and Intimate Partner Violence Victimization and Perpetration Among a Convenience Sample of LGBT Individuals in Latin America." *Journal of Interpersonal Violence*, 2019 (April). https://doi.org/10.1177/0886260519844774.
- Shows high rates of victimization and perpetuation.

Organizational Policies

Carpenter, M., Hough, D. 2014. "Employers' Guide to Intersex Inclusion. Pride in Diversity and Organization Intersex International Australia." https://ihra.org.au/wp-content/uploads/key/Employer-Guide-Intersex-Inclusion.pdf.
- Guide for employers, business managers, and HR professionals.

Grenier, Alison, and Jacq Hixson-Vulpe. 2017. "Beyond Diversity: An LGBT Best Practice Guide for Employers." https://prideatwork.ca/beyond-diversity/.
- Twelve strategies to meet the needs of LGBTQ2+ people in the workplace, applicable to employers in Canada and abroad.

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International Organization for Migration. 2020. "Gender-Responsive Communications Toolkit." https://www.iom.int/sites/default/files/about-iom/gender/gender_responsive_comms._toolkit_may_14.pdf.
- Provides guidance on ensuring organizational communications accurately portray diverse populations.

International Planned Parenthood Federation. 2019. "Gender Equality Toolkit for IPPF Member Associations : Gender Assessment Tool." https://achppi.org/wp-content/uploads/2020/08/Gender-assessment-tool-English.pdf.
- Guide for gender assessment and situation analysis used by IPPF member associations.

Moeller, Miriam, and Jane F. Maley. 2017. "MNC Considerations in Identifying and Managing LGB Expatriate Stigmatization." *International Journal of Management Reviews* 20(2). https://doi.org/10.1111/ijmr.12132.
- Explains why MNCs need to adopt human resource management policies when assigning LGB workers abroad.

Out and Equal/InterACT. 2021. "Supporting Intersex Inclusion in the Workplace." https://outandequal.org/wp-content/uploads/2020/10/IntersexResource_R62.pdf.
- Geared toward global employers.

Oxfam. 2015. "Sexual Diversity and Gender Identity Rights Policy," https://www-cdn.oxfam.org/s3fs-public/file_attachments/story/sexual_diversity_and_gender_identity_rights_policy.pdf.
- Oxfam organizational policy.

Save the Children. 2014. "Save the Children Gender Equality Program Guidance and Toolkit: Engendering Transformational Change," https://www.savethechildren.ca/wp-content/uploads/2016/03/gender_equality_program_toolkit_2014.pdf.
- Guide to mainstreaming gender equality into organizational planning, implementation and M&E.

Whittle, Stephen, Lewis Turner. 2018. "Trans-Inclusive Workplace: Guidelines for Employers and Businesses." Transgender Europe. https://tgeu.org/wp-content/uploads/2018/06/TGEU_transinclusiveworkplaces_web201806.pdf.
- Guide to trans-friendly workplace policies in Europe.

Refugees

Organization for Refuge Asylum & Migration. 2015. "Sexual & Gender Minority Refugees Safe Space Checklist Sexual & Gender Minority Refugees Safe Space Checklist." https://oramrefugee.org/.
- Recommendation for organizations addressing sexual and gender minorities in refugee and asylum context.

Organization for Refuge Asylum & Migration. 2016. "Enhancing Protection of Sexual & Gender Minority Beneficiaries and Staff in Organizational Codes of Conduct : Model Code & Analyses." https://oramrefugee.org/.
- Recommendation for organizations addressing sexual and gender minorities in refugee and asylum context.

Organization for Refuge Asylum & Migration. 2016. "Incorporating Sexual and Gender Minorities Into Refugee and Asylum Intake and Registration Systems." http://oramrefugee.org/wp-content/uploads/2016/05/Registeration-Forms-Memo-English-1.pdf.
- Recommendation for organizations addressing sexual and gender minorities in refugee and asylum context.

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Organization for Refuge Asylum & Migration. 2016. "Sexual and Gender Minorities : What Refugee Professionals Need to Know and Do." https://oramrefugee.org/.
- Recommendation for organizations addressing sexual and gender minorities in refugee and asylum context.

Transgender Europe. 2018. "Trans-specific healthcare in Reception Conditions." https://tgeu.org/wp-content/uploads/2018/08/TGEU_Trans-Healthcare-in-Asylum-Reception-Conditions.pdf.
- Recommendations for organizations receiving transgender refugees and asylees.

United Nations High Commissioner for Refugees. 2008. "The UNHCR'S Guidance Note on Refugee Claims Relating to Sexual Orientation and Gender Identity." https://www.refworld.org/pdfid/48abd5660.pdf.
- Official guidance in respect of refugee claims related to sexual orientation and gender identity.

United Nations High Commissioner for Refugees. 2010. "The Protection of Lesbian , Gay , Bisexual , Transgender and Intersex Asylum-Seekers and Refugees: Discussion Paper." https://www.refworld.org/pdfid/4cff9a8f2.pdf.
- Review of issues addressed at UNHCR Roundtable on Asulym-Seekers and Refugees seeking protection.

United Nations High Commissioner for Refugees. 2012. "Guidelines on International Protection No. 9." https://www.unhcr.org/50ae466f9.pdf.
- Official legal interpretive guidance regarding claims to refugee status based on sexual orientation and/or gender identity.

United Nations High Commissioner for Refugees. 2015. "Protecting Persons With Diverse Sexual Orientations And Gender Identities: A Global Report on UNHCR's Efforts to Protect Lesbian, Gay, Bisexual, Transgender, and Intersex Asylum-Seekers and Refugees." https://www.refworld.org/pdfid/566140454.pdf.
- Details UNHCR's activities.

SDGs and Development Policy

Badgett, M.V. Lee, Randall Sell. 2019. "A Set of Proposed Indicators for the LGBTI Inclusion Index. United Nations Development Program. https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/lgbti-index.html.
- Details proposed indicators for the creation of the LGBTI Inclusion Index.

Dorey, K, and J O'Connor. 2016. "The Sustainable Development Goals and LGBT Inclusion." Stonewall International. https://www.stonewall.org.uk/sites/default/files/sdg-guide_2.pdf.
- This guide portrays some of the ways in which LGBT equality can be achieved by evaluating 7 of the 17 SDGs and highlighting the challenges that LGBT people face.

Global Affairs Canada. The human rights of lesbian, gay, bisexual, transgender, queer, 2-spirit and intersex persons. https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/human_rights-droits_homme/rights_lgbti-droits_lgbti.aspx?lang=eng.
- Rationale and program goals for efforts related to LGBTI populations.

Hawkins, Katy, Stephen Wood, Tanya Charles, Xiaopei He, Zhen Li, Anne Lim, Ilana Mountian, Jaya Sharma. 2014. "Sexuality and Poverty Synthesis Report." http://opendocs.ids.ac.uk/opendocs/handle/123456789/3525.
- Summarizes earlier projects of IDS addressing sexuality and poverty.

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IARAN. 2018. "A Global Outlook on LGBTI Social Exclusion through 2030," 2018. https://www.iaran.org/lgbti.
- Using strategic foresight, the report identifies major drivers of LGBTI exclusion, the understanding of which can support planning on international LGBTI issues.

Park, Andrew and Lucas Ramon Mendos. 2018. "Guiding Principles on the Inclusion of Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) People in Development Policy and Programs." RFSL. https://www.rfsl.se/wp-content/uploads/2018/11/RFSL_Guiding-Principles_final_digital.pdf.
- Thirteen basic principles which constitute an inclusive approach to development.

Park, Andrew, Lucas Ramon Mendos. 2019. "For All: The Sustainable Development Goals and LGBTI People." RFSL. https://www.rfsl.se/wp-content/uploads/2019/04/FINAL_FORALL_RFSL_2019.pdf.
- Comprehensive review of how the SDGs apply to LGBTI people.

Park, Andrew. 2016. "A Development Agenda for Sexual and Gender Minorities," Williams Institute University of California School of Law. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Development-Agenda-for-Sexual-and-Gender-Minorities.pdf.
- Explains a process by which local LGBTI community can formulate a development agenda.

UK Aid Direct. 2017. "LGBT+ Inclusion in International Development Programming: A checklist for UK Aid Connect proposals." https://www.ukaiddirect.org/wp-content/uploads/2017/03/LGBT-Inclusion-Checklist-UK-Aid-Connect.pdf.
- Checklist on elements to include in proposals to UK Aid.

US Agency for International Development. 2020. LGBT Vision for Action: Promoting and Supporting the Inclusion of Lesbian, Gay, Bisexual, and Transgender Individuals. https://www.usaid.gov/sites/default/files/documents/1861/LGBT_Vision_For_Action_May2014.pdf.
- Principles and goals underlying USAIDs activities related to LGBTI populations.

Sexual and Reproductive Health

Ghebreyesus, Tedros Adhanom, Natalia Kanem. "Defining Sexual and Reproductive Health and Rights for All." *The Lancet* 6736 (18). https://doi.org/10.1016/S0140-6736(18)30901-2.
- Report on the impact of the lack of services worldwide.

Inter-Agency Working Group on Reproductive Health in Crises. 2020. "Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings." https://reliefweb.int/report/world/adolescent-sexual-and-reproductive-health-toolkit-humanitarian-settings-2020-edition.
- Includes guidance regarding the minimum initial service package in crisis situations.

MSI Reproductive Choices. 2021. "Reproductive Choice for All: Leaving No One Behind in Reproductive Healthcare." https://www.msichoices.org/resources/reproductive-choice-for-all-leaving-no-one-behind-in-reproductive-healthcare/.
- Identifies barriers to care for marginalized communities and outlines strategies to address such barriers.

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Starrs, Ann M., Alex C. Ezeh, Gary Barker, Alaka Basu, Jane T. Bertrand, Robert Blum, Awa M. Coll-Seck. 2018. "Accelerate Progress—Sexual and Reproductive Health and Rights for All: Report of the Guttmacher–Lancet Commission." *The Lancet* 391(10140). https://doi.org/10.1016/S0140-6736(18)30293-9.

- Report proposes an integrated definition of SRHR and recommends services and information that should be universally available.

World Health Organization. 2017. "Sexual Health, Human Rights and the Law." http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1.

- Extensively researched report on the relationship between the law and sexual health, including a review of relevant legal standards.

Data Collection

Bell, Mark. 2017. "Data Collection in Relation to LGBTI People." *European Comission*. https://doi.org/10.2838/522787.

- Review of data collection methods in the European Union.

Economic Commission for Europe, Conference of European Statisticians. 2019. "In-Depth Review of Measuring Gender Identity, Canada and the United Kingdom." ECE/CES/2019/19. https://unece.org/fileadmin/DAM/stats/documents/ece/ces/2019/ECE_CES_2019_19-G1910227E.pdf.

- Examines different approaches to statistical measurement of gender identity.

Glick, Jennifer L., and Katherine Andrinopoulos. 2019. "Sexual Orientation and Gender Identity Measures for Global Survey Research," US Agency for International Development. https://www.measureevaluation.org/resources/publications/ms-19-177/.

- Provides guidance on how to develop closed ended survey questions to measure sexual orientation and gender identity.

Health Access and Services

Alencar Albuquerque G, de Lima Garcia C, da Silva Quirino G. 2016. "Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review." *BMC Int Health Hum Rights* 16 (2). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4714514/

- Reviews literature about barriers to health services faced by LGBI people.

Asia Pacific Transgender Network. 2015. "Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific." http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/blueprint-for-the-provision-of-comprehensive-care-for-trans-peop/.

- Guide to trans-inclusive healthcare in Asia and the Pacific.

Asia Pacific Transgender Network. 2017. "Regional Mapping Report on Trans Health, Rights and Development in Asia." https://weareaptn.org/2020/02/19/regional-mapping-report-on-trans-health-rights-and-development-in-asia.

- Maps legal and social environment.

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Asia Pacific Transgender Network. 2017. "Look Good, Feel Better: A Trans Masc Guide. https://weareaptn.org/2021/02/08/look-better-feel-better-a-trans-masc-guide/.
- A guide to binding and packing.

Divan, Vivek, Clifton Cortez, Marina Smelyanskaya, and JoAnne Keatley. 2016. "Transgender Social Inclusion and Equality: A Pivotal Path to Development." *Journal of the International AIDS Society* 19(3) Suppl. 2. https://pubmed.ncbi.nlm.nih.gov/27431473/.
- Reviews legal and social exclusion impacts transgender people.

InterAct/Lambda Legal Defense Fund. 2016. "Providing Ethical and Compassionate Healthcare to Intersex Patients." https://interactadvocates.org/wp-content/uploads/2018/09/interACT-Lambda-Legal-intersex-hospital-policies.pdf.
- Though intended for use in US hospitals, contains recommendations applicable to other contexts.

IPPF. "IMAP Statement on Hormone Therapy for Transgender People," (2015). https://www.ippf.org/sites/default/files/ippf_imap_transgender.pdf.
- International Medical Advisory Panel statement on standards of care for transgender people.

National LGBTQIA+ Health Education Center. 2020. "Affirming Primary Care for Intersex People 2020." https://www.lgbtqiahealtheducation.org/publication/affirming-primary-care-for-intersex-people-2020/.
- Reviews terminology, intersex variations and health needs and suggests clinical guidance for intersex people.

Singh, Sangita. 2021. "Guidelines for Healthcare Providers on Trans-Competent Healthcare Services for Transgender Patients." Asia Pacific Transgender Network. https://weareaptn.org/wp-content/uploads/2021/01/KPRA-HCP-Factsheet_Final_19Nov2020.pdf.
- Reviews measures that can be taken by providers.

Thomas, Rebekah, Frank Pega, Rajat Khosla, Annette Verster, Tommy Hana, Lale Sayc. 2017. "Ensuring an Inclusive Global Health Agenda for Transgender People." *Bulletin of the World Health Organization* 95(2). https://doi.org/10.2471/BLT.16.183913.
- Argues in favor of an inclusive global health agenda.

Transgender Europe. 2019. Guidelines to Human Rights-based Trans specific Healthcare. https://tgeu.org/wp-content/uploads/2019/12/TGEU-Guidelines-to-Human-Rights-Based-Trans-specific-Healthcare-EN.pdf.
- Examines how health services to transgender people relate to human rights principles.

WASH

Benjamin, Connie, Hueso, Andres. 2017. "LGBTI and sanitation: what we know and what the gaps are." Loughborough University. Conference contribution. https://hdl.handle.net/2134/31434.
- Review of literature on interrelation of LGBTI and sanitation.

Water for Women Fund. 2020. "Sexual and Gender Minorities and COVID-19: Guidance for WASH Delivery." https://www.edgeeffect.org/wp-content/uploads/2020/07/WfW_EdgeEffect_Guidance-Note_COVID-19-WASH-SGM-Inclusion-FINAL.pdf.
- Guidance note from the Center for Advocacy and Research.

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Water for Women Fund. 2020. "Stepping Up: ensuring sexual and gender minorities are not left behind." https://www.waterforwomenfund.org/en/learning-and-resources/resources/GSI/WfW-SNV-Learning-Brief_Systems-Strengthening_SGM_FINAL.pdf.

Brief from learning event about WASH in Asia.

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