QUEERING SEXUAL & REPRODUCTIVE HEALTH RIGHTS IN SOUTHEAST ASIA:

An Examination of LBQ+ Realities in the Malay Archipelago

A PROJECT BY

ASIA FEMINIST LBQ Network

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First and foremost, we thank the courageous LBQ+ individuals and communities across the Malay Archipelago who generously shared their stories, experiences, and insights. Your voices are at the heart of this work, and without your contributions, this report would not be possible. We honour your resilience, strength, and commitment to the fight for equality and justice.

We are also grateful to the activists, community leaders, and grassroots organisations working tirelessly on the ground to advance sexual and reproductive health rights in the region. Your advocacy, despite the challenges and risks you face, continues to inspire this movement. Special thanks go to those who facilitated connections, provided access to hard-to-reach communities, and offered support in collecting this critical data.

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Finally, to all the readers, advocates, and allies who are engaging with this publication: thank you for your commitment to making sexual and reproductive health rights more inclusive, equitable, and just. We hope this work inspires continued dialogue, action, and solidarity in the fight for LBQ+ rights across Asia and beyond.

Foreward

The publication "Queering Sexual and Reproductive Health Rights in Southeast Asia: An Examination of LBQ+ Realities in the Malay Archipelago" brings to light the often-overlooked experiences and challenges faced by lesbian, bisexual, and queer (LBQ+) and persons assigned female at birth individuals in the region. In countries across the Malay Archipelago — where cultural, religious, and legal frameworks frequently stigmatise or criminalise diverse sexual orientations and gender identities — LBQ+ people are rendered invisible, particularly when it comes to their sexual and reproductive health rights (SRHR).

This sub regional report is the sole research effort in the Malay Archipelago that critically explores the unique realities faced by LBQ+ individuals as they navigate healthcare systems that are not only exclusionary but often actively hostile.

It reveals a landscape where access to vital health services, including abortion services, mental health care, reproductive services, and safe spaces, remains largely out of reach for many. The intersectional nature of the discrimination faced by LBQ+ individuals — rooted in patriarchy, heteronormativity, and socio-economic inequalities — further exacerbates the marginalization of these communities.

By queering the discourse on sexual and reproductive health rights, this publication challenges the dominant narratives that frequently centre cisgender, heterosexual experiences, calling for a more inclusive and intersectional approach to health care. It highlights the resilience of LBQ+ communities in the Malay Archipelago, who despite these barriers, continue to resist and create alternative spaces for care, advocacy, and mutual support.

The findings and recommendations in this publication are not just a call to action for health professionals and policymakers, but a crucial resource for activists, researchers, and community leaders committed to advancing SRHR for LBQ+ people. As we advocate for the dignity and health of all people, this examination provides us with the tools and knowledge necessary to centre LBQ+ voices and ensure that their health and rights are prioritised.

This research is a testament to the power of research in amplifying marginalised voices, and it is a critical step toward ensuring that sexual and reproductive health rights are accessible to everyone, regardless of gender identity, sexual orientation, sex characteristics and expression.

Jean Chong
Executive Director
Asia Feminist LBQ Network

Terminology

AROMANTIC (ARO)

A person who does not experience romantic attraction. Some aromantic people experience sexual attraction, while others do not. Aromantic people who experience sexual attraction or occasional romantic attraction might also use terms such as gay, bi, lesbian, straight, and queer in conjunction with asexual to describe the direction of their attraction.

ASEXUAL (ACE)

An individual who may feel romantic or emotional attraction but typically doesn't experience sexual attraction is often referred to as "asexual." Within the asexual spectrum, there are terms like "demisexual" and "greysexual/grey-asexual" that describe people with differing degrees of sexual attraction. "Asexual" can serve as an umbrella term encompassing individuals who identify as demisexual, greysexual, and other related terms.

ASSIGNED SEX AT BIRTH

The sex assigned to an individual at birth, usually determined by the infant's physical characteristics, is commonly referred to as birth sex or natal sex. The terms "assigned female at birth" (AFAB) and "assigned male at birth" (AMAB) are used to describe individuals born with typical female or male physical attributes, irrespective of their own gender identity or expression.

BIROMANTIC

A person who is romantically attracted to people of two specific and distinct gender identities. Individuals who identify as biromantic aren't necessarily sexually attracted to the same people they're romantically attracted to.

BI/BISEXUAL

An individual with the potential for romantic, emotional, and/or physical attraction to individuals of multiple genders is often described as "bisexual." Bisexuality is not limited to attraction solely to binary genders. Additionally, terms such as Bisexual+ and Bi+ are occasionally used as broader labels encompassing non-monosexual identities, such as pansexual.

BUTCH

A term frequently adopted by queer women, especially lesbians, to describe those who express themselves in a more masculine manner, with some viewing it as a distinct gender identity; however, it should be noted that while embraced by some, it can also be used pejoratively.

CISGENDER (CIS)

Refers to individuals whose gender identity aligns with the sex assigned to them at birth. For example, someone assigned female at birth who identifies as a woman is cisgender.

CIS-HETERONORMATIVITY

A pervasive system of belief, operating at individual, systemic, and ideological levels, that considers being cisgender and heterosexual as the default and "normal" status encompassing associated life paths, material desires, family structures, and political or social goals.

CISNORMATIVITY/CISSEXISM

A societal system that esteems and confers privileges upon cisgender individuals, reinforces the gender binary, and marginalises, oppresses, and renders invisible other forms of gender identities, such as trans, non-binary and gender nonconforming.

DEMISEXUAL

A term used to describe a sexual orientation where an individual experiences sexual attraction only after forming a deep emotional connection with someone. Demisexual individuals typically do not experience sexual attraction based solely on physical appearance or initial encounters; instead, they require a significant emotional connection or intimacy to feel sexual desire.

FEMME

A term commonly embraced by queer women who express themselves in feminine ways, with some recognising it as a distinct gender identity; yet, it's important to note that, despite being an identity term for many, it may also be used pejoratively, particularly within the gay/queer men's community.

GAY

Refers to a man who has a romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian. Some non-binary people may also identify with this term.

GENDER BINARY

A societal framework that categorizes gender into two distinct and opposite forms, typically "male" and "female," with associated roles and expectations, but it doesn't encompass the diverse range of gender identities beyond this binary.

GENDER EXPRESSION

Gender expression encompasses a variety of cues, including names, pronouns, behaviour, clothing, voice, mannerisms, and physical attributes, which individuals use to perceive others' genders. It is essential to recognise that gender expression may not always precisely align with a person's gender identity. The diversity of one's sexual orientation, gender identity, or sex characteristics does not automatically result in a diverse gender expression. Conversely, individuals without diverse sexual orientation, gender identity, or sex characteristics may still exhibit a wide range of gender expressions.

GENDER IDENTITY

The profound, personal, and unique sense of one's own gender. It may align with or differ from the sex assigned at birth or the gender ascribed by society. This encompasses an individual's personal connection with their body, which may or may not entail a desire for alterations in appearance or function through medical, surgical, or other methods. Gender identity can be male, female, non-binary, or other identities.

GENDER NONCONFORMING

An individual whose gender identity or expression does not align with societal expectations or norms. Gender nonconforming people may or may not identify exclusively as male or female.

HETERONORMATIVITY/ HETEROSEXISM

A societal system that values and privileges heterosexual orientations as the norm, reinforcing traditional heterosexual relationships and marginalising, oppressing, and sidelining the lives and experiences of individuals with non-heteronormative sexual orientations.

HETEROSEXUAL ("STRAIGHT")

Refers to a man who has a romantic and/or sexual orientation towards women or to a woman who has a romantic and/or sexual orientation towards men.

HOMOSEXUAL

A person whose romantic, emotional and/or physical attraction is to people of the same gender.

INTERSEX

Intersex people are born with sex characteristics (including genitals, gonads, and/or chromosome patterns) that vary from typical binary notions of male or female bodies. Intersex is an umbrella term used to describe a wide range of natural bodily variations. The term "intersex" has been reclaimed by some intersex people as a part of their larger personal and political identities. Intersex people may identify as male, female, non-binary, or any other gender.

LESBIAN

Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

LBQ+ | LBT | LBTI | LBTQ

Acronyms which are commonly used when referring to communities within LGBTQ+ groups that do not include cisgender heterosexual men. LBQ+: lesbian, bisexual, queer and related identities; LBT: lesbian, bisexual, queer; LBTI: lesbian, bisexual, transgender, intersex; LBTQ: lesbian, bisexual, transgender, queer.

LGBTIQ+

An acronym for lesbian, gay, bisexual, transgender, intersex and queer. The plus sign signifies the inclusion of people with diverse SOGIESC who may identify using other terms. In certain contexts, abbreviations such as LGB, LGBT, or LGBTI are employed to describe specific communities.

NON-BINARY

An adjective used to describe individuals whose gender identity exists beyond the conventional male-female binary. Non-binary is an umbrella term that encompasses a diverse range of gender experiences. It includes individuals who identify with a specific gender outside the categories of man or woman, those who recognise themselves as two or more genders (such as bigender or pan/polygender), and those who do not align with any gender (agender).

PANROMANTIC

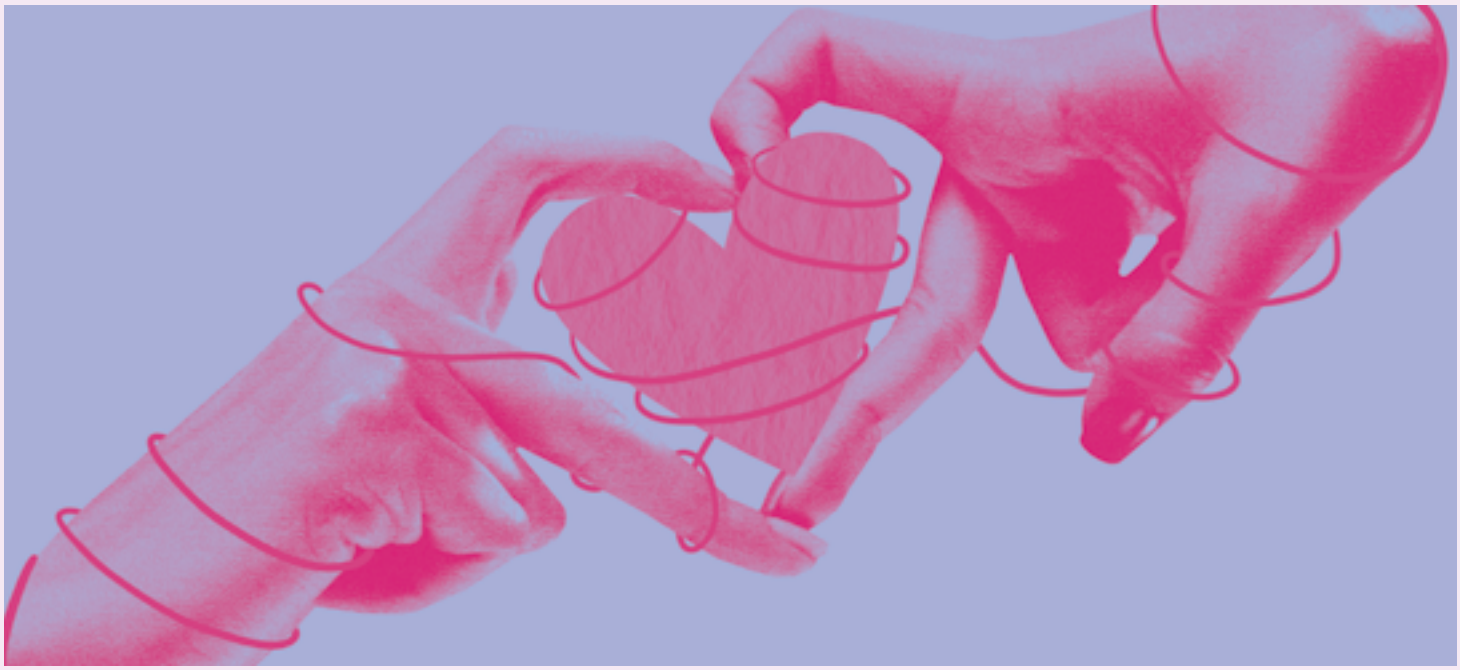
A person is romantically attracted to people of all gender identities or regardless of gender. This term is often used within the LGBTQ+ community to describe individuals whose romantic attraction is not limited by gender distinctions.

PANSEXUAL

An individual with the ability to experience romantic, emotional, and/or physical attraction to individuals of any gender.

PASSING

The ability of an individual to be perceived as a member of a more privileged or normative social group, often involving conscious or unconscious choices to avoid discrimination or gain acceptance.



QUEER

In the past, “queer” was traditionally used as a derogatory term. However, it has since been reclaimed by many people and is now seen as an inclusive label that encompasses a wide variety of sexual orientations, gender identities, and expressions. The term queer” is embraced by individuals who don’t feel that they fit within the societal norms related to their sexual orientation, gender identity, and gender expression, whether those norms are economic, social, or political in nature.

QUESTIONING

The process of exploring one’s own sexual orientation and/or gender identity. The term is also sometimes used as an identity label.

ROMANTIC ORIENTATION

A person’s romantic attraction to other people, or lack thereof. Along with sexual orientation, this forms a person’s orientation identity.

SEX

Assigned to a person on the basis of primary sex characteristics (genitalia) and reproductive functions. Sometimes, the term ‘sex’ is mistakenly used in place of the more precise term ‘gender’ to describe whether a person identifies as male, female, or neither.

SEX CHARACTERISTICS

The physical characteristics of each individual related to their sex, encompassing aspects such as chromosomes, gonads, sex hormones, genitals, and secondary physical traits that develop during puberty.

SEX-FAVOURABLE ACE

Individuals within the asexual spectrum who, despite not experiencing sexual attraction, have a positive or open attitude toward engaging in sexual activities.

SEXUAL ORIENTATION

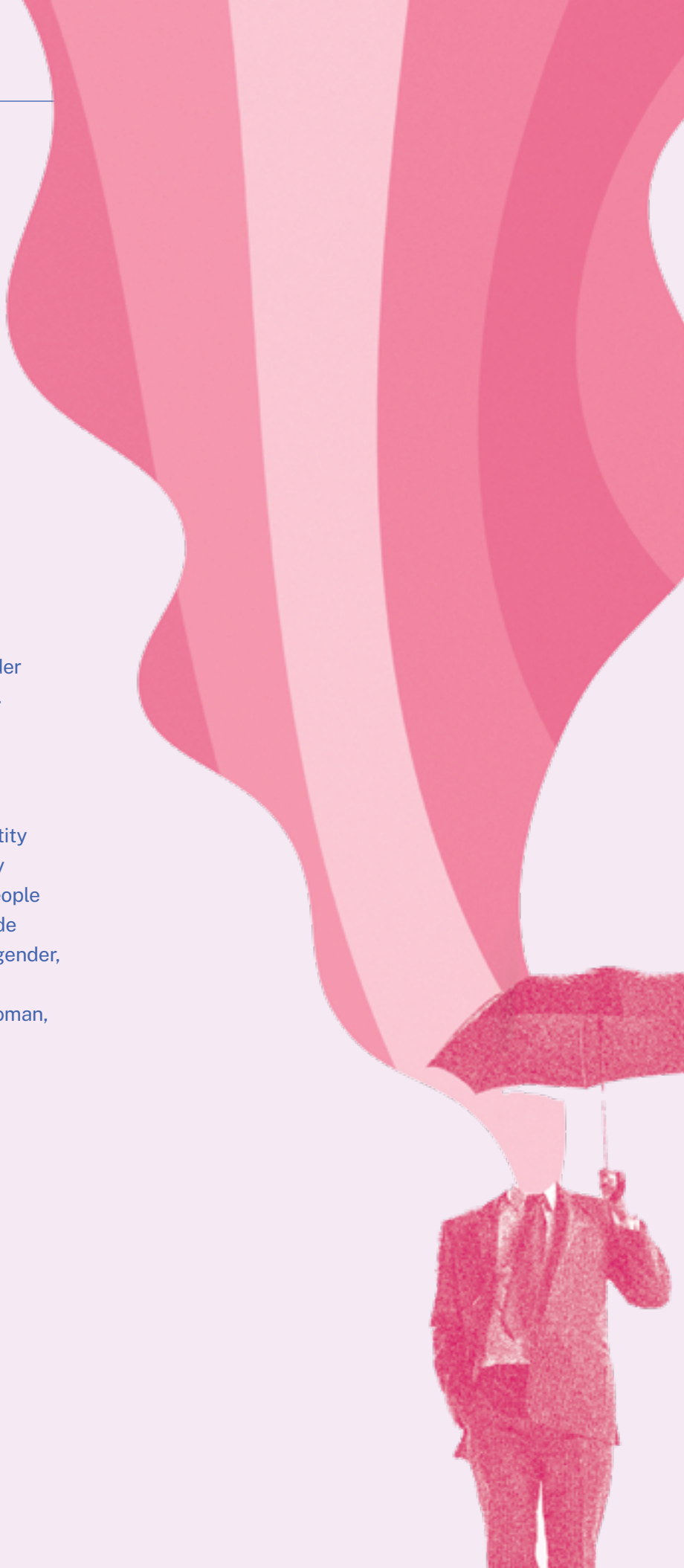
The enduring capacity within each individual for deep romantic, emotional, and/or physical connections or attractions to others. This term includes hetero-, homo-, bi-, pan-, and asexuality, as well as a diverse array of other expressions of one’s romantic and sexual inclinations.

SOGIESC

An acronym that stands for sexual orientation, gender identity, gender expression, and sex characteristics.

TRANS/TRANSGENDER

Terms used by some individuals whose gender identity does not align with the gender expressions typically linked to the sex assigned to them at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, genderqueer, genderfluid, non-binary, genderless, agender, third gender, bigender, trans man, trans woman, transmasculine or transmasc, and transfeminine or transfemme.



Executive Summary

Key Findings:

DISCRIMINATORY POLICIES & LACK OF COMPREHENSIVE PROTECTION LAWS

In Brunei, draconian laws criminalise same-sex sexual activities and impose severe punishments, including death by stoning. Malaysia is riddled with similar challenges, where the criminalisation of same-sex activities and the absence of legal gender recognition adversely impact transgender individuals.

Indonesia's legal landscape is characterised by regional regulations that discriminate against LGBTQ+ individuals, further exacerbated by a new Penal Code that allows customary and religious laws to be applied, potentially leading to criminal charges based on moral standards. Singapore, on the other hand, made strides by repealing Section 377A, a law criminalising sexual activity between men, signifying a positive development in LGBTQ+ rights.

Lastly, the Philippines grapples with the absence of explicit legal protection for LGBTQ+ individuals, with the proposed Anti-Discrimination Bill seeking to combat gender-based discrimination but facing challenges in becoming law.

These issues are compounded by the lack of legal recognition for same-sex marriages, criminalisation of extramarital sex and cohabitation between LGBTQ+ people in certain countries, and the absence of legal provisions for gender recognition, creating a hostile environment for LBQ+ communities and highlighting the urgent need for comprehensive anti-discrimination laws to safeguard their rights and well-being.

CULTURAL AND RELIGIOUS INFLUENCES ON THE SRHR OF LBQ+ PERSONS

Traditional and conservative ideologies, often rooted in dominant religions, play a pivotal role in shaping healthcare policies and hindering progress. in the area of sexual and reproductive health and rights (SRHR) The tension between progressive SRHR policies and conservative Asian values results in restricted access to crucial sexual and reproductive healthcare, disproportionately affecting marginalised LBQ+ communities.

Brunei, Indonesia, Malaysia, the Philippines, and Singapore are all affected by conservative religious values that impact issues such as contraception, abortion, and LGBTQ+ rights as well. Strict laws and societal norms influenced by religion lead to limited access to abortion and contraception, contributing to the stigma surrounding sexual health discussions, especially among LBQ+ individuals.

Female genital mutilation/cutting (FGM/C) is a concerning practice, often associated with religious conservatism and sometimes justified as a religious obligation for Muslim women in this region. Conversion efforts inflict psychological harm and exclusion on LGBTQ+ individuals, driven by repressive laws, societal conservatism, and strict religious interpretations. The prevalence of Shariah law in Brunei, and Indonesia, along with the influence of the Catholic Church in the Philippines, have profound and complex implications for the SRHR of LBQ+ individuals and the broader population in these regions. These factors create a landscape where cultural and religious beliefs significantly shape SRHR policies and access to healthcare services.

INFORMATION BARRIERS AND LBQ+ EXCLUSION IN COMPREHENSIVE SEXUALITY EDUCATION

Comprehensive sexuality education (CSE) is a holistic and rights-based approach that aims to empower young people with knowledge, skills, and values related to sexuality. LBQ+ individuals require access to accurate SRHR information, but they face significant barriers, including anti-LGBTQ+ discrimination in schools and censorship of LGBT issues.

Inadequacies and exclusions in policies related to CSE are prevalent in Brunei, Indonesia, Malaysia, the Philippines, and Singapore. Sexuality education policies often cater to cisgender heterosexual individuals, emphasise traditional family structures, and preserve patriarchal, conservative. and cisheteronormative ideals. This includes the focus on an abstinence-based approach to sexuality education without providing adequate safe sex knowledge. This leaves LBQ+ individuals unable to obtain life-saving information and leaves them vulnerable to contracting sexually transmitted infections (STIs), unwanted pregnancies, and sexual abuse. including from cisgender heterosexual men.

In some cases, LBQ+ individuals not only lack inclusive CSE, but they also face school teachings that pathologise, medicalise, and vilify LGBTQ+ people. Hence, due to inadequate formal sexuality education, LBQ+ individuals primarily rely on informal sources for SRHR information and often turn to community groups and non-governmental organisations (NGOs) for support. Community groups and NGOs play a crucial role in filling this knowledge void, emphasising the need for inclusive and accurate sexuality education tailored to LBQ+ individuals.

LBQ+ EXPERIENCES OF DISCRIMINATION IN HEALTHCARE

Discrimination within healthcare settings presents a complex challenge for LBQ+ individuals, encompassing various dimensions of bias and prejudice. These experiences include the stigma surrounding SRHR issues, the widespread assumption of compulsory cisheterosexuality, medical gaslighting, the apprehension of facing anti-LGBTQ+ discrimination, and the intertwining of multiple forms of discrimination.

The stigmatisation of LBQ+ SRHR issues extends to various aspects, notably abortion, contraception, and extramarital sex, revealing deeply rooted societal attitudes attempting to regulate women's bodies. Compulsory cisheterosexuality is a prevalent concern, where healthcare providers frequently assume that patients are cisgender and heterosexual, effectively erasing the diverse experiences of LBQ+ individuals. This leads to misunderstandings, suboptimal care, and uncomfortable encounters during medical appointments.

Medical gaslighting is also a recurring problem within healthcare. Providers often downplay LBQ+ individuals' discomfort, especially related to menstrual health. This act of minimisation leads to prolonged pain, delayed diagnoses and inadequate care.

Finally, the fear of anti-LGBTQ+ discrimination looms large for LBQ+ individuals when seeking sexual and reproductive health services, even when previous experiences in healthcare settings have not been discriminatory. This fear often leads them to withhold their sexual orientation and gender identity from healthcare providers, hampering their ability to access the appropriate care.

Intersecting forms of discrimination within healthcare add another layer of complexity. Discrimination is not limited to sexual orientation and gender identity; it can intersect with other biases, such as sexism, weight bias, racism, and ableism. LBQ+ individuals may face multiple layers of discrimination within healthcare settings, compounding their challenges in obtaining quality care. These instances of discrimination can range from inappropriate comments about patients' weight to racist remarks and pathologisation.

FINANCIAL, SERVICE DELIVERY AND HEALTH SYSTEM BARRIERS

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GAPS IN LBQ+ HEALTH EXPERTISE & GENDER-AFFIRMING SERVICES

There are significant gaps in LBQ+ health data, leading to the underrepresentation of non-heterosexual women, non-binary individuals, and trans men in health research, particularly in Southeast Asia. A lack of disaggregated data based on SOGIESC hinders evidence-based policymaking for LGBTI populations -and the responsibility to compile such data often falls on overstretched civil society organisations and stakeholders.

A shortage of LBQ+ health expertise among healthcare providers was also highlighted, emphasising the importance of LGBTQ+ cultural competency training for improved patient-provider interactions. Transgender individuals face a multitude of challenges when seeking gender-affirming care, including limited availability and high costs of surgeries, stigma and legal fears among healthcare providers, self-medication due to limited hormone therapy access, a lack of insurance coverage, varying diagnosis and consent requirements, and dependence on grassroots networks for information.

These issues vary across the Malay Archipelago, with some countries making progress but many individuals still encountering significant barriers. Overall, the situation calls for comprehensive health data, inclusive policies, and enhanced healthcare provider expertise to address disparities in LBQ+ healthcare access and outcomes.

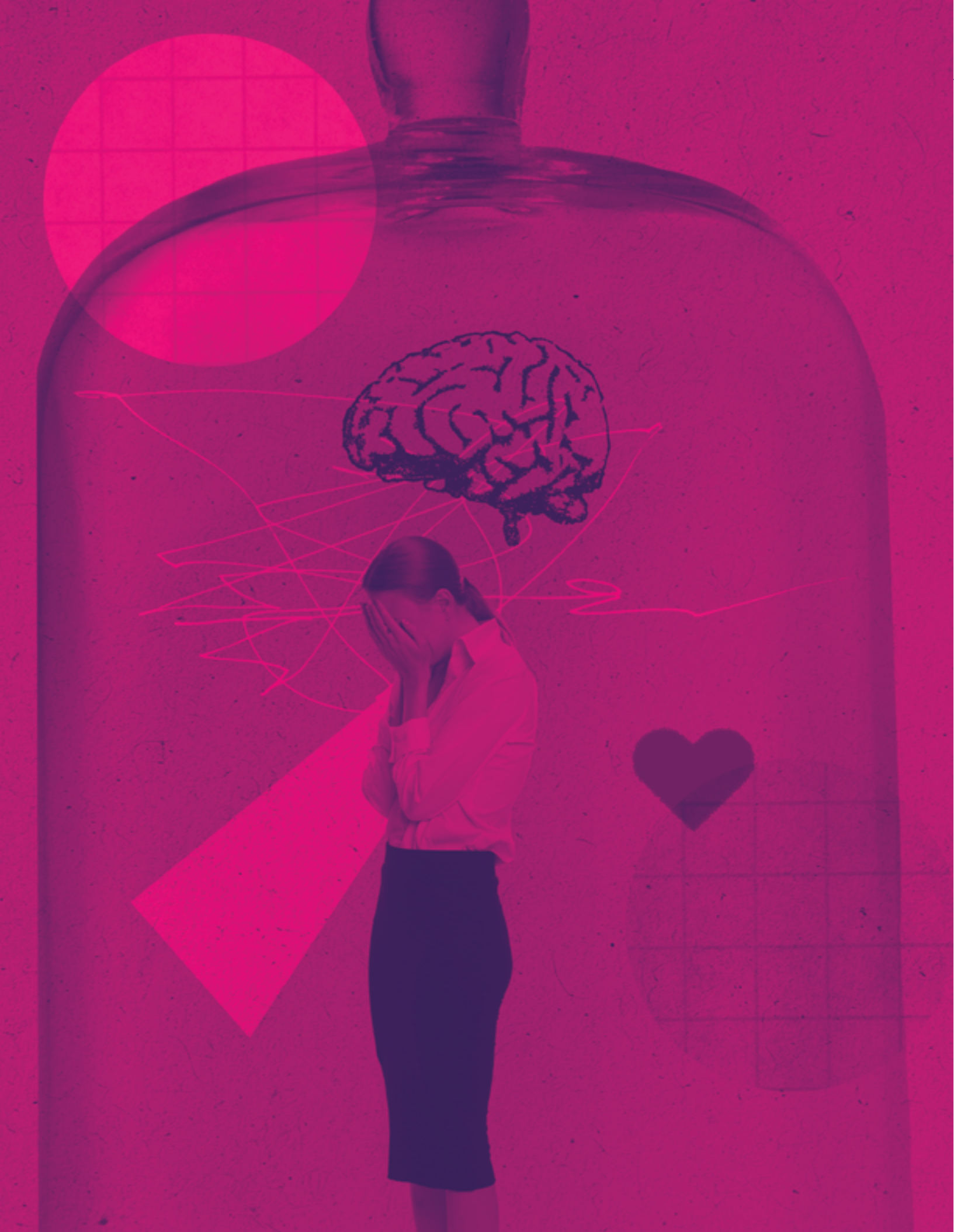
RESTRICTED ACCESS TO REPRODUCTIVE HEALTHCARE AND RIGHTS

LBQ+ communities face restrictions in accessing reproductive healthcare and rights in the Malay Archipelago, with a particular emphasis on abortion access. Severe restrictions on abortion in countries such as the Philippines, where it has been criminalised since 1930, are influenced by the Catholic Church and constitutional protections for the unborn.

However, there is a shift in discourse with the Philippine Commission on Human Rights endorsing abortion decriminalisation. Other countries such as Brunei, Indonesia, and Malaysia have varying degrees of permissiveness in their abortion policies, but often come with restrictions. Barriers to safe abortion access, obstacles faced by unmarried individuals, and requirements for spousal consent in accessing sexual and reproductive health services are also discussed. Additionally, victim-survivors in Singapore face access challenges, including restrictions on emergency contraception and the need to file police reports for certain medical services.

In several Southeast Asian countries, LBQ+ individuals face formidable barriers to parenthood, including adoption, access to assisted reproductive technology (ART), and surrogacy. Adoption policies in countries such as Brunei, Malaysia, Singapore, and the Philippines often discriminate against single women and LBQ+ individuals compared to heterosexual married couples. Access to ART, particularly in vitro fertilisation, remains primarily restricted to legally married couples, posing a challenge for LBQ+ individuals due to the lack of legal recognition for same-sex marriages.

Surrogacy is either restricted or illegal in these countries, further complicating family planning options. The complex interplay of legal and religious frameworks, especially in Muslim-majority countries, significantly shapes these barriers. Moreover, transgender individuals seeking ART face intricate challenges regarding legal identity and parentage. LBQ+ individuals are calling for more inclusive and equitable systems that grant all individuals, regardless of marital status, sexual orientation, or gender identity, the right to access reproductive services and adopt children, ensuring parenthood is accessible to everyone.



SEXUAL AND GENDER-BASED VIOLENCE IN LBQ+ COMMUNITIES

Policy gaps related to sexual and gender-based violence (SGBV) and their implications for LBQ+ individuals are profound. In Brunei, while there is no specific legislation addressing domestic violence, though existing laws touch upon aspects of domestic violence. However, these laws are applicable only to heterosexual marriages, leaving LBQ+ individuals without legal protection. The fear of criminalisation due to their sexual orientation or gender identity further deters LBQ+ individuals from reporting incidents of sexual and gender-based violence.

In Indonesia, legal reforms have expanded the definition of rape to include various forms of sexual violence, including within marriage. Despite these reforms, LBQ+ individuals encounter challenges in substantiating such cases in court, particularly amid a rising anti-LGBT moral panic in the country and the introduction of new Penal Code provisions criminalising extramarital sex and cohabitation.

Malaysia's Domestic Violence Act 1994 offers protection only to specific members of a heterosexual family, which excludes unmarried couples and those in LBQ+ partnerships. Although laws address sexual assault, the burden of proof often falls heavily on victims, potentially affecting LBQ+ individuals disproportionately.

In the Philippines, the Anti-Violence Against Women and Their Children Act primarily protects individuals meeting specific gender-related criteria, meaning that the act only protects individuals with 'female' gender markers. Singapore's domestic violence legislation under the Women's Charter focuses on marriage, posing challenges for LBQ+ individuals in unrecognised domestic partnerships.

LBQ+ individuals commonly experience distinct forms of violence referred to as "corrective" or "curative" violence. These actions are often inflicted by family members, community members, or religious leaders who view LBQ+ identities as deviant or sinful. An account of "corrective" rape highlights the intersections between this type of violence, societal stigma, and barriers to abortion access.

Bi+ women report experiencing erasure, stereotyping, discrimination, sexualisation, and sexual violence due to their bi+ identity. This chapter also brings to light the vulnerability of trans and gender nonconforming individuals who risk experiencing fatal violence, and the often-overlooked intimate partner violence that occurs in queer relationships.

Background

CONCEPTUALISING SRHR

Sexual and reproductive health and rights (SRHR) is an umbrella term that comprises the different human rights related to sexual health, sexual rights, reproductive health, and reproductive rights. The fulfilment of SRHR entails not only the absence of reproductive or sexual illnesses, but also the full enjoyment and well-being of sexual and reproductive health (SRH).

Within the expansive domain of SRHR, numerous critical issues come into focus, including:

- Sexual health and wellbeing
- Comprehensive sexuality education (CSE)
- Sexually transmitted infections (STIs), including HIV/AIDS
- Abortion
- Family planning and contraception
- Pregnancy care and childbirth
- Infertility
- Reproductive cancers, and
- Gender-based violence, including violence against women

As outlined by the World Health Organization, achieving SRHR necessitates the "provision of comprehensive, people-centred services, that address the different elements of SRHR".[1] These services should be bolstered by an "enabling environment, quality healthcare systems, and active community engagement." The interconnectedness of various SRHR elements creates a web of synergistic relationships, leading to positive outcomes across the lifespan, from adolescence to adulthood, and fostering sexual and reproductive well-being for all individuals.[2]

1 Sexual and reproductive health and rights: infographic snapshot. (2022, April 29). www.who.int. https://www.who.int/publications/i/item/WHO-SRH-21.21

2 Ibid.

3 Cairo Declaration on Population & Development (1994). United Nations Population Fund. https://www.unfpa.org/resources/cairo-declaration-population-development

4 International Conference on Population and Development. United Nations Population Fund. https://www.unfpa.org/icpd#:~:text=The%20ICPD%20Programme%20of%20Action,of%20the%20global%20development%20agenda.

HUMAN RIGHTS RELATED TO THE SRHR OF LBQ+ PERSONS

While the concept of SRHR has been acknowledged for some time, its practical implementation has often lagged behind awareness. It was not until the convening of the International Conference on Population and Development (ICPD) in Cairo, Egypt, in 1994 that the intricate connection between international human rights frameworks and SRHR started to crystallise.[3]

The ICPD marked a transformative shift from a narrow focus on family planning and the prevention of sexual disorders to a broader, rights-based approach to sexuality and gender equality. One of the key outcomes of the conference was the creation of a Program of Action.[4] While this document was not legally binding, it garnered the support of a remarkable 179 states. The Program of Action played a pivotal role in elevating SRHR to the status of a fundamental human right. Notably, it drew attention to critical aspects of SRHR that had previously been overlooked, such as sexual freedom, women's empowerment, and the prevention of gender-based violence.

The World Association for Sexual Health (WAS), formerly known as the World Association of Sexology, has been a vocal advocate for sexual rights since its establishment in 1978.[5] The Beijing Conference on Women in 1995 represented a significant milestone in the promotion of sexual rights, where it was underscored that empowering women could enhance their ability to protect themselves from violence.[6] This sentiment found strong endorsement from the UN Commission on Human Rights.

Crucially, the Beijing Conference marked a historic milestone for LBQ rights, as it represented the first time that a United Nations (UN) human rights mechanism officially recognised the rights of LBQ women. Leading up to the conference, activists for sexual rights, guided by influential allies, crafted strategies to address women's fundamental rights linked to sexuality. The conference's draft Beijing Declaration and Platform for Action document initially contained debated paragraphs with terms such as "sexual orientation" and "sexual rights," sparking daily meetings by the "lesbian caucus" in a non-traditional setting to advocate for their inclusion.[7]

Inspired by direct-action politics, lesbians staged a peaceful protest within the UN meeting, though two Canadians were briefly "arrested" and later released without charges. The broader programme encompassed issues such as single women's rights, forced marriages, and diverse family structures, all framed within the context of a woman's right to sexual autonomy.[8] While the term "sexual orientation" did not make it into the final Platform for Action, paragraph 96 addressed women's rights to make sexual and reproductive health decisions while free from coercion, discrimination, and violence, making the document serve as a starting point for future UN advocacy endeavours.[9]

In 1997, the WAS issued the Valencia Declaration of Sexual Rights, a document that would go on to gain recognition from influential organisations such as the United Nations, the World Health Organization, and the International Planned Parenthood Federation (IPPF) for

5 History | World Association for Sexual Health (WAS). https://worldsexualhealth.net/organization/history/#:~:text=The%20World%20Association%20for%20Sexual,the%20World%20Association%20for%20Sexology.

6 Fourth World Conference on Women | United Nations. (1995). United Nations. https://www.un.org/en/conferences/women/beijing1995#:~:text=The%20Fourth%20World%20Conference%20on%20Women%20in%20Beijing%2C%20China%20was,legal%20advances%20aimed%20at%20securingAssociation%20for%20Sexology.

7 Wilson, A. (1996). Lesbian Visibility and Sexual Rights at Beijing. Signs, 22(1), 214–218. http://www.jstor.org/stable/3175051

8 Ibid.

9 Beijing Declaration and Platform for Action* The Fourth World Conference on Women, United Nations (1995).

affirming how sexual rights are an integral component of fundamental human rights.[10] The 1997 Valencia Declaration of Sexual Rights acknowledged sexual diversity, particularly emphasising "the right to sexual equity and equality," which entailed freedom from all types of discrimination. This recognition upheld the importance of respecting sexual diversity irrespective of one's sex, gender, age, race, social class, religion, or sexual orientation.[11]

In 2014, the Declaration underwent substantial revisions, expanding to encompass 16 sexual and reproductive health rights.[12] These rights spanned crucial principles such as equality, safety, liberty, autonomy, and bodily integrity. They also included the right to be free from sexual torture, coercion, and harassment, as well as the right to privacy, safe sexual

The Yogyakarta Principles

The Yogyakarta Principles[13] represent a landmark in the ongoing struggle for the recognition and protection of the rights of LBQ+ individuals. Conceived in 2006 in Yogyakarta, Indonesia, these principles have emerged as a pivotal framework for the application of human rights laws in the context of sexual orientation, gender identity and expression, and sex characteristics, collectively referred to as SOGIESC.

These principles provide a comprehensive and inclusive foundation for understanding and addressing the diverse and intersecting forms of discrimination and violence faced by LBQ+ individuals. They not only emphasise the fundamental principles of equality, non-discrimination, and the right to life, but also delve into specific areas such as healthcare, education, employment, and legal recognition. In doing so, the Yogyakarta Principles offer a more holistic framework that recognises that the SRHR of LBQ+ individuals are an integral part of the broader spectrum of human rights.

RIGHT TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH

The right to health is a fundamental human right that holds paramount importance, especially in the context of LBQ+ individuals. Article 25.1 of the Universal Declaration of Human Rights firmly establishes that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services."[14]

This vital right is also comprehensively delineated in Article 12 of the Committee on Economic, Social and Cultural Rights (CESCR) General Comment No. 14,[15] which encompasses both freedoms and entitlements.

10 Kismödi E, Corona E, Maticka-Tyndale E, Rubio-Aurioles E, Coleman E. Sexual rights as human rights: a guide for the WAS declaration of sexual rights. Int J Sex Health. 2017; 29 (sup1):1-92. 14.

11 Valencia Declaration on Sexual Rights. Adopted by the XIII World Congress on Sexology, Valencia, Spain, June 1997. https://www.cirp.org/library/ethics/valencia1997/

12 Kismödi et al. (2017) Valencia Declaration on Sexual Rights (revised). Approved by the World Association for Sexual Health Advisory Council in March 2014. https://worldsexualhealth.net/wp-content/uploads/2013/08/declaration_of_sexual_rights_sep03_2014.pdf

13 The Yogyakarta Principles address a broad range of international human rights standards and their application to SOGI issues. On 10 Nov. 2017 a panel of experts published additional principles expanding on the original document reflecting developments in international human rights law and practice since the original 2006 Principles, The Yogyakarta Principles plus 10. The new document also contains 111 'additional state obligations', related to areas such as torture, asylum, privacy, health and the protection of human rights defenders. The full text of the Yogyakarta Principles and the Yogyakarta Principles plus 10 are available at: www.yogyakartaprinciples.org

The freedoms encompass "the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation". In addition, the entitlements encompass the right to a health protection system that ensures equal opportunities for individuals to attain the highest level of health.

Notably, the right to health is also enshrined in the Convention on the Elimination of Discrimination Against Women (CEDAW). Article 12 of the UN's CEDAW emphasises the obligation of States Parties to eliminate discrimination against women in healthcare, ensuring access to healthcare services on the basis of gender equality, including services related to family planning.[16]

In the pursuit of realising the right to health, CEDAW-ratifying States must guarantee individuals access to a diverse array of facilities, goods, services, and conditions necessary to achieve the "highest standard of health." Furthermore, these essential elements must be made accessible to everyone without discrimination, including individuals of diverse sexual orientations, gender identities and expressions, and sex characteristics.

Principle 17 of the Yogyakarta Principles extends and elaborates upon the right to health concerning sexual orientation, gender identity, expression, and sex characteristics.[17] Beyond preventing discrimination, these principles mandate that states ensure access to the highest attainable standard of gender-affirming healthcare, always respecting individuals' informed consent.[18] Additionally, the principles call for the "inclusion of affirmative material on sexual, biological, physical and psychological diversity and the human rights" of individuals with diverse SOGIESC in medical curricula and professional development programs,[19] underscoring the importance of education and awareness in upholding this crucial right for LBQ+ individuals.

14 Universal Declaration of Human Rights, United Nations, *Article 25.1*. https://www.un.org/en/about-us/universal-declaration-of-human-rights

15 Committee on Economic, Social and Cultural Rights, *General Comment 14, The Right to the Highest Attainable Standard of Health.* https://digitallibrary.un.org/record/425041

16 Convention on the Elimination of Discrimination Against Women (CEDAW), *Article 12.*

17 Yogyakarta Principles, *Relating to the Right to the Highest Attainable Standard of Health (Principle 17).* https://yogyakartaprinciples.org/principle-17

18 Ibid.

19 Ibid.

RIGHT TO PRIVACY

Article 12 of the Universal Declaration of Human Rights (UDHR) and Article 17 of the International Covenant on Civil and Political Rights (ICCPR) firmly establish that “no one shall be subjected to arbitrary interference with his privacy, family, home, or correspondence, nor to attacks upon his honour and reputation.”[20] These articles further affirm that “everyone has the right to the protection of the law against such interference or attacks.”[21]

The Human Rights Committee has consistently reaffirmed that the right to privacy imposes an obligation on States to implement effective measures to protect sensitive information about an individual's private life. This includes ensuring that such information remains inaccessible to those not authorised by law to access, possess, or utilise it and that it is never exploited for purposes that violate the ICCPR.[22] This commitment extends to safeguarding details regarding the sexual orientation and gender identity of LBQ+ individuals, as emphasised in the Jurisprudential Annotations to the Yogyakarta Principles and by the UN Independent Expert on SOGI. (IE SOGI)[23]

Within the domain of SRHR, it is imperative that States not only recognise the autonomy of LBQ+ individuals but also safeguard their right to privacy concerning their queer relationships and sexual activity. LBQ+ individuals have the inherent right to make independent decisions regarding their sexual and reproductive health without facing discrimination or unnecessary intrusion. In this context, it is essential that SRH services, encompassing services such as abortion and post-abortion care, are offered in a manner that ensures the complete privacy and confidentiality of LBQ+ individuals.[24]

Medical and healthcare professionals should not be subject to any form of compulsion or coercion to report cases related to the sexual and reproductive health and rights of LBQ+ individuals, should protect these individuals' intimate health information, and preserve their agency over their own bodies and relationships. This right to privacy is a fundamental aspect of ensuring that LBQ+ individuals receive the respect and dignity they deserve when seeking essential sexual and reproductive healthcare services. This is not only a matter of respecting their individual rights but also a crucial step in addressing the broader socioeconomic vulnerabilities and disparities that LBQ+ individuals experience within society.

20 Universal Declaration of Human Rights, United Nations, *Article 12*.

21 International Covenant on Civil and Political Rights (ICCPR), *Article 17*.

22 Human Rights Committee, "General Comment No. 16: Article 17 (Right to Privacy)", 8 April 1988. https://www.ohchr.org/en/HRBodies/HRC/RegularSessions/Session27/Documents/A-HRC-27-37_en.doc

23 Human Rights Council, "Data collection and management as a means to create heightened awareness of violence and discrimination based on sexual orientation and gender identity", UN Doc. A/HRC/41/45, 14 May 2019.

24 Human rights including a supportive framework of law and policy (1.3.1) - Abortion care guideline. (2023, March 3). Abortion Care Guideline - Consolidated Guidelines for Clinical Care, Service Delivery, and Law and Policy. https://srhr.org/abortioncare/chapter-1/human-rights-including-a-supportive-framework-of-law-and-policy/

RIGHT TO PROTECTION AND SECURITY AND RIGHT TO BODILY AUTONOMY

The right to health, especially concerning LBQ+ individuals, is intrinsically tied to the concept of bodily autonomy. This fundamental principle emphasises that individuals should have full control over their own health and bodies. As articulated by the Director-General of the WHO on Human Rights Day in 2017:

> ***"The right to health also means that everyone should be entitled to control their own health and body, including having access to sexual and reproductive information and services, free from violence and discrimination."***[25]

Within this framework, the ICCPR places a binding obligation on states to protect the rights of individuals to life, security, and freedom and prevent them from enduring cruel, inhuman, or degrading treatment. This duty encompasses the imperative to take all necessary measures to shield everyone within a state's territory or jurisdiction from violence, extending its protection unequivocally to LGBTQ+ individuals. States bear the responsibility of investigating and prosecuting acts of violence committed by both private individuals and state actors, ensuring that justice is served.

Moreover, Article 2 of the CEDAW[26] obligates States Parties to take all appropriate measures to eliminate discrimination against women and to ensure that public authorities and institutions act in conformity with this obligation. This includes measures to address gender-based violence, which is a form of discrimination against women. This means that states must exercise due diligence in preventing, investigating, prosecuting, and punishing acts of gender-based violence. This duty is especially relevant for LGBTQ+ women and girls, who often face unique forms of violence rooted in prejudice and hatred.

Given the historical pathologization of LGBTQ+ individuals by medical and religious authorities, the Yogyakarta Principles plus 10 adopted on 10 November 2017 in Geneva[27] underscore the imperative for states to prohibit involuntary or forced medical procedures based on SOGIESC. Principle 10 of these principles unequivocally asserts that states must:

25 Health is a fundamental human right. (2017, December 10). World Health Organization. https://www.who.int/news-room/commentaries/detail/health-is-a-fundamental-human-right

26 Convention on the Elimination of Discrimination Against Women (CEDAW), *Article 2.*

27 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 To Complement The Yogyakarta Principles. https://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf

> ***"Prohibit any practice, and repeal any laws and policies, allowing intrusive and irreversible treatments on the basis of sexual orientation, gender identity, gender expression or sex characteristics, including forced genital-normalising surgery, involuntary sterilisation, unethical experimentation, medical display, "reparative" or "conversion" therapies, when enforced or administered without the free, prior and informed consent of the person concerned."***[28]

CEDAW's General Recommendation No. 28[29] and General Recommendation No. 33[30] stress the interconnectedness of discrimination against women, encompassing factors such as ethnicity, socioeconomic status, sexual orientation, and gender identity. These recommendations acknowledge that women, including LBQ+ individuals, often confront multiple layers of discrimination that impact their right to protection and security and their right to bodily autonomy. Consequently, it is imperative to formulate legal and policy responses that address these intricate and overlapping challenges, particularly in the context of gender-based violence, to safeguard the rights and well-being of all women and LBQ+ individuals.

In a similar vein, CEDAW's General Recommendation No. 35 on gender-based violence against women, an update of General Recommendation No. 19,[31] obliges states to repeal all legal provisions that perpetuate gender-based violence. These provisions, whether found in customary, religious, or indigenous laws, must be abolished. This includes eliminating practices such as child or forced marriage, non-consensual medical procedures on women with disabilities, criminalisation of abortion, being lesbian, bisexual, or transgender, women in prostitution, adultery, or any other discriminatory laws that disproportionately affect women, including LBT individuals. Such measures are necessary to fulfil the right to protection and security and the right to bodily autonomy of women and LBQ+ individuals.

28 The Yogyakarta Principles. *Relating to the Right to Freedom from Torture and Cruel, Inhuman or Degrading Treatment or Punishment (Principle 10).*

29 UN Committee on the Elimination of Discrimination Against Women, 2010. General recommendation No. 28 on the core obligations of States parties under article 2 of the Convention on the Elimination of All Forms of Discrimination against Women, CEDAW/C/GC/28.

30 UN Committee on the Elimination of Discrimination Against Women, 2015. General Recommendation No. 33 on women's access to justice, CEDAW/C/GC/33.

31 UN Committee on the Elimination of Discrimination Against Women, 2017. General recommendation No. 35 on gender based violence against women, updating general recommendation No. 19, CEDAW/C/GC/35.

RIGHT TO EDUCATION

The right to education is a fundamental human right protected by international law, including the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Rights of the Child (CRC).

Regrettably, LBQ+ students often find their right to education thwarted by pervasive issues such as bullying, exclusion, and discriminatory school policies that hinder their participation in educational environments or restrict their access to education.[32] Additionally, the right to education for LBQ+ students is eroded when educational institutions and curricula fail to provide pertinent information for their development, or when educators openly discriminate against them.

The right to education encompasses the right to comprehensive sexuality education. As articulated by the UN Special Rapporteur on the Right to Education, sexual education is "both a human right in itself and an indispensable means of realising other human rights, such as the right to health, the right to information and sexual and reproductive rights".[33]

An educational curriculum exclusively centred on heterosexual relationships within marriage perpetuates and promotes discriminatory stereotypes grounded in heteronormativity. It subjects LBQ+ individuals to discriminatory practices and the lack of protection by effectively denying their existence.

Crucially, comprehensive sexuality education should not be given to heterosexual, cisgender students alone. Schools must provide relevant and inclusive content to LBQ+ students to ensure that they enjoy an unencumbered right to education free from discrimination, as well as to life-saving information to protect themselves. Comprehensive sexuality education should be devoid of biases and stereotypes that could serve as a justification for discrimination and violence against any group. Sexuality education should also underscore the importance of diversity, recognising that everyone possesses the right to navigate their own sexuality without fear of discrimination based on sexual orientation or gender identity.

32 Human Rights Watch (2017). "Just Let Us Be": Discrimination Against LGBT Students in the Philippines. https://www.hrw.org/report/2017/06/22/just-let-us-be/discrimination-against-lgbt-students-philippines

33 United Nations, General Assembly, Report of the United Nations Special Rapporteur on the right to education: note by the Secretary-General, A/65/150 (23rd July 2010), available from https://digitallibrary.un.org/record/688657.

OVERVIEW OF THE LANDSCAPE OF SRHR IN LBQ+ COMMUNITIES

DETERMINANTS AND INTERSECTIONAL VULNERABILITIES IN LBQ+ HEALTH

LBQ+ communities face a multitude of challenges that profoundly affect their sexual and reproductive health and rights. These challenges are exacerbated by hostile anti-LGBTQ+ environments perpetuated by both state and non-state actors, as well as broader societal attitudes. LBQ+ individuals often find themselves entangled in legal frameworks that suppress or deny their fundamental rights and freedoms, including those related to gender identity, sexual orientation, and reproductive autonomy.

From a legal standpoint, LBQ+ individuals contend with laws that curtail their rights across various domains, intersecting with broader issues of gender equity and equality. Such legal restrictions can have a particularly profound impact on LBQ+ women, as their rights are closely intertwined with those of cisgender women. The criminalisation of LBQ+ individuals creates an environment where disclosing their queerness or diverging from cisheteronormative norms can subject them to prosecution and state-sponsored violence.

LBQ+ persons also experience alarmingly high rates of sexual assault and violence, often within the confines of their own homes, perpetrated by immediate and extended family members, communities, and religious groups.[34] A 2014 report by the International Gay and Lesbian Human Rights Commission (IGLHRC) shed light on the disturbing trend of violence against LBT individuals in Asia, with perpetrators frequently being their own families and communities. This tendency shows the "private nature of violence" against minorities and has contributed to the underreporting of such incidents, further underscoring the silencing and invisibilisation of LBQ+ voices.[35]

34 Violence On the Basis of Sexual Orientation, Gender Identity and Gender Expression Against Non-Heteronormative Women in Asia. (2014). International Gay and Lesbian Human Rights Commission (IGLHRC). Retrieved September 20, 2023, from https://iglhrc.org/sites/default/files/386-1_0.pdf

35 Violence: Through the Lens of Lesbians, Bisexual Women and Trans People in Asia. (2014). Outright International. https://outrightinternational.org/our-work/human-rights-research/violence-through-lens-lesbians-bisexual-women-and-trans-people-asia

Financial insecurity compounds the vulnerability of LBQ+ individuals, limiting their access to essential necessities such as food, housing, and healthcare. Research indicates that LGBTQI communities, including LBQ+ persons, are disproportionately represented among low-income populations, with factors such as informal sector employment, employment discrimination, lower educational attainment, and unequal access to government support and relief aid contributing to the precariousness of their livelihoods.[36]

Another concern is the lack of training and expertise among healthcare providers regarding LBQ+ health needs. This lack of proficiency can lead to suboptimal, inappropriate, or even harmful care experiences for LBQ+ individuals. Healthcare professionals may lack awareness of the specific health issues that affect LBQ+ individuals, resulting in misdiagnoses or delayed treatment. LBQ+ individuals may encounter stigmatisation, discrimination, or a lack of acceptance from healthcare professionals, deterring them from seeking care and worsening health outcomes.

Disability status can further amplify these disparities, as LBQ+ individuals with disabilities may encounter additional obstacles in accessing healthcare, employment, and community support. Additionally, citizenship and immigration status can be determinants of LBQ+ health. LBQ+ individuals who lack legal documentation may avoid seeking healthcare out of fear of deportation or legal repercussions, which can result in delayed or inadequate medical attention.

Exploring LBQ+ Subgroup Differences in Sexual and Reproductive Health: STI Risks and Breast Health as Illustrative Examples

STI risks between individuals with vulvas

The prevalent misconception that sexual activity between individuals with vulvas[37] carries a low risk of contracting sexually transmitted infections (STIs) is a persistent myth, even within healthcare provider circles.[38] Robust research, as highlighted by McNair (2019), indicates that individuals engaged in sexual activities with people with vulvas are at an equal or potentially higher risk of contracting STIs.[39] The specific STIs they may encounter, though, can vary depending on their sexual behaviours, diverging from those typically associated with cisgender heterosexual women.[40]

The primary modes of STI transmission among individuals with vulvas involve skin-to-skin contact and vaginal secretions. Notable STIs in this context include bacterial vaginosis (BV), human papillomavirus (HPV), and herpes simplex virus (HSV), which tend to have a higher prevalence among those engaging in vulva-to-vulva sexual contact. While chlamydia, trichomoniasis, syphilis, hepatitis B, and HIV are potential STIs in this context, they occur less frequently among such individuals than among cisgender heterosexual women.[41]

36 Making the Invisible Visible in Southeast Asia: How COVID-19 escalates violence and discrimination against LBQ communities. (2020). Sayoni.

37 By specifying "sex between individuals with vulvas," the intention is to encompass a range of sexual activities that may occur between individuals with vulvas, acknowledging the diversity of experiences and identities within LBQ+ communities. Additionally, some cisgender heterosexual women may also engage in vulva-to-vulva sex.

38 Logie, C. H., Lacombe-Duncan, A., MacKenzie, R. K., & Poteat, T. (2016). Minority stress and safer sex practices among sexual minority women in Toronto, Canada: Results from a cross-sectional internet-based survey. LGBT health, 3(6), 407-415. https://pubmed.ncbi.nlm.nih.gov/27792468/

39 McNair, R. P. (2019). Lesbian, Bisexual, Queer and Transgender Women's Sexual and Reproductive Health. In Routledge International Handbook of Women's Sexual and Reproductive Health (pp. 595-608). Routledge.

40 Ibid.

41 Gorgos, L. M., & Marrazzo, J. M. (2011). Sexually transmitted infections among women who have sex with women. Clinical Infectious Diseases, 53(suppl_3), S84-S91. https://academic.oup.com/cid/article/53/suppl_3/S84/312345

Breast Health Disparities Among LBQ+ Categories

Breast cancer risks and behaviours related to breast examination exhibit variations within LBQ+ categories globally. Research has indicated differences between butch and femme lesbians, (many who are presumably assigned female at birth) concerning their attitudes and behaviours regarding breast health. In comparison to femme lesbians, butch lesbians were found to be more likely to hold negative perceptions of their breasts, more inclined to avoid healthcare settings, and less prone to anxiety about breast cancer development. These findings raise concerns, particularly when considering that lesbians, in comparison to heterosexual women, face a heightened risk of breast cancer but utilise breast cancer screenings at lower rates.[42] [42] [44] [45]

In a multi-method study conducted in India by the Humsafar Trust[46] exploring the health perceptions and behaviours of 49 individuals assigned female at birth who rejected a heterosexual identity, participants were referred to as sexual female minorities. The study revealed low rates of breast and cervical cancer screening, as well as low rates of STI testing among sexual female minorities. This discrepancy may be attributed to discrimination by healthcare professionals, a limited availability of testing facilities, and cultural norms that discourage women from discussing their sexuality with medical practitioners.

A Dutch study[47] revealed varying breast cancer risks among transgender individuals, taking into account the utilisation of gender-affirming healthcare. Trans women undergoing hormone therapy exhibited a 46-fold higher occurrence of breast cancer compared to cisgender men, although this risk was lower than that of cisgender women. Among transmasculine individuals, the risk of breast cancer decreased when they underwent bilateral mastectomy, also known as top surgery. Those who did not undergo top surgery exhibited a breast cancer risk similar to that of cisgender women in the general population. It is important to note, however, that bilateral mastectomy does not provide complete immunity against the development of breast cancer.

42 Austin, S. B., Pazaris, M. J., Rosner, B., Bowen, D., Rich-Edwards, J., & Spiegelman, D. (2012). Application of the Rosner-Colditz risk prediction model to estimate sexual orientation group disparities in breast cancer risk in a U.S. cohort of premenopausal women. Cancer Epidemiology, Biomarkers, & Prevention, 21(12), 2201–2208. https://doi.org/10.1158/1055-9965.Epi-12-0868

43 Liu, P. L., & Yeo, T. E. D. (2019). Breast health, risk factors, and cancer screening among lesbian, bisexual, and queer/questioning women in China. Health Care for Women International, 1–15. https://doi.org/10.1080/07399332.2019.1571062

44 Malone, J., Snguon, S., Dean, L. T., Adams, M. A., & Poteat, T. (2019). Breast cancer screening and care among black sexual minority women: A scoping review of the literature from 1990 to 2017. Journal of Women's Health (Larchmont), 28(12), 1650–1660. https://doi.org/10.1089/jwh.2018.7127

45 Taipei Association for the Promotion of Women's Rights. (2017). Lesbian health issues. Retrieved from http://www.tapwr.org.tw/research_list.asp?artcatxml:id=4&artcat2xml:id=10&nouse=158

46 Bowling, J., Dodge, B., Banik, S., Bartelt, E., Rawat, S., Guerra-Reyes, L., ... & Anand, V. (2017). A multi-method study of health behaviours and perceived concerns of sexual minority females in Mumbai, India. Sexual health, 15(1), 29-38. https://scholarworks.iupui.edu/server/api/core/bitstreams/2aedb5af-8dac-4dbc-89c6-e08d59556be2/content

47 de Blok, C. J., Wiepjes, C. M., Nota, N. M., van Engelen, K., Adank, M. A., Dreijerink, K. M., ... & den Heijer, M. (2019). Breast cancer risk in transgender people receiving hormone treatment: nationwide cohort study in the Netherlands. Bmj, 365.

THE RESEARCH GAP

LBQ+ communities, despite their presence and significance, have often been marginalised and rendered invisible within numerous societal spaces they inhabit, including the broader LGBTQ+ and women's rights movements. This marginalisation is rooted in deeply ingrained patriarchal and cisheteronormative norms that perpetuate a binary understanding of gender and sexuality. Unfortunately, this phenomenon extends to the realm of sexual and reproductive health and rights research, where LBQ+ populations have been notably underrepresented, especially in the Global South and Asian contexts.

An undeniable pattern emerges when examining the geographic distribution of research that delves into the unique SRHR needs of LBQ+ communities. The bulk of such research emanates from countries in the Global North, with the United States at the forefront. This lopsided representation underscores the glaring dearth of localised research initiatives that focus on LBQ+ populations within Asian nations.

A comprehensive review by Breen et al. (2020)[48] underscored this prevailing research gap, which is particularly pronounced in the area of sexual and reproductive health. The overarching tendency to emphasise disease risk within LGBTQ+ populations, rather than adopting a more holistic approach including individuals' sexual and reproductive wellness, poses significant concerns. This skewed focus can inadvertently contribute to the perpetuation of stigmas against LGBTQ+ identities, as it reinforces the notion that their health concerns are primarily rooted in disease transmission, rather than encompassing a full spectrum of sexual and reproductive well-being and rights. Consequently, it is essential to broaden the scope of research endeavours to encompass the multifaceted dimensions of LBQ+ health and to ensure that their unique experiences and needs are not overlooked or marginalised within the larger discourse on sexual and reproductive health.

The lack of research data for separate communities under the LGBTI umbrella term is a significant challenge in understanding and addressing LBQ+ community health needs, and such data needs to be disaggregatable as well.[49] While progress has been made in LGBT health research, certain LBQ+ subgroups remain underrepresented, such as non-heterosexual women, LBQ-identifying non-binary individuals, and trans men. Consequently, LBQ+ individuals are often underserved, and health disparities persist within these communities.

48 Breen, A. B., Estrellado, J. E., Nakamura, N., & Felipe, L. C. S. (2020). Asian LGBTQ+ sexual health: an overview of the literature from the past 5 years. Current Sexual Health Reports, 12, 351-359. https://www.researchgate.net/publication/347305691_Asian_LGBTQ_Sexual_Health_an_Overview_of_the_Literature_from_the_Past_5_Years

49 M. V. Lee Badgett and Phil Crehan, "Investing in a Research Revolution for LGBTI Inclusion," UNDP and World Bank, November 2016, p. 4. https://documents.worldbank.org/en/publication/documents-reports/documentdetail/196241478752872781/pdf

As demonstrated earlier, the practice of categorising research data by SOGIESC classifications holds the potential to uncover both the unique distinctions and shared health patterns within LBQ+ populations, enabling insightful comparisons with cisgender heterosexual individuals. This approach holds promise for achieving a more nuanced understanding of LBQ+ health disparities and fostering equitable healthcare practices.

Apart from that, the language employed in existing health research often reveals inherent biases that can lead to inadequate or exclusionary outcomes. This issue is pronounced within research focused on LBQ+ individuals, as exemplified by studies examining breast screening practices in lesbians. Curiously, many of these studies fail to explicitly state the assigned sex or gender status of the lesbians under investigation. Instead, there is an implicit assumption that they are cisgender individuals. This phenomenon highlights a pervasive problem in research where the language and assumptions used are centred around cisgender identities, even when the research is intended to focus on sexual orientation or gender diversity.

This oversight carries significant implications. By defaulting to cisgender assumptions, researchers may inadvertently disregard the unique healthcare needs and experiences of transgender and gender-diverse LBQ+ individuals. This erasure not only hinders the accuracy of research findings, but also perpetuates a lack of visibility and understanding of the diverse LBQ+ community. It underscores the importance of adopting inclusive language and frameworks in health research to ensure that the voices and health concerns of all LBQ+ individuals, regardless of their gender identity, are acknowledged and addressed.

Regrettably, the prevalent cisnormativity in research articles and cited references often discuss lesbian and bisexual women without explicitly addressing their gender identity or assigned sex at birth. Unless the source clearly specifies “cisgender women” or “trans women,” we will refrain from using the cis- and trans- prefixes before the terms “woman” or “man” to avoid making assumptions about gender identity. Conversely, when addressing countries’ laws and policies, research typically adheres to a cisgender binary framework, meaning that “women” typically denote cisgender women or individuals assigned female at birth, and “men” refer to cisgender men or individuals assigned male at birth. Consequently, laws and policies that reference “men” and “women” carry these connotations, such as laws related to women often applying to trans men.

Conducting research on the sexual and reproductive health and rights of LBQ+ people, particularly in the Malay Archipelago, is of paramount importance to address the significant disparities and challenges faced by this marginalised community. LBQ+ individuals in this region encounter unique obstacles related to healthcare access, discrimination, and societal acceptance. Research in this context can shed light on the specific SRHR needs of LBQ+ individuals, enabling policymakers, healthcare providers, and advocacy groups to tailor interventions and policies that are inclusive and equitable. Furthermore, such research can contribute to the destigmatisation of LBQ+ identities, fostering a more inclusive and accepting society in the Malay Archipelago that respects and upholds the SRHR of all its diverse communities.

Research methodology

WHO ARE LBQ+ PEOPLE?

In this research, we adopt a comprehensive approach to defining LBQ+ individuals, an acronym encompassing people who are lesbian, bisexual, and queer (and from related communities). Our definition hinges on self-determination, recognising individuals who identify with an LBQ+ identity. Central to our study are women with marginalised sexualities while also including cisgender, transgender, non-binary, gender nonconforming, and intersex individuals who identify as LBQ+. It is important to emphasise that our research deliberately excludes cisgender men and cisgender heterosexual women, but intentionally includes trans men within its purview.

Additionally, our research acknowledges the intricate and multifaceted nature of gender identification, especially in various Southeast Asian contexts. The terms "LBQ+" and "trans men" are not mutually exclusive on a global scale, a phenomenon evident in these regions where gender identification transcends binary "cisgender" and "transgender" categories.[50] For example, identities such as Tombois in West Sumatra, Indonesia,[51] or toms in Thailand[52] challenge established definitions of "woman" and "man." While these culturally specific identities share certain traits typically associated with men, they navigate a complex spectrum that defies binary gender categorisations.

Inclusivity is a cornerstone of our research, and this extends to trans men and transmasculine individuals. Often overlooked within the broader LGBTQ+ community, their experiences and the unique challenges they face are an integral part of our study. We align our approach with the stance taken in IGLHRC's report on violence against LBT people, emphasising the importance of not perpetuating the invisibility of trans men in LGBTQ+ spaces and breaking the silence surrounding issues faced by trans men in Asia.[53]

Respect for self-identified terminology is paramount in our research. Throughout our study, we afford each interviewee the agency to express how they identify concerning their sexual orientation, gender identity, gender expression, and sex characteristics. Consequently, in this report, we will consistently refer to each individual using the terminology that aligns with their chosen self-identification.

50 Kilbride, E. (2023). "This is why we became activists: Violence against lesbian, bisexual and queer women and non-binary people". Human Rights Watch. https://www.hrw.org/report/2023/02/14/why-we-became-activists/violence-against-lesbian-bisexual-and-queer-women-and-non

51 Blackwood, E. (2009). Trans Identities and Contingent Masculinities: Being Tombois in Everyday Practice. Feminist Studies, Fall 2009, 35(3), 454-480.

52 Sinnott, M. (2004). *Toms and Dees: Transgender Identity and Female Same-Sex Relationships in Thailand (pp. 76-110). University of Hawai'i Press.*

53 Violence: Through the Lens of Lesbians, Bisexual Women and Trans People in Asia. (2014). Outright International. https://www.outrightinternational.org/content/violence-through-lens-lbt-people-asia

RESEARCH AIMS AND GOALS

This research initiative holds paramount importance as it seeks to comprehensively evaluate the status of sexual and reproductive health and rights within LBQ+ communities in Brunei, Indonesia, Malaysia, the Philippines, and Singapore. Through a multifaceted approach encompassing country policy reviews and in-depth interviews, the overarching goal is to gather more robust evidence that can be used to inform and shape policies, programmes, and advocacy efforts for State and non-State stakeholders.

GOALS OF THE POLICY REVIEWS

1. Textual Analysis: To conduct a textual analysis of country-level policies and programmes concerning SRHR. This involves scrutinising legal documents, government initiatives, and healthcare policies to gain a comprehensive understanding of the existing landscape.

2. Identifying Facilitators and Barriers: To identify specific policies and programmes that either facilitate or hinder LBQ+ persons' access to SRHR. By pinpointing both enabling and obstructive factors, the research aims to provide a nuanced perspective on the challenges faced by these communities.

3. Recommendations: To generate targeted policy recommendations tailored to the unique context of each country. These recommendations will serve as a roadmap for enhancing the SRHR of LBQ+ individuals, offering actionable steps to address existing disparities.

GOALS OF THE QUALITATIVE INTERVIEWS

1. Comprehending SRHR Awareness: The qualitative interviews will delve into LBQ+ individuals' understanding of SRHR and their practices in maintaining their sexual and reproductive health.

2. Access to Healthcare and Information: Gaining deeper insights into LBQ+ individuals' experiences with accessing sexual and reproductive healthcare and information.

3. Exercising SRHR: The interviews will also focus on LBQ+ individuals' experiences in exercising their sexual and reproductive rights. This includes their ability to make informed choices about their reproductive health and to navigate societal expectations.

4. Challenges and Barriers: To identify and shed light on the multifaceted challenges and barriers that LBQ+ individuals face in relation to SRHR. By uncovering these obstacles, the research strives to contribute to targeted solutions that can foster equitable access and rights realisation.

RESEARCH DESIGN

This research project adopts an exploratory approach to address the substantial gaps in knowledge regarding the sexual and reproductive health and rights of LBQ+ individuals in the Malay Archipelago. This approach is chosen due to the limited existing data and the multifaceted nature of LBQ+ experiences. By employing this exploratory approach, the research aims to comprehensively examine the diverse SRHR concerns of LBQ+ communities and generate context-specific data that can inform policies, programs, and advocacy initiatives, ultimately contributing to the advancement of LBQ+ SRHR in the region.

The research team comprised a research coordinator and five country consultants, with a concerted effort by the Asia Feminist LBQ Network to enlist researchers from LBQ+ communities. The research coordinator assumed a multifaceted role, overseeing various aspects of the research project. Their responsibilities encompassed research planning, the preparation of research materials and tools, supervision of consultant activities, cross-country analyses, synthesis of research findings, and drafting the final report. Country consultants were pivotal in the data collection and analysis phase. They provided invaluable insights into their respective country contexts, reviewed SRHR and SOGIESC or LGBTQIA-related policies, formulated policy recommendations, conducted and transcribed in-depth interviews with LBQ+ individuals, and produced comprehensive end-of-assignment reports.

At the heart of our research methodology lies an integration of qualitative in-depth interviews and comprehensive policy reviews, both of which are pivotal components of our data collection process. Through qualitative interviews, we unravel the intricate personal narratives, challenges, and aspirations of LBQ+ individuals, shedding light on their life trajectories, healthcare interactions, and the ways in which policies shape their lived experiences. Simultaneously, we conducted an in-depth examination of government documents and legislative frameworks related to SRHR, providing a contextual backdrop for the shared experiences elicited through interviews. The synthesis of these two diverse data sources is designed to offer a comprehensive and nuanced exploration of the SRHR challenges faced by LBQ+ individuals, emphasising the importance of both not just the influence of policy on their lives, but also their personal narratives themselves.

IN-DEPTH INTERVIEWS AND FOCUS GROUP DISCUSSIONS

Central to our methodology are in-depth interviews and focus group discussions with LBQ+ participants, processes which serve as the cornerstone of our qualitative data collection framework. Through these intimate and candid conversations, we have strived to unravel the intricate tapestry of experiences, challenges, and aspirations of LBQ+ individuals pertaining to their SRHR. These qualitative methods enable us to delve deep into the narratives, shedding light on personal journeys, healthcare encounters, and encounters with policies that shape their lives.

In this study, a semi-structured questionnaire encompassing six primary themes was prepared by the research coordinator to guide our interviews and discussions. These themes included interviewees' comprehension of SRHR, their sources of SRHR information, strategies for maintaining sexual and reproductive health, their experiences in accessing healthcare services, particularly those related to sexual and reproductive health, their ability to exercise their sexual and reproductive rights, and their recommendations for enhancing the SRHR of LBQ+ communities.

Country consultants conducted a series of online in-depth interviews and focus group discussions spanning from February to July 2023, engaging participants who identified as LBQ+. Each interview session ranged from 40 minutes to 2 hours in duration. The recruitment of interviewees followed a snowballing approach, involving outreach to LBQ networks, personal contacts, and organisations affiliated with LGBTQ+, SRHR, or women's rights causes.

To ensure the integrity of the interviews, all sessions were recorded with the consent of the participants. In the rare instances where interviewees declined to be recorded, the interviewer diligently took notes throughout the conversation, with this circumstance only occurring with the two participants from Brunei. Subsequently, all recorded interviews were transcribed, and translations into English were provided when necessary.

The qualitative analysis of the interview transcripts was primarily led by the research coordinator, who utilised the desktop version of the ATLAS.ti 9 software for this purpose. Thematic analysis served as the guiding framework to identify recurring themes and patterns across the countries under study. The analysis sought to uncover both similarities and differences in LBQ+ individuals' experiences related to sexual and reproductive health, as well as the impact of policies and social factors on these experiences.

ETHICAL CONSIDERATIONS

This study was conducted with a profound awareness of the legal challenges faced by LGBTQ+ individuals in many parts of the Malay Archipelago, where criminalisation remains a concern. In light of these circumstances, the ethical aspects of obtaining informed consent and safeguarding participants' identities were of paramount importance and required meticulous planning and precautions.

Participants in this research were provided with consent forms that detailed the research objectives, the nature of questions they would be asked, data handling procedures, and their rights as research participants. Furthermore, interviewees received briefings from their interviewers, affording them the opportunity to seek clarification and express any concerns before proceeding with the interviews. Confidentiality was assured to all participants, and they retained the autonomy to decline answering any questions or withdraw from the study at any point, even after completing interviews.

To mitigate potential security risks stemming from oppressive governments or communities, stringent measures were implemented to ensure the security and confidentiality of the collected data. Throughout the study, secure communication channels with end-to-end encryption were employed, especially when discussing sensitive aspects of qualitative interviews. Interview transcripts and other sensitive data were systematically shared and stored in encrypted folders, enhancing data protection.

Moreover, to prioritise the privacy and security of participants, every effort was made to de-identify the data presented in this report. Identifying information, including participants' names, was excluded from the report unless participants explicitly requested otherwise. These ethical considerations were essential to ensure the safety and well-being of all individuals involved in the study, given the sensitive nature of the research topic and the legal challenges faced by LGBTQ+ communities in the region.

STUDY LIMITATIONS AND CHALLENGES

The research design employed non-probability sampling techniques, including convenience, purposive, and snowball sampling, which proved crucial for engaging LBQ+ individuals often marginalised due to various sociocultural factors. However, these approaches had inherent limitations. The primary constraint was the limited outreach of the sample, particularly affecting multiple marginalised individuals such as those in remote or conflict-affected areas and individuals facing political repression. There were also challenges in enlisting the participation of migrants and refugees within LBQ+ communities due to their unique circumstances and vulnerabilities. It should be noted that despite our efforts, we were only able to recruit one intersex individual, who participated in a focus group discussion (FGD). However, due to the nature of an FGD, it was challenging to delve deeply into their individual experiences. Future research should address the specific healthcare needs and experiences of intersex LBQ+ individuals, recognising their unique concerns.

During the sampling process, several significant challenges emerged. Language barriers were common, impacting effective communication and comprehension, as not all potential participants were proficient in the interview language. Legal vulnerabilities in repressive sociopolitical climates led to concerns about potential repercussions for participants, discouraging their involvement in research that might expose their sexual orientation or gender identity. Given the pervasive societal discrimination and violence faced by many LBQ+ individuals, safety concerns were paramount, necessitating careful consideration of their anonymity and well-being throughout the research process.

LANGUAGE BARRIERS

Central to our methodology are in-depth interviews and focus group discussions with LBQ+ participants, processes which serve as the cornerstone of our qualitative data collection framework. Through these intimate and candid conversations, we have strived to unravel the intricate tapestry of experiences, challenges, and aspirations of LBQ+ individuals pertaining to their SRHR. These qualitative methods enable us to delve deep into the narratives, shedding light on personal journeys, healthcare encounters, and encounters with policies that shape their lives.

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THE CASE OF BRUNEI

Our research segment conducted in Brunei came with a multitude of challenges and limitations that impacted its ability to study LBQ+ communities comprehensively. One of the primary challenges was the difficulty in accessing these communities, which led to a limited number of participants available for interviews.
The research team faced considerable obstacles in establishing meaningful connections within these communities and conducted interviews with just two individuals from Brunei. Furthermore, the intricacies of these interviews posed additional challenges, as one interviewee declined to have their responses recorded, so our researchers relied solely on interview notes. The loss of audio recording for another interview further complicated data collection, leaving researchers primarily dependent on interview notes.

Another significant challenge was the scarcity of available data concerning the lived experiences of LBQ+ individuals in Brunei. While the repressive legal framework in the country has been well-documented, essential aspects such as the availability of gender-affirming care or the prevalence of conversion practices remained unexplored. The research project highlighted the difficulty of gaining a comprehensive understanding of LGBTQ+ rights in Brunei from the perspective of those directly affected due to this dearth of data. However, it is worth noting that there are no known studies on the sexual and reproductive health and rights of LBQ+ communities in Brunei, emphasising the research's pioneering role in examining Bruneian laws through an LBQ+ lens and potentially informing future studies in this critical area. Despite the challenges faced, this research serves as a foundational step in shedding light on LBQ+ experiences in Brunei related to sexual and reproductive health and rights.

PART 1: Legal and Societal Contexts Influencing LBQ+ SRHR

Chapter 1
Discriminatory Policies & Lack of Comprehensive Protection Laws

DISCRIMINATORY POLICIES TARGETING LBQ+ PEOPLE

Sexual and reproductive health and rights are fundamental aspects of every individual's well-being, irrespective of their sexual orientation, gender identity or expression, or sex characteristics. LBQ+ communities face distinct challenges in their pursuit of SRHR which are often exacerbated by inequitable policies and discriminatory legal frameworks.

CRIMINALISATION OF CONSENSUAL SAME-SEX CONDUCT AND GENDER NONCONFORMITY

In Brunei Darussalam, Malaysia, and certain provinces in Indonesia, sexual relationships between consenting same-sex partners and gender nonconformity are illegal, carrying substantial penalties. Singapore, however, has recently abolished a law that criminalised oral and anal sex between two men, whether in public or private. Although there are no specific laws against same-sex sexual relationships in the Philippines, certain cities within the country have enacted regulations targeting gender nonconformity.

Brunei

Brunei's sexual offences laws encompass several legislative acts, including the Penal Code 1951 (Cap 22) (PC), the Children and Young Persons Act 2006 (Cap 219) (CYPA), the Unlawful Carnal Knowledge Act 1938 (Cap 29) (UCKA), and the Syariah Penal Code Order 2013 (SPCO), which became effective in April 2019 and includes provisions related to sexual offences.

The colonial-era Section 377 of the 1951 Penal Code was retained after Brunei's independence in 1984 and continues to criminalise same-sex sexual activities today. Although the language used in the law is gender-neutral, it predominantly pertains to male same-sex sexual conduct. The terminology employed in this context perpetuates stigma by referring to these acts as 'carnal intercourse against the order of nature.'

The SPCO establishes a strict interpretation of Syariah (Islamic law) within the criminal legal framework, applicable to both Muslims and non-Muslims. Same-sex sexual activities are prohibited under both the Penal Code of 1951 and the Syariah Penal Code Order 2013. These laws criminalise acts of "carnal knowledge against the order of nature," known as liwat,[54] and musahaqah.

The maximum penalty under these provisions is death by stoning. Men and women are both criminalised under the law. Trans people may face prosecution under a clause that criminalises 'men posing as women or vice versa', with a maximum punishment of one year in prison or a fine, in addition to potentially also being caught under laws that criminalise same-sex behaviour.[55]

Penal Code 1951, Section 377 Unnatural offences

Section 377 (1) criminalises sexual intercourse 'against the order of nature' , punishable with up to ten years' imprisonment and a possible fine.

'377. (1) Whoever voluntarily has sexual intercourse against the order of nature with any man. woman or animal shall be punished with imprisonment for a term not exceeding 30 years and whipping.

Explanation - Penetration is sufficient to constitute the sexual intercourse necessary to the offence described in this section.' Syariah Penal Code Order 2013, Section 82 Liwat

Section 82 of the Syariah Penal Code criminalises 'liwat' ('sexual intercourse between a man and another man or between a man and a woman other than his wife, done against the order of nature that is through the anus'), which carries a punishment similar to that of a zina offence.

It is punishable depending on whether the person is a muhshan or ghairu muhshan. The former carries a punishment of stoning to death witnessed by a group of Muslims while the latter carries whipping with 100 strokes witnessed by a group of Muslims and imprisonment for a term of one year.

54 According to the SPCO, For the purposes of this Order, liwat means sexual intercourse between a man and another man or between a man and a woman other than his wife, done against the order of nature that is through the anus.

55 Section 198, Syariah Penal Code Order 2013, Constitution of Brunei Darussalam, Attorney General's Chambers, Brunei. Retrieved at: https://www.agc.gov.bn/AGC%20Images/LAWS/BLUV/SYARIAH%20PENAL%20CODE%20ORDER,%202013.pdf

Syariah Penal Code Order 2013, Section 92 Musahaqah

Section 92 of the Syariah Penal Code criminalises 'musahaqah' (any physical activities between a woman and another woman which would amount to sexual acts if done between a man and a woman, other than penetration), punishable with a fine of up to B$40,000, imprisonment for up to 10 years, whipping not exceeding 40 strokes or a combination of any two of these. This section punishes non-Muslim women too who commit musahaqah with Muslim women.

Syariah Penal Code Order 2013, Section 198 Man Posing as a Woman or Vice Versa

Section 198 of the Syariah Penal Code criminalises anyone who 'dresses and poses' as the opposite sex in a public place 'without reasonable excuse'. This is punishable with up to three months' imprisonment, and a fine of up to B$1,000. Where this is done for 'immoral purposes' (which section 198 leaves undefined), it is punishable with up to one year's imprisonment and a fine of up to B$4,000.

In response to global criticism, Brunei announced in 2019 that it would extend the moratorium on the use of the death penalty to cover the new sections introduced by the Syariah Penal Code Order 2013.[56] However, it's important to note that these punishments still exist within the legal framework. It should be underscored that both the Penal Code and the SPCO provide for corporal and capital punishment, as well as prison sentences for various sexual offences. These laws include provisions for 'whipping' as a punishment for several offences, and the SPCO goes further by allowing for penalties such as death by stoning or other forms of capital punishment. These offenses are contrary to established best practices and international human rights standards because they are applied without regard for consent and impose penalties that amount to torture or cruel, inhuman, or degrading treatment.

According to the ILGA World database,[57] only two cases involving the enforcement of the SPCO against LGBTQ+ individuals have been documented to date. In one instance in 2015, a Bruneian civil servant was fined under the Syariah Penal Code for cross-dressing in a public place after being arrested in 2014. During the proceedings, the prosecutor issued a warning that "if this is not addressed, it can lead to the spread of social disorder, such as homosexuality, free sexual relations, and drug abuse."[58] Additionally, it was reported on August 16, 2016[59] by a Bruneian news outlet that Religious Enforcement officials and members of the Brunei Royal Police Force "arrested a local man for wearing women's clothes and improper conduct in a public area."

56 *"Although Brunei is one of those countries which implement the death penalty, there has been no execution since 1996. The Government strongly believes that every individual should be given the opportunity to repent and the criminal justice system works to ensure that criminals are afforded a chance to rehabilitate through a comprehensive in-care and after care system."* " Excerpt from: A/HRC/WG.6/33/BRN/1, page 5.

57 ILGA WORLD database. Legal Frameworks | Criminalisation of consensual same-sex sexual acts. Retrieved at: https://database.ilga.org/criminalisation-consensual-same-sex-sexual-acts

58 ASEAN SOGIE Caucus. Submission to the 3rd Cycle of the Universal Periodic Review of Brunei Darussalam: On human rights concerns relating to sexual orientation and gender identity and expression (SOGIE). September 2, 2018. Retrieved from: https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=6382&file=EnglishTranslation

59 BruDirect.Com. Crossdresser Detained in 'Sepadu Cegah Jenayah'. 2016. Retrieved at: https://www.brudirect.com/news.php?id=11708

Malaysia

Similar to Brunei, Malaysia's Federal Penal Code has its roots in British colonial history. Federal Law criminalises same-sex sexual activity in Section 377B of the Penal Code,[60] which reads: "Whoever voluntarily commits carnal intercourse against the order of nature shall be punished with imprisonment for a term which may extend to twenty years, and shall also be punished with whipping."

While these provisions specifically target same-sex relations, they have also been used against transgender individuals, especially due to the absence of legal gender recognition in Malaysia. For instance, under Malaysian law, a trans man in a relationship with another trans man or a cisgender woman would be considered engaged in same-sex activity.

In addition to federal laws, Syariah laws across Malaysian states criminalise various LGBTQ+ activities and individuals. Twelve states (excluding Pahang) criminalize sexual relations between women (*musahaqah*), and fatwas have been issued against individuals who don't conform to traditional gender roles (including some individuals assigned female as birth with presentations leading to them being termed as pengkids) in seven states.[61] All thirteen Malaysian states criminalise "a man posing as a woman", while three states (Sabah, Pahang, and Perlis) criminalise "a woman posing as a man".[62] Currently, Terengganu's laws are unenforceable as federal law limits their specified Sharia punishments.[63]

In 1982, the National Fatwa Council of Malaysia issued a fatwa declaring trans individuals as haram (forbidden) and prohibited "sex reassignment surgery" (SRS) for Muslims in Malaysia, besides in the case of intersex individuals.[64] In 2015, the Minister of Islamic Affairs, in response to a parliamentary question regarding a review of this fatwa due to developments in the health classification of trans issues, maintained that trans individuals suffer from gender identity disorder, confusion, and that they should undergo 'medical and psychological' (corrective) treatment rather than surgery.[65] Consequently, public healthcare in Malaysia does not provide gender-affirming care, including trans-affirming sexual and reproductive healthcare.

Current data also indicates worse health outcomes among LGBTQ+ individuals compared to the general population in Malaysia. The prevalence of mental disorders, including general and major depressive disorder, is higher in LGBTQ+ individuals (80.3% and 40.1% respectively) than in the general Malaysian population.[66] An opportunistic sampling survey found that 55.9% of queer participants experienced increased stress and mental health burden due to anti-LGBT narratives in Malaysia, with 38.6% having contemplated or planned to migrate or seek asylum as a result of these sentiments.[67]

60 Human Dignity Trust. "Malaysia". Source: https://www.humandignitytrust.org/country-profile/malaysia/.

61 Human Rights Watch. ""I'm Scared to Be a Woman": Human Rights Abuses Against Transgender People in Malaysia". Appendix 1. September 24, 2014. Source: https://features.hrw.org/features/HRW_reports_2014/Im_Scared_to_Be_a_Woman/appendix_1.html.

62 Ibid.

63 Ibid.

64 ARROW. (2020). Monitoring Report: LGBTIQ+ Rights in Malaysia. Source: https://arrow.org.my/wp-content/uploads/2021/01/LGBTIQ-Rights-in-Malaysia-.pdf

65 Ibid.

66 Juhari, J. A., Gill, J. S., & Francis, B. (2022, September). Coping Strategies and Mental Disorders among the LGBT+ Community in Malaysia. In Healthcare (Vol. 10, No. 10, p. 1885). MDPI. https://www.mdpi.com/2227-9032/10/10/1885

67 "Survey findings: Impact of Covid-19 & anti-LGBT narratives on LGBTQ+ persons in Malaysia out now". Queer Lapis. December 2021. Source: https://www.queerlapis.com/survey-findings-impact-of-covid-19-anti-lgbt-narratives-on-lgbtq-persons-in-malaysia-out-now/.

Indonesia

Indonesia's legislative landscape underwent significant changes with the implementation of regional autonomy for provincial governments during the Reformation Era, starting in 1998. This shift allowed provincial lawmakers to create conservative local regulations, including practices not mandated at the national level, such as enforcing Muslim dress codes. Some provinces, including Aceh, Jakarta, East Kalimantan, Lampung, North Sumatera, South Sulawesi, South Sumatra, and Yogyakarta, introduced regional regulations that discriminate against individuals based on their sexual orientations and gender identities.[68]

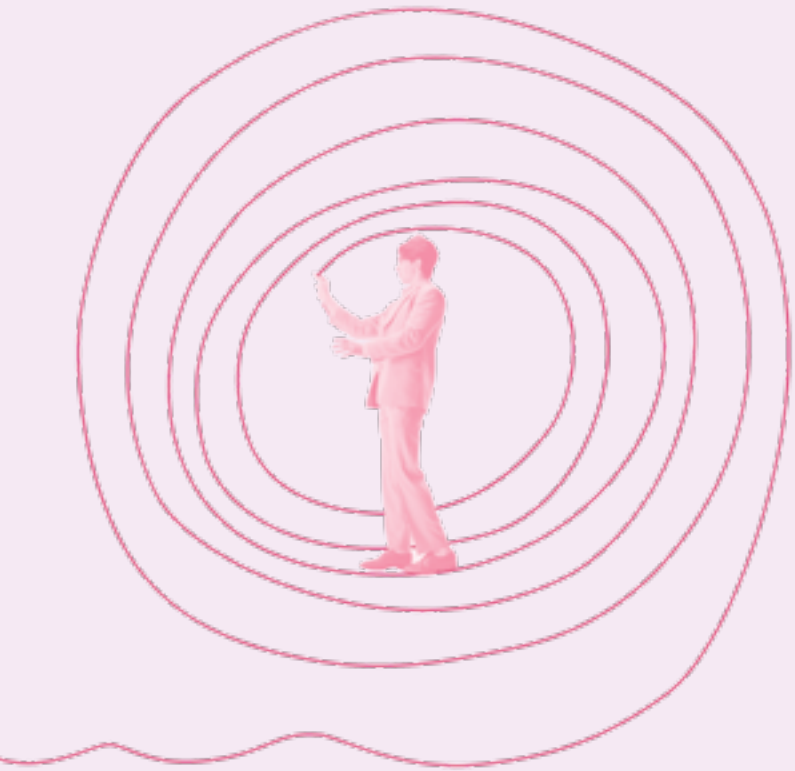
The introduction of Indonesia's new Penal Code in December 2022 marked a substantial legal shift. Previously, the Penal Code required acts subject to punishment to be defined in statutory regulations to ensure clarity, precision, and predictability. However, the new Penal Code, through Article 2, abolished this requirement, allowing customary and religious laws to be applied in society.[69] These are also referred to as "hukum yang hidup dalam masyarakat" or "living laws". This change implies that people could face criminal charges for actions not explicitly regulated by this law, potentially making LGBTQ+ communities, especially those in conservative areas, more vulnerable to criminal charges based on customary or religious morality.

For authorities to enforce the "living law" provisions in the new Penal Code, these provisions must be codified in local regulations. Prior to this, non-profit Indonesian LGBTQI federation Arus Pelangi's report titled "Dark Records: 12 Years of Persecution of LGBTI in Indonesia" noted 45 local regulations discriminating against the LGBTI community between 2006 and 2017.[70] These regulations often disguised discrimination as measures related to public order, societal issues, or indecent acts. Some directly targeted the LGBTI community, while others contained morality clauses or potentially targeted the community. The consequence of the "living law" provision is a potential rise in regulations influenced by morals and political identity, potentially violating human rights, similar to local regulations targeting LGBTI people in Aceh.

In a subsequent report,[71] Arus Pelangi highlighted the introduction of 11 local regulations within three years that promote cis-heteronormative family values and explicitly stigmatise LGBTQ individuals. These regulations, couched in terms such as "deviant behaviour," "disruptive to public order and peace in society," included clauses enabling "community-based reporting and monitoring," raising concerns about persecution and social punishment against LGBTQ individuals. The first quarter of 2023 witnessed initiatives in multiple Indonesian cities to establish discriminatory local ordinances against the LGBTIQ community, further emphasising the potential consequences of the "living law" provisions in the recently introduced Criminal Code, which could legitimise discriminatory local laws against the LGBTIQ+ community.[72]

Singapore

In a significant step towards LGBTQ+ rights, Singapore made headlines when it repealed Section 377A of its Penal Code in 2022. Section 377A had long been a contentious law that criminalised sexual activity between two men, both in public and private settings.[73] This repeal marked a progressive shift in Singapore's legal landscape and was seen as a positive development in the ongoing struggle for LGBTQ+ equality in the nation.



Philippines

Even though the currently used 1987 constitution of the Philippines offers "the protection of life, liberty, and property, and the promotion of the general welfare" and "equal protection of the laws" for all its people, it does not mention SOGIESC.[74]

At the same time, LGBTIQ civil society organisations have reported in 2017 that some of the constitution's laws and some parts of the 1930 Revised Penal Code have been used to accuse transgender people of "cross-dressing" and to punish LBT people for eloping with their partners respectively.[75]

68 Katjasungkana, & Wieringa. (2016). Creeping Criminalisation: Mapping of Indonesia's National Laws And Regional Regulations That Violate Human Rights of Women and LGBTIQ People. OutRight Action International. Retrieved September 20, 2023, from

69 Riska Carolina, *Pasal Kesusilaan: Hukum yang Mereduksi HKSR, Perkumpulan Keluarga Berencana Indonesia*: Jakarta, 2020. https://pkbi.or.id/wp-content/uploads/2021/05/buku-pasal-pasal-kesusilaan-1.pdf

70 Riska Carolina, *Catatan Kelam: 12 Tahun Persekusi LGBTI di Indonesia,* Arus Pelangi: Jakarta, 2018.

71 Riska Carolina, *Catatan Kelam: 2018, 2019 dan 2022*, Arus Pelangi: Jakarta, 2020.

72 Ibid.

73 Singapore's Prime Minister Announces Repeal of Colonial-Era Law on Sex Between Consenting Men | Outright International. (2022, August 21). Outright International. https://outrightinternational.org/press-release/singapores-prime-minister-announces-repeal-colonial-era-law-sex-between-consenting-0

74 The 1987 Constitution: The Constitution of the Republic of the Philippines. Official Gazette. https://www.officialgazette.gov.ph/constitutions/1987-constitution/

75 Universal Periodic Review: Joint submission of the civil society organisations (CSOs) on the Situation of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) Persons in the Philippines (3rd Cycle, 2017). ASEAN SOGIE Caucus. Retrieved September 20, 2023, from https://aseansogiecaucus.org/images/resources/upr-reports/Philippines/Philippines-UPR-JointReport-3rdCycle.pdf

LACK OF LEGAL RECOGNITION FOR SAME-SEX MARRIAGES

Same-sex marriages are not recognised in Brunei, Indonesia, Malaysia, the Philippines, and Singapore, leading to hurdles and disparities experienced by LBQ+ individuals and couples in these countries. The absence of legal recognition complicates various aspects of life for LBQ+ couples. Issues related to inheritance, property rights, healthcare decisions, and spousal benefits become challenging to navigate, leading to legal uncertainties and disputes.

Consequently, as observed by Outright International in a study of ten Asian countries including Malaysia, the Philippines, Singapore, Timor-Leste and Thailand in Southeast Asia,, "the absence of provisions in domestic violence laws that clearly name and recognize LGBTQ partnerships as domestic partnerships, as well as the definitions given to family and domestic relationships that are restricted by marriage and cohabitation requirements, may ultimately lead to arbitrary and discriminatory application that excludes LGBTQ people."[76]

Furthermore, the lack of legal recognition for same-sex marriages in these countries perpetuates societal discrimination and stigmatisation against LBQ+ individuals and couples. This ultimately sends a message that these relationships are not valid or deserving of acknowledgement under the law, which can lead to harassment, discrimination, and violence.

CRIMINALISATION OF EXTRAMARITAL SEX AND COHABITATION

In Brunei and Indonesia, national laws criminalise extramarital sex and cohabitation or "close proximity." Although these statutes do not explicitly mention same-sex activity, it's essential to recognise that both countries' legal frameworks only validate marriages between individuals of the 'opposite' sex. The criminalisation of extramarital sex disproportionately affects LBQ+ communities, primarily because same-sex marriage lacks legal recognition in the region. This legal restriction places LBQ+ individuals in a vulnerable position and exacerbates the challenges they face in asserting their rights and relationships.

76 Locating LGBTIQ People in Domestic Violence Laws in Asia. (2022, October 21). Outright International. https://outrightinternational.org/our-work/human-rights-research/locating-lgbtiq-people-domestic-violence-laws-asia

77 Brunei Darussalam Attorney General's Chambers. "SYARIAH PENAL CODE ORDER, 2013." AGC.GOV.BN, www.agc.gov.bn/AGC%20Images/LAWS/BLUV/SYARIAH%20PENAL%20CODE%20ORDER,%202013.pdf. Accessed 20 Sept. 2023.

78 Ibid.

79 Ibid.

80 International Commission of Jurists (ICJ) Silenced But Not Silent: Lesbian, Gay, Bisexual and Transgender Persons' Freedom of Expression and Information Online in Southeast Asia. A Baseline Study of Five Countries in Southeast Asia: Indonesia, Malaysia, Philippines, Singapore and Thailand 25 July 2023. Retrieved September 20, 2023, from https://icj2.wpenginepowered.com/wp-content/uploads/2023/07/ICJ-Silenced-But-Not-Silent-Report.pdf

81 Ibid

Brunei

The repercussions outlined in Brunei's penal code for actions classified as zina, which involve sexual acts between unmarried individuals, are exceptionally severe and have profound implications.[77] Engaging in sexual activity outside of marriage can lead to severe penalties, including 100 lashes by whipping, and even the possibility of facing the death penalty by stoning, as explicitly described in articles 68 and 69. These penalties are not only harsh but also represent a grave violation of human rights, particularly in cases where consenting adults are involved.[78]

Furthermore, the prohibition on khalwat, which refers to a man and woman living together or cohabiting without being married, adds another layer of legal scrutiny and potential punishment. Article 196 criminalises this form of cohabitation and can result in a fine or imprisonment.[79]

Indonesia

Indonesia's Criminal Code, newly enacted in 2022, contains provisions that have raised significant concerns, particularly in their implications for the rights and freedoms of LBQ+ individuals.[80] Among these provisions, the criminalisation of sexual activity outside of heterosexual marriage and cohabitation[81] is particularly troubling.

Article 411 of the Criminal Code addresses the issue of sexual activity outside of heterosexual marriage.[82] This article prescribes potential penalties, including imprisonment for up to one year, for individuals found guilty of engaging in sexual relations outside of marriage. What adds to the concern is that this article allows members of the public, including those related to the individuals involved, to report unmarried couples they suspect of having sexual relations to the authorities. This reporting mechanism creates a situation where LBQ+ individuals may face disproportionate targeting due to their relationships or living arrangements.

Article 412 of the Criminal Code deals with couples living together without the legal framework of heterosexual marriage. Upon conviction, such couples could face penalties, including imprisonment for up to six months or a fine of 10 million Indonesian rupiah (approximately USD633). Notably, complaints under this article can be filed by the husband, wife, parents, or children of the individuals involved.[83] This opens the door for family members to play a role in reporting their own LBQ+ relatives or close connections, exacerbating the potential for discrimination.

While these provisions do not explicitly mention same-sex activity, it's essential to consider that Indonesia's legal framework only recognises marriages between individuals of the 'opposite' sex.[84] Consequently, Articles 411 and 412 effectively criminalise consensual same-sex sexual activity and cohabitation among individuals of the same sex.[85]

82 International Commission of Jurists (ICJ)."Indonesia: New Penal Code is a major human rights setback and must be repealed or substantially amended", 9 December 2022, https://www.icj.org/indonesia-new-penal-code-is-a-major-human-rights-setback-and-must-be-repealed-or-substantially-amended/

83 Ibid.

84 International Commission of Jurists (ICJ)"Silenced But Not Silent": Lesbian, Gay, Bisexual and Transgender Persons' Freedom of Expression and Information Online in Southeast Asia. A Baseline Study of Five Countries in Southeast Asia: Indonesia, Malaysia, Philippines, Singapore and Thailand. 25 July 2023. Retrieved September 20, 2023, from https://icj2.wpenginepowered.com/wp-content/uploads/2023/07/ICJ-Silenced-But-Not-Silent-Report.pdf

85 Ibid.

LACK OF LEGAL RECOGNITION OF GENDER IDENTITY

In Brunei, the government does not permit individuals to change their names or their gender assigned at birth on any official documents, and there is no process for legal gender recognition, nor is gender affirmation surgery allowed.[86]

In Indonesia, changing one's gender markers stated on one's national ID card is difficult but changing one's name is relatively easier, though it requires a Family Card that those estranged from family may not have.[87] At the same time, there are documented cases of gender marker changes that were legally done through court orders since the 1970s, though there has also been inconsistency in the application of legal standards in this area.[88] Activists from the LGBTI community have observed that, in practice, many judges often use subjective religion-based criteria to deny gender change petitions.[89] Typically, courts require documentation such as a doctor's certificate, psychiatric evaluation, and witness information, making the process onerous for petitioners.[90]

In a 2014 report by Human Rights Watch,[91] it was highlighted that although Malaysia lacks a specific law explicitly prohibiting legal gender recognition, the practical barriers to changing gender markers on identity cards are virtually insurmountable for most individuals. Prior to 1996, gender marker and name changes on identity cards were possible. Those pursuing legal gender recognition face substantial financial burdens, including diagnostic and medical examination costs, and invasive scrutiny and humiliation in court cases.[92]

The absence of a gender recognition law in the Philippines has exacerbated discrimination against transgender individuals, impacting their access to facilities and uniforms in workplaces and schools.[93] Supreme Court rulings, particularly the Silverio case in which a transgender woman filed a petition to have her sex changed from male to female on her birth certificate and for her first name to be changed to her preferred name, have made changing gender markers on birth certificates more challenging for transgender individuals, with the court being stricter on such changes post-gender-affirming surgery.[94] Government agencies often pressure transgender people to conform to their assigned birth sex when renewing their legal documents, leading to harassment during travel and perpetuating stereotypes.[95]

The existing criteria for legal gender recognition in Singapore, on the other hand, necessitate that transgender individuals have undergone "complete transformation of genitalia" from their birth-assigned gender to their affirmed gender, as confirmed through a genital examination by a locally licensed specialist.[96] No further prerequisites, such as gender-affirming hormones or psychiatric diagnoses or letters of support, are mandated.[97]

86 2022 Country Reports on Human Rights Practices: Brunei." Bureau of Democracy, Human Rights and Labour, the United States Department of State, 2022, www.state.gov/wp-content/uploads/2023/02/415610_BRUNEI-2022-HUMAN-RIGHTS-REPORT.pdf.

87 UNDP & APTN (2017). Legal Gender Recognition: *A Multi-Country Legal and Policy Review in Asia*

88 Elnizar, N. E. (2021, March 23). Inkonsistensi Standar Legalitas Ganti Kelamin Melalui Pengadilan. hukumonline.com. https://www.hukumonline.com/stories/article/lt605888a029f64/inkonsistensi-standar-legalitas-ganti-kelamin-melalui-pengadilan

89 Khattab, A. (2021, May 17). Indonesia: trans women face discrimination in access to Covid-19 vaccines. International Commission of Jurists. https://www.icj.org/indonesia-trans-women-face-discrimination-in-access-to-covid-19-vaccines/

90 Ibid.

91 Human Rights Watch. ""I'm Scared to Be a Woman": Human Rights Abuses Against Transgender People in Malaysia". September 24, 2014. https://www.hrw.org/report/2014/09/25/im-scared-be-woman/human-rights-abuses-against-transgender-people-malaysia

92 Asia Pacific Transgender Network, SEED Malaysia. 2017. Legal Gender Recognition in Malaysia: A Legal & Policy Review in the Context of Human Rights. (Bangkok: APTN, 2017). https://www.undp.org/sites/g/files/zskgke326/files/migration/asia_pacific_rbap/Malaysia-APTN_Publication_OnlineViewing.pdf

LACK OF COMPREHENSIVE LAWS PROTECTING LBQ+ COMMUNITIES

The absence of SOGIE or SOGIESC anti-discrimination laws in Brunei, Indonesia, Malaysia, the Philippines, Singapore, and other Southeast Asian countries has profound implications for LBQ+ individuals and communities in the region. This lack of legal protection places LBQ+ individuals at risk of enduring discrimination, harassment, and violence, with potentially severe and enduring consequences for their well-being. In more dire circumstances, it may even expose them to the gravest outcomes, including murder or abuse that could tragically result in loss of life.

BRUNEI

Brunei Darussalam lacks legal safeguards for LBQ+ individuals facing discrimination or violence, including sexual harassment, domestic violence, partner violence, and rape, as the limited definition of these forms of violence fails to include LBQ+ persons within the scope of protection, recourse, and solutions.[98]

INDONESIA

According to a 2023 International Commission of Jurists study, Indonesia lacks a comprehensive legislative framework that offers robust protection against discrimination based on the real or perceived SOGIE or SOGIESC of LBQ+ individuals.[99] This deficiency in legal safeguards is further complicated by substantial obstacles that hinder LBQ+ people from accessing justice when seeking remedies for human rights violations and abuses. A significant impediment stems from the criminalisation of consensual same-sex relationships in certain provinces and the existence of discriminatory criminal statutes which dissuade LBQ+ individuals from seeking assistance from law enforcement agencies due to the fear of potential prosecution under these laws when reporting violations and abuses.[100]

93 UNDP, Commission on Human Rights of the Philippines (2018). Legal Gender Recognition in the Philippines: A Legal and Policy Review. https://www.undp.org/philippines/publications/legal-gender-recognition-philippines-legal-and-policy-review

94 Ibid.

95 Ibid.

96 Changing Documents - TransgenderSG. (2023, June 22). TransgenderSG. https://transgendersg.com/docs/

97 Ibid.

98 Discrimination and Violence Against Women in Brunei Darussalam on the Basis of Sexual Orientation and Gender Identity. Presented to the 59th Session of the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW). (2014, November). International Gay and Lesbian Human Rights Commission (IGLHRC).

99 International Commission of Jurists (ICJ). "Silenced But Not Silent"ICJ. Silenced But Not Silent: Lesbian, Gay, Bisexual and Transgender Persons' Freedom of Expression and Information Online in Southeast Asia. A Baseline Study of Five Countries in Southeast Asia: Indonesia, Malaysia, Philippines, Singapore and Thailand. 25 July 2023. Retrieved September 20, 2023, from https://icj2.wpenginepowered.com/wp-content/uploads/2023/07/ICJ-Silenced-But-Not-Silent-Report.pdf

100 Ibid.

The Indonesia National Coalition of the Marginalized Group against Discrimination on the basis of Sexual Orientation and Gender Identity has highlighted that LBQ+ victims of violence often hesitate to report their cases or seek legal remedies due to a profound lack of trust in law enforcement[101] organisations and staff. This hesitation is particularly alarming, given the numerous reports of "arbitrary arrests and unlawful searches" that target LBQ+ individuals. Additionally, transgender women in Indonesia are reportedly the most frequent victims of police violence against LGBTQIA+ people, despite such incidents being denied by the government, further intensifying mistrust and vulnerability within the LBQ+ community.[102]

MALAYSIA

Malaysia currently does not have a comprehensive legal framework in place to protect the rights of LGBT individuals based on their sexual orientation, gender identity, and expression (SOGIE).[103] As a result, these individuals often face substantial barriers when attempting to access justice and seek effective remedies for human rights violations. Numerous reports indicate that instances of violence and harassment targeting the LGBT community are often left uninvestigated and unaddressed by the authorities, creating a precarious situation where access to justice remains uncertain.[104] Furthermore, the criminalisation of consensual same-sex sexual activities and the stigmatisation of gender non-conformity further hinder the ability of LGBT individuals to access justice and find effective remedies.[105]

PHILIPPINES

In the Philippines, discrimination and violence against LGBTQIA+ individuals persist[106], prompting the proposal of the Anti-Discrimination Bill, also known as the Sexual Orientation and Gender Identity Expression (SOGIE) Equality Bill, in 2000. This legislation, supported by lawmakers including Representative Geraldine Roman and Senator Risa Hontiveros, seeks to combat gender-based discrimination and penalise those involved in such activities. Despite two decades of existence, the bill has yet to pass into law, as it has been facing opposition and prolonged legislative processes.

The SOGIE Equality Bill aims to safeguard the fundamental rights of all individuals, regardless of their sex, gender, age, class, disability, religion, or political beliefs, effectively protecting LGBTQIA+ members from discrimination and marginalisation. It extends these protections to cover various aspects of life, including healthcare, housing, public services, education, employment, and licensure, and it addresses hate crimes and harassment by imposing fines or imprisonment on perpetrators.

Contrary to misconceptions, the law does not target religious groups, as some religious leaders have expressed support for it, emphasising that it promotes freedom and equal rights for the LGBTQIA+ community. Despite resistance from some government officials, proponents, including Senator Hontiveros, remain committed to passing the bill in the 19th Congress, viewing it as a vital step towards equality and dignity for all, irrespective of sexual orientation and gender identity.

101 "Joint Submission on LGBTIQ Right for Indonesia's Fourth UPR Cycle By the Indonesia National Coalition of the Marginalised Group against Discrimination on the basis of Sexual Orientation Gender Identity (SOGI)", March 2022, paras. 27–28, https://aseansogiecaucus.org/images/2022/20220329_Indonesia_LGBTIQ_UPR_Report.pdf.

102 Ibid.

103 International Commission of Jurists (ICJ). Silenced But Not Silent: Lesbian, Gay, Bisexual and Transgender Persons' Freedom of Expression and Information Online in Southeast Asia. A Baseline Study of Five Countries in Southeast Asia: Indonesia, Malaysia, Philippines, Singapore and Thailand. 25 July 2023. Retrieved September 20, 2023, from https://icj2.wpenginepowered.com/wp-content/uploads/2023/07/ICJ-Silenced-But-Not-Silent-Report.pdf

104 Human Rights Watch and Justice for Sisters, ""I Don't Want to Change Myself": Anti-LGBT Conversion Practices, Discrimination, and Violence in Malaysia", August 2022, p. 48–52, available at: https://www.hrw.org/sites/default/files/media_2022/08/malaysia0822web_0.pdf.

SINGAPORE

Singapore currently lacks a comprehensive legal framework designed to combat discrimination against LGBT individuals based on their SOGIE or SOGIESC. However, it is worth noting that LGBT persons in Singapore do have specific legal protection against incitement to violence motivated by religious reasons under the Maintenance of Religious Harmony Act 1990. Additionally, they generally enjoy protection against various forms of online violence through standard criminal laws.[107]

Despite the belief that LBQ+ individuals might experience more societal acceptance, safety, and freedom, especially in countries such as Singapore where past anti-sodomy laws did not explicitly criminalise same-sex relationships involving women or individuals of other genders, there remains a pressing need to establish anti-discrimination laws tailored specifically to protect LBQ+ individuals.[108] Recent developments, such as Singapore's repeal of the colonial-era law 377A, haven not eradicated the vulnerabilities faced by LBQ communities. As highlighted by Human Rights Watch (2023), LBQ+ individuals often bear the brunt of societal devaluation associated with women and other gender identities and sexualities.[109] Hence, the implementation of anti-discrimination laws is crucial for directly addressing these prejudiced attitudes.

According to feminist LBTQ organisation Sayoni (2018), the absence of explicit anti-discrimination laws that protect against bias based on sexual orientation, gender identity, and expression, combined with the absence of healthcare institution policies promoting equal treatment for LBQ women, leaves healthcare providers free to introduce their own biases.[110] Consequently, LBQ women frequently encounter differential and discriminatory treatment in healthcare settings, a situation which poses significant risks to their health and well-being, all without any legal recourse.[111]

105 International Commission of Jurists (ICJ) Silenced But Not Silent: Lesbian, Gay, Bisexual and Transgender Persons' Freedom of Expression and Information Online in Southeast Asia. A Baseline Study of Five Countries in Southeast Asia: Indonesia, Malaysia, Philippines, Singapore and Thailand. 25 July 2023. Retrieved September 20, 2023, from https://icj2.wpenginepowered.com/wp-content/uploads/2023/07/ICJ-Silenced-But-Not-Silent-Report.pdf

106 International Commission of Jurists (ICJ). Silenced But Not Silent: Lesbian, Gay, Bisexual and Transgender Persons' Freedom of Expression and Information Online in Southeast Asia. A Baseline Study of Five Countries in Southeast Asia: Indonesia, Malaysia, Philippines, Singapore and Thailand. 25 July 2023. Retrieved September 20, 2023, from https://icj2.wpenginepowered.com/wp-content/uploads/2023/07/ICJ-Silenced-But-Not-Silent-Report.pdf

107 Ibid.

108 Kilbride, E. (2023). "This is why we became activists: Violence against lesbian, bisexual and queer women and non-binary people". Human Rights Watch. https://www.hrw.org/sites/default/files/media_2023/02/global_lbq0223_web.pdf

109 Ibid.

110 Sayoni, 2018. "Violence and Discrimination Against LBTQ Women in Singapore"

111 Ibid.

Chapter 2
Cultural and Religious Influences on the SRHR of LBQ+ Persons

Research has revealed that integrating religious and conservative ideologies has a noticeable impact on matters of sexual reproductive health and rights. The significant impact of traditional and conservative ideologies, sometimes influenced by the dominant religion within a given country, is generally recognised and substantially affects healthcare policies, particularly in SRHR.

The advancement of progressive SRHR regulations is hindered by the prevailing belief that these policies are rooted in Western values, which creates a perceived conflict with Asian values. Unfortunately, cultural norms frequently hinder individuals' access to essential sexual and reproductive healthcare. The adverse climate surrounding the availability and accessibility of affirming SRHR-related services frequently disproportionately impacts marginalised and less visible populations, particularly LBQ+ individuals.

In the Malay Archipelago, the presence of religious and conservative values and prevailing patriarchal norms has engendered formidable opposition to advancements in the field of SRHR. In the Philippines, the Catholic Church wields substantial influence in lobbying, resulting in stringent limitations on the availability of contraception and abortion. The persistent difficulties LBQ individuals face in accessing SRHR services can be attributed to the influence of conservative values and a societal framework that adheres to a "heteronormative and patriarchal understanding of gender and sexuality," notwithstanding the absence of legal penalties for same-sex behaviour.

Despite Singapore's appearance as a modern and affluent nation, the conservative political, religious, and cultural influences in the surrounding region substantially impact the development of policies and legislation related to SRHR. These influences also shape public perceptions and attitudes towards SRHR issues. Significant challenges continue to impede the provision of SRHR services for LBQ individuals. These obstacles include the lack of comprehensive sex education designed for this demographic, limited accessibility to consistent and safe sexual and reproductive healthcare services, restricted availability of fertility treatment, family planning, and testing facilities, including routine cancer screenings and access to services for individuals living with HIV. Additionally, there is a deficiency in legislative safeguards to protect against discriminatory practices.

In Brunei, a jurisdiction governed by stringent Shariah laws, the criminalisation of consensual same-sex behaviour engenders an environment characterised by apprehension and reticence. The limited freedom to express dissent exacerbates the impact of religious and conservative ideals. Consequently, LBQ individuals may be dissuaded from accessing SRHR services, potentially jeopardising their overall physical and psychological well-being.

Countries such as Indonesia and Malaysia, characterised by a predominantly Muslim population, have comparable obstacles in their efforts to combat traditional religious interpretations that perpetuate patriarchal norms. Female genital mutilation (FGM) persists as a prevalent practice in regions where it is customary, primarily due to its strong association with specific cultural and religious convictions, notably within select Muslim societies. Although significant advancements have been achieved, there are still obstacles that persist. Certain cultural and religious factions persist in advocating for and upholding the practice, frequently invoking tradition or religious justifications. Furthermore, the limited availability of detailed data and reporting about female genital mutilation (FGM) poses a challenge in obtaining a thorough understanding of the prevalence of this practice and the efficacy of initiatives to address it.

The progress of SRHR in the Malay Archipelago does not follow a strictly linear trajectory. However, the common denominator that requires critical attention is the presence of religious and conservative values that consistently and substantially influence SRHR advancement.

THE IMPACT OF CONSERVATISM ON SRHR PROGRESS

This section will demonstrate how conservative values, frequently associated with religion, can manifest in SRHR laws and policies restricting access to services or limiting particular aspects of reproductive health.

In Malaysia, abortion is prohibited except in limited circumstances. Contraceptive use is prohibited nationally in the Philippines despite its legality in certain regions. Likewise, Brunei strictly interprets Islamic law and follows a hierarchical approach to marriage, which restricts women's rights. These values may also be reflected in cultural attitudes towards SRHR, such as the reluctance to discuss sexual health outside of marriage or even within it. This can result in difficulties accessing services or information, stigma, and discrimination. Therefore, it is essential to consider the role of religion and conservatism in shaping SRHR policy and attitudes to devise effective interventions to advance SRHR in the region, particularly in the Malay Archipelago. The lack of high-quality sexual and reproductive health care puts women at risk in Asia, where 23 million have abortions in unsafe conditions, and 82,000 die from pregnancy- and childbirth-related reasons each year.[112]

In Singapore[113] conservative political, religious, and cultural forces shape SRHR policies and laws, resulting in conservative interpretations of religious texts and legislation that erect barriers to SRHR.[114] Selective procreation policies hamper access to SRHR services. For instance, restrictive surrogacy policies and reproductive laws perpetuate the nuclear family concept, which is central to Singaporean politics and upholds traditional family values.

The decriminalisation of same-sex relationships in Singapore in 2022 represented a significant shift in the country's stance on LGBTQ+ rights. In addition to decriminalising sexual intercourse between men,[115] the government amended the constitution to protect the definition of marriage as a union between a man and a woman[116] and therefore prevent court challenges to the current laws that could lead to legal recognition of same-sex marriage.[117] This was viewed as a barrier to advancing LGBTQ+ rights and a manifestation of conservative values.[118] Minister of Home Affairs, K. Shanmugam, stated that the government seeks to strike a balance between upholding "traditional, heterosexual family values" and allowing homosexuals "to live their lives and contribute to society.",[119] This strategy reflects the influence of conservative values on Singaporean culture.

112 Sully EA et al., "Adding It Up: Investing in Sexual and Reproductive Health". Guttmacher Institute, 2020, www.guttmacher.org/fact-sheet/investing-sexual-and-reproductive-health-asia. Accessed 20 Sept. 2023.

113 OECD. "SIGI 2023 Global Report: Gender Equality in Times of Crisis, Social Institutions and Gender Index." OECD Publishing, Paris, https://doi.org/10.1787/4607b7c7-en. Accessed 20 Sept. 2023.

114 Sonethavong, Malakhone, "A Comparative Analysis of Access to Reproductive Health Care in Laos and Southeast Asia". 2017. Master's Theses. 3706. Accessed 20 Sept. 2023.

115 Lin, Chen. "Singapore Repeals Gay Sex Ban but Limits Prospect of Legalising Same-sex Marriage." Reuters, 29 Nov. 2022, www.reuters.com/world/asia-pacific/singapore-repeals-gay-sex-ban-limits-prospect-legalising-same-sex-marriage-2022-11-29. Accessed 20 Sept. 2023.

116 As described in Singapore's Women's Charter 1961, Article 12: Avoidance of marriages between persons of same sex.

117 Notably, the government did not address civil unions between same-sex partners.

Prior to the repeal, a survey conducted by a market research firm in 2022 revealed that nearly half of the Singaporeans queried were more accepting of same-sex relationships than they were three years earlier[120]. However, local media outlet TODAYOnline released the TODAY Youth Survey 2022[121], also conducted before the repeal, that showed that 62% of Singaporean respondents aged 18-35 wanted to preserve marriage as being solely between a man and a woman.[122]

Conservative values profoundly influence Singapore's sex education. The Sexuality Education curriculum is grounded in conservative values within the context of heterosexual sexual encounters, emphasising abstinence prior to marriage and mainstream family values.[123] [124] As the sex education curriculum is founded on traditional values,[125] LBQ youths as a result are not presented with enough information about their sexual and reproductive health rights, which affects their long-term well-being.[126]

According to the results of a 2019-2020 World Values Survey (WVS) conducted by the Institute of Policy Studies (IPS), released in 2021, the majority of respondents held conservative views on homosexuality, abortion, casual sex, and paid sex even as they felt the death penalty, divorce, premarital sex, and euthanasia were sometimes justifiable.[127]

118 Chen, Heather. "Why Singapore's Gay Sex Law Change Is a Double-edged Sword for LGBTQ Activists." CNN, CNN, 28 Aug. 2022, www.cnn.com/2022/08/27/asia/singapore-gay-sex-marriage-law-conservative-intl-hnk/index.html. Accessed 20 Sept. 2023.

119 Lin, Chen. "Singapore Repeals Gay Sex Ban but Limits Prospect of Legalising Same-sex Marriage." Reuters, 29 Nov. 2022, www.reuters.com/world/asia-pacific/singapore-repeals-gay-sex-ban-limits-prospect-legalising-same-sex-marriage-2022-11-29. Accessed 20 Sept. 2023. "Second Reading of Penal Code (Amendment) Bill - Speech by Mr K Shanmugam, Minister for Home Affairs and Minister for Law." Ministry of Home Affairs, 28 Nov. 2022, https://www.mha.gov.sg/mediaroom/parliamentary/second-reading-of-penal-code-amendment-bill/. Accessed 30 Jan. 2024.

120 IPSOS. Study on Attitudes Towards Same-sex Relationships Reveals a Shift Towards Greater Inclusivity in Singapore. 22 June 2022, www.ipsos.com/sites/default/files/ct/news/documents/2022-06/Ipsos%20Press%20Release_FAQ_Steady%20shift%20in%20Attitudes%20towards%20SSR%20in%20Singapore_16%20June%202022.pdf. Accessed 27 Sept. 2023

121 Elangovan, Navene. TODAYOnline. TODAY Youth Survey: 3 in 5 want to protect marriage definition but views split on whether same-sex marriages are wrong. 15 Nov 2022, www.todayonline.com/singapore/today-youth-survey-lgbtq-marriage-2034201. Accessed 20 Sept. 2023.

122 bid

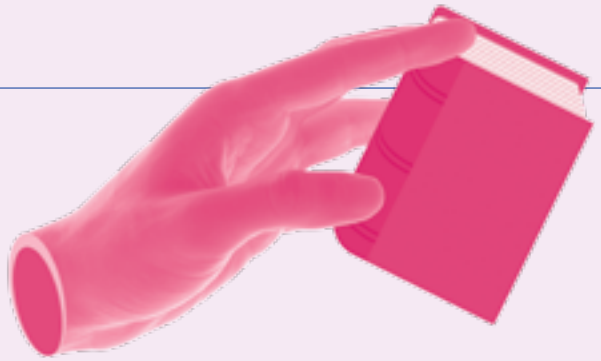
123 Yeoh, Grace. "Is Singapore's Secular Sex Ed an Illusion?" RICE, 6 Aug. 2021, www.ricemedia.co/current-affairs-opinion-is-singapores-secular-sex-ed-an-illusion. Accessed 20 Sept. 2023.

124 Ministry of Education, Singapore. Sexuality Education: Scope and teaching approach. 7 Feb. 2023, https://www.moe.gov.sg/education-in-sg/our-programmes/sexuality-education/scope-and-teaching-approach Accessed 13 Feb. 2024.

125 Ewe, Koh. "Leaked Letter Shows Singapore Schools' Promotion of 'Heterosexual Marriages' in Sex Ed." Vice.Com, 11 Feb. 2022, www.vice.com/en/article/epx5ym/letter-singapore-school-sex-education-lgbtq-abstinence. Accessed 20 Sept. 2023

126 Sayoni, 2018. "Violence and Discrimination Against LBTQ Women in Singapore"

127 Ong, Justin. "Singapore Still Conservative on Moral, Sexuality Issues, but More Liberal Since 2002: IPS Survey." The Straits Times, 3 Feb. 2021, www.straitstimes.com/singapore/community/singapore-still-conservative-on-moral-sexuality-issues-but-more-liberal-since. Accessed 27 Sept. 2023.



Conservative religious beliefs have significantly influenced the formation of policies and laws in Malaysia in numerous ways. Article 3 of the Malaysian constitution designates Islam as the official religion of the Federation, and is frequently used as the basis to support the influence of conservative religious beliefs.[128] Due to religious beliefs that consider certain women's sexual and reproductive health practices immoral, Malaysian women's access to SRHR services has been limited. According to the 2019 State of World Population (SWOP) Report from the United Nations Population Fund (UNFPA), 53 percent of Malaysian women aged 15 to 49 used contraception. Only 39 per cent of these women used modern contraceptives such as oral contraceptives or intrauterine devices[129], placing an alarming number of women at risk of serious health complications. These figures for Malaysian women contrast with the Asia-Pacific average of 62 percent of women using modern contraceptives.

Malaysia has made great strides in providing free or nearly free care for most SRH services, including family planning, maternal and child health, and HIV/AIDS prevention and treatment.[130,131] Its alignment with the Programme of Action and the Sustainable Development Agenda of the International Conference on Population and Development (ICPD), shows in how SRHR services such as maternal care are included in Malaysia's universal healthcare system.[132] However, due to the ubiquitous heteronormativity in their policy and provision, mainstream SRHR services frequently exclude LBQ individuals.[133] This hinders the promotion of and access to SRHR services and information tailored to the specific needs of LBQ individuals.

The increasing drive for a less secular state and politicians' support for promoting Islamic values and practices in public life[134] has inevitably impacted the formulation of policies and laws, including the sexual and reproductive health behaviours of Malaysians, that reflect conservative religious beliefs. According to a recent survey, most Muslims in Malaysia favour making Islamic law the country's official law.[135]

128 Greenwalt, Patrick. "Religious Freedom in Malaysia." UNITED STATES COMMISSION on INTERNATIONAL RELIGIOUS FREEDOM, Nov. 2021, www.uscirf.gov/sites/default/files/2021-11/2021%20Malaysia%20Country%20Update.pdf. Accessed 20 Sept. 2023

129 UNFPA. "Religious Conservatism Affecting Women's Health." UNFPA Malaysia, 4 Nov. 2020, malaysia.unfpa.org/en/news/religious-conservatism-affecting-womens-health. Accessed 20 Sept. 2023.

130 Lim, Shiang Cheng, et al. "Priority-setting to Integrate Sexual and Reproductive Health Into Universal Health Coverage: The Case of Malaysia." Sexual and Reproductive Health Matters, vol. 28, no. 2, Taylor and Francis, Nov. 2020, p. 1842153. https://doi.org/10.1080/26410397.2020.1842153. Accessed 20 Sept. 2023.

131 WHO. "Universal Health Coverage for Sexual and Reproductive Health in Malaysia." WHO/SRH/21.18, World Health Organisation, 2021, www.who.int/publications/i/item/WHO-SRH-21.18. Accessed 19 Sept. 2023.

132 United Nations. "Ensuring Universal Access to Sexual and Reproductive Health and Rights and Adapting Service Delivery During COVID-19 to Eliminate Violence Against Women." Malaysia, Singapore and Brunei Darussalam, malaysia.un.org/en/110956-ensuring-universal-access-sexual-and-reproductive-health-and-rights-and-adapting-service. Accessed 20 Sept. 2023.

133 WAO. "We Must Improve Maternal, Sexual, and Reproductive Health Rights in Malaysia." Women's Aid Organisation, Apr. 2022, wao.org.my/we-must-improve-maternal-sexual-and-reproductive-health-rights-in-malaysia. Accessed 20 Sept. 2023

Similarly, in Indonesia, whose Muslim population is 93 percent, increasing conservative values impede SRHR progress in multiple ways. Conservative values have established a moral framework for healthcare provision in which access to SRHR services such as contraception and secure abortion is restricted. Furthermore, conservative religious interpretations have played a significant role in justifying child marriage practices in Indonesia, which impedes young people's access to SRHR services and information.[136] A previous study on sex education in Indonesia revealed that most parents were embarrassed to explain reproductive health matters to their children.[137] In addition, increasing intolerance towards minorities, including religious and sexual minorities, creates a culture of shame and stigma surrounding SRHR issues and discourages individuals from pursuing SRHR services and information.[138] Patriarchal values and local cultures further impeded access to pregnancy screening, safe delivery, and postpartum care services for low-income women.[139]

A conservative strain of Islam has gained influence in Indonesia as conservative Muslim representatives and groups challenge lawmakers, hold Jakarta rallies, and target Christian and LGBT people on social media. As powerful conservative Islamic figures face little regulation from politicians, anti-LGBT authorities take the liberty to conduct raids against sexual minorities.[140] This expanding influence of conservative Islam has contributed to the rise of anti-LGBTQ sentiment and the passage of discriminatory legislation. Another chilling example is the disproportionate legitimisation of unwritten traditional customary laws or religious laws, in which the "living law" provision in the Indonesian Penal Code amendment can likely be interpreted in local regulations to cause intentional harm and increase the vulnerabilities of LGBTIQ+ individuals.

134 Welsh, Bridget. "Malaysia's Political Polarization: Race, Religion, and Reform - Political Polarization in South and Southeast Asia: Old Divisions, New Dangers." Carnegie Endowment for International Peace, 18 Aug. 2020, carnegieendowment.org/2020/08/18/malaysia-s-political-polarization-race-religion-and-reform-pub-82436. Accessed 20 Sept. 2023.

135 onathan Evans, Kelsey Jo Starr, Manolo Corichi & William Miner. Buddhism, Islam and Religious Pluralism in South and Southeast Asia. Sep. 12 2023, Pew Research Center. https://www.pewresearch.org/religion/2023/09/12/buddhism-islam-and-religious-pluralism-in-south-and-southeast-asia/. Accessed 17 Feb. 2024.

136 The Library of Congress. "The Influence of Conservative Religious Interpretations on Child Marriage in West Java and East Java : National Report, Indonesia : Building New Constituencies for Women's Sexual and Reproductive Health and Rights (SRHR): Interlinkages Between Religion and SRHR." www.loc.gov/item/2017343073. Accessed 20 Sept. 2023.

137 Hastuti L, Prabandari YS, Ismail D, Hakimi M. Reproductive health of early adolescents in the Islamic perspective: a qualitative study in Indonesia. J Islam Stud Cult. 2016;4:134–42. https://web.archive.org/web/20180418011718/http://jiscnet.com/journals/jisc/Vol_4_No_1_June_2016/16.pdf. Accessed 17 Feb. 2024.

138 Knight, Kyle. "'These Political Games Ruin Our Lives.'" Human Rights Watch, 28 Mar. 2023, www.hrw.org/report/2016/08/11/these-political-games-ruin-our-lives/indonesias-lgbt-community-under-threat. Accessed 20 Sept. 2023

139 Sheany. "Indonesia Takes One Step Forward on the Women's Reproductive Health Front." Women's Media Center. womensmediacenter.com/fbomb/indonesia-takes-one-step-forward-on-the-womens-reproductive-health-front. Accessed 20 Sept. 2023.

140 Westcott, Ben. "Fear and Horror Among Indonesia's LGBT Community as Gay Sex Ban Looms." CNN, 25 Feb. 2018, edition.cnn.com/2018/02/25/asia/indonesia-lgbt-criminal-code-intl/index.html. Accessed 20 Sept. 2023.

Brunei's conservative values, which prioritise traditional gender roles and discrimination against marginalised groups,[141] are detrimental and impede the country's progress in SRHR. The country's implementation of stringent Shariah laws, which criminalise extramarital sex, abortion, and homosexuality, is based on conservative interpretations and values of Islamic texts.

Influenced by religious and conservative values, discriminatory social institutions have prevented LBQ individuals in Brunei and other nations from realising their SRHR. Concern has been raised by organisations such as UNFPA and UNAIDS regarding Brunei's and other nations' conservative policies and discrimination based on gender identity and sexual orientation.[142]

The Philippines has been more receptive to progressive SRHR policies despite the influence of conservative values, particularly the Catholic Church, on SRHR advancements. Continuous efforts are to increase access to SRHR services and information for all individuals in the Philippines. However, challenges remain to be addressed, particularly in increasing access to age-appropriate sex education, access to contraceptive services and information, maternal health care, safe and legal abortion, and quality post-abortion care.[143]

However, adolescents in the Philippines continue to encounter the inability to access contraception without parental or guardian consent, conservative beliefs affecting government policymaking involving SRH, and abstinence-centred sexual education, which exposes them to challenges to achieving SRH.[144] Efforts are being made to remove these obstacles.[147] To ensure the implementation of reproductive health education in Filipino schools, policymaking alone is insufficient, as conservative values and beliefs continue to influence the provision of SRHR information and services.[147] Filipino women also face restricted information on and access to contraception, and barriers to accessing maternal healthcare and safe, legal abortion services. The government has called the number of adolescent pregnancies "national social emergency", and unsafe abortion rates have increased from 2008 to 2012.[147]

According to a submission made by the Centre for Reproductive Rights and its partners to the Universal Periodic Review (UPR) Working Group of the United Nations Human Rights Council,[149] the government of the Philippines has not met all of its obligations to improve access to sexual and reproductive health services.

The restrictive aspects of Philippine norms are, like those of other nations in the Malay Archipelago, anchored in conservative beliefs and values that prioritise traditional gender roles and discrimination against marginalised groups.[149 150] Conservative values promoted by Catholic representatives and a "pro-life", anti-contraception movement have repeatedly thwarted efforts to pass a reproductive health and rights law to guarantee public funding and the sustainability of SRHR work.[151 152] Catholic fundamentalist groups in the Philippines have expressed their resistance towards the Reproductive Health (RH) Law that was finally introduced in 2012.[153]

The Catholic Church, which wields considerable influence over Philippine politics and society, has emerged as a prominent actor in opposition to SRHR measures. The Church has strongly denounced the law through its diverse organisations and representatives, characterising contraception as "corruption" and the RH bill as "anti-life."

In Southeast Asia, some politicians and conservative groups argue that the promotion of sexual and reproductive health and rights is a Western agenda that is incompatible with "Asian values." The term "Asian values" has been used as political rhetoric against homosexuality in Southeast Asia.[154] [155] [156] The concept of an Asian-Western values divide is not without critics, who call it out for being as it's used a pretext for Asian governments to control citizens' autonomy over their relationships and reproductive rights.[157]

Even though homosexuality has been documented in ancient works of Indian, Chinese, and Japanese literature and history, those against homosexuality in Asia have blamed Western sources for causing it.[158] Homophobia is manifested in very subtle ways in Asian countries, and Asian LGBTQ+ individuals often have to negotiate their freedom, lifestyles, and identities in an atmosphere of heterosexism, not the endemic violent homophobia prevalent in many Western countries. Despite sexual orientation not being classified as a mental disorder, homosexual behaviour remains the object of discrimination by the majority of surveyed people in Southeast Asia, though older people and those living in urban areas were more likely to accept it.[159] However, globally, wealthier countries tend to be more accepting of homosexuality, regardless of whether they are Asian or Western.[160]

141 Westcott, Ben. "Fear and Horror Among Indonesia's LGBT Community as Gay Sex Ban Looms." CNN, 25 Feb. 2018, edition.cnn.com/2018/02/25/asia/indonesia-lgbt-criminal-code-intl/index.html. Accessed 20 Sept. 2023.

142 UNFPA. "UNFPA and UNAIDS Urge the Government of Brunei Darussalam to Repeal New Discriminatory and Harmful Criminal Law Provisions." United Nations Population Fund, www.unfpa.org/press/unfpa-and-unaids-urge-government-brunei-darussalam-repeal-new-discriminatory-and-harmful. Accessed 20 Sept. 2023.

143 Centre for Reproductive Rights. "Submission to the UN Assesses the Philippines' Progress on SRHR Issues." Center for Reproductive Rights, June 2022, https://reproductiverights.org/wp-content/uploads/2022/05/Joint_Submission_to_the_Universal_Periodic_Review_of_PHILIPPINES_Report_on_Philippines_Compliance_with_its_Human_Rights_Obligations.pdf. Accessed 20 Sept. 2023.

144 Melgar, Junice L. D., et al. "Assessment of Country Policies Affecting Reproductive Health for Adolescents in the Philippines." Reproductive Health, vol. 15, no. 1, Springer Science+Business Media, Dec. 2018, https://doi.org/10.1186/s12978-018-0638-9. Accessed 20 Sept. 2023.

145 Ibid.

146 Christina P. Juan, et al. "Trends of Sexual and Reproductive Health Behaviors Among Youth in the Philippines." Dec. 2019, dhsprogram.com/pubs/pdf/FA127/FA127.pdf. Accessed 20 Sept. 2023.

147 Centre for Reproductive Rights. "Submission to the UN Assesses the Philippines' Progress on SRHR Issues." Center for Reproductive Rights, June 2022, https://reproductiverights.org/wp-content/uploads/2022/05/Joint_Submission_to_the_Universal_Periodic_Review_of_PHILIPPINES_Report_on_Philippines_Compliance_with_its_Human_Rights_Obligations.pdf. Accessed 20 Sept. 2023.

148 Ibid.

149 Christina P. Juan, et al. "Trends of Sexual and Reproductive Health Behaviors Among Youth in the Philippines." Dec. 2019, dhsprogram.com/pubs/pdf/FA127/FA127.pdf. Accessed 20 Sept. 2023.

150 ARROW. "Understanding Catholic Fundamentalism in the Philippines: How Conservative Religious Teachings on Women, Family and Contraception Are Wielded to Impede the Reproductive Health Law and Other Reproductive Health Policies - ARROW." arrow.org.my/publication/understanding-catholic-fundamentalism-philippines-conservative-religious-teachings-women-family-contraception-wielded-impede-reproductive-health-law-reproducti. Accessed 20 Sept. 2023.

151 Melgar, Junice L. D., et al. "Assessment of Country Policies Affecting Reproductive Health for Adolescents in the Philippines." Reproductive Health, vol. 15, no. 1, Springer Science+Business Media, Dec. 2018, https://doi.org/10.1186/s12978-018-0638-9. Accessed 20 Sept. 2023.

FEMALE GENITAL MUTILATION/ CUTTING (FGM/C)

As we delve into the prevalence of FGM/C in the Malay Archipelago, it becomes evident that the intersections between LGBTQ+ identities and this practice remain under-researched in the broader discourse of civil society movements. To understand this phenomenon better, it is crucial to examine the regional context where FGM/C has primarily affected Muslim communities. The practice is often justified on religious and cultural grounds, entwined with traditional beliefs about gender, sexuality, and purity.

In Malaysia and Indonesia, the practice of FGM/C is frequently associated with religious conservatism, where conservative religious organisations misinterpret FGM/C as a religious obligation to justify the practice.[161]

Ninety-three percent (93%) of Muslim Malaysian women surveyed in 2012 by the University of Malaya's Department of Social and Preventive Medicine have undergone female circumcision, a form of FGM/C.[162] According to the same survey, 80% of respondents believe it is a religious obligation.[163]

According to a survey of 366 doctors in Malaysia from 2018 to 2019, 20% of them performed female genital cutting (FGC).[164] [165] Medical professionals perform FGM/C in clinics and hospitals, and the practice is not prohibited by law.[166]

152 ARROW. "Understanding Catholic Fundamentalism in the Philippines: How Conservative Religious Teachings on Women, Family and Contraception Are Wielded to Impede the Reproductive Health Law and Other Reproductive Health Policies - ARROW." arrow.org.my/publication/understanding-catholic-fundamentalism-philippines-conservative-religious-teachings-women-family-contraception-wielded-impede-reproductive-health-law-reproducti. Accessed 20 Sept. 2023.

153 Ibid.

154 Wong, Brian. "Homophobia Is Not an Asian Value. It's Time for the East to Reconnect to Its Own Traditions of Tolerance." Time, 17 Dec. 2020, time.com/5918808/homophobia-homosexuality-lgbt-asian-values. Accessed 27 Sept. 2023.

155 Sim, Dewey. "What Are 'Asian Values' and Is the Concept Still Relevant Today?" South China Morning Post, 24 Apr. 2021, www.scmp.com/week-asia/explained/article/3130891/what-are-asian-values-and-concept-still-relevant-today. Accessed 27 Sept. 2023.

156 Ekkantah, Shivani. Asian Values: A Political Narrative to Erode LGBTQ Rights Today? – Berkeley Political Review. 22 Jan. 2021, bpr.berkeley.edu/2021/01/22/asian-values-a-political-narrative-to-erode-lgbtq-rights-today. Accessed 27 Sept. 2023.

157 Sim, Dewey. "What Are 'Asian Values' and Is the Concept Still Relevant Today?" South China Morning Post, 24 Apr. 2021, www.scmp.com/week-asia/explained/article/3130891/what-are-asian-values-and-concept-still-relevant-today. Accessed 27 Sept. 2023.

158 Wong, Brian. "Homophobia Is Not an Asian Value. It's Time for the East to Reconnect to Its Own Traditions of Tolerance." Time, 17 Dec. 2020, time.com/5918808/homophobia-homosexuality-lgbt-asian-values. Accessed 27 Sept. 2023.

159 Firdauzi, Indrawan, et al. "The Influence of Social Demographics Toward Homosexuality From Seven Countries in Southeast Asia." Journal of Homosexuality, Taylor and Francis, Aug. 2022, pp. 1–18. https://doi.org/10.1080/00918369.2022.2114869. Accessed 20 Sept. 2023.

160 Greenwood, Shannon. "Views of Homosexuality Around the World | Pew Research Center." Pew Research Center's Global Attitudes Project, 27 Oct. 2020, www.pewresearch.org/global/2020/06/25/global-divide-on-homosexuality-persists. Accessed 27 Sept. 2023

161 Chowdhury, Nawmi N." Governments in Asia Must Take Action on Female Genital Mutilation - World." ReliefWeb, 6 Feb. 2023, reliefweb.int/report/world/governments-asia-must-take-action-female-genital-mutilation. Accessed 20 Sept. 2023

A fatwa that was published in 2009 endorses female genital mutilation/cutting (FGM/C) in Malaysia, deeming it obligatory (wajib) for Muslim women.[167] While lacking legal enforceability unless it is gazetted by individual State Fatwa Councils, the fatwa is the initial authoritative pronouncement by the religious governing body, establishing a precedent for the ongoing observance inside Malaysia. Despite Malaysia facing condemnation from the United Nations and civil society organisations advocating for the repeal of the fatwa mandating FGM/C, no concrete action has been made thus far to address this issue.[168]

In the abovementioned study of 366 doctors in Malaysia published in 2020,[169] the prevalence of FGM/C was found to be 20.5%, with the majority of doctors performing type IV FGM/C, which entails nicking the tip of the clitoris. The majority of physicians who performed FGM/C did not screen patients for bleeding disorders or infectious diseases prior to the procedure, according to the same study, and they most commonly used surgical scissors to nick or prick the prepuce of the clitoris.

In Malaysia, there is no medical curriculum training and no distinct policies, manuals, or guidelines regarding FGM/C for health practitioners, and in the case of some doctors, more of the clitoris is removed during FGM/C performed in clinics than during FGM/C performed by traditional practitioners.[170]

162 Dahlui M., Wong YL., Choo WY. Female circumcision (FC) in Malaysia: Medicalization of a religious practice. Int.J.Behav.Med. (2012) 19 (Suppl 1):S7. Cited in Women's Aid Organisation Report Extract: "Cutting: An overview of female genital mutilation/cutting (FGM/C) in Malaysia", p2. https://wao.org.my/wp-content/uploads/2021/12/WAO-SIS-ARROW_FGMC-Chapter_Extract.pdf Accessed 18 Feb. 2024.

163 Ibid.

164 Rashid, Abdul, et al. "Medicalization of Female Genital Cutting in Malaysia: A Mixed Methods Study." PLOS Medicine, vol. 17, no. 10, Public Library of Science, Oct. 2020, p. e1003303. https://doi.org/10.1371/journal.pmed.1003303. Accessed 20 Sept. 2023.

165 Shuib, R., Dawson, A. "Addressing the Medicalisation of Female Genital Mutilation/Cutting in Malaysia: Ways forward for Research." 2021. University of Technology Sydney. Accessed 20 Sept. 2023.

166 Ainslie, Mary J. "The 2009 Malaysian Female Circumcision Fatwa: State Ownership of Islam and the Current Impasse." Womens Studies International Forum, vol. 52, Elsevier BV, Sept. 2015, pp. 1–9. https://doi.org/10.1016/j.wsif.2015.06.015. Accessed 27 Sept. 2023.

167 Paluch, Gabrielle. "UN, Malaysia Groups Seek to Repeal Fatwa Requiring FGM." VOA, 2 Mar. 2015, www.voanews.com/a/un-malaysia-civiv-groups-seeking-to-repeal-fatwa-requiring-fgm/2664244.html. Accessed 19 Sept. 2023.

168 Rashid, Abdul, et al. "Medicalization of Female Genital Cutting in Malaysia: A Mixed Methods Study." PLOS Medicine, vol. 17, no. 10, Public Library of Science, Oct. 2020, p. e1003303.

169 Rashid, Abdul, et al. "Medicalization of Female Genital Cutting in Malaysia: A Mixed Methods Study." PLOS Medicine, vol. 17, no. 10, Public Library of Science, Oct. 2020, p. e1003303. https://doi.org/10.1371/journal.pmed.1003303. Accessed 20 Sept. 2023.

170 Ibid.

171 Sucahyo, Nurhadi. "Study: Indonesians Embrace FGM as Religious, Traditional Practice." VOA, 9 Feb. 2020, www.voanews.com/a/east-asia-pacific_study-indonesians-embrace-fgm-religious-traditional-practice/6183940.html. Accessed 20 Sept. 2023.

Ninety-three percent (92.7%) of those surveyed in Indonesia believed that FGM/C was predominantly a religious practice, and 84.1 percent believed that it was also a traditional practice.[171] The Indonesian Ministry of Health issued a ministerial regulation in 2010, PMK No. 1636/2010, outlining guidelines for female circumcision for medical professionals.[172] It was subsequently revoked in February 2014[173] by a new regulation in response to outrage from civil society organisations that the ministry legitimised female circumcision.[174] In 2014, the Indonesian Ulema Council (MUI) also issued a fatwa stating that female circumcision was not required by Islam and should not be performed if it posed a health danger to a woman.[175]

Traditions, religious beliefs, and local beliefs have always been an impediment to the fight against FGM/C in many countries, including Indonesia.[176] In Indonesia, altering the interpretation of religious doctrines is viewed as a means of combating FGM/C.[177] Yet due to pressure from fundamentalist sectors of Indonesian society, the Indonesian government seems hesitant to enforce the law prohibiting FGM/C.[178]

On the prevalence of FGM/C in Brunei, there is limited information available from the World Bank.[179] Brunei's government has verified, based on a report by Equality Now,[180] that Type I FGM/C is practiced in the country, but prevalence rates are unavailable. No extensive investigations have been conducted, so the prevalence of FGM/C in Brunei is unknown.

Brunei's Ministry of Religious Affairs has designated female circumcision as a religious obligation but it is unclear if this declaration has legal consequences. According to the Orchid Project, US State Department, and UNHCR data,[181] FGM/C is performed on infant girls aged 40 to 60 days by removing a small quantity of tissue or the clitoral hood.

There are currently no studies on the prevalence of female genital mutilation or cutting (FGM/C) in Singapore,[182] nor is there a law criminalising FGM/C in Singapore.[183] [184] However, FGM/C is practised on infants in Singapore, notably among the Malay-Muslim community, which comprises approximately 13% of the total resident population, and has been prevalent among older generations.[185] The Islamic Religious Council of Singapore (MUIS), statutory board and an advisory body to Muslims in Singapore on religious matters, discourages the practice of FGM/C.[186] The report also stated that the practice was not illegal in Singapore, but that the government had issued guidelines discouraging it to physicians and nurses. A2016 Reuters article[187] states that "medical clinics in Singapore are carrying out female genital cutting," but does not provide any information about the clinics or the extent of their involvement.

172 Regulation of the Minister of Health Number 1636/Menkes/Per/2010 concerning Female Circumcision

173 Unicef Data and Analytics Section. "Statistical Profile On Female Genital Mutilation." Jan 2020, https://data.unicef.org/wp-content/uploads/cp/fgm/FGM_IRQ.pdf Accessed 1 Feb 2024.

174 Lubis, Anggi M. and Jong, Hans Nicholas. The Jakarta Post, 6 Feb 2016. https://www.thejakartapost.com/news/2016/02/06/fgm-indonesia-hits-alarming-level.html. Accessed 1 Feb 2024.

175 Husni Mubarok, et al. "THE LAW OF CIRCUMCISION FOR WOMEN ACCORDING TO THE SYAFI'I MAZHAB, MAQOSIDUS SHARIA, AND CONSTITUTION." Jurnal Ilmiah MIZANI, vol. Vol. 10, no. No. 01, Apr. 2023, ejournal.iainbengkulu.ac.id/index.php/mizani/article/download/10088/4532. Accessed 20 Sept. 2023.

176 Siti Nurwati Hodijah et al. "INTERSECTION BETWEEN TRADITION and MODERNITY a Qualitative Study on Female Genital Mutilation/Cutting (FGM/C)." Komisi Nasional Anti Kekerasan Terhadap Perempuan, 2019. https://en.komnasperempuan.go.id/file/2020/INTERSECTION%20BETWEEN%20TRADITION&%20MODERNITY%20A%20Qualitative%20Study%20on%20Female%20Genital%20Mutilation-Cutting.pdf. Accessed 20 Sept. 2023.

177 Siti Nurwati Hodijah et al. "INTERSECTION BETWEEN TRADITION and MODERNITY a Qualitative Study on Female Genital Mutilation/Cutting (FGM/C)." Komisi Nasional Anti Kekerasan Terhadap Perempuan, 2019. https://en.komnasperempuan.go.id/file/2020/INTERSECTION%20BETWEEN%20TRADITION&%20MODERNITY%20A%20Qualitative%20Study%20on%20Female%20Genital%20Mutilation-Cutting.pdf. Accessed 20 Sept. 2023.

178 OECD. "SIGI 2023 Global Report: Gender Equality in Times of Crisis, Social Institutions and Gender Index." OECD Publishing, Paris, https://doi.org/10.1787/4607b7c7-en. Accessed 20 Sept. 2023.

179 World Bank. "World Bank Open Data." World Bank Open Data, data.worldbank.org/indicator/SH.STA.FGMS.ZS?locations=BN. Accessed 20 Sept. 2023.

180 Equality Now. "FGM in the Asia Pacific Region in Detail - Equality Now." Equality Now, 16 Mar. 2023, www.equalitynow.org/resource/fgm-in-the-asia-pacific-region-in-detail. Accessed 20 Sept. 2023.

181 Batha, Emma. "Factbox: The hidden cut: female genital mutilation in Asia." U.S., 13 Oct. 2016,https://www.reuters.com/article/idUSKCN12D04E/ . Accessed 27 Sept. 2023.

The Asia Network to End FGM/C reports that there are no official statistics on the prevalence of FGM/C in the Philippines. Thirteen percent (13%) of women in the Philippines have undergone FGM/C, according to national prevalence data, and the practice[188] primarily occurs in Mindanao's Muslim communities. 87% of 413 women surveyed in a study in predominantly Muslim Bangsamoro funded by NGO Care Philippines had underwent FGM/C.[189] [190] [191] In the Bangsamoro region of the Philippines, FGM/C is known as 'pag sunnat' and is practised by traditional midwives and healers, is justified by cultural and religious beliefs, is frequently viewed as a rite of passage for girls, and is also influenced by poverty, a lack of education, and restricted access to healthcare.[192] In addition, there is currently no law criminalising FGM/C in the country.[193]

As illustrated, FGM/C remains a persistent, albeit predominantly hidden, manifestation of gender-based violence, as indicated by the paucity of official statistics regarding its prevalence across the region. It is crucial to reiterate that FGM/C is often inflicted on infants and minors, a particularly vulnerable demographic with limited agency to resist the actions of adults. This practice targets those who are in the early stages of their lives, unable to provide informed consent or assert their bodily autonomy due to their age and dependence on caregivers.

182 Orchid Project. "Singapore - Orchid Project." 25 Apr. 2019, www.orchidproject.org/about-fgc/where-does-fgc-happen/singapore. Accessed 20 Sept. 2023.

183 Tan, By Yvette. "Why Female Genital Mutilation Still Exists in Modern Singapore." BBC News, 21 Nov. 2016, www.bbc.com/news/world-asia-37819753. Accessed 20 Sept. 2023.

184 Ewe, Koh, and Natashya Gutierrez. "The Hidden Reality of Female Genital Mutilation in Singapore." VICE.COM, 9 Feb. 2021, www.vice.com/en/article/7k9q3g/female-genital-mutilation-singapore. Accessed 20 Sept. 2023.

185 Saza. "Saza -Tan, By Yvette. "Why Female Genital Mutilation Still Exists in Modern Singapore - Equality Now." Equality Now, 5." BBC News, 21 Nov. 20212016, www.equalitynow.org/stories/saza-singapore. bbc.com/news/world-asia-37819753. Accessed 20 Sept. 2023.Accessed 20 Sept. 2023.

186 Tan, By Yvette. "Why Female Genital Mutilation Still Exists in Modern Singapore." BBC News, 21 Nov. 2016, www.bbc.com/news/world-asia-37819753. Accessed 20 Sept. 2023.

187 Batha, Emma. "Singapore Comes Under Pressure Over Female Genital Cutting of Babies." U.S., 13 Oct. 2016, www.reuters.com/article/singapore-fgm-babies-idINKCN12D00E. Accessed 27 Sept. 2023.

188 Equality Now. "FGM in the Asia Pacific Region in Detail - Equality Now." Equality Now, 16 Mar. 2023, www.equalitynow.org/resource/fgm-in-the-asia-pacific-region-in-detail. Accessed 20 Sept. 2023.

190 See, Aie Balagtas. "Researchers: Female Genital Mutilation 'Prevalent' in Southern Philippines." Benar News, 7 Dec. 2020, www.benarnews.org/english/news/philippine/female-mutilation-12072020142626.html. Accessed 20 Sept. 2023.

191 Fuentes, Leigh. "Pag-Islam: An Exploratory Action Research on Female Genital Mutilation/Cutting Practices in the Bangsamoro Region, Philippines - RILHUB." RILHUB, 23 June 2022, rilhub.org/2021/04/26/pag-islam-an-exploratory-action-research-on-female-genital-mutilation-cutting-practices-in-the-bangsamoro-region-philippines. Accessed 20 Sept. 2023.

192 Equality Now. "FGM in the Asia Pacific Region in Detail - Equality Now." Equality Now, 16 Mar. 2023, www.equalitynow.org/resource/fgm-in-the-asia-pacific-region-in-detail. Accessed 20 Sept. 2023.

193 Chowdhury, Nawmi N."Governments in Asia Must Take Action on Female Genital Mutilation - World." ReliefWeb, 6 Feb. 2023, reliefweb.int/report/world/governments-asia-must-take-action-female-genital-mutilation. Accessed 20 Sept. 2023

194 Dena Igusti. "She/They" – On Being a Non-Binary Survivor of Female Genital Mutilation — Womanly Magazine. Womanly Magazine. https://www.womanlymag.com/blog/Dena-Igusti

The exploration of intersections between SOGIESC and FGM/C is still in its initial stages. In a handful of publications, Dena Igusti from Indonesia has shed light on this intersection and shared their personal experiences as a non-binary survivor of FGM/C. Igusti's essay[194] provides a profound insight: FGM/C serves a purpose beyond enforcing sexual abstinence. It acts as a tool for imposing conformity to cis-heteronormative standards of femininity. This revelation stemmed from Igusti's own harrowing experience of repeated threats of FGM/C even well after she had undergone it at age 9, stemming from their choice to wear their brother's attire, don black eyeliner, and sport spiky hair.[195] These acts of non-conformity to traditional gender norms became a catalyst for the imposition of FGM/C as a means to forcibly fit into a cis-heteronormative mould. Igusti's experience highlights how FGM/C can serve as a warning in order to regulate the sexual orientation, gender identity or expression, and/or sex characteristics of LBQ+ persons, having a function similar to that of conversion therapy.

Furthermore, Igusti astutely emphasised that discussions surrounding FGM/C should transcend the presumption that all survivors are cisgender women.[196] The predominant focus of existing FGM/C research on women and girls, without the consideration of diverse SOGIESC, reveals a significant dearth in our understanding of how LBQ+ individuals experience this practice. This underrepresentation extends to non-heterosexual women, trans men, and non-binary individuals within the LGBTQ+ community, whose experiences with FGM/C are inadequately studied and, consequently, obscured. The lack of knowledge regarding the intersection of their SOGIESC with FGM/C perpetuates their invisibility and heightened vulnerability. This underscores the pressing need to bring the issue of FGM/C experienced by LBQ+ individuals into focus within LGBTQ+ and anti-FGM/C movements and beyond.

195 Note: Igusti's experience of FGM/C occurred at age 9. The threats of "re-cutting" were made towards Igusti while growing up, after FGM/C had already occurred.

196 Ibid.

197 OHCHR. "REPORT ON CONVERSION THERAPY." OHCHR.ORG, United Nations Independent Expert on protection against violence and discrimination based on Sexual Orientation and Gender Identity - IESOGI, https://www.ohchr.org/sites/default/files/ConversionTherapyReport.pdf. Accessed 20 Sept. 2023.

198 Unicorn, Heckin'. "The Reality of 'Conversion Therapy' Practices in Singapore // LGBT Rights in Singapore." Heckin' Unicorn, Dec. 2020, heckinunicorn.com/blogs/heckin-unicorn-blog/the-reality-of-conversion-therapy-in-singapore-lgbt-rights-in-singapore. Accessed 20 Sept. 2023.

199 Bogor City Local Regulation No. 10 of 2021 concerning Prevention and Management of Sexual Deviant Behavior (Pencegahan Dan Penanggulangan Perilaku Penyimpangan Seksual). https://peraturan.bpk.go.id/Details/207080/perda-kota-bogor-no-10-tahun-2021. Cited in ILGA Database: Indonesia. https://database.ilga.org/indonesia-lgbti. Accessed 10 Mar. 2023.

200 Hariz. "JAKIM'S 'Hijrah Diri' App to Save the LGBTQ Among Muslims Removed From Google'S Play Store." WORLD OF BUZZ, Mar. 2022, worldofbuzz.com/jakims-hijrah-diri-app-to-save-the-lgbtq-among-muslims-removed-from-googles-play-store. Accessed 20 Sept. 2023

201 Human Rights Watch. "'I Don't Want to Change Myself.'" Aug. 2022, www.hrw.org/report/2022/08/10/i-dont-want-change-myself/anti-lgbt-conversion-practices-discrimination-and. Accessed 20 Sept. 2023.

CONVERSION PRACTICES

Conversion practices, also known as "conversion therapy," refer to efforts to change the sexual orientation or gender identity of an individual.[197] Although there is limited information on the prevalence of conversion practices in the Malay Archipelago, Religious conservatism contributes to and reinforces its prevalence in the Malay Archipelago.

In Singapore,[198] Malaysia, Indonesia, and the Philippines, influential religious organisations and religious leaders openly support and actively promote "gay or trans conversion" as a way to "cure" individuals of their sexual orientation or gender identity, resulting in psychological harm and the state-sanctioned exclusion of LGBTQ+ religious individuals from their communities.

In Malaysia and Indonesia, conversion practices are sanctioned and financed by the state. In Bogor, Indonesia,[199] for instance, a local ordinance Perda Kota Bogor No. 10 grants the local government the authority to implement measures for the prevention and control of "sexually deviant behaviour." It asserts that, homosexuality, bisexuality, and what is referred to as "transvestism" or "waria" status are disorders and dysfunctional conditions requiring rehabilitation. This conversion practice endeavour, for which the local government is responsible for operational costs, is an example of state-funded and state-sanctioned conversion practice.

While state-sponsored conversion efforts in Malaysia mainly target Muslims and are disguised as religious education programmes, such as Jakim's Mukhayyam programme, or are made available online such as in the Hijrah Diri app that has since been taken down by the Google Play Store[200], the state's promotion of conversion efforts for Muslims also "gives Christian churches and mental health professionals permission to pursue similar efforts," according to a Human Rights Watch report.[201]

It does not help that following the arrest of then-former deputy prime minister Anwar Ibrahim in 1998 on sodomy charges widely seen as politically motivated, UMNO politicians established an anti-homosexual movement named Pasrah, thereby endorsing anti-LGBT sentiments.[202]

It does not help that following the arrest of then-former deputy prime minister Anwar Ibrahim in 1998 on sodomy charges widely seen as politically motivated, UMNO politicians established an anti-homosexual movement named Pasrah, thereby endorsing anti-LGBT sentiments[202].

In many other countries in the Malay Archipelago, there are no legal protections against conversion practices, creating a culture of impunity for those who indulge in these practices. In these nations, the lack of legal enforcement against "conversion therapy" is a major cause for concern, particularly considering the prevalence of forced and coerced marriages as a form of conversion therapy for many LBQ individuals. Nonetheless, Indonesia's recently enacted Anti-Sexual Violence Law of 2022, which seeks to combat sexual violence, could potentially serve as a protection against forced marriage, rape, and sexual violence, which are commonly used to coerce LBQ individuals into "conversion." Concerns exist, however, that the legislation will only apply to those who report crimes to the police, which could be an impediment to justice for victims who are hesitant to come forward.

Although same-sex behaviour is not explicitly illegal in the Philippines, patriarchal ideas, beliefs, and attitudes reflect widespread prejudice against the LBQ community. Reports of LBQ individuals forced to undergo conversion therapy, corrective rape and hate crimes, and those who are relegated to a lower family and social status reaffirm how stigma and discrimination against LGBTQ+ people can contribute to the prevalence of conversion practices.

While Brunei adheres to strict Islamic law, the Bruneian government has not explicitly addressed the issue of LGBTQ+ conversion practices. However, the stringent implementation of Sharia law in the country creates a hostile environment for LGBTQ+ people.[203] [204] [205] Brunei's illusive freedom of expression, control over civic spaces, and lack of media freedom exacerbate the situation.

The situation for LGBTQ+ people in Brunei is precarious, with limited rights and social consequences that may contribute to mental health challenges.[206]

In 2020, Singapore's Ministry of Health stated that it "does not condone the practice of changing one's sexual orientation through 'conversion therapy'."[207] The government has also taken measures to regulate mental health practitioners and ensure that they do not engage in unethical practices, including conversion therapy.[208]

However, Singapore continues to practise conversion therapy despite the government's stance, as conversion practices are still not criminalised by law. A 2021 article by Heckin' Unicorn[209] describes the psychological abuse and trauma experienced by LGBTQ+ individuals who have undergone conversion therapy in Singapore., which has received international attention.

Notably, the US government released an interagency action plan to combat conversion therapy practices globally in 2023. This plan will include efforts by US missions to engage with governments and civil society organisations in countries where conversion therapy is prevalent, such as Singapore.[210]

202 Ibid.

203 Taylor, Michael. "Ahead of LGBT+ Crackdown, Fleeing Bruneians Fear for Friends Back Home." U.S., 1 Apr. 2019, www.reuters.com/article/us-brunei-lgbt-laws/ahead-of-lgbt-crackdown-fleeing-bruneians-fear-for-friends-back-home-idUSKCN1RD2F1. Accessed 20 Sept. 2023.

204 Root, Rebecca L. "LGBTI Rights: Many Challenges in Southeast Asia Remain, Despite Victories in Singapore and Vietnam." www.ibanet.org/LGBTI-rights-Many-challenges-in-Southeast-Asia. Accessed 20 Sept. 2023.

205 Equaldex. "LGBT Rights in Brunei." Equaldex. www.equaldex.com/region/brunei. Accessed 20 Sept. 2023.

206 Alibudbud, Rowalt. "Gender and Sexuality in Mental Health: Perspectives on Lesbians, Gays, Bisexuals, and Transgender (LGBT) Rights and Mental Health in the ASEAN Region." Frontiers in Sociology, vol. 8, Frontiers Media, Apr. 2023, https://doi.org/10.3389/fsoc.2023.1174488. Accessed 27 Sept. 2023.

207 Singapore Ministry Of Health. "GOVERNMENT'S STANCE ON CHANGING ONE'S SEXUAL ORIENTATION THROUGH "CONVERSION THERAPY." www.moh.gov.sg/news-highlights/details/government's-stance-on-changing-one's-sexual-orientation-through-conversion-therapy. Accessed 20 Sept. 2023.

208 Yang, Daryl Wj. "A Cure Against Conversion Therapy in Singapore?" Singapore Policy Journal. 27 Mar. 2023, https://hkusspr.org/a-cure-against-conversion-therapy-in-singapore/. Accessed 11 Mar. 2024.

209 Unicorn, Heckin'. "The Reality of 'Conversion Therapy' Practices in Singapore // LGBT Rights in Singapore." Heckin' Unicorn, Dec. 2020, heckinunicorn.com/blogs/heckin-unicorn-blog/the-reality-of-conversion-therapy-in-singapore-lgbt-rights-in-singapore. Accessed 20 Sept. 2023.

PROMINENCE OF SHARIAH LAW AND ITS IMPACT ON LBQ+ SRHR IN THE MALAY ARCHIPELAGO

Shariah law is a worldwide legal system founded on Islamic principles. Brunei, Indonesia, and Malaysia are among nations in the Malay Archipelago that have implemented Sharia law to differing degrees.

Brunei is the first country in Southeast Asia to implement Shariah law on a national level.[211] Capital punishment is lawful in Brunei and is applicable to a number of violent and non-violent crimes in the country. The application of Sharia law in Brunei criminalises same-sex relationships, including sexual activity between women, and punishments for same-sex relations under Sharia law in Brunei include flogging, imprisonment, and death by stoning.[212] [213] Stoning itself has been legal in Brunei since 2014 as a method of capital punishment, and hanging since 1957.[214]

It is important to note that Brunei has had a de facto moratorium on the death penalty for over two decades, with the last-known execution occurring in 1957. However, the moratorium on the death penalty has been extended to include newly enacted laws that punish homosexual acts and adultery with death by stoning.[215] [216] This was done in response to a massive backlash from the international community.

The Sultan of Brunei, who is also the country's Prime Minister, issued a statement clarifying that Brunei has observed a moratorium on imposing the death penalty under its common law for decades, and that this moratorium will now extend to cases brought under Brunei's Islamic laws.[217]

The moratorium on the death penalty aside, other harsh penalties, such as amputations for criminals and whipping women convicted of having lesbian sex, have not been amended.[218]

In Brunei and other countries, the realisation of LBQ+ individuals' SRHR has been hindered by discriminatory social institutions influenced by conservative values. The laws create a climate of fear against Brunei's LGBTQ+ population, who are afraid to voice out or seek assistance. The draconian Shariah law extends its power to also criminalise offences included under Shariah law but committed outside Brunei "in the same manner as if such an act had been committed within Brunei Darussalam". It goes further to criminalise any person abetting any of the offences included under the Order. In other words, if a person abets an offence within or outside Brunei Darussalam, the act constitutes an offence in Brunei Darussalam.[219] This could potentially pose threats to LBQ persons seeking assistance outside of the country to seek SRHR-related services.

210 U.S Department of State. "Summary of Interagency Action Plan to Combat So-Called 'Conversion Therapy' Practices Globally in Accordance With E.O. 14075 - United States Department of State." United States Department of State, 17 May 2023, www.state.gov/summary-of-interagency-action-plan-to-combat-so-called-conversion-therapy-practices-globally-in-accordance-with-e-o-14075. Accessed 20 Sept. 2023.

211 Grudgings, Stuart. "Brunei Adopts Sharia Law, Others in Region Consider It." Reuters, 29 Apr. 2014, www.reuters.com/article/brunei-sharia/brunei-adopts-sharia-law-others-in-region-consider-it-idINL2N0N30A920140429. Accessed 20 Sept. 2023

212 Westcott, Ben. "Will Brunei's anti-LGBT Sharia Law Spread Across Southeast Asia?" CNN, 8 Apr. 2019, edition.cnn.com/2019/04/08/asia/brunei-indonesia-malaysia-islam-intl/index.html. Accessed 20 Sept. 2023.

213 Human Rights Watch. "Brunei's Pernicious New Penal Code." 28 Oct. 2020, www.hrw.org/news/2019/05/22/bruneis-pernicious-new-penal-code.

214 "Tan, Yvette. Brunei implements stoning to death under anti-LGBT laws."" BBC, 3 Apr. 2019, https://www.bbc.com/news/world-asia-47769964. Accessed 11 Mar. 2024

215 Human Rights Watch. "Brunei: New Penal Code Imposes Maiming, Stoning." 28 Oct. 2020, www.hrw.org/news/2019/04/03/brunei-new-penal-code-imposes-maiming-stoning. Accessed 27 Sept. 2023.

216 Nishat. "Brunei Death Penalty Will Not Be Repealed or Implemented." Open Access Government, May 2019, www.openaccessgovernment.org/brunei-death-penalty/64515. Accessed 20 Sept. 2023.

217 Chappell, Bill. "Brunei Won't Enforce Death-By-Stoning Law for Gay Sex, Sultan Says." NPR, 6 May 2019, www.npr.org/2019/05/06/720598000/brunei-wont-enforce-death-by-stoning-law-for-gay-sex-sultan-says. Accessed 20 Sept. 2023.

218 Ibid.

219 Brunei Darussalam Attorney General's Chamber. "SYARIAH PENAL CODE ORDER, 2013." AGC.GOV.BN, www.agc.gov.bn/AGC%20Images/LAWS/BLUV/SYARIAH%20PENAL%20CODE%20ORDER,%202013.pdf. Accessed 20 Sept. 2023.

Some regions of Indonesia have also implemented Sharia-based ordinances, and the implementation of Sharia law in these regions has resulted in discrimination against LGBTQ+ people.[220] Conservative Indonesian politicians have expressed support for the implementation of Shariah law in Brunei.[221]

Shariah law covers family and personal matters for Muslims across Malaysia.[222] Consensual anal and oral intercourse between adults is illegal under the Malaysian federal penal code. The federal penal code offence is a holdover from the British colonial era, resulting in the enactment of laws criminalising aspects of SOGIE beginning in the 1980s. The sentence for an offence under federal law in Malaysia is often more severe than the sentence for an offence under Shariah law. Consensual relations between females and males, or consensual relations between the same genders, are punishable by varying degrees and combinations of fining, imprisonment, and/or stoning under Shariah law.

Since 2017, the conservative opposition political party has attempted to increase the sentencing power of Shariah courts across all states from the current maximum of 3 years of imprisonment, an RM5,000 fine, and/or six canings to 30 years of imprisonment, a RM100,000 fine, and 100 strokes of the cane with proposed amendments to the Syariah Courts (Criminal Jurisdiction) Act, or RUU355.[223] To win over Muslim constituents, religious affairs minister Na'im Mokhtar from the "reformist" government under Anwar Ibrahim that took power in 2022 stated that amendments are expected to be tabled in Parliament in 2024.[224]

In Brunei, Indonesia, and Malaysia, the implementation of Shariah law has had significant social and cultural effects on the LGBTQ+ community. Many LGBTQ+ individuals have chosen to flee their countries in search of safety and acceptance, while those who remain face increased discrimination and marginalisation.

The introduction of strict Islamic laws, such as the death penalty for gay sex in Brunei, has led to a wave of fear among the LGBTQ+ population.[225] [226] LGBTQ+ individuals are afraid of being reported to the authorities and facing severe punishments for their sexual orientation or gender identity.

The implementation of Shariah law in Brunei has had a significant impact on the sexual and reproductive health and rights (SRHR) of lesbian, bisexual, and queer (LBQ) individuals as well. The criminalisation of same-sex relations, including sexual activity between women,[227] can create barriers to accessing SRHR services and information for LBQ individuals, and contribute to stigma and discrimination against LBQ individuals in Brunei.[228] Identity-affirming SRHR services for LBQ individuals are difficult to come by in Brunei as well, creating barriers to accessing SRHR support and resources.

220 OSAC. "Sharia Law and Western Travelers in Southeast Asia." Overseas Security Advisory Council (OSAC), 2017, https://www.pacom.mil/Portals/55/Documents/pdf/J34-OSAC_Sharia_Law_in_Southeast_Asia.pdf%3Fver%3D2017-03-31-171632-753 OSAC_Sharia_Law_in_Southeast_Asia.pdf%3Fver%3D2017-03-31-171632-753. Accessed 20 Sept. 2023.

221 Westcott, Ben. "Will Brunei's anti-LGBT Sharia Law Spread Across Southeast Asia?" CNN, 8 Apr. 2019, Accessed 20 Sept. 2023.

222 Associated Press. "Malaysia's Top Court Invalidates State's Islam-Based Criminal Laws." Voice of America, , https://www.voanews.com/a/malaysia-s-top-court-invalidates-state-s-islam-based-criminal-laws-/7482072.html. Accessed 23 Mar. 2024.

223 The Vibes. "Unity Govt to Pursue RUU355, Table Bill in Dewan Soon: Minister." The Vibes, 17 Mar. 2023, www.thevibes.com/articles/news/88132/unity-govt-to-pursue-ruu355-table-bill-in-dewan-soon-minister. Accessed 20 Sept. 2023.

224 Shahrul Shahabudin. "What happened to RUU355 amendments, PAS MP asks govt" Free Malaysia Today. https://www.freemalaysiatoday.com/category/nation/2024/03/06/what-happened-to-ruu355-amendments-pas-mp-asks-govt/. Accessed 23 Mar. 2024.

225 Westcott, Ben. "Will Brunei's anti-LGBT Sharia Law Spread Across Southeast Asia?" CNN, 8 Apr. 2019, edition.cnn.com/2019/04/08/asia/brunei-indonesia-malaysia-islam-intl/index.html. Accessed 20 Sept. 2023.

226 Rebecca, Wright, and Field Alexandra. "Brunei's LGBT Community Flees 'Inhumane' New Stoning Laws." CNN, 3 Apr. 2019, edition.cnn.com/2019/04/02/asia/brunei-lgbt-inhumane-stoning-laws-intl/index.html. Accessed 20 Sept. 2023.

227 BBC News. "Brunei Says Controversial Sharia Law Aimed at 'prevention.'" BBC News, 12 Apr. 2019, www.bbc.com/news/world-asia-47906070. Accessed 27 Sept. 2023.

228 Ibid.

229 Malaysia. Human Dignity Trust. https://www.humandignitytrust.org/country-profile/malaysia/ . Accessed 23 Mar. 2024.

In recent years, both Indonesia and Malaysia have seen a rise in powerful conservative Islamic groups that have pressed for tougher legislation in line with religious morality. These groups often target the LGBTQ+ community and advocate for stricter laws and punishments.

In Indonesia, homosexuality is still legal but culturally taboo. However, the implementation of Sharia laws has created a more hostile environment for LGBTQ+ individuals, with increased violence and discrimination.

While homosexuality is already illegal in Malaysia, it is punished by prison sentences rather than the death penalty.[229] There is a lack of legal protections for LBQ individuals in Malaysia, like in Brunei[230] particularly in the context of the criminalization of same-sex relations. Also in Malaysia, the criminalisation of sexual relations between women under Shariah law further results in barriers to accessing SRHR services and information for LBQ individuals.

While Malaysia has made progress in integrating SRHR services into universal health coverage, there are still barriers to accessing these services for LBQ individuals.[231] [232] This can create a lack of access to identity-affirming SRHR services and information for LBQ individuals.

230 BBC News. "Brunei Says Controversial Sharia Law Aimed at 'prevention.'" BBC News, 12 Apr. 2019, www.bbc.com/news/world-asia-47906070. Accessed 27 Sept. 2023.

231 Lim, Shiang Cheng, et al. "Priority-setting to Integrate Sexual and Reproductive Health Into Universal Health Coverage: The Case of Malaysia." Sexual and Reproductive Health Matters, vol. 28, no. 2, Taylor and Francis, Nov. 2020, p. 1842153. https://doi.org/10.1080/26410397.2020.1842153. Accessed 20 Sept. 2023.

232 WHO. "Universal Health Coverage for Sexual and Reproductive Health in Malaysia." WHO/SRH/21.18, World Health Organisation, 2021, www.who.int/publications/i/item/WHO-SRH-21.18. Accessed 19 Sept. 2023.

233 Peletz, Michael G. "Gender Pluralism." Routledge eBooks, 2009, https://doi.org/10.4324/9780203880043. Accessed 27 Sept. 2023.

234 Ibid.

COLONIAL-ERA ROOTS AND SHARIAH LAWS IN THE COUNTRIES' LEGAL SYSTEMS

The phenomenon of gender plurality in Southeast Asia is frequently characterised as a cultural importation from Western societies.[233] Scholars have observed that the advent of colonialism in Southeast Asia facilitated the introduction of Western notions of heteronormative gender and sexuality, exerting a substantial influence on indigenous cultures and traditional practices.[234]

Hence the claim that gender pluralism is an "imported culture" from the West is at odds with the historical records of gender nonconformity in Southeast Asia. The concept of "gender pluralism" has been developed to analyse historical and ethnographic material about Southeast Asia since early modern times.[235] [236] Michael Peletz, in his book *Gender Pluralism: Southeast Asia Since Early Modern Times*[237], argues that gender pluralism in Southeast Asia is not a recent phenomenon and has been present in the region since early modern times.

Peletz also argues that local forms of cosmology and statecraft have influenced gender pluralism in Southeast Asia.[238] The same book documented the *sida-sida* of present-day Malaysia, who were effeminate men dressed like women and who performed roles generally assigned to women. *Sida-sida* resided in the inner chambers of the sultan's palace and were "entrusted with the sacred regalia and the preservation of the ruler's special powers" in now conservative Islamist states.[239]

Peletz examines pluralism in gendered fields and domains in Southeast Asia since the early modern era. In Borneo, the *manang bali* were biological male shamans who donned female attire and took men as spouses. They were respected by the Iban community for their abilities in rituals and the healing arts.[240] They bear similarities to the *bissu* of the Bugis people in South Sulawesi, one of five recognised genders, and who were transgendered ritual specialists and guardians of royal records.[241]

Non-heteronormative identities have existed in Indonesia for centuries - A text published in 1814 and said to be the Javanese answer to the Kama Sutra, Serat Centhini, recorded details of sex between men in East Java's Ponorogo and the existence of *warok* (butch gay men) and *jathil* (effeminate gay men) there.[242]

235 Peletz, Michael G. "Transgenderism and Gender Pluralism in Southeast Asia Since Early Modern Times." Current Anthropology, vol. 47, no. 2, University of Chicago Press, Apr. 2006, pp. 309–40. https://doi.org/10.1086/498947. Accessed 27 Sept. 2023.

236 Ibid.

237 Peletz, M. G. (2009). Gender pluralism: Southeast Asia since early modern times. Routledge.

238 Ibid.

239 Masing, Ash L. "Queer Scapegoats of the Postcolony: Reflections on anti-LGBTQ Discourses During the 15th Malaysian General Election." LSE Southeast Asia Blog, 13 Dec. 2022, blogs.lse.ac.uk/seac/2022/12/13/queer-scapegoats-of-the-postcolony-reflections-on-anti-lgbtq-discourses-during-the-15th-malaysian-general-election. Accessed 27 Sept. 2023.

240 Cheah, Bryan. "Re-examining Malaysia's Rainbow History." Imagined Malaysia Review, Mar. 2020, review.imagined.my/?p=66. Accessed 27 Sept. 2023.

241 Nugroho, Johannes. "The Hidden Histories of Homosexuality in Asia." Fair Observer, 29 July 2016, www.fairobserver.com/region/asia_pacific/hidden-histories-homosexuality-asia-77120. Accessed 27 Sept. 2023.

242 Nugroho, Johannes. "The Hidden Histories of Homosexuality in Asia." Fair Observer, 29 July 2016, www.fairobserver.com/region/asia_pacific/hidden-histories-homosexuality-asia-77120. Accessed 27 Sept. 2023.

243 Hussainmiya, Bachamiya Abdul. "Observations on Pre-colonial Legal System and Practices in Brunei,." Seusl, Oct. 2014, www.academia.edu/8831258/Observations_on_pre_colonial_legal_system_and_practices_in_Brunei. Accessed 20 Sept. 2023.

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Prior to the influence of the British, Brunei's legal system was based on Islamic law.[243] The country was (and still is) governed by a sultan, who was both the head of state and the supreme legal authority. A council of ministers and a group of Islamic scholars responsible for interpreting Islamic law advised the sultan. The legal system lacked clarity, and there were no formal tribunals or legal procedures. Instead, disputes were resolved by local leaders or Islamic scholars through mediation or arbitration. In accordance with Islamic law, punishments for offences frequently included fines, imprisonment, or corporal punishments such as caning. The country's legal system was not homogeneous, and different regions had distinct customs and practices.

With the introduction of colonialism, Brunei's legal system came to be based on British common law since 1906, with a parallel Shariah law system for Muslims that takes precedence over common law in areas such as family and property law[244]. Brunei became a British protectorate in 1888, and administration was by a British resident in 1906, whose counsel the sultan was obligated to accept.[245] The resulting dual legal system today reflects the influence of both British and Islamic legal traditions.

244 University of Melbourne. "Southeast Asian Region Countries Law - Brunei Darussalam." unimelb.libguides.com/c.php?g=930183&p=6721965. Accessed 19 Sept. 2023.

245 Encyclopedia Britannica. "Brunei | History, People, Religion, and Tourism." 18 Sept. 2023, www.britannica.com/place/Brunei/Justice. Accessed 27 Sept. 2023.

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The British legal system established formal courts and legal procedures to supersede the previous system of dispute resolution by mediation or arbitration by local leaders or Islamic scholars, introduced a more clearly defined and uniform legal system, and established punishments for crimes based on British law, such as fines, imprisonment, and corporal punishments such as caning. This transition towards a more structured and codified legal system may have diminished Islamic scholars' influence in legal matters.

Some Bruneian scholars contend that the British looked down on the country's legal system due to its association with Islam, resulting in its de-Islamization. However the 2014 adoption of stringent Shariah criminal law indicates that Islam continues to play an important role in Brunei's legal framework now.[246]

In 2014, Brunei became the first country in Southeast Asia to adopt Shariah criminal law, which applies to Muslims and in some situations even to non-Muslims.[247] [248] This adoption of stricter Islamic practices can be viewed as a revival of Islam's role in the legal system post-British influence.

The Shariah laws in Malaysia only apply to Muslims, who constitute 61.3% of the country's population. Although non-Muslims are expressly excluded from the jurisdiction of Shariah laws and Shariah courts, the overarching and hyper-policing of Muslim bodies has a snowball effect on the lives of non-Muslims.

The 1983 promulgation of a *fatwa* (Islamic scholarly ruling)[249] [250] prohibiting sex-reassignment surgery (SRS) among the Muslim population is a classic illustration of how the overregulation of the religion of Islam has negatively impacted the rights of all transgender individuals. This fatwa has had a significant impact on the rights of transgender people in Malaysia, especially Muslim transgender women who are also criminalised under Shariah laws. Although the fatwa only targets the Muslim transgender population, it has made it difficult for transgender people of all religions to access healthcare, including hormone replacement therapy and gender-affirming surgery.[251] [252] The fatwa has also contributed to the criminalization of transgender individuals in Malaysia, giving authorities more latitude to harass those who do not conform to accepted norms for the gender assigned to them at birth.

Present-day Malaysia was under British colonial authority by the end of the nineteenth century, but the British did not rule the region as a single colonial entity. In today's Malacca and Penang that were once directly ruled colonies as part of the Straits Settlements, English common law governed most matters, while Islamic doctrine governed family law, which was applied by colonial courts with British or British-trained judges.[253] This meant that Islamic law was not the only legal system in the country, and that other legal principles, such as English common law, also influenced the legal landscape. In the colonies subject to indirect rule, that is, Malay states, an English resident exercised authority

246 Mansurnoor, IIK A. "Re-Establishing Order in Brunei: The Introduction of the British Legal System during the Early Residential Period." Islamic Studies, vol. 52, no. 2, 2013, pp. 155–82. JSTOR, http://www.jstor.org/stable/24671817. Accessed 19 Sept. 2023.

247 University of Melbourne. "Southeast Asian Region Countries Law - Brunei Darussalam." unimelb.libguides.com/c.php?g=930183&p=6721965. Accessed 19 Sept. 2023.

248 Reuters. "Brunei Defends Tough New Islamic Laws Against Growing Backlash." 30 Mar. 2019, www.reuters.com/article/us-brunei-islamiclaws-idUSKCN1RB0E1. Accessed 27 Sept. 2023.

249 qual Rights Trust. "ERR Volume 7, the Mak Nyahs of Malaysia: Testimony of Four Transgender Women." Equal Rights Trust, 15 June 2015, www.equalrightstrust.org/content/err-volume-7-mak-nyahs-malaysia-testimony-four-transgender-women. Accessed 20 Sept. 2023.

250 Shogo, Ismail. "Tackling Sex Re-assignment Surgery in Malaysia - the News Lens International Edition." The News Lens International Edition, 23 May 2023, international.thenewslens.com/article/65679. Accessed 20 Sept. 2023.

251 Ghoshal, Neela. "'I'm Scared to Be a Woman.'" Human Rights Watch, 28 Mar. 2023, www.hrw.org/report/2014/09/25/im-scared-be-woman/human-rights-abuses-against-transgender-people-malaysia. Accessed 20 Sept. 2023.

252 Cheh, Samantha. "How Life Is Tough for Transgender People in Conservative Malaysia, Who Face Violence, Religious and Official Bias, and Abusive Media." South China Morning Post, 25 Apr. 2018,

253 Shuaib, Farid S. "The Islamic Legal System in Malaysia." UW Law Digital Commons, digitalcommons.law.uw.edu/wilj/vol21/iss1/8. Accessed 20 Sept. 2023.

over matters of British interest, while Malay sultans retained their hereditary titles and local courts exercised the sultan's authority over Malay custom and Islam.[254]

Tamir Moustaffa[255] affirmed the influence of Anglo-Muhammadan law from the colonial period on the formation of the two-part nature of the Malaysian legal system and the tensions that lead to the judicialization of religion in Malaysian secular courts.

During British rule, a legal framework known as "Anglo-Muslim law" was established, which imposed a state monopoly on religious interpretation. The British codified laws, legal concepts, and legal institutions in English, which was a departure from previous practices. This legal regime, which applied to Muslim subjects, was a combination of English common law and Islamic law.

Early in the 20th century, the British enacted Muslim marriage ordinances and instituted special courts for Muslim subjects in the Federated Malay States with jurisdiction over family law matters. By statute, the Malay nations of the peninsula had granted the Qadi courts (now Shariah courts) authority over matters of Muslim matrimonial and inheritance law.[256] In various British Malayan states, these laws were further institutionalised and expanded. Also established were state-level religious councils and departments of religious affairs.

In 1957, Malaysia adopted a post-colonial constitution that supported the continuation of the common law justice system.[257] The Constitution established a federal system of government in which the federal and state governments have separate powers and jurisdictions.[258] Within each state, Shariah courts are "state courts" with limited jurisdiction and handling matters including Islamic personal and family laws, the creation and punishment of offences by persons professing the religion of Islam against its precepts, the constitution, and organisation and procedure of Shariah courts, the control of propagating doctrines and beliefs among persons professing the religion of Islam, and the determination of matters of Islamic law and doctrine and Malay custom. [269]

254 Ibid.

255 Moustafa, Tamir, Constituting Religion: Islam, Liberal Rights, and the Malaysian State (August 14, 2018). T. Moustafa, Constituting Religion: Islam, Liberal Rights, and the Malaysian State, Cambridge University Press, 2018, Available at SSRN: https://ssrn.com/abstract=3231612. Accessed 20 Sept. 2023

256 Kamali, Mohammad Hashim. "Islamic Law in Malaysia: Issues and Developments." Yearbook of Islamic and Middle Eastern Law, vol. 4, no. 1, Brill, Jan. 1997, pp. 153–79. https://doi.org/10.1163/221129898x00071. Accessed 20 Sept. 2023

257 Neoh, Joshua. "Legitimacy of the Common Law in Post-Colonial Malaysia." 2010, papers.ssrn.com/sol3/Delivery.cfm/SSRN_ID3591791_code2978055.pdf?abstractid=3591791. Accessed 20 Sept. 2023.

258 Encyclopedia Britannica. "History of Malaysia | People, Culture, Map, Events, and Facts." Encyclopedia Britannica, 14 Aug. 2023, www.britannica.com/topic/history-of-Malaysia/The-impact-of-British-rule. Accessed 20 Sept. 2023.

259 Malaysia Attorney General's Chambers. "Ninth Schedule - Federal Constitution." pp. 198 https://lom.agc.gov.my/federal-constitution.php. Accessed 20 Sept. 2023.

In 1952, the Administration of Muslim Law Enactment of Selangor replaced earlier legislation with a unified code for Muslims. Importantly, the term "Islamic law" began to replace "Anglo-Muslim law" during this time frame. In the eleven Muslim-majority states and Sabah, legislation governing the official determination of Islamic law, the explication of substantive law, and the jurisdiction of Shariah courts was enacted.[260] Hence, a second surge of Muslim law enactments continued the application of Anglo-Muslim law after Malaysia's independence.

Since the late 1980s, political factors, such as the premiership of Mahathir Mohamad and the post-reformasi (reform) era,[261] have contributed to the rise in institutional power and authority of Shariah courts and justices in Malaysia. The demand for Shariah court empowerment was evidenced by the systemic expansion of Shariah laws across all Malaysian states. This includes the expansion of Shariah law to include offences that were not originally intended. In the early 1980s, states began to enact Shariah criminal offences, beginning with Kelantan in 1985, and sexual relations between males and females and "cross-dressing" were progressively criminalised. By the end of 2013, all states and the Federal Territory had passed legislation criminalising same-sex relationships and transgender individuals.[262]

Since the adoption of the Indian Penal Code to the Malaysian Penal Code in 1936, which carries over the original Section 377, which, among other things, criminalises certain forms of consensual sex between adults, the Malaysian government expanded Section 377 in 1989 as part of a piecemeal overhaul to 'strengthen' sexual offences under the Penal Code. The amendment, however, further subdivides Section 377 to create distinct offences for consensual sexual activity between adults, "against the order of nature" namely Sections 377A, 377B, and 377C.

As the Penal Code created distinct offences criminalising consensual sexual relations between adults deemed as unnatural, the presence of Shariah law strengthened its own legislation around criminal offences. The criminalization of consensual sexual relations between males and females may have been influenced by the provisions of the Penal Code, as the majority of Shariah statute books are copies of civil-secular statute books. Consensual same-sex relationships are prohibited by both the Malaysian Penal Code and Shariah law. The federal penal code of Malaysia criminalises consensual same-sex relationships by mandating a maximum 20-year penitentiary sentence and corporal punishment.[263] Similarly, the state Shariah laws of Malaysia permit caning for consensual same-sex relationships.[264]

260 Abdullahi A. An-Na'im. "Islamic Family Law '' Malaysia." scholarblogs.emory.edu/islamic-family-law/home/research/legal-profiles/malaysia. Accessed 20 Sept. 2023

261 Hamayotsu, Kikue. "THE POLITICAL ORIGINS OF ISLAMIC COURTS IN DIVIDED SOCIETIES: THE CASE OF MALAYSIA." The Journal of Law and Religion, vol. 33, no. 2, Cambridge UP, Aug. 2018, pp. 248–70. https://doi.org/10.1017/jlr.2018.24. Accessed 20 Sept. 2023.

262 Queer Lapis. "LGBTQ Legal Guide: What Laws Are Out to Catch You? - Queer Lapis." Queer Lapis, 19 Apr. 2021, www.queerlapis.com/legal-resource-laws-part-1-laws. Accessed 20 Sept. 2023.

263 Human Dignity Trust. "Malaysia | Human Dignity Trust." Human Dignity Trust, 14 Aug. 2023, www.humandignitytrust.org/country-profile/malaysia. Accessed 20 Sept. 2023.

264 Human Rights Watch. "'I Don't Want to Change Myself.'" Aug. 2022, www.hrw.org/report/2022/08/10/i-dont-want-change-myself/anti-lgbt-conversion-practices-discrimination-and. Accessed 20 Sept. 2023.

265 Kwok, Yenni. "LGBT Rights in Indonesia Are Coming Under 'Unprecedented Attack.'" Time, 11 Aug. 2016, time.com/4447819/indonesia-lgbt-rights-islam-muslim-gay-bi-transgender. Accessed 20 Sept. 2023

INDONESIA

In contrast to its neighbours Brunei and Malaysia, which were former British protectorates and colonies with anti-homosexuality laws, Indonesia did not have such laws, with the exception of Aceh, which implemented Shariah law.[265] Indonesia's anti-LGBTQ Shariah laws can be traced to a number of factors, including the rise of conservative Islam, the influence of local regulations, and the country's colonial past.

The colonial history of Indonesia, which includes periods of Dutch and Japanese rule, may have also influenced the country's attitudes towards LGBTQ rights. While Indonesia's colonial-era criminal laws do not expressly mention homosexuality, conservative provinces such as Aceh have their local Shariah laws.[266] Indonesia's decentralised system of government permits the implementation of discriminatory laws at the local level, which can disproportionately impact LGBTQ individuals.

Hundreds of discriminatory Shariah-inspired ordinances and other regulations discriminate against women, religious minorities, and LGBTQ individuals in Indonesia. These regulations are frequently derived from interpretations of Islamic law and implemented at the local level.[267] In 2022, the Indonesian parliament adopted a new Criminal Code containing provisions that gravely contravene international human rights, including the criminalization of same-sex conduct.[268]

Aceh is the only province in Indonesia authorised to implement Shariah law. The implementation of Shariah criminal law in Aceh began with Qanun No. 11 of 2002, which was predominantly symbolic. After Indonesia granted Aceh special autonomy to implement Islamic law and authorised the province to enact regional regulations, the provincial government enacted additional regulations, some of which were derived from Shariah criminal law.

Because Aceh was once a significant Islamic sultanate in Southeast Asia,[269] Islamic principles are reflected in its *hukum adat* (customary law). Aceh courts are permitted to use Shariah law as part of an autonomy package offered by the central government in response to separatism before 2005.[270] The implementation of Shariah law in Aceh has been contested, with international human rights organisations condemning the practice on multiple occasions.[271] In Aceh, where 98 percent of the 5 million residents practice Islam,[272] there is growing support for the implementation of Sharia law despite the controversy.

266 NBC News. "Indonesia Proposes Bill to Force LGBTQ People Into 'Rehabilitation.'" 2 Mar. 2020, www.nbcnews.com/feature/nbc-out/indonesia-proposes-bill-force-lgbtq-people-rehabilitation-n1146861. Accessed 20 Sept. 2023.

267 Human Rights Watch. "Indonesia: New Criminal Code Disastrous for Rights." Human Rights Watch, 14 Dec. 2022, www.hrw.org/news/2022/12/08/indonesia-new-criminal-code-disastrous-rights. Accessed 26 Sept. 2023.

268 Ibid.

269 The Jakarta Post. "Q&A: What You Need to Know About Sharia in Aceh." The Jakarta Post, 4 Mar. 2018, www.thejakartapost.com/news/2018/03/04/qa-what-you-need-to-know-about-acehs-sharia-law.html. Accessed 20 Sept. 2023.

270 Hays, Jeffrey. "SHARIA IN ACEH | Facts and Details." factsanddetails.com/indonesia/Government_Military_Crime/sub6_5b/entry-8293.html. Accessed 20 Sept. 2023.

271 The Diplomat. "Aceh, Indonesia: When Dating Meets Sharia Law." The Diplomat, 24 July 2019, thediplomat.com/2019/07/aceh-indonesia-when-dating-meets-sharia-law. Accessed 20 Sept. 2023.

272 Ibid.

INFLUENCE OF THE CATHOLIC CHURCH IN SRHR MOVEMENTS IN PHILIPPINES

Conservative values, particularly those influenced by the Catholic Church, have had a significant impact on sexual and reproductive health and rights (SRHR) progress in the Philippines.

Adolescents in the Philippines face legal obstacles, social and cultural restrictions, and a lack of meaningful political power, which prevent them from accessing full SRH services.[273] This has led to high rates of unplanned pregnancies and unsafe abortions among young people.[274]

The Catholic Church has a strong influence on Philippine politics and society, which has led to opposition against SRH policies, including the Reproductive Health (RH) Law.[275] which aims to provide access to contraception and other SRHR services to Filipinos Catholic fundamentalism has played a role in impeding the implementation of legal SRH policies - the Church has mobilised allies in Congress to oppose the RH law bill and ordered priests to speak out against the reform [276] - while Catholic progressives have advocated for more liberal views on SRH.[277]

The government of the Philippines has been criticised for not improving access to SRH services, including complete contraceptive services and information, adolescents' sexual and reproductive health rights, maternal health care, and safe and legal abortion and post-abortion care.[278] A number of human rights violations have resulted from this, which the COVID-19 pandemic has made worse.[279]

The Philippines has one of the highest adolescent birth rates in the world, exceeding the Asia-Pacific average.[280] This is a result of limited access to SRH services and information among adolescents, which is influenced by conservative values and the Catholic Church's teachings on SRH.[281]

273 Melgar, Junice L. D., et al. "Assessment of Country Policies Affecting Reproductive Health for Adolescents in the Philippines." Reproductive Health, vol. 15, no. 1, Springer Science+Business Media, Dec. 2018, https://doi.org/10.1186/s12978-018-0638-9. Accessed 20 Sept. 2023.

274 Centre for Reproductive Rights. "Submission to the UN Assesses the Philippines' Progress on SRHR Issues." Center for Reproductive Rights, June 2022, reproductiverights.org/philippines-upr-submission-srhr-progress-2022. Accessed 20 Sept. 2023.

275 ARROW. "Understanding Catholic Fundamentalism in the Philippines: How Conservative Religious Teachings on Women, Family and Contraception Are Wielded to Impede the Reproductive Health Law and Other Reproductive Health Policies - ARROW." arrow.org.my/publication/understanding-catholic-fundamentalism-philippines-conservative-religious-teachings-women-family-contraception-wielded-impede-reproductive-health-law-reproducti. Accessed 20 Sept. 2023.

276 C. Robles, Alan. "Bishops Versus Majority." D+C - Development + Cooperation. www.dandc.eu/en/article/catholic-church-opposes-reproductive-health-bill-philippines. Accessed 27 Sept. 2023.

277 Ibid.

278 Centre for Reproductive Rights. "Submission to the UN Assesses the Philippines' Progress on SRHR Issues." Center for Reproductive Rights, June 2022, https://reproductiverights.org/philippines-upr-submission-srhr-progress-2022. Accessed 20 Sept. 2023.

279 Ibid.

280 Ibid.

281 Ibid.

282 ARROW. "Understanding Catholic Fundamentalism in the Philippines: How Conservative Religious Teachings on Women, Family and Contraception Are Wielded to Impede the Reproductive Health Law and Other Reproductive Health Policies - ARROW." arrow.org.my/publication/understanding-catholic-fundamentalism-philippines-conservative-religious-teachings-women-family-contraception-wielded-impede-reproductive-health-law-reproducti. Accessed 20 Sept. 2023.

Conservative religious teachings on women, family, and contraception have been used to oppose the RH Law and other SRHR policies in the Philippines.[283] [283]

Though the RPRH Law was passed in 2012, the implementation of the law has been slow due to opposition from conservative groups, including the Catholic Church.[284]

Additionally, the prohibition of the Catholic Church to divorce presents significant challenges to SRHR in the Philippines. The Philippines is the only place outside the Vatican where divorce is outlawed, with the Catholic Church opposing the practice.[285] But, the impact it exerts on sexual and reproductive health and rights (SRHR) can have substantial implications, as it may curtail individuals' autonomy in making choices pertaining to their personal lives and relationships, while also impeding their ability to obtain necessary SRHR services and resources as well as navigating reproductive choices.[2876]

The presence of violence or abuse inside a heteronormative marital relationship can pose significant challenges for individuals – including LBQ individuals - seeking to extricate themselves from such situations, as well as for couples aiming to dissolve their union in a mutually agreeable manner.[287]

283 Ibid.

284 Ibid.

285 Eugenio, Ara. "Filipinos Press for Right to Divorce in Slow Social Shift." The Japan Times, 31 May 2023, www.japantimes.co.jp/news/2023/05/31/asia-pacific/social-issues-asia-pacific/filipinos-right-to-divorce. Accessed 27 Sept. 2023.

286 Goncena, Allison. "Reproductive Health in the Philippines: Poverty, Religiosity, and Navigating Reproductive Choices." Master's thesis, Chapman University, 2020. https://doi.org/10.36837/chapman.000195. Accessed 20 Sept. 2023.

287 Agence France-Presse. "Filipinos Fight for Right to Divorce in a Catholic-majority Nation: 'We Want to Be Free.'" South China Morning Post, 8 Aug. 2023, www.scmp.com/news/asia/southeast-asia/article/3222494/filipinos-fight-right-divorce-catholic-majority-nation-we-want-be-free. Accessed 27 Sept. 2023.

287 Agence France-Presse. "Filipinos Fight for Right to Divorce in a Catholic-majority Nation: 'We Want to Be Free.'" South China Morning Post, 8 Aug. 2023, www.scmp.com/news/asia/southeast-asia/article/3222494/filipinos-fight-right-divorce-catholic-majority-nation-we-want-be-free. Accessed 27 Sept. 2023.

PART 2: LBQ+ Health Disparities and Knowledge Gaps

Chapter 3
Information Barriers and LBQ+ Exclusion in Comprehensive Sexuality Education

WHAT IS COMPREHENSIVE SEXUALITY EDUCATION?

According to the United Nations Educational, Scientific and Cultural Organization (UNESCO) in their 2018 international technical guidance on sexual education, comprehensive sexuality education (or CSE for short) is defined as "...a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realise their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understanding and ensure the protection of their rights through their lives."[288]

288 International technical guidance on sexuality education: An evidence-informed approach. (2018). United Nations Educational, Scientific and Cultural Organization (UNESCO). Retrieved September 20, 2023, from https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf

289 Ibid.

CSE expands beyond traditional sex education, which has typically focused on reproductive biology and the prevention of sexually transmitted infections (STIs). Instead, CSE is a holistic approach to educating individuals on the key concepts related to human sexuality and relationships through age-appropriate, culturally sensitive, rights-based, and evidence-informed content. The key concepts include topics such as:[289]

1. Relationships: different types of relationships, tolerance, inclusion and respect, long-term commitments and parenting.
2. Values, Rights, Culture and Sexuality: the interplay between values, human rights, and cultural and societal norms as they relate to sexuality.
3. Understanding Gender: the social construction of gender and gender norms, gender equality, stereotypes and bias, and gender-based violence.
4. Violence and Staying Safe: the prevention and recognising signs of violence, consent and privacy, and safe use of information and communication technologies (ICTs)
5. Skills for Health and Well-being: norms and peer influence on sexual behaviour, decision-making, communication skills, media literacy, and finding help and support.
6. The Human Body and Development: sexual and reproductive anatomy and physiology, reproduction, puberty, and body image.
7. Sexuality and Sexual Behaviour: sex, sexuality and the sexual life cycle, and sexual behaviour and sexual response.
8. Sexual and Reproductive Health: pregnancy and pregnancy prevention, HIV/AIDS stigma, and reducing sexually transmitted infections (STIs).

Access to extensive and accurate information is not merely a preliminary step but a cornerstone in the full realisation of sexual and reproductive health and rights in LBQ+ communities. This access serves as a crucial basis upon which individuals can build their understanding of their own bodies, relationships, and rights. It equips them with the knowledge necessary to make informed decisions regarding their sexual and reproductive health, thereby enabling them to exercise their rights fully.

BARRIERS IN ACCESSING SRHR INFORMATION

LGBT STUDENTS FACE DISCRIMINATION IN SCHOOLS

Within the context of the Malay Archipelago, recent studies and reports indicate that LGBT students frequently confront discrimination within school settings. This discriminatory treatment not only detrimentally impacts their educational experiences but also hinders their access to SRHR information. For example, specific cases in countries such as the Philippines and Singapore highlight the pressing need to address these issues.

Bullying, whether manifested physically, verbally, or through sexual harassment, poses significant threats to the safety, well-being, and educational attainment of LGBT youth. Numerous studies conducted in the Philippines and other regions have highlighted the alarming consequences of such mistreatment. It has been observed that young LGBT individuals, when subjected to discrimination while having low self-esteem and inadequate self-acceptance, are more likely to resort to harmful coping mechanisms, including substance use and engaging in unprotected sexual activities, often driven by feelings of anxiety, isolation, and depression.[290] As underscored by a UNESCO report on school bullying, exclusion and stigmatisation experienced in educational settings can have long-lasting repercussions, affecting future employment opportunities, earning potential, and access to social benefits and protection.[291]

Additionally, many Philippine secondary schools strictly enforce uniform policies that do not cater to the diverse gender identities and expressions of their students.[292] These policies mandate gender-specific uniforms based on birth-assigned sex, creating significant obstacles for those whose gender expression differs from these norms. This misalignment between gender identity and uniform requirements has resulted in decreased self-confidence and concentration difficulties among students, making them unhappy and uncomfortable.[293] Despite some students finding academic improvement when allowed to wear the boys' uniform, many schools rigorously uphold these rules, leading to disciplinary actions against nonconforming students. Consequently, transgender and gender nonconforming students often endure anxiety and humiliation due to these stringent policies, sometimes resulting in extended absences or discontinuation of their education.[294]

In Singapore, there have been notable incidents shedding light on the challenges faced by LBQ+ individuals, particularly within the education system. A report by TransgenderSG in 2020 revealed that many transgender students in Singapore face misgendering, deadnaming, and discrimination within the school environment, likely contributing to increased rates of depression.[295], and that under 30.1% of transgender and non-binary individuals felt safe at school.[296]

Sayoni's report on Violence and Discrimination Against LBTQ Women in Singapore sheds light on the challenges faced by LBTQ students, encompassing bullying, inadequate institutional protection, gender policing, and a lack of LGBTQ-affirming perspectives within state schools.[297]

Notably, instances of peer bullying rooted in nonconformity to cisheterosexuality were common, with a distressing case involving a viral video of a bisexual student kissing her girlfriend. This incident drew the school's attention, leading to the students being pressured into confession, but the school failed to acknowledge the lack of consent to the video being publicised and provided inadequate protection. Consequently, the victim withdrew from school and continued to grapple with emotional distress and traumatic flashbacks.

CENSORSHIP OF LGBT ISSUES FURTHER RESTRICT ACCESS TO INFORMATION

Censorship of LGBT issues significantly restricts LBQ+ communities' access to SRHR information, hindering the dissemination of inclusive and accurate knowledge about LBQ+ identities and experiences. In many regions, governments and institutions restrict access to materials that discuss or support LGBT individuals, perpetuating a culture of silence and discrimination. This censorship not only limits the availability of educational resources but also contributes to the stigmatisation and marginalisation of LBQ+ individuals, perpetuating the cycle of exclusion and ignorance. To ensure comprehensive sexuality education is truly comprehensive, addressing and challenging these information barriers is essential to promote acceptance, understanding, and the well-being of all students, regardless of their SOGIESC.

In Brunei, censorship of LGBT issues compounds the restrictions on access to information in a climate of limited internet freedom. The government tightly controls internet access, censors online content, and possesses the capability to monitor private online communications, especially those perceived as propagating religious extremism, subversive views, or immorality, including online exchanges between people from religious minorities and the LGBTQ+ community.[298] Internet service providers and internet cafe operators are required to register with government authorities.[299] Internet companies engage in self-censorship and reserve the right to terminate internet access abruptly.[300] The government conducts awareness campaigns warning against the misuse of social media, particularly criticism of Islam, shariah, or the monarchy, and maintains a hotline for reporting what it considers to be fake or harmful information on social media.[301]

290 United Nations Education, Scientific and Cultural Organization (UNESCO), "From Insult to Inclusion: Asia-Pacific Report on School Bullying, Violence and Discrimination on the Basis of Sexual Orientation and Gender Identity," 2015, p. 40-41, http://unesdoc.unesco.org/images/0023/002354/235414e.pdf (accessed September 20, 2023)

291 Ibid.

292 Human Rights Watch (2017). "Just Let Us Be" Discrimination Against LGBT Students in the Philippines. https://www.hrw.org/report/2017/06/22/just-let-us-be/discrimination-against-lgbt-students-philippines

293 Ibid.

294 Ibid.

295 Liew, W. M. (2014). Sex (Education) in the city: Singapore's sexuality education curriculum. Discourse: Studies in the Cultural Politics of Education, 35(5), 705–717. https://doi.org/10.1080/01596306.2014.931114

296 Indignation, Prout, Sayoni, The Healing Circle, TransgenderSG, & Young Out Here. (2020). Stakeholder submission to the Universal Period Review (UPR) regarding the protection of the rights of LGBTQ persons in Singapore (38th Session of the UPR Working Group). https://transgendersg.com/upr-report.pdf

297 Sayoni, 2018. "Violence and Discrimination Against LBTQ Women in Singapore"

298 2021 Country Reports on Human Rights Practices: Brunei - U.S. Embassy in Brunei Darussalam. (2022, April 20). U.S. Embassy in Brunei Darussalam. https://bn.usembassy.gov/our-relationship/official-reports/2021-country-reports-on-human-rights-practices-brunei/

299 Ibid.

300 Ibid.

301 Ibid.

302 International Commission of Jurists (ICJ).. Silenced But Not Silent: Lesbian, Gay, Bisexual and Transgender Persons' Freedom of Expression and Information Online in Southeast Asia. A Baseline Study of Five Countries in Southeast Asia: Indonesia, Malaysia, Philippines, Singapore and Thailand. 25 July 2023. Retrieved September 20, 2023, from https://icj2.wpenginepowered.com/wp-content/uploads/2023/07/ICJ-Silenced-But-Not-Silent-Report.pdf

In Indonesia, Malaysia, the Philippines, and Singapore, LGBT individuals encounter substantial hurdles when attempting to exercise their fundamental rights to freedom of expression and access to information in online environments. These challenges are closely linked to the presence and enforcement of discriminatory legislation that either criminalises or imposes restrictions on LGBT identities and expressions, with Indonesia and Malaysia being particularly stringent in this regard.[302] These repressive laws serve to reinforce the broader societal patterns of stigmatisation, marginalisation, and pathologization faced by the LGBT community within these countries.[303]

The combination of government-imposed restrictions on LGBT-related expression and information, along with the pervasive occurrence of online hate and violence targeting queer individuals, has created an atmosphere of fear and self-censorship within the LGBT community on digital platforms.[304] These constraints, stemming from laws and societal discrimination, have engendered an environment where many LGBT individuals feel compelled to hide their true identities online to safeguard against potential legal repercussions, societal discrimination, and threats of violence.[305] The constant fear of encountering hate speech, cyberbullying, and harassment inhibits open dialogue and engagement, limiting opportunities for advocacy and support. While self-censorship may serve as a protective measure, it also denies LGBT individuals the ability to participate fully in online communities and stifles their voices in discussions about LGBT issues.

The widespread censorship of LGBT issues, coupled with government-imposed restrictions in various regions, has a profound impact on LBQ+ communities' access to crucial information concerning their SRHR. Governments and institutions actively suppress access to materials supporting LGBT individuals, thereby limiting LGBT-inclusive educational resources and further stigmatising and marginalisation of LGBT persons. Consequently, this adversely affects the capacity of LBQ+ individuals to make informed decisions about their SRHR and attend to their overall well-being.

302 ICJ. Silenced But Not Silent: Lesbian, Gay, Bisexual and Transgender Persons' Freedom of Expression and Information Online in Southeast Asia. A Baseline Study of Five Countries in Southeast Asia: Indonesia, Malaysia, Philippines, Singapore and Thailand. 25 July 2023. Retrieved September 20, 2023, from https://icj2.wpenginepowered.com/wp-content/uploads/2023/07/ICJ-Silenced-But-Not-Silent-Report.pdf

303 Ibid.

304 Ibid.

INADEQUATE & DISCRIMINATORY POLICIES & PROGRAMMES ON SEXUALITY EDUCATION

LIMITED AND IRREGULAR IMPLEMENTATION OF CSE

The limited and irregular implementation of CSE is a significant concern, particularly for LBQ+ communities, exacerbating existing challenges and disparities in their SRHR knowledge. For LBQ+ individuals, who are already marginalised and often excluded from mainstream discussions on sexual and reproductive health, the consequences of inadequate CSE are amplified.

According to the 2021 Global Status Report,[306] Brunei's educational landscape presents a limited focus on SRH education. Notably, CSE is not obligatory in primary schools[307]. Among the 155 reporting countries, Brunei has indicated the presence of education policies centred around 'life skills-based HIV and sexuality education,' albeit exclusively at the secondary education level.[308] According to the World Health Organization (WHO), national CSE policies are fully implemented in 76% to 100% of secondary schools in the country. However, comprehensive information about the specific content of CSE in secondary schools is sorely lacking.

A 2020 regional report indicates that sexuality education is offered as an optional subject in primary schools and is mandatory in secondary schools across Indonesia.[309] As a result, children of primary school age and below are not required to receive age-appropriate sexuality education. Without access to age-appropriate and accurate information, children may be left vulnerable to misinformation and issues related to consent and gender-based violence. This is even though Indonesia's Law No. 36/2009 on Health affirms the right of every individual to a healthy and safe reproductive and sexual life, free from coercion and violence. It also guarantees the right to access information, education, and counselling regarding responsible reproductive healthcare. In addition, Government Regulation No. 61/2014 on Reproductive Health[310] further emphasises the requirement for sexuality education for adolescents within the formal education system. Advancements in providing adolescents with access to CSE have been inconsistent, however, largely due to ongoing challenges related to implementation and scale-up.[311]

305 Ibid.
306 UNESCO. The journey towards comprehensive sexuality education: Global status report. 2021. Retrieved at: https://unesdoc.unesco.org/ark:/48223/pf0000379607
307 UNAIDS and WHO. Laws and Policies Analysis Indicator: Percentage of primary schools that have fully implemented education policies on life skills-based HIV and sexuality education. Source: UNAIDS Laws and Policies Analytics - http://lawsandpolicies.unaids.org/
308 UNESCO. The journey towards comprehensive sexuality education: Global status report. 2021. Retrieved at: https://unesdoc.unesco.org/ark:/48223/pf0000379607
309 International Planned Parenthood Federation East & South East Asia and Oceania Region (IPPF ESEAOR) 2020. Comprehensive Sexuality Education in Asia and the Pacific Region. Regional Review 2019 Background Report.
310 Government Regulation No. 61/2014 on Reproductive Health (Peraturan Pemerintah (PP) Nomor 61 Tahun 2014 tentang Kesehatan Reproduksi). https://peraturan.bpk.go.id/Details/5502/pp-no-61-tahun-20142023.
311 UNFPA, UNESCO and WHO 2015. *Sexual and Reproductive Health of Young People in Asia and the Pacific: A review of issues, policies and programmes*. Bangkok: UNFPA.

In Malaysia, sexuality education is not explicitly incorporated into the curriculum of schools. Nevertheless, the Ministry of Education (MOE) introduced a variant of it back in 1989, leading to the establishment of the Reproductive Health and Social Education (PEERS) Programme. This PEERS initiative encompasses a range of sexual and reproductive health subjects, which are integrated into various courses such as health studies, Islamic studies, biology, and science, spanning Standard 1 to Form 5. The programme is presently ongoing, with key stakeholders including personnel from the MOE, school administrations, and teachers.

However, investigations have revealed that PEERS falls short of providing comprehensive sex education, as it primarily adopts a harm-reduction approach and underscores abstinence in alignment with religious values. A study[312] conducted in 2011 compared PEERS to UNESCO's Comprehensive Sexuality Guidelines, concluding that "90% of the respondents agreed that sex education had not been taught in Malaysian schools, and the information provided by most teachers had been vague." Another study in 2013, which involved 1,850 former PEERS students, discovered that these individuals had the most extensive recall and exposure to PEERS topics related to human anatomy and biological functions.[313] In contrast, areas concerning human relationships and negotiation skills were inadequately covered.

In the Philippines, the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 requires the State to provide age-appropriate and developmentally suitable RPRH education to adolescents and school-age children. This education is meant to be taught by adequately trained teachers and integrated into relevant subjects, including values formation and sexuality education. The Department of Education (DepEd) is responsible for developing a curriculum for public schools, while private schools can either adopt the DepEd curriculum or create their own with DepEd's approval. Crucially, the RPRH Act prevents the sharing of any information on abortion and abortion methods.

In Singapore, the Ministry of Education (MOE) provides sexuality education in schools, commencing at the Primary 5 level and extending through junior college. Similar to Brunei, national CSE policies are reported to be fully implemented in 76% to 100% of secondary schools in the country.[314] It may be worth noting that parents can opt their children out of CSE in Singapore primary schools. Singapore's sexuality education curriculum also differs significantly from UNESCO's International Technical Guidance on Sexuality Education, particularly in areas such as gender equality, addressing abuse in relationships, and promoting safer sex strategies.[315] The curriculum's abstinence-only approach lacks comprehensive coverage of sexual health and neglects important aspects such as consent and bystander intervention. This approach hinders students' ability to develop healthy relationships and explore their sexual identities fully.

312 Talib, J., Mamat, M., Ibrahim, M., & Mohamad, Z. (2012). Analysis on sex education in schools across Malaysia. Procedia-Social and Behavioral Sciences, 59, 340-348.

313 ARROW. (2020). Monitoring Report: Gender Equality in Malaysia.

314 2019. Indicator: Percentage of secondary schools that have fully implemented education policies on life skills-based HIV and sexuality education. Source: UNAIDS Laws and Policies Analytics - http://lawsandpolicies.unaids.org/

315 AWARE (July 2021). Reimagining Equality: Sexuality Education for a Safer Singapore: A Policy Wishlist from Students, Parents & Teachers. https://www.aware.org.sg/wp-content/uploads/AWARE-Reimagining-Equality-2021-Community-Policy-Wishlist-Sexuality-Education.pdf

316 Sexuality education: Scope and teaching approach. (n.d.). MOE. https://www.moe.gov.sg/education-in-sg/our-programmes/sexuality-education/scope-and-teaching-approach#:~:text=and%20Millennia%20Institute-,What%20it%20covers,attitudes%20towards%20self%20and%20others.

CENTERING CONSERVATIVE, PATRIARCHAL & CISHETERONORMATIVE IDEALS

Education systems in many Malay Archipelago countries frequently emphasise conservative, patriarchal, and cisheteronormative ideals.

With extramarital sex being criminalised in Brunei, Indonesia, and certain parts of Malaysia, and religious conservative values significantly influencing SRHR policies, sexuality education in this region commonly centres around promoting abstinence. The central goal of abstinence-based approaches is to reinforce traditional norms that sexual activity should be confined to legally recognised, heterosexual marriages. Unfortunately, this emphasis often results in the omission of critical subjects such as safe sex practices, contraception, and awareness of diverse SOGIESC, leaving students ill-equipped to make well-informed choices concerning their sexual and reproductive well-being.

In Singapore,[316] the MOE sexuality education curriculum is shaped by two key objectives: addressing concerns about declining birth rates and emphasising the preservation of morally conservative values. The curriculum's core message of abstinence before marriage has remained consistent since its inception in 2000, while the curriculum is also designed to promote family planning and reproduction to combat demographic challenges and economic consequences. It also aims to uphold Singapore's multicultural and multi-religious social fabric, emphasising traditional cultural and moral values to ensure social harmony and cohesion in a diverse nation.

The Ministry of Education (MOE) enforces these objectives, focusing on instilling mainstream values and attitudes about sexuality grounded in the family unit as a societal foundation. The MOE also emphasises that marriage is defined as being "a union between a man and a woman." However, this exclusive emphasis on cisgender, heteronormative relationships marginalises LBQ+ students, leaving them ill-prepared to navigate their unique situations and identities which may fall outside these conventional boundaries.

According to the ASEAN SOGIE Caucus (2017), public school textbooks in the Philippines have also been found to inculcate heteronormative ideals by upholding traditional binary gender roles, depicting men as strong and economically driven, and women as nurturing.[317] These texts endorse the heterosexual family as the ideal, with fathers as household foundations and mothers primarily responsible for childcare.

Additionally, sexuality education in the Philippines has been noted for its absence of topics, perspectives, and health concerns relevant to LGBTQ+ Filipino youth. This omission is attributed to the fact that CSE in the Philippines adheres to a heteronormative framework that prioritises family formation and procreation, heavily influenced by Catholic teachings, and that employs an individualistic approach to SRH that aligns with a pedagogy excluding the LGBTQ+ community.[318]

In our interview with Rina, a bisexual woman in the Philippines, she agrees that sexual and reproductive health education is "very heteronormative" based on her observations as a former teacher. She points out that this approach may alienate LBQ+ students in schools. For that reason, she advocates for the development of a more inclusive curriculum to address the diverse needs of LBQ+ individuals and potentially sensitise cisgender heterosexual students to the diversity within their classrooms.

"As a former teacher, I don't remember any education – our sexual and reproductive health education is very heteronormative, and LBQ students might be alienated from what is being taught in schools, and hopefully, they can come up with a curriculum that is inclusive. This can also hopefully sensitise cis-heterosexual students, that there are also certain changes in their classmates that are different from their own."[319]

PATHOLOGIZATION, MEDICALISATION & VILIFICATION OF LGBTQ+ PERSONS IN SCHOOL TEACHINGS

The pathologization, medicalisation, and vilification of LGBTQ+ individuals in school teachings are of significant concern in the Malay Archipelago. Recent events in Singapore, Malaysia, and Indonesia have highlighted instances in which anti-LGBTQ+ rhetoric is making its way into classrooms.

In Singapore, a school counsellor at Hwa Chong Institution (HCI) was reprimanded and suspended for conducting sexuality education lessons after presenting discriminatory content to students in 2022.[320] The presentation contained unsubstantiated claims, such as linking homosexuality to problems such as intestinal worms and paedophilia, and associating it with issues such as alcoholism and sexual assault. In response, HCI stated that the content was not approved by the school and did not represent the institution's or the Ministry of Education's position.

A statement released by LGBTQ community organisation Pink Dot SG condemned the school counsellor's anti-LGBTQ+ presentation.[321] In addition, it highlighted the need to address systemic issues within sexuality education rather than attributing the incident to an individual counsellor's actions. They also stressed the importance of implementing safeguards to prevent future instances of such misinformation and ensure that counsellors and educators do not promote fear-based narratives about the LGBTQ community.

In both Malaysia and Indonesia, government actors have been shown to promote school programmes and curricula aimed at preventing LGBT "social ills" among students.

In 2017, Malaysia's Health Ministry modified a teenage sex education video competition, removing guidelines that initially included a section on "preventing homosexuality and transgenderism." This change came after activists raised concerns that these guidelines could potentially incite hatred and violence against the LGBTQ+ community. The competition initially featured three categories, covering sexual and reproductive health, cybersex, and "gender identity disorder," with instructions to include content on the "consequences" of being LGBTQ+ and how to "prevent, control, and seek help" for such identities.

More recently in 2023, the Malaysian Ministry of Education has taken a strong stance against the influence of "LGBT ideology" within its educational institutions. Minister of Education Fadhlina Sidek responded to concerns raised by a parliamentary member regarding the alleged penetration of "LGBT ideology" in schools. The minister emphasised the importance of cultivating students' soft skills and upholding ethical values. She reiterated the MOE's dedication to instilling proper conduct, moral standards, and cultural integrity in students.

317 ASEAN SOGIE Caucus (2017). The Rainbow in Context: An Overview of the Situation of Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ) Persons in Southeast Asia. https://aseansogiecaucus.org/images/2017/ASC_Rainbow_in_Context_LGBTIQ_Persons_in_SEA.pdf

318 Abesamis, Luis Emmanuel & Siddayao, Klarizze. (2021). Queering Sexual Education in the Philippines: Policy and Program Implications for Filipino LGBTQ+ Youth. 2020.

319 Interview in June 2023 with Rina (pseudonym), bisexual woman, Philippines.

320 Lee, L. (2022, July 18). Hwa Chong staff reprimanded, suspended from sex education lessons after discriminatory presentation on LGBTQ issues. TODAY. https://www.todayonline.com/singapore/hwa-chong-institution-lgbtq-presentation-reprimanded-suspended-1946691

321 Baska, School suspends teacher from sex-ed classes after claiming gay men have worms. PinkNews | Latest Lesbian, Gay, Bi and Trans News | LGBTQ+ News. 9 July 2022. Retrieved November 6, 2023, from https://www.thepinknews.com/2022/07/19/hwa-chong-institution-singapore-anti-lgbtq-presentation-gay-worms/

322 Yi, B. L. (2017, June 8). Malaysia's Health Ministry forced to rethink "homophobic" sex education video competition after LGBT uproar | The Independent. The Independent. https://www.independent.co.uk/news/world/asia/malaysia-sex-education-video-outcry-lgbt-rights-gay-homophobia-transgender-prejudice-health-ministry-a7778696.html

Interestingly, the minister also mentioned the implementation of various cross-ministerial programmes "to ensure the implementation of sexuality education in a cohesive and comprehensive manner in addition to being in line with various international references and recommendations, including the International Technical Guidelines on Sexuality Education of the United Nations Cultural and Scientific Education Organization (UNESCO)." Here, a contradiction arises, as these guidelines explicitly acknowledge the vulnerability of LGBTI individuals to school-based bullying and underscore the necessity of addressing their SRH needs. The minister's reference to these guidelines might be viewed as mere rhetoric, given the ministry's active stigmatisation of LGBT students, increasing their susceptibility to prejudice and discrimination.

In Indonesia, the local government of Pekanbaru city has initiated steps to address "LGBT behaviour," one of which involves introducing anti-LGBT content into the school environment.[323] Acting Mayor Muflihun has urged the Education Department (Disdik) to incorporate discussions on the "dangers of LGBT" into school curricula, aiming to prevent "deviant behaviour" among students from an early age. This integration of anti-LGBT content is primarily conducted within existing subjects, such as religious studies, civic education (PPKN), and local culture, allowing teachers to engage students in discussions about the implications of such behaviours.

As of September 2023, the effort to integrate anti-LGBT education into schools is already underway, with teachers incorporating these discussions in their respective schools. While the local government's intentions may be to prevent what they see as deviant behaviour, these actions contribute to the pathologization and vilification of LGBTQ+ individuals, exacerbating the challenges and discrimination they face in society. The introduction of anti-LGBT content in schools blurs the line between education and propaganda, creating an environment that promotes harmful stereotypes instead of fostering diversity and inclusivity. These actions can have severe and lasting effects on LBQ+ students, leading to self-hatred, mental health issues, and isolation from their peers. Importantly, this can significantly impact the educational attainment and future prospects of LBQ+ individuals.

323 Liputanoke.com. Perangi LGBT, Pemko Bakal Integrasikan Kurikulum anti LGBT di Sekolah. (Translation: Fight Against LGBT, City Government Will Integrate anti-LGBT Curriculum in Schools) Liputanoke.com. https://www.liputanoke.com/read-50753-2023-09-15-perangi-lgbt-pemko-bakal-integrasikan-kurikulum-anti-lgbt-di-sekolah.html 15 Sept 2023.

324 nterview in February 2023 with Huda, lesbian panromantic sex-favourable ace, Malaysia.

CHALLENGES AND OPPORTUNITIES: LBQ+ ACCESS TO SRHR KNOWLEDGE

The consensus among all interviewees is that there is a notable dearth of SRHR information tailored for LBQ+ communities. Many LBQ+ individuals reported that they lack personal knowledge on SRHR and that this impacts their ability to navigate sexual and reproductive health matters with confidence.

When asked about her level of knowledge on SRHR, Huda from Malaysia expresses uncertainty, hesitating before explaining that she doesn't feel adequately informed about it. As an LBQ+ individual, she emphasises the difficulty of relating the information she comes across to her own experiences, unsure of its applicability to her. Moreover, she acknowledges not having delved into discussions about sexual health in local terms and confesses to relying on information mostly sourced from the US and the UK. She feels that the information she encounters is more generalised and tailored to those living in those countries, leaving her uncertain about its relevance to her life in Malaysia.

Aries, a deaf trans man in Malaysia, sheds light on the challenges queer deaf individuals face in accessing SRHR information. He highlights that the deaf community is often limited in their understanding of information, emphasising the advantage of immediate comprehension that hearing individuals have through spoken language.

> ***"I don't know what specifically applies to me [...] if you ask me if I have enough knowledge, I don't feel like that. Sometimes it feels like, oh okay, when something happens, we'll deal with that. I haven't really had discussions about sexual health in local terms. And I haven't really had conversations about it locally [...] Because what I read mostly [...] from the US, UK so it does feel like it's a general thing, like it applies for them when they live there, but I don't know how much applies to me, because it's not tailored to Malaysia, so yeah [...] I haven't received the sort of knowledge or information in local terms."***[324]

Aries, a deaf trans man in Malaysia, sheds light on the challenges queer deaf individuals face in accessing SRHR information. He highlights that the deaf community is often limited in their understanding of information, emphasising the advantage of immediate comprehension that hearing individuals have through spoken language.

He urges hearing individuals within the community to address this gap by learning sign language, expressing hope that this would enable them to share essential SRHR information with queer deaf individuals. The challenges faced by the deaf community in accessing such information due to communication barriers highlight the risk of marginalised groups' social exclusion when their needs are not considered.

> ***"Because the deaf is so limited, they don't really know the meaning of things, so for example for the hearing, when they hear, they can understand immediately and they know. But for [the] deaf, it's a little bit slow [for us] to understand because of the limitation of knowledge. So I hope that the hearing maybe can learn some sign language and share with deaf people."***[325]

In Indonesia, Chacha notes that, based on her own involvement in LGBTQ+ rights activism, the invisibility of LBQ+ communities and their SRHR issues have contributed to the knowledge gaps among LBQ+ individuals. From her perspective, she observes that SRHR-related topics such as safe sexual activities, condom use, voluntary counselling and testing (VCT), and pap smears are not a primary focus among LBQ+ individuals. She suggests that within the LBQ community, these issues may still be considered taboo, especially when compared to the more advanced discussions on visibility within the gay, bisexual, and queer (GBQ) and trans communities.

Despite the involvement of some LBQ+ individuals in organisations, Chacha highlights their limited quantity and sustainability in Indonesia. The LBQ community is described as still grappling with discussions on avoiding forced marriages, facing challenges in networking, and maintaining a level of secrecy in exploring issues related to SOGIESC and human rights. Chacha emphasises that LBQ conversations tend to revolve more around general women's issues than specific LBQ concerns, particularly within the often-taboo realm of SRHR. The compounding effects of the stigmatisation of both LBQ+ individuals and SRHR issues contribute to the slow progress in addressing LBQ+ SRHR concerns.

325 Focus group discussion in March 2023, as interpreted by sign language interpreter. Aries, trans man, Malaysia.
326 Interview in March 2023 with Chacha, queer woman, Indonesia.
327 Interview in February 2023 with Miles (pseudonym), straight trans man, Malaysia.

> ***"[...] even though some [LBQ individuals] choose to be at the forefront of organisations, the quantity is not that many compared to others [...] LBQ organisations in Indonesia can be counted, maybe one or two, and they are not sustainable. They are still discussing how to avoid being forced into marriage, and even networking can be scary. They are still [in] hiding to learn about SOGIESC and human rights issues. They talk more about general women's issues rather than LBQ-specific issues, especially SRHR."***[326]

Within the interview data, LBQ+ interviewees were found to primarily turn to informal sources to access information about sexual and reproductive health. They frequently mentioned relying on online resources, self-directed reading, and conversations within their own communities. This trend is largely attributed to the absence of or gaps in comprehensive sexuality education within formal educational systems. Many interviewees expressed that the sexuality education they had received in schools, if any, was either insufficient, outdated, or failed to address their unique needs, prompting them to seek out alternative sources of information.

> ***"I think honestly just over the years of watching TV or film or reading about [sexual reproductive health] online. It's definitely not in any formal way. There was no formal education about it in school. Obviously not."***[327]

One interviewee shared their experience of receiving sexual health information from their mother, who provided them with inaccurate information:

> ***"My mum said that you shouldn't let boys touch your breast because it will explode!"***

This misinformation seemed intended to discourage the participant from engaging in sexual activity. This underscores the significance of promoting awareness about SRHR because primary sources of information for LBQ+ individuals, such as their parents, may intentionally or unintentionally convey incorrect information driven by their personal beliefs and moral values, which may stigmatise sexual behaviours outside of marriage.

Penny, a bisexual woman in Malaysia shared that her understanding of SRHR issues primarily comes from her friends involved in SRHR advocacy within the local community.

"They give out free health screenings to people in the community - no judgement. [...] They cater to a lot of sex workers so I learned a lot from them."[328]

Additionally, she mentioned that the same organisation conducts sex education programmes. However, these programmes are limited to teaching 18-year-olds or Form 6 students in schools, a restriction imposed by the Ministry of Education's conservative stance on premarital sex.

This limitation is concerning because it leaves students under 18 without access to sex education, despite the likelihood that many of them are already engaging in sexual activities. This gap in education can potentially result in higher rates of STIs and unintended pregnancies among adolescents. Even for cisgender heterosexual individuals, access to sex education is already challenging. Furthermore, LBQ+ individuals face additional hurdles, receiving incomplete information due to their exclusion from these programmes. Consequently, LBQ+ individuals may find it difficult to make well-informed decisions about their sexual and reproductive health due to this exclusion.

Tin in the Philippines highlighted that the existing SRH information primarily caters to the heterosexual population. She pointed out that information pertinent to LBQ individuals is challenging to access due to its limited availability, misconceptions about LBQ health, or the overwhelming volume of information tailored for cisgender and heterosexual individuals, which can overshadow resources for LBQ individuals.

LBQ+ individuals heavily depend on online sources for information on SRHR, due to the limited or exclusionary nature of sexuality education in schools. However, it's essential to address another critical concern: the necessity for LBQ+ individuals to develop the skills to differentiate between accurate and inaccurate information found online. They should possess the ability to validate information, whether through consulting others, seeking guidance from experts, or ensuring the information originates from reputable sources. Despite the vast amount of information available on the internet, the skill of discernment remains paramount.

"Most available SRH information is really targeted towards the hetero population. So you really have to look for information that can be used by LBQ women. For example, sometimes, I get asked whether it's true that being LBQ means that our testosterone might be higher. And these questions are coming from friends who are college graduates, so that means that the information is not popularised yet. Most narratives are really heterocentric."[329]

LBQ+ individuals heavily depend on online sources for information on SRHR, due to the limited or exclusionary nature of sexuality education in schools. However, it's essential to address another critical concern: the necessity for LBQ+ individuals to develop the skills to differentiate between accurate and inaccurate information found online. They should possess the ability to validate information, whether through consulting others, seeking guidance from experts, or ensuring the information originates from reputable sources. Despite the vast amount of information available on the internet, the skill of discernment remains paramount.

An illustrative example was shared by Vashti from the Philippines. They[330] recounted an instance where they sought information about hormonal medication for gender transitioning from online sources, including Google and chat forums. Despite conducting thorough research independently, they later discovered that the information they had received was incorrect and potentially harmful to trans individuals who might consider self-administering medication. Vashti emphasised the lack of support they had at the time to make more informed decisions regarding their body.

"[...] thinking about it now, the information was wrong. It was very dangerous for young people, trans people, to even access that kind of information because they were incorrect. Of course, I didn't have support then, but now, most of the queer information is really coming from the community, because they're from the sharings, it's not on paper. Those that are written are from a community, and they enrich [the conversation]. For example, my community, STRAP, we have our support group meetings where this is discussed. With the transmasc community."[331]

The importance of groups that support LBQ+ communities in accessing reliable SRH information cannot be emphasised enough. These groups serve as invaluable hubs for open dialogues among LBQ+ individuals, enabling the sharing of personal experiences, insights, and essential resources. Beyond the exchange of knowledge, these discussions provide a crucial layer of emotional support, reinforcing a sense of belonging among LBQ+ individuals who may otherwise feel marginalised. As governments are falling short in providing comprehensive sexuality education tailored to the specific needs of LBQ+ individuals, community groups and non-governmental organisations (NGOs) have emerged as crucial players in filling the knowledge void.

328 Interview in February 2023 with Penny (pseudonym), bisexual woman, Malaysia.
329 Interview in July 2023 with Tin (pseudonym), pansexual woman, Philippines.
330 Vashti's pronouns are she/they.
331 Interview in July 2023 with Vashti, trans, Philippines.

LBQ+ individuals closely engaged with community groups and activist movements tend to possess a more comprehensive grasp of SRHR, largely attributable to their increased exposure. Fire, a trans man from the Philippines, emphasises the significant role that NGOs play in delivering comprehensive SRH education for LBQ+ individuals: "Perhaps the most comprehensive information that I have seen so far would come from non-government organisations."

He also highlights the presence of organisations specifically dedicated to trans men, which conduct informative health awareness sessions and check-ins. Fire underscores the value of these talks, noting that the speakers are well-informed and exceptionally supportive of transgender individuals. The importance of community groups and NGOs in LBQ+ individuals' lives cannot be overstated.

> ***"There's a wide range of things to talk about. Sexual health is part of it. But there are modules around hormone therapy and how that works, what to expect when you undergo gender reaffirming surgery, what to expect as side effects of hormone therapy as well. So, it really tackles the entire sexual health and well-being of the trans man. I think that it's important we have a lot of folks who attend those talks, actually. They're very, very open. I would say that these speakers that we normally get are very knowledgeable and are very trans friendly. They understand our language, they use the correct terminology and they address issues head-on."***[332]

332 Interview in July 2023 with Fire, bi trans man, Philippines.
333 This expert interviewee has been working in the SRHR field for 10 years. They hold a master's degree in communications, with a particular focus on health communication.
334 They/them pronouns are used to refer to this interviewee.

Chapter 4
LBQ+ Experiences of Discrimination in Healthcare

LBQ+ individuals often face unique challenges when using SRHR services. The findings presented in this chapter illuminate critical aspects of this complex issue. This exploration reveals a multifaceted tapestry of discrimination, unveiling the stigmatisation of SRHR issues and the pervasive influence of compulsory cisheterosexuality. LBQ+ individuals often find themselves grappling with unwarranted assumptions tied to heteronormativity, the erasure of bisexual individuals with children, and medical gaslighting. Moreover, the fear of discrimination looms large, acting as a significant barrier that hinders LBQ+ individuals from seeking essential SRHR services. Within this complex web of discrimination, LBQ+ individuals also face intersecting discrimination on the basis of sexual orientation, gender identity and expression, assigned sex at birth, weight, ethnicity, and disability status. This chapter offers a critical examination of these findings, aiming to illuminate the unique challenges faced by LBQ+ individuals in their pursuit of equitable and inclusive healthcare services.

STIGMATISATION OF LBQ+ SRHR ISSUES

Bintang, a non-binary lesbian interviewee who is also a health communication expert,[333] delves into the complexity of SRHR in Indonesia and the enduring stigma associated with it. They[334] emphasise that SRHR is one of the most intricate aspects of healthcare, still heavily burdened by societal stigma. Despite the availability of healthcare services, such as HIV testing and treatment, in Indonesia for an extended period, this stigma persists. People who are stigmatised often hesitate or outright avoid seeking SRHR-related services. Bintang mentions that this stigma extends to various aspects of SRHR, including abortion and contraception, which has piqued their interest in this field.

From a health communication perspective, they acknowledge that SRHR presents unique challenges. Bintang draws a contrast with the experience of the COVID-19 pandemic, where initial stigma gradually waned as more information became available. However, in SRHR, the resistance and stigma persist. They suggest that this may be partly due to state control and ideological factors that govern how citizens live, particularly regarding women's bodies and reproductive choices. Government regulations, spanning contraception, abortion, check-ups, and more, stem from historical interests in population growth and the quality of life. Bintang underscores that these interests remain potent at a macro level, shaping the regulatory landscape of SRHR in countries such as Indonesia.

> ***"A stigma for abortion still exists [...] in my opinion, it's because of the control, the control is under an ideology that regulates [...] how the citizens live, that's a very strong factor there. For example, in Indonesia, women are always heavily regulated, from contraception, abortion, to check-ups, HPV, everything is regulated. [...] Because there is an interest in SRHR, there is an interest back in the old days, for population growth and quality of life, so at a macro level it's like that. [...] So, in my opinion, the interests at play there are very strong."***[335]

Indah, a bisexual individual in Indonesia, shared their discomfort and frustration when seeking sexual and reproductive healthcare, largely stemming from perceived stigma and judgement. They[336] described experiencing intrusive and unrelated questioning from healthcare providers, such as inquiries about marital status and the purpose of reproductive organ checks. These questions made them feel uncomfortable and judged, as they perceived a scrutiny of their personal choices and behaviours during what should have been routine check-ups or tests. These questions highlight a pervasive notion that SRH services are exclusively meant for married couples, based on the belief that sexual activity should solely occur within the confines of marriage. Consequently, seeking SRH services outside of marriage is stigmatised, which poses distinct challenges for unmarried or same-sex couples within LBQ+ communities.

> ***"I've been to the community health centre, also to the hospital [...] the story is still the same. For example, if you get a question, for instance, "Have you been married before?", during a checkup, "Why do you need to check your reproductive organs?" There is still stigma, there is judgement. "You already married? Oh, you're not married yet, then why?" [The nurse] is the one who checks this, the status, married [...] [She says] "What are you looking for? Pap smear? What's the point of having a pap smear?"***[337]

Penny, a bisexual woman residing in Malaysia, highlighted the disconcerting experiences of close friends who are a same-sex lesbian couple. These accounts revolved around the couple's challenging efforts to undergo a routine blood test at a government clinic, shedding light on how LBQ+ SRHR issues are stigmatised.

Firstly, healthcare providers at the government clinic refused to administer the blood test, using the couple's same-sex relationship as a basis for their denial. This incident exposed an ingrained misconception among certain healthcare professionals - the misguided belief that same-sex lesbian couples have a reduced risk of acquiring sexually transmitted infections (STIs). This assumption stems from the false notion that STI transmission is exclusively linked to penetrative sexual activities, presupposing that same-sex female couples face a lower risk. However, this perspective contradicts evidence-based research emphasising the importance of STI screening for all sexually active individuals, regardless of their sexual orientation. Rejecting certain sexual health services for lesbian couples due to this misconception poses risks to their health and well-being.

Secondly, the healthcare providers demonstrated a disconcerting degree of bias and a lack of understanding when responding to the same-sex nature of the couple's relationship. Their remark, "Woman? You have sex with a woman?" exposed a significant deficiency in their comprehension and empathy concerning diverse sexual orientations and relationships, further illustrating how LBQ+ individuals may encounter stigmatisation and a lack of sensitivity when seeking sexual and reproductive healthcare.

> ***[They felt] a bit judged when they have to explain who their sex partner is. They're [the healthcare providers were] like "Woman? You have sex with a woman?" Things like that, so it's quite sad lah that that happens."***[338]

335 Interview in March 2023 with Bintang, non-binary lesbian, Indonesia.
336 They/them pronouns are used to refer to this interviewee.
337 Interview in March 2023 with Indah (pseudonym), bisexual gender-questioning, Indonesia.
338 Interview in February 2023 with Penny (pseudonym), bisexual woman, Malaysia.

COMPULSORY CISHETEROSEXUALITY IN HEALTHCARE

Compulsory cisheterosexuality[339] refers to the societal pressure and expectation for individuals to conform to a cisgender and heterosexual identity and expression. This recognition is essential as it highlights the double burden of discrimination and societal pressure faced by LBQ+ individuals who do not conform to both cisgender and heterosexual norms.

In the context of LBQ+ healthcare, compulsory cisheterosexuality becomes particularly relevant. Many healthcare settings are built on a foundation of heteronormativity and cisnormativity, assuming that patients are both cisgender and heterosexual. This can lead to significant challenges for LBQ+ individuals who may encounter healthcare providers who lack cultural competence in addressing their unique needs and experiences. These assumptions can result in inadequate care, misdiagnoses, or even discrimination within healthcare settings.

Our research indicates that a significant portion of healthcare providers predominantly approach service delivery through a lens that centres cisgender and heterosexual norms. This lens often leads to an erasure of the diverse experiences and needs of LBQ+ individuals, which can have detrimental effects on their access to quality healthcare. Several examples of compulsory cisheterosexuality in healthcare were reported by our LBQ+ interviewees, shedding light on the challenges they face when seeking medical care.

In one instance, Nabilah from Singapore sought medical care after a sexual encounter with a woman resulted in them contracting a sexually transmitted infection. In this encounter, the healthcare provider initially assumed a heterosexual context and inquired why the interviewee hadn't used condoms. Nabilah hesitated to reveal her same-sex relationship history to the doctor and attempted to explain the situation without disclosing their sexual orientation. However, the doctor continued to stereotype and make assumptions about her sexual behaviour, suggesting that they must have had an encounter with a man. This experience left Nabilah feeling uncomfortable and frustrated, as it was evident that the doctor lacked understanding and sensitivity towards her sexual orientation.

> ***"I tried to explain and then he said, "Oh, okay, so didn't you notice like, like, the guy's penis is like this?" and I felt so uncomfortable. I'm like, why are you just stereotyping me to like women to men kind of thing, you know?"[240]***

UNWARRANTED PREGNANCY RISK ASSUMPTIONS TIED TO HETERONORMATIVITY

One recurring theme is the assumption of heterosexuality, as healthcare providers frequently inquire about different-sex partners or potential pregnancy without considering the possibility of same-sex relationships. Many LBQ+ individuals find themselves in situations where they need to correct these assumptions, often leading to discomfort and anxiety during medical appointments. In some cases, LBQ+ individuals opt not to correct these assumptions due to the discomfort or fear of potential discrimination.

During a gynaecological appointment, a healthcare provider asked our interviewee, Hab, about their[341] sexual activity, a routine question to assess potential health risks. After confirming their sexual activity with a "yes," the provider promptly warned them about the risk of pregnancy. However, when Hab further revealed that they were in a same-sex relationship at the time, it appeared to leave the provider perplexed and unsure of how to respond. Hab described the provider's reaction as dismissive, indicating a lack of familiarity with addressing such situations. Additionally, despite identifying as gender nonconforming-, Hab found it easier to simply identify as a woman in medical contexts to avoid potential complications related to their sexual orientation or gender identity.

> ***"They don't really know how to react next [...] If it's anything to do with my sexuality [...] with anything medical, I'm just like a woman. It's just easier."***[342]

In a different scenario, Donna, a bisexual woman from the Philippines, openly mentioned her same-sex relationship with the expectation that her healthcare provider would promptly understand that pregnancy was not applicable to her situation. Contrary to her assumptions, it appeared that this understanding was not immediately evident to the healthcare provider. Donna humorously highlighted that healthcare providers might not immediately grasp this information because they typically have limited interactions with LBQ+ patients.

339 The term *compulsory cisheterosexuality* is used as an extension to the more common term *compulsory heterosexuality*. It explicitly acknowledges the intertwined nature of both cisgender and heterosexual assumptions and ideals in society.

340 Interview in March 2023 with Nabilah, bisexual woman, Singapore.

341 They/them pronouns are used to refer to this interviewee.

342 Interview in March 2023 with Hab (pseudonym), pansexual gender nonconforming, Singapore.

"[...] maybe it doesn't register in their minds immediately because they don't encounter it regularly. It's an immaculate conception. [laughs]"[343]

Another presumption frequently tied to the concept of compulsory cisheterosexuality is the expectation that all couples engage in sexual activity, which could also be called compulsory sexuality. EM, an individual who identifies as biromantic asexual, encountered this assumption during a discussion with their[344] healthcare provider about their relationship with a person of a different gender, with whom they shared a living arrangement. Without further inquiry, the doctor immediately assumed the presence of sexual activity in the relationship, primarily due to the perception of a potential pregnancy risk, given the different sexes of the couple. This occurred despite EM having previously explained that their symptoms were linked to PCOS.

Following this encounter, EM expressed feeling compelled to conceal information about their relationship, fearing that healthcare providers might not grasp the non-sexual nature of their partnership. Such presumptions risk diverting medical attention away from more pertinent issues, such as the management of PCOS. Notably, in settings such as government clinics where waiting times can be protracted and doctor-patient interactions are often brief, focusing on pregnancy risks when a patient has explicitly clarified their irrelevance can result in an inefficient use of time and resources.

"[...] in the past I would disclose the information that I live together with a partner that is the opposite gender from me, and the doctor would assume that we are in a sexual relationship. When I told them that, they would immediately think that I'm pregnant, despite the fact that I already explained to them I have symptoms of PCOS; not just the menstrual cycle but also facial hair, fatigue, insulin resistance and intense craving. Which will lead them directly to a pregnancy test. It made me feel like I have to hide the status of my relationship, and they would definitely not understand a non-sexual relationship."[345]

OVERLOOKING BISEXUAL INDIVIDUALS WITH CHILDREN

> ***"The assumption is... married, then having children, well the orientation is heterosexual. People in healthcare have that assumption."***[346]

The under-recognition of bisexual individuals who have children from previous relationships with cisgender men reflects the influence of compulsory cisheterosexuality within healthcare. This phenomenon occurs when healthcare providers make assumptions about an individual's sexual orientation based on their current family structure or the gender of their previous partners. In doing so, they often overlook or dismiss the individual's bisexuality and the unique challenges they may face in their sexual and reproductive healthcare. This invisibility can have detrimental consequences, resulting in inadequate SRH care.

> ***"[Healthcare providers] don't even question it because I present as very feminine and I have a child."***[347]

Penny, a bisexual woman in Malaysia, expressed that she is not open about her bisexuality when interacting with healthcare providers. When asked about whether she changes sexual partners, she responds with a straightforward "No," without mentioning the gender of her current partner. She explained that healthcare providers never initiated discussions about her sexual orientation, assuming she was heterosexual. This assumption tends to go unchallenged, possibly influenced by her feminine presentation and her past marriage to a man, with whom she is now separated, as they have a child together.

However, Penny did reveal that she is presently in a relationship with a woman following her separation from her husband. In this context, her sexual orientation holds the potential to influence her experiences and outcomes concerning sexual and reproductive health. The lack of inclusivity and awareness regarding diverse sexual orientations within healthcare settings can create obstacles to open and honest communication between patients such as Penny and their healthcare providers. This communication gap may have implications for the accuracy of medical assessments and the suitability of treatment options.

343 Interview in July 2023 with Donna, bisexual woman, Philippines.
344 EM's pronouns are they/them.
345 Interview in February 2023 with EM, biromantic non-binary ace, Malaysia.
346 Interview in March 2023 with Indah (pseudonym), bisexual gender-questioning, Indonesia.
347 Interview in February 2023 with Penny (pseudonym), bisexual woman, Malaysia.

MEDICAL GASLIGHTING IN HEALTHCARE

"Whenever women would feel pain here and there, they think it's just women blowing things out of proportion."[348]

Gender stereotypes play a significant role in how healthcare providers assess pain in cisgender men and women. Men typically expect their pain to be taken seriously, while women often fear their pain may be underestimated due to gender-based biases. Global-level research indicates that healthcare providers tend to downplay the pain reported by patients, particularly in the case of women.[349] This gender bias in assessing pain has led to women's pain being historically minimised, invalidated, or attributed to psychological factors, resulting in adverse effects on women's health.

This issue of dismissing women's pain extends to LBQ+ individuals, such as those assigned female at birth. Their pain is often invalidated due to both their gender and sexual orientation, which can lead to delayed diagnoses and suboptimal healthcare. Recent studies reveal that a significant percentage of LGBTQ+ individuals, up to 54%, experience medical gaslighting,[350] a much higher prevalence compared to cisgender and heterosexual individuals.[351] It is important to highlight that gay men face similar levels of medical gaslighting as cisgender heterosexual individuals, highlighting the elevated vulnerability of LBQ+ communities to this issue and its adverse consequences.

LBQ+ individuals may encounter healthcare providers who not only minimise their pain but also display prejudice or discomfort related to their sexual orientation. This double burden of discrimination can create a hostile environment in healthcare settings, making LBQ+ individuals hesitant to seek medical care even when they are in pain or experiencing health issues. Adding to this burden, there is a substantially elevated prevalence of chronic pain among LGBTQ+ individuals according to US research, with rates ranging from 50% to 100% higher than their heterosexual counterparts.[352]

Through our in-depth interviews with LBQ+ individuals, it became evident that medical gaslighting in the context of sexual and reproductive health is a troubling and common occurrence. This troubling phenomenon encompasses various conditions, with menstrual pain standing out as a primary example. LBQ+ individuals often find that their experiences of pain and discomfort related to these conditions are downplayed or overlooked, creating a significant barrier to accessing appropriate healthcare.

Menstrual pain, a common experience for many cisgender women and individuals with uteruses, is frequently dismissed or trivialised by healthcare providers. LBQ+ individuals recount instances where they sought medical attention for severe menstrual pain only to be met with scepticism or a lack of empathy.

Fol illustrates this in her recount of "aggressively painful period pain." She emphasises the severity of the pain and discomfort she endures, particularly during the initial days of her menstrual cycle. Furthermore, her reliance on pain relief medications such as paracetamol to function underscores the significant impact of this pain on their daily life. Her past recourse to clinic-administered shots to manage the pain reflects the lengths to which she has had to go to find relief, often without a clear understanding of the medications administered, illustrating the broader issue of inadequate support and recognition for LBQ+ individuals' menstrual health concerns.

> ***"It's hell on earth for the first few days. It's hard to get up [...] and [I have] really heavy blood flow and- for the most part- very painful. Like you know having the feeling of your uterus being squeezed for like 24 hours at times. Sometimes it's hard to even function as a human being during my period without Panadol or things like that. I think in my early 20s. But people keep on dismissing the pain. Like everyone else feel the same way kind of thing. But I find that my experience definitely varies from most people. And in my early 20s, I had to get like shots from clinic to make it more bearable. I don't know what medication they gave, forgot to ask either. It[is] kinda just like "oh go to the waiting room and get shot" and I was like "okay."***[353]

348 Interview in March 2023 with Fol (pseudonym), demisexual lesbian, Malaysia.

349 UCL.Zhang, L., Losin, E. A. R., Ashar, Y. K., Koban, L., & Wager, T. D. (2021). Gender biases in estimation of others' pain. The journal of pain, 22(9), 1048-1059. https://www.jpain.org/article/S1526-5900(21)00035-3/fulltext#seccesectitle0017

350 Medical gaslighting is a behaviour in which a physician or other medical professional dismisses or downplays a patient's physical symptoms or attributes them to something else, such as a psychological condition.

351 Mastroianni, B. (2023, August 13). New Study Finds 47% of LGBTQ People Experience Medical Gaslighting. Healthline. https://www.healthline.com/health-news/new-study-finds-47-of-lgbtq-people-experience-medical-gaslighting

352 Zajacova, Annaa,*; Grol-Prokopczyk, Hannab; Liu, Huic; Reczek, Rind; Nahin, Richard L.e. Chronic pain among U.S. sexual minority adults who identify as gay, lesbian, bisexual, or "something else". PAIN 164(9):p 1942-1953, September 2023. | DOI: 10.1097/j.pain.0000000000002891 . https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10436360/

353 Interview in March 2023 with Fol (pseudonym), demisexual lesbian, Malaysia.

Bintang, a non-binary lesbian in Indonesia shares an alarming incident involving a colleague who sought medical help for severe menstrual pain but received an unsettling suggestion from healthcare workers. Instead of appropriate medical advice, she was advised to consider marriage and sexual activity as a remedy for their pain, reflecting outdated and unfounded beliefs. This not only disregards the woman's pain but also presumes that patients must adhere to marriage and motherhood as a remedy for their pain. This perspective is especially detrimental to unmarried LBQ+ individuals or those in same-sex relationships, who do not have the same access to marriage and reproductive care as their heterosexual counterparts.

> ***"One of my colleagues at [redacted], she has heavy pains whenever she gets menstruation. She went to the hospital which was covered by her insurance. However, the health workers there gave recommendations for her to get married and have sexual intercourse, so the sexual intercourse would reduce her pain. That's just about menstruation, I think it's really painful, but it becomes like... That's why, when you get married, they tell you to have children, and all that. It doesn't make sense. Let alone having services to stop menstruation."***[354]

In Singapore, Nabilah talks about a distressing encounter where she sought medical assistance related to experiencing pain during penetrative sex and experienced a deeply inappropriate response from a healthcare provider. The provider initially made unfounded assumptions about her sexual history and trauma without any basis for such claims. Subsequently, during an examination, the provider seemed to prioritise irrelevant issues, suggesting that the interviewee should bring her partner to a fertility clinic, which had no apparent connection to the interviewee's complaint of severe cramps and sexual discomfort.

> ***"[The health provider] tried to do a cervical cancer thing where they use [something that you] stick it in to check. [...] It was a small thing, right? So obviously, I didn't feel the pain, right? So she put it in and then after that, she said, "Oh, but I put it in. You don't feel any pain." I was like, "Oh, no, it's not painful for this. It's like anything bigger than that and it's quite painful." She was like, "I think you have sexual trauma, maybe you can bring you and your partner, like your boyfriend to a fertility clinic." [...] And how does this relate to my cramps? It doesn't make sense."***[355]

Fortunately, the interviewee eventually received a proper diagnosis of endometriosis from a specialist who took her symptoms seriously. This incident highlights the importance of LBQ-friendly healthcare services to avoid such distressing experiences and ensure that LBQ individuals receive appropriate and respectful care.

354 Interview in March 2023 with Bintang (pseudonym), masculine-presenting non-binary lesbian, Indonesia.
355 Interview in March 2023 with Nabilah, bisexual woman, Singapore.

> *"At that point, I was like, "No, I want to see another doctor." So, I went out. I just took my bag and I just stepped out. So they gave me another doctor in like, an hour to do [something] that's more specialised, like, sexual health kind of thing. And then when she said, "Oh, this is not actually my department, but let me check it for you." And then when she did, that's when she [was] like, "Hey, you need to do this test and this test and this test." and that's when I was told, "Oh, you got endometriosis."*[356]

From interviews discussing medical gaslighting, the interviewees did not suggest that their queer identity increases their likelihood of experiencing medical gaslighting. This is because LBQ+ individuals often chose not to disclose their queer identity during these situations, possibly viewing it as an additional obstacle to accessing quality healthcare. Nonetheless, the interviews emphasised that LBQ+ individuals are indeed affected by medical gaslighting, a phenomenon commonly associated with cisgender women. This suggests a need to further investigate the intersection of LBQ+ individuals and their vulnerability to medical gaslighting.

FEAR OF DISCRIMINATION HINDERS LBQ+ SRHR SERVICE UPTAKE

> *"I think it's more fear of accessing healthcare [...] instead of being rejected, you just don't access healthcare because you don't feel safe. You don't feel that it's accessible for you. You don't feel that that's the type of institution that caters to your needs."*[357]

The fear of discrimination has long been a pervasive barrier hindering the uptake of SRHR services within LBQ+ communities. This deep-seated concern, shaped by a history of societal bias and marginalisation, creates a chilling effect that prevents many LBQ+ individuals from seeking and accessing essential healthcare services that are their fundamental human rights.

356 Interview in March 2023 with Nabilah, bisexual woman, Singapore.
357 Interview in July 2023 with Vashti, trans, Philippines.
358 Interview in July 2023 with Fire, bi trans man, Philippines.
359 Interview in June 2023 with Rocky, bi trans man, Philippines.

According to the interviews conducted, this apprehension exists whether or not individuals have previously encountered discrimination while seeking healthcare services. Participants express a strong inclination to safeguard themselves by, as much as possible, refraining from disclosing their SOGIESC to healthcare providers. This poses a challenge towards LBQ+ peoples' ability to obtain the highest attainable standard of healthcare. To provide comprehensive care, healthcare professionals must possess the pertinent information required for making informed decisions and recommendations.

In the Indonesian focus group discussions, numerous participants highlighted their reluctance to visit health clinics due to their apprehensions about facing discrimination towards their sexual orientation. For instance, one individual expressed concerns about healthcare professionals potentially criticising their sexual activities. Another participant mentioned the need to mentally prepare themselves before accessing these services, anticipating the stigma often directed at LBQ+ individuals and the unwarranted, probing, and intrusive questions they might encounter as a consequence.

Fire, hailing from the Philippines, noted that although he hasn't come across any accounts of trans men experiencing discrimination from obstetricians and gynaecologists (OBGYNs), there have been situations where trans men were hesitant to seek care from OBGYNs out of fear of potential discrimination.

Sharing his own experience, Rocky from the Philippines mentioned attempting to access obstetrics-related services. When inquiring about these services with the doctor's secretary, they informed him that the service was exclusively for women, and partners of patients were not permitted. Rocky expressed his discomfort with disclosing his trans identity in this situation due to his fear of encountering discrimination. He felt that the environment was unwelcoming and chose not to reveal his identity. In the end, he didn't proceed with accessing the services.

> ***"I don't think I have heard of any stories that an OBGYN has actually [actively discriminated against] a trans man, but I have heard many stories of trans men who do not want to go to an OB because they are afraid to be [discriminated against]"***[358]

> ***"I immediately felt that it was not a welcoming environment, so I chose not to go through with it. I can't call it discrimination, because I didn't disclose [my gender identity]. I guess the approach was just very stereotypical."***[359]

In their interview, Myrishia revealed that siya[360] has yet to find healthcare services that are friendly to queer people, which have led her to avoid accessing healthcare. She articulated a deep-seated worry about potential rejection, particularly because she is in a same-sex relationship. The idea of facing humiliation or being dismissed due to closed-mindedness further exacerbates their anxiety. Siya also expressed a sense of helplessness, acknowledging that even siya provided justifications for their needs, siya anticipated that healthcare providers may not be receptive or understanding.

> ***"I have a huge fear. I have yet to know of an office that is friendly. I really wish I could hear about a place that is friendly, because if you know these places exist, it will calm you down. Humiliation, I can take, but the rejection because we're both women... And that I can't defend us because their minds are closed off, that no matter what justification I give, they won't listen."[361]***

Fol from Malaysia emphasises that disclosing any information related to her SOGIE not only makes her susceptible to discrimination in healthcare settings but also carries potential risks in her personal and professional spheres. Revealing her SOGIE to healthcare professionals is seen as a precarious step that could lead to her being "outed" and have subsequent adverse effects, including impacts on her livelihood.

> ***"the repercussions of being outed could impact me when it comes to professional connections, networking, family situations. I could get disowned because I don't have housing of my own. I am staying with my family members and they are religious people [...] plus I'm financially unstable right now".[362]***

360 "Siya" is a Tagalog third-person gender-neutral pronoun.

361 Interview in July 2023 with Myrishia, queer/pansexual/female expression/fluid, Philippines.

362 Interview in February 2023 with Fol (pseudonym), demisexual lesbian, Malaysia.

INTERSECTING DISCRIMINATION IN HEALTHCARE: SOGIE AND BEYOND

Within the interview data, there are numerous instances where participants have reported experiencing discrimination in healthcare settings. While instances of discrimination based on SOGIE are prevalent, many participants also encountered other forms of discrimination, including sexism, weight bias, racism, and ableism. As will be illustrated, these additional forms of discrimination frequently intersect and intertwine with discrimination based on SOGIE, compounding the obstacles and negative encounters that LBQ+ individuals face within healthcare settings.

Miles, a transgender man from Malaysia, recalls an unsettling incident during a visit to a clinic for fever and cough symptoms. Miles describes the necessity of registering his visit with his legal name and gender marker, a requirement that remains unchanged in Malaysia's' regulations. Miles points out that he has a masculine appearance, notably sporting a moustache. The doctor appeared taken aback when Miles presented himself, given the discrepancy between his appearance and official documentation. Miles subsequently clarified his transgender identity to the doctor, who responded with unnecessary and intrusive inquiries and even proceeded to deliver a lecture, expressing disappointment in Miles' transition and its perceived impact on his parents.

Several LBQ+ participants within the Indonesian focus group discussion also shared their encounters with discrimination when seeking healthcare. They recounted instances of feeling marginalised and invalidated due to their masculine presentation as women. For instance, one individual described an incident where a nurse subjected them to a judgmental and critical gaze, which contrasted with the treatment given to other patients. Another participant disclosed their lesbian identity to a psychologist, who responded by attributing their sexual orientation to "mommy issues" and advised against denying the possibility of becoming heterosexual again. This distressing encounter left the person feeling confused, stressed, and depressed.

In the Philippines, Rocky acknowledges that, based on his own observations, LBQ+ individuals generally have access to basic health services without immediate barriers, including vaccinations. However, he also highlights a specific issue within LBQ+ communities, particularly for those with masculine gender expressions. He reveals that individuals like himself face discrimination when trying to access certain healthcare services, such as HPV vaccination, as they are told these services are exclusively for females.

"So far, if it's health services in general, there is access. It's not like there are immediate barriers... [From the stories] of the communities also that we talk to or serve, they get access to general health services, even vaccinations, for example. There are just certain services that [we] don't get to access. For example, some people shared that in their areas, they offer HPV [vaccination], but because they have a very masculine gender expression, they're not allowed to access. They get told that it's only for females, and similar to my experience, they'd rather not explain."[363]

Navigating multiple marginalised identities adds layers of complexity to the already challenging task of accessing healthcare. This is particularly true for Dee, a 35-year-old Tamil lesbian woman from Malaysia. They[364] point out that: "As a fat, Indian, queer woman in Malaysia, it's very, very difficult to get medical care." In their interview, they recalled several instances in which they were discriminated against based on their sexual orientation, ethnicity, and weight.

They mention struggling with symptoms potentially indicative of endometriosis and PCOS, such as severe period cramps and irregular menstrual cycles, starting at the age of 13. Their experiences with accessing sexual and reproductive healthcare have been consistently disheartening. They highlight that in their interactions with male doctors, they often felt poorly treated. They recount a specific incident when they sought medical advice for breathing problems during sexual encounters. When the doctor began discussing penetration, they clarified that this topic wasn't applicable to her as she identified as gay. In response, the doctor remarked, "Oh, you're actually a very attractive woman; if you lose weight, you'll notice that guys will take more notice of you." In this case, the doctor not only invalidated the patient's sexual orientation, but also made an unnecessary and inappropriate comment about their appearance.

During a visit to a different male doctor, they sought help at a private clinic due to experiencing uncontrollable menstrual bleeding for several weeks. To their dismay, the doctor made comments about their weight, inquiring, "Do you have a husband? What does your husband think about your weight gain?" The doctor appeared taken aback when they disclosed her sexual orientation as gay. This doctor, an elderly Chinese man, also made a racist remark during the consultation, suggesting that Indian people allow their daughters to overeat "until they become fat."

In the course of this visit, the doctor recommended an ultrasound without instructing them to drink water beforehand, even though they were aware of the importance of drinking water prior to an ultrasound. Following the ultrasound, when the doctor reported no concerning findings, his advice to her was simply to lose weight. To compound the situation, this doctor had been recommended by their mother's friend, who had not encountered such dismal treatment. Dee suspects that the disparity in treatment could be attributed to the fact that the woman was conventionally attractive and had her husband accompanying her during the visit.

Dee also mentions that, upon learning of their sexual orientation as gay, doctors intensified their fat-shaming behaviour towards them. Dee revealed that they had attempted multiple weight loss regimens, shifting from one diet to another, yet without any noticeable results. They expressed their dismay over doctors appearing apathetic to their concerns solely because of their weight. In a particularly poignant example, they shared an incident where debilitating period cramps left them bedridden. However, their past experiences with weight stigma deterred them from seeking medical help, as they anticipated facing further fat-shaming.

Nabilah shares similar experiences of undergoing sexual and reproductive health issues, combined with racism and weight stigma, as a bisexual Indian woman in Singapore. In one instance, her doctor advised her to control her diet, citing the upcoming Deepavali festival. Nabilah found this comment perplexing, especially since her medical records clearly indicated her Muslim faith. The doctor had made the assumption that all Indian individuals observe Deepavali, showcasing a lack of cultural sensitivity. During another medical consultation, Nabilah sought assistance for painful menstrual cramps she was experiencing. Unfortunately, she found the healthcare professionals to be dismissive of her condition, offering weight loss as the sole recommendation to alleviate her menstrual discomfort.[365]

> ***"There are race issues, but it's usually passive-aggressive. They will say, like, oh, you know, it because you know, like Deepavali coming. And you know, you need to control your diet. I'm like, I don't celebrate Deepavali. Do you see my chart and I'm Muslim? He says, "Oh, I thought all Indians celebrate Deepavali."[366]***

> ***"When I go to a normal hospital and I told them about my cramps, they didn't say anything. Just say, "Oh, why didn't you lose weight? Or, you know, losing weight makes your cramps better." Stuff like that. They just dismiss it like that."[367]***

363 Interview in June 2023 with Rocky, bi trans man, Philippines.
364 Dee's pronouns are they/them.
365 It is important to note that Nabilah later discovered that the root cause of her painful cramps was endometriosis. This revelation was highlighted earlier in the section on Medical Gaslighting in Healthcare.
366 Interview in March 2023 with Nabilah, bisexual woman, Singapore.
367 Interview in March 2023 with Nabilah, bisexual woman, Singapore.

Chapter 5
Financial, Service Delivery and Health System Barriers

This chapter explores the multifaceted challenges that LBQ+ individuals encounter when attempting to access essential sexual and reproductive health (SRH) care services. LBQ+ communities are often disproportionately affected by various socioeconomic vulnerabilities, including employment discrimination, education disparities, and health inequities. These vulnerabilities can significantly impact their overall well-being and ability to access adequate healthcare. Additionally, the chapter delves into the complex dynamics of seeking private healthcare for improved service quality, privacy, and queer-friendly environments, all while grappling with the simultaneous barriers that render public healthcare unsafe and private healthcare financially unattainable for many LBQ+ individuals.

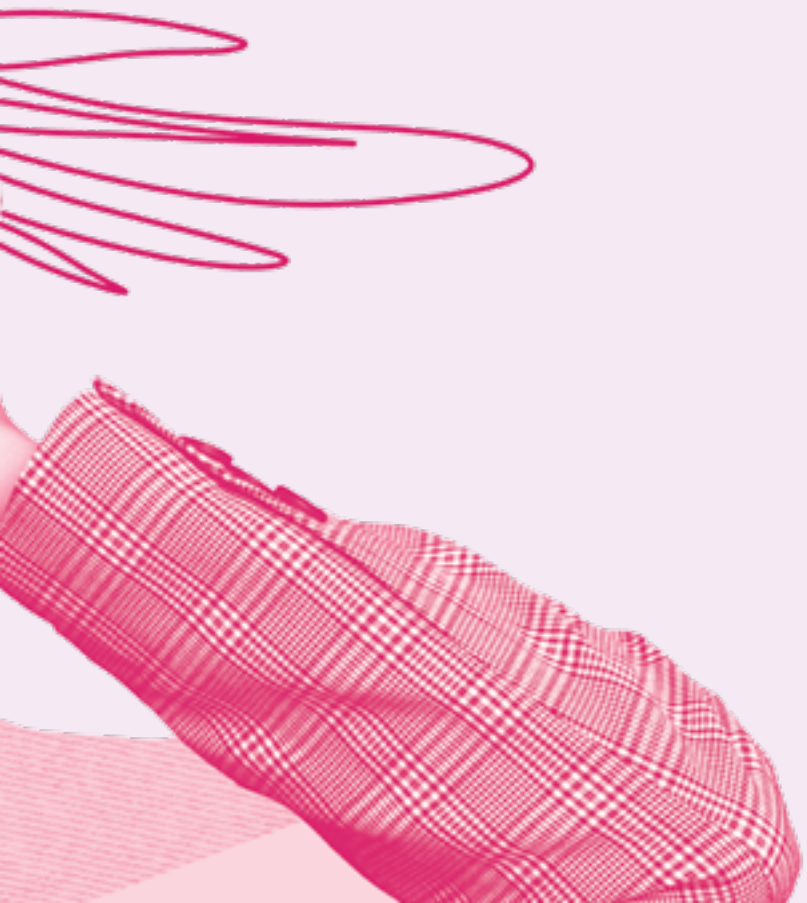
Furthermore, the discussion extends to the service delivery and health system barriers that LBQ+ people frequently encounter within healthcare settings. These obstacles encompass lengthy wait times, staff shortages, delays in service availability, and the distressing challenges of deadnaming and misgendering, which can have profound implications for individuals' mental and emotional health.

SOCIOECONOMIC VULNERABILITIES IN LBQ+ PEOPLE

LBQ+ individuals grapple with a complex web of interconnected socioeconomic vulnerabilities, setting off cascading impacts on their future prospects. These issues are often deeply rooted in the discrimination and oppression they experience across various life domains, including employment, education, and healthcare, fundamentally shaping the life paths of LBQ+ people in ways distinct from their cisgender heterosexual counterparts.

Research examining poverty rates among LBQ+ subgroups indicates that LBQ+ individuals typically experience elevated poverty rates in comparison to their cisgender heterosexual peers. For instance, a US study found that lesbian (22.7%) and bisexual women (29.4%) experience higher poverty rates than heterosexual women (21.1%). The same study also found that lesbian and bisexual women face higher poverty rates than cisgender gay men (20.5%). This emphasises the importance of exploring the economic welfare of LGBTQ+ individuals across a range of identities, rather than grouping everyone together and solely focusing on a collective analysis, as there can be varying effects on their financial circumstances.

In contrast to both cisgender women and cisgender men, another US study found that transgender women and men faced an elevated likelihood of encountering socioeconomic challenges.[368] These included having lower income, less education, and a lower employment rate when compared to their cisgender counterparts. Although non-binary individuals had similar levels of education and income to cisgender individuals, they experienced poorer health and social support than cisgender individuals.



368 Fredriksen Goldsen, K. I., Romanelli, M., Hoy-Ellis, C. P., & Jung, H. (2022). "Health, economic and social disparities among transgender women, transgender men and transgender nonbinary adults: Results from a population-based study. Preventive medicine, 156, 106988. https://doi.org/10.1016/j.ypmed.2022.106988"https://doi.org/10.1016/j.ypmed.2022.106988 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8954758/

Previous research has shown that LBQ+ individuals in countries in the Malay Archipelago experience employment or workplace discrimination. For example, certain employers in Malaysia have openly admitted to their discriminatory hiring practices, citing that they refrained from hiring lesbians due to perceived concerns about their potential to cause "trouble" in the workplace.[369] In the Philippines, LBT women frequently encounter discrimination during job applications, often experiencing unjust denials of employment opportunities despite possessing equal or superior qualifications and education compared to other applicants.[370]

Employment or workplace discrimination against LBQ+ individuals often goes unreported due to the fear of backlash and further discrimination, lack of knowledge on reporting channels, or belief that pursuing legal action would be futile. The lack of legal protections and comprehensive anti-discrimination policies in many countries in the region further deters individuals from reporting discrimination.

Educational disparities within LBQ+ communities can have profound and lasting effects on healthcare access, overall well-being, and educational attainment. LBQ+ students who endure anti-LGBT discrimination or bullying have higher rates of absenteeism and school drop-outs, hindering educational progress and negatively impacting their mental health.[371] [372] Moreover, the absence of inclusive sex education and awareness programmes in schools exacerbates a significant knowledge gap among LBQ+ individuals, limiting their access to crucial information about sexual health and preventive measures and their capacity to make well-informed decisions regarding their health and well-being (See: Chapter 3).

According to a Stonewall study from the UK, once young LGBT persons step out of their education, training, or work environments due to experienced harassment and discrimination, re-entry becomes challenging.[373] This is due to various factors, including poor mental and physical health, a lack of practical support, limited knowledge about accessing opportunities, and a sense of disillusionment with the prospects available to them. Collectively, these factors can place the financial security and long-term prospects of LGBT individuals at risk, impacting them well into their later stages of adulthood.

LBQ+ persons also struggle with a range of health disparities. Research from the US and Southeast Asia consistently demonstrates that LBQ+ individuals face elevated rates of mental health issues, including anxiety, depression, suicidal ideation, and substance use disorders.[374] [375] [376] These disparities are closely linked to experiences of minority stressors, such as stigma, discrimination, and social rejection.[377] The minority stress model[378] offers valuable insight into understanding these disparities, positing that LBQ+ individuals are subject to unique stressors not experienced by cisgender heterosexual individuals. Moreover, constant exposure to adversity can result in chronic stress, affecting LBQ+ persons' psychological and physical health.

369 Violence: Through the Lens of Lesbians, Bisexual Women and Trans People in Asia. (2014). Outright International. https://outrightinternational.org/our-work/human-rights-research/violence-through-lens-lesbians-bisexual-women-and-trans-people-asia

370 Ibid.

371 Burton, C. M., Marshal, M. P., & Chisolm, D. J. (2014). School absenteeism and mental health among sexual minority youth and heterosexual youth. Journal of school psychology, 52(1), 37–47. https://doi.org/10.1016/j.jsp.2013.12.001

372 "Just Let Us Be" Discrimination Against LGBT Students in the Philippines. Human Rights Watch (2017).

373 New research: LGBT young people "shut out" of education and employment. (2023, July 6). Stonewall. https://www.stonewall.org.uk/about-us/new-research-lgbt-young-people-shut-out-education-and-employment

374 Cohen, J. M., Blasey, C., Barr Taylor, C., Weiss, B. J., & Newman, M. G. (2016). Anxiety and Related Disorders and Concealment in Sexual Minority Young Adults. Behavior therapy, 47(1), 91–101. https://doi.org/10.1016/j.beth.2015.09.006https://doi.org/10.1016/j.beth.2015.09.006

375 Tan, K. K., & Saw, A. T. (2022). Prevalence and correlates of mental health difficulties amongst LGBTQ people in Southeast Asia: a systematic review. Journal of Gay & Lesbian Mental Health, 1-20. https://www.researchgate.net/publication/361599476_Prevalence_and_correlates_of_mental_health_difficulties_amongst_LGBTQ_people_in_Southeast_Asia_A_systematic_review

376 Erin A. Kaufman, Brianna Meddaoui, Nicole E. Seymour & Sarah E. Victor (2022) The Roles of Minority Stress and Thwarted Belongingness in Suicidal Ideation among Cisgender and Transgender/Nonbinary LGBTQ+ Individuals, Archives of Suicide Research, DOI: 10.1080/13811118.2022.2127385

377 Lick DJ, Durso LE, Johnson KL: Minority stress and physical health among sexual minorities. *Perspect Psychol Sci* 2013;8:521–548 https://pubmed.ncbi.nlm.nih.gov/26173210/

378 Meyer IH: Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychol Bull 2003;129:674–697

Our interview with a queer woman in Malaysia illustrates the compounding effects of mental health challenges and financial insecurity, which are exacerbated by hostile anti-LGBTQ+ environments. Fol revealed her reliance on freelance work for income due to the absence of stable full-time employment, with mental health challenges serving as a substantial obstacle. She mentions depending on government healthcare services to address her mental health needs, including therapy and antidepressants. While she currently resides with her family, who own the property, providing a seemingly secure housing situation, she also expressed apprehension about the potential of being disowned in the event of her queer identity being exposed.

> ***I depend on government services. I currently am seeing a mental health institution- the government one for my antidepressants and therapy and the likes. In terms of housing, I'm currently living with my family and they own the property. Financial wise, I am currently freelancing and unemployed full-time [...] I'm freelancing for the most part.***[379]

> ***I could get disowned because I don't have housing of my own, I am staying with my family members and they are religious people. Like religious, religious people. So that's also problem plus I'm financially insecure right now.***[380]

In a separate interview, an Indonesian queer woman discusses fleeing her home following a traumatic incident, which involved sexual violence inflicted upon her due to her queer identity.[381] Chacha describes how she grappled with financial instability after this because she couldn't rely on her family for financial support. This situation forced her to borrow money for a period of three years and hindered her ability to save for future needs, particularly for education and emergency funds. Her limited financial resources leave her exposed to difficulties in managing sudden and unexpected medical emergencies. In addition, since she depends on Badan Penyelenggara Jaminan Sosial (BPJS), or the Social Security Organizing Agency) for insurance coverage, Chacha may encounter obstacles in accessing specific healthcare services or dealing with extra expenses that could arise during crucial medical situations.

379 Interview in March 2023 with Fol (pseudonym), demisexual lesbian, Malaysia.

380 Interview in March 2023 with Fol (pseudonym), demisexual lesbian, Malaysia.

381 In Chapter 8, we shed light on Chacha's experience as a minor who endured 'corrective' rape and forced abortion at the hands of her rapist ex-boyfriend. She fled her home as she did not want her parents to find out about the incident.

There was a time when I ran away from home and didn't have any savings, so I had to borrow money for the next 3 years. So now, I'm trying to save, even if it's not much, and I'm focusing on emergency funds. I'm currently using BPJS.[382]

The cumulative effects of healthcare disparities can have long-lasting consequences on the overall well-being of LBQ+ individuals. Delayed or inadequate treatment for chronic health conditions can lead to the progression of diseases, increased healthcare costs, and reduced quality of life.

The impact of disability on employment and financial security is another factor that adds to the socioeconomic vulnerabilities experienced by LBQ+ individuals. Statistical data from Washington state in the US indicates that a higher percentage of LBQ+ individuals (between 36% to 40%) have disabilities compared to the general population (27.2%).[383]

Among LBQ+ interviewees, EM shared their personal experience which highlighted how chronic illness and disability significantly hinder their capacity to work and earn income. They specifically discussed the challenges posed by long COVID, emphasising the debilitating effects of symptoms such as fatigue and brain fog. Notably, EM also navigates the challenges posed by pre-existing conditions, including bipolar disorder, ADHD, and PCOS, all of which they described as additional factors that exacerbate the problems they encounter in their work life.

I definitely suffer a lot from long Covid. Like... it's... something that I want to see people talk about this [...] Mostly fatigue, very very tired. I could focus or I could do work, maybe... at max 2 hours a day, which is like [...] which not long day. [...] And the brain fog was the worst.

382 Interview in March 2023 with Chacha, queer woman, Indonesia.
383 Movement Advancement Project, Center for American Progress, National Center for Lesbian Rights, and National LGBTQ Task Force, USA. Infographic on LGBT People with Disabilities. https://www.lgbtmap.org/file/LGBT-People-With-Disabilities.pdf
384 Interview in February 2023 with Penny, bisexual woman, Malaysia.

SERVICE DELIVERY AND HEALTH SYSTEM BARRIERS

LBQ+ individuals confront notably amplified disparities when seeking sexual and reproductive health services. These disparities stem from several intersecting factors, including geographic location, financial limitations, and the scarcity of LGBTQ+-friendly healthcare professionals. These challenges collectively intensify the hurdles that LBQ+ individuals face when trying to access essential healthcare services, magnifying the disparities they experience in healthcare availability.

Based on our interviews with LBQ+ individuals, healthcare facilities across Southeast Asian countries grapple with issues such as extended wait times, staff shortages, and service delays. The severity of these problems is exacerbated in high-demand settings. The extended wait times at government healthcare clinics create practical challenges for those with busy schedules, further complicating access to essential care.

Malaysia, for instance, faces a shortage of space and healthcare workers in general hospitals, leading to prolonged delays and even recommendations for non-critical patients to seek care elsewhere.

> ***The general hospital] actually issued a notice saying that if it's not a critical or red zone-worthy situation that they can go to other clinics, healthcare clinics that are close by to them instead of going to the General Hospital. 'Cause it's that bad right now.***[384]

According to one interviewee, Indonesia's healthcare system tends to prioritise financial interests, creating difficulties even for those with the national health insurance program (BPJS). This person described cases where individuals had to wait for extended periods for surgeries, and there were incidents of patients suffering due to BPJS-related delays.

> ***Even if you have BPJS (Indonesia's national health insurance program), you have to wait a long time for surgery. There was an incident where a mother died in Banten or somewhere because she wasn't treated, she had to wait for BPJS. So, you can be healthy in Indonesia if you have money. Imagine that.***[385]

The scarcity of healthcare professionals who are both LGBT-friendly and competent in addressing LBQ+ individuals' specific health needs further restricts their options and hinders their ability to navigate these complex issues. Accessibility becomes a substantial challenge, as even when they locate LGBT-competent health professionals, these specialists are often concentrated in urban areas, leading to extended waiting periods. Many LBQ+ individuals end up relying on the same known experts in queer health, further complicating their healthcare access.

CHALLENGES OF DEADNAMING & MISGENDERING IN HEALTHCARE SETTINGS

Deadnaming and misgendering in healthcare settings have far-reaching implications for the well-being of transgender and gender nonconforming individuals. Deadnaming refers to the use of a person's birth name, which may not align with their gender identity, while misgendering involves referring to a person using pronouns or terms that do not correspond to their gender identity. These actions can trigger severe distress, anxiety, and depression, further deterring individuals from seeking necessary healthcare.

The fear of experiencing deadnaming or misgendering may lead to delayed or avoided medical treatments, ultimately resulting in exacerbated health issues and complications. The trust between LBQ+ patients and healthcare providers can erode, potentially leading to reluctance to disclose crucial health information, ultimately compromising the quality of care and exacerbating existing health disparities.

In Malaysia, one non-binary interviewee shared their harrowing experience of having their full name, which not only reflects their legal gender marker but also their race and religion, loudly called out in a crowded hospital waiting room. This act of public deadnaming can be deeply disconcerting, as it inadvertently outs individuals and exposes them to the judgmental gaze of strangers. This individual aptly questioned the logic of issuing queue numbers if healthcare providers continue to deadname patients in front of others, highlighting the isolation and distress they felt in these situations. This experience is sadly not unique, as many LBQ+ individuals have faced similar challenges in healthcare settings.

> ***I see a lot of other people like me [who] just have to quickly go to the registration counter and pretend the deadnaming thing didn't happen. That was tricky. That was hard for all of us. [...] We do this every month, unfortunately.***[386]

385 Interview in March 2023 with Bintang (pseudonym), masculine-presenting non-binary lesbian, Indonesia.

386 Interview in February 2023 with EM, biromantic non-binary ace, Malaysia.

In the Philippines, Vashti highlighted the issue of "passing" and how it can be difficult to meet societal and healthcare provider expectations. of their appearance She emphasised feeling discomfort and frustration when healthcare professionals struggle to ask appropriate questions or provide care for individuals whose appearances challenge traditional gender norms, leading to misgendering.

Vashti also recounted how forms that request legal names and assigned genders deterred her from accessing healthcare services. She described a sense of discomfort and judgement when faced with such forms, particularly when healthcare providers lacked understanding or sensitivity. It took considerable effort to find healthcare facilities that respected and used her chosen name and gender identity.

> ***The issue of passing, what is the acceptable passing look? That is very difficult. I mean, if you look queer, right? If you look bakla, or masculine, or whatever bakla. They don't know how to ask questions. Especially if you're dysphoric, there are those moments that are irritating. Like, oh gosh, I don't want to really engage with misgendering. Of course, I understand how gender expression communicates to them, but just because you have masculine features in your body that you cannot actually work on because of specific limitations. It makes me really uncomfortable and unsafe with that kind of space.***[387]

Similarly, also in the Philippines, Fire noted the issues arising from healthcare forms that require legal names and gender markers. For individuals with health benefits tied to their legal names, this becomes a necessary but uncomfortable process. The unintentional deadnaming and misgendering by healthcare workers further compound the distress. Despite attempts at correction once the healthcare workers see the individual, these incidents occur in front of other patients, leading to unwarranted scrutiny and discomfort. This situation underscores the urgent need for healthcare institutions to adopt more inclusive and respectful practices that honour individuals' chosen names and gender identities, ensuring that LBQ+ individuals can access healthcare without facing distressing and discriminatory situations.

> ***Back when I was taking testosterone, I had a beard, it was really embarrassing to be deadnamed. But in fairness, they will correct themselves and ask after they see what you look like. Unintentional deadnaming and use of wrong pronouns really happens. And in front of many people, of course everybody will look at you and wonder.***[388]

387 Interview in July 2023 with Vashti, trans, Philippines.

SEEKING PRIVATE HEALTHCARE FOR ENHANCED SERVICE QUALITY, PRIVACY AND QUEER-FRIENDLINESS

A substantial financial barrier that impedes LBQ+ individuals' access to essential SRH services is their reluctance to utilise public healthcare due to perceived and experienced prejudice and discrimination. For many LBQ+ individuals, seeking healthcare in government-run facilities is a daunting prospect, as they often fear discrimination or insensitive treatment related to their SOGIESC. Consequently, they gravitate towards private healthcare options, even though these services typically come at a significantly higher cost.

As an example, Sarah, a Bruneian trans woman, mentioned that she preferred private healthcare because the healthcare workers are "more understanding and respectful" and see her as a human being. To add, she provided insight into the nervousness she feels about attending government clinics, stating that the environment is very "MIB-oriented." She was alluding to the national philosophy and guiding principle in Brunei, known as "Melayu Islam Beraja" (which translates to "Malay Islamic Monarchy" in English). This philosophy underscores the significance of Malay culture, Islam as the state religion, and the monarchy as essential elements of the country's identity and governance.

In the same vein, LBQ+ persons also frequently noted that many queer-affirming healthcare practitioners are predominantly located outside the public healthcare system. They also frequently mentioned specific clinics and other health institutions recognised for their LGBTQ+ inclusivity and expertise in catering to queer patients. This applies to various health concerns, but it is particularly pronounced when it comes to sexual and reproductive health issues, given their intimate and often taboo nature.

Beyond the availability of queer-friendly services, LBQ+ individuals are often inclined to choose private healthcare due to the consistent perception of receiving superior and more comprehensive care in such settings. As a masculine-presenting non-binary lesbian, Bintang sheds light on the healthcare approach in Indonesia, particularly under BPJS (Social Security Organizing Agency) provided by the government. They draw attention to the fact that healthcare in this context primarily operates on a symptom-based model. This means that individuals are only granted access to medical examinations or tests if they manifest specific symptoms. This approach poses a formidable hurdle for those who seek to proactively manage their sexual health or engage in routine check-ups without manifesting observable symptoms.

Consequently, many individuals find themselves compelled to resort to private healthcare facilities and laboratories to access the quality care they desire. However, it's essential to acknowledge that such quality care often comes at a heightened financial cost. This situation emphasises the healthcare system's inherent limitations in addressing the proactive and preventive dimensions of sexual health, placing a particular burden on those without immediate health concerns.

388 nterview in July 2023 with Fire, bi trans man, Philippines.

Privacy and confidentiality were also a salient concern among several LBQ+ interviewees in relation to accessing SRH services. This concern adds to their preference for private healthcare, as they believe that private healthcare provides a superior level of confidentiality compared to the public healthcare system. This person mentions that they would also access SRH services via private healthcare due to similar privacy concerns. In their capacity as a health researcher, they expanded on this point by highlighting the ongoing efforts of the Indonesian government to consolidate all health records and transition to online storage for improved accessibility and efficiency.

> ***If I want to do [a Pap smear], I'll go to a private place. I just feel safer. It's less detectable. [...] My concern is the integration of data, online medical records done by the government. If you look, PeduliLindungi has changed to SatuSehat. I'm aware of how medical records will be... It'll be online. So, everything will be online in the future... So, my concern is there. I actually want to find a service that's undetected. That's the biggest threat... The digitised medical record will include our ARV, TB, mental, everything is there. I don't believe the government can do that.***[389]

Despite the potential advantages, electronic health records carry security vulnerabilities that could jeopardise the confidentiality and privacy of patients' personal information. Storing health records online could expose LBQ+ individuals to the risk of data breaches or unauthorised access, leading to the disclosure of their sexual orientation, gender identity, or specific health issues. Due to their heightened vulnerability as LBQ+ individuals, they may be inclined to refrain from seeking healthcare services due to concerns regarding the privacy of their health records.

389 Interview in March 2023 with Bintang (pseudonym), masculine-presenting non-binary lesbian, Indonesia

WHEN NEITHER PRIVATE NOR PUBLIC HEALTHCARE ARE VIABLE OPTIONS

Private healthcare remains an inaccessible choice for many individuals. Consequently, some LBQ+ individuals delay or abstain from seeking healthcare due to the simultaneous challenges of deeming public healthcare unsafe and private healthcare prohibitively expensive. As a pansexual gender nonconforming person in Singapore, Hab conveyed their hesitance toward utilising SRH services in the public healthcare sector due to privacy concerns but at the same time not being able to afford private healthcare. They cited this as being the reason they have not accessed SRH services.

> ***In terms of my own sexual health [...] I've been one not to go to government-subsidised hospitals or clinics, because then they have the data and you don't know what they're gonna do with the data. And then to go to a private clinic, the cost is prohibitive. So, I think that's one of the reasons why I haven't done anything about it.***[390]

In addition to expressing concerns about data security, Hab also pointed out that although the government offers SRH services, there are instances where the coverage falls short. They shed light on the financial challenges associated with accessing HPV vaccinations through government healthcare. They expressed frustration over the high cost of the vaccinations, which are categorised into different tiers – Cevarix and Gardasil 9, with varying levels of protection. Given the substantial financial burden of these vaccinations, the participant emphasises that they have other medical expenses to contend with, such as therapy and medications, making sexual health a lower priority. They underscore the difficulty of prioritising their sexual health when faced with the significant expense of approximately SGD 250 (about USD 180) for an HPV shot.

390 Interview in March 2023 with Hab (pseudonym), pansexual gender nonconforming, Singapore.

> ***"I pay for a lot of medical things [...] I think right now sexual health is very low priority because there's like therapy or medications [...] a f**king HPV shot is like $250. I can only care about my sexual health after I finish all the shots."***[391]

Anusri delves into the intricacies of their healthcare access as a queer woman in Singapore. Despite being fully insured, she grapples with financial limitations concerning outpatient sexual health services, which require her to dig into her own pockets. The absence of healthcare benefits through her job further compounds these challenges. Consequently, her access to specialised sexual health services is notably restricted due to financial constraints. On the other hand, access to general healthcare is relatively better, thanks to insurance coverage and parental support for health emergencies. However, a significant hurdle arises when contemplating SRH services, given her reluctance to disclose her sexual activity to her parents, adding another layer of complexity to her healthcare access.

> ***[...] access to generic health care is okay, because my insurance and my parents will cover it if there is any health scare, but it's a bit trickier asking them to cover sexual health stuff. Because they don't know I have sex.***[392]

Discussing matters related to sex and disclosing one's sexual activity to parents can be challenging for Asian communities, even for cisgender heterosexual individuals. Nevertheless, LBQ+ individuals encounter even more complex challenges when engaging in these conversations, primarily because of the existence of queerphobia. In extreme cases, individuals might experience severe harm, including physical abuse, and could be completely estranged from their families, resulting in limited support, such as in financial matters.

391 Ibid.

392 Interview in March 2023 with Anusri, queer woman, Singapore.

393 EuroCentralAsian Lesbian* Community. The State of Lesbian Organising and the Lived Realities of Lesbians in the EU and the Accession Countries. https://europeanlesbianconference.org/the-state-of-lesbian-organising-a-groundbreaking-research/

394 Breen, A. B., Estrellado, J. E., Nakamura, N., & Felipe, L. C. S. (2020). Asian LGBTQ+ sexual health: an overview of the literature from the past 5 years. Current Sexual Health Reports, 12, 351-359.

Chapter 6
Gaps in LBQ+ Health Expertise and Gender-Affirming Servicesvv

LBQ+ HEALTH DATA GAPS

Gaps in LBQ+ health data are a significant concern within the broader landscape of LGBT health research. While progress has been made in recent years to collect and analyse data related to the health and well-being of sexual and gender minority individuals, there are persistent disparities and gaps that need attention. Specifically, within the context of LGBT health, there is a notable dearth of health data on non-heterosexual women, LBQ-identifying non-binary people, and trans men. The dearth of data is even more striking when considering the Southeast Asian context, as the majority of available health data for these groups primarily originates from Global North countries.

In 2020, the EuroCentralAsian Lesbian* Community (EL*C) conducted a comprehensive global assessment examining the presence of lesbian and other non-heterosexual women in health-related research focusing on sexual minority communities. The study revealed a significant underrepresentation of lesbian and other non-heterosexual women, even within the broader context of sexual minority populations.[393] In addition, there is a research gap on the sexual health of LBQ+ communities in Asia, such as lesbian and bisexual women, and trans men.[394]

Ensuring healthcare policies and protocols are evidence-based is crucial for providing high-quality care to LBQ+ individuals and addressing their unique health challenges. Evidence-based practices not only improve healthcare outcomes but also contribute to reducing health disparities and building trust within LBQ+ communities.

LACK OF DISAGGREGATED DATA BASED ON SOGIESC

One of the main challenges in advancing LBQ+ health lies in the dearth of state health institutions collecting data disaggregated based on sexual orientation, gender identity and expression, and sex characteristics. Globally, it has predominantly fallen upon civil society organisations and other stakeholders to compile such data.

As reported by UNDP and the World Bank, there is a significant demand for disaggregated data concerning LGBTI populations that far exceeds the current availability. [395] The lack of SOGIESC-disaggregated data is concerning, as it inhibits the formation of evidence-based policies, legislation, programmes, and investments aimed at promoting the human rights and inclusion of LGBTI individuals in both national and global initiatives.

The 2016 UN Human Development Report highlighted that LGBTI individuals continue to be underrepresented in data due to governments' limited efforts in data collection. The task of producing SOGIESC-disaggregated data ultimately falls under the purview of governments, and the production of consistent and dependable data relies on the commitment and capabilities of national data-generation systems. Even in countries where there is both the will and capability to collect SOGIESC-disaggregated data, the process remains challenging.[396]

Identifying LGBTI individuals, particularly in settings where this terminology may not fully encapsulate the diverse experiences of local populations, presents difficulties. Furthermore, the improper collection and management of such data have the potential to negatively impact LGBTI individuals and communities.[397] It is important to acknowledge that disaggregating data based on SOGIESC can present significant challenges, especially when taking local contexts into account as they must be culturally sensitive. Using the umbrella term "LGBTI" as a classification system for individuals, encompassing lesbians, gay men, bisexual people, transgender people, or intersex people, may lead to the generation of inaccurate data.

Consider, for instance, the categorisations used for homosexual women in Thailand. Some homosexual women choose to identify as "Tom," aligning themselves with a culturally recognised classification that encompasses masculine gender roles and expressions. Conversely, there are those who identify as "Dii," embracing more feminine gender roles and appearances. Research suggests that Toms tend to encounter elevated levels of violence, while Diis often face a greater likelihood of exclusion from the workforce.[398] Categorising both groups simply as "lesbian" fails to capture the nuanced distinctions in the challenges they confront, thereby obscuring the unique experiences of violence and discrimination that each group encounters.

396 Albert Trithart, "A UN for All? UN Policy and Programming on Sexual Orientation, Gender Identity and Expression, and Sex Characteristics," International Peace Institute, February 2021. https://www.ipinst.org/2021/02/un-policy-programming-on-sexual-orientation-gender-identity-expression-and-sex-characteristics

397 Andrew Park, "Improving Data Collection and Development Outcomes for LGBTI People," IPI Global Observatory, September 18, 2019. https://theglobalobservatory.org/2019/09/improving-data-collection-development-outcomes-lgbti-people/

398 UNDP, USAID (2014). Being LGBT in Asia: Thailand Country Report. Bangkok.

The lack of SOGIESC-disaggregated data represents a missed opportunity to establish a robust evidence base for LBQ+ health. Disaggregating research data in this manner often reveals both the differences and similarities in health outcomes within LBQ+ communities and allows for meaningful comparison with cisgender and heterosexual individuals. Without such data, the healthcare system tends to rely on a one-size-fits-all approach, using cisgender heterosexual populations as the benchmark. This not only hinders LBQ+ individuals from accessing healthcare tailored to their distinct needs, but also perpetuates health disparities and inequities that persist within these communities.

Addressing the dearth of SOGIESC-disaggregated data is not just about filling a gap in our knowledge but about acknowledging the diverse health experiences within LBQ+ communities and ensuring that healthcare systems are equipped to provide inclusive and equitable care for all individuals, regardless of their sexual orientation, gender identity, or expression. It is a crucial step towards achieving health equity and social justice for LBQ+ populations.

SHORTCOMINGS IN LBQ+ HEALTH EXPERTISE AND THEIR EFFECTS

LGBTQ+ HEALTH COMPETENCE

With the increasing awareness of LBQ+ health concerns, healthcare providers should adapt their approach when caring for LBQ+ patients. Healthcare providers who possess cultural competence can enhance and strengthen the provider-patient relationship, potentially resulting in improved health outcomes and higher levels of patient satisfaction. Ultimately, it is expected that these positive developments will have a significant impact on reducing barriers to care and the associated health disparities in LBQ+ patients.

The shortage of healthcare providers who offer both clinical competence and cultural responsiveness continues to be a significant concern for LGBTQ+ patients.[399] This is a global issue too - despite efforts to develop and issue protocols for LGBT health, there remains a widespread inadequacy of LGBTQ+-focused training programs internationally designed to equip health professionals with the clinical and cultural competence required to effectively address the distinct and often unmet healthcare needs of LGBTQ+ patients.[400] Enhanced patient-provider interactions will ultimately result in improved outcomes and satisfaction for LGBTQ+ patients.

399 National Academies of Sciences, Engineering, and Medicine. Understanding the well-being of LGBTQI+ populations. Washington, DC: The National Academies Press (US). 2020 https://nap.nationalacademies.org/catalog/25877/understanding-the-well-being-of-lgbtqi-populations

400 Yu, H., Flores, D. D., Bonett, S., & Bauermeister, J. A. (2023). LGBTQ + cultural competency training for health professionals: a systematic review. BMC medical education, 23(1), 558. https://doi.org/10.1186/s12909-023-04373-3

PLAYING THE GUESSING GAME: ACCESSING HEALTHCARE AS A TRANS MAN IN MALAYSIA

Accessing queer-affirming healthcare presents significant challenges due to the scarcity of such providers in Malaysia. Miles highlights the remarkable reputation of his doctor known for his exceptional care of LGBTQ+ patients, particularly trans and gay individuals. However, the high demand for this doctor's services results in long wait times, often requiring patients to schedule appointments up to a month in advance. This delay in healthcare access can have detrimental consequences for LGBTQ+ individuals.

> ***[...] a lot of trans people, a lot of gay people, just wants to see him because his level of care for LGBT patients is so good that nobody else wants to see any other doctor. And because of that, it is incredibly long wait times. So I have to schedule like one month in advance if I want to see him.***[401]

Miles has been able to undergo hormone therapy and access healthcare from providers who respect and affirm his trans identity. Although he has found a healthcare clinic where he feels confident he will not face discrimination, challenges persist in other areas. He brought up the example of how medical data is interpreted for trans people. Existing health data for individuals primarily categorises them as either male or female, which doesn't account for the unique healthcare needs of transgender individuals. When blood tests or other health indications are analysed based on this binary framework, it can lead to misinterpretations and potential health risks.

> ***[...] when [my doctor] submits my blood tests, if he puts 'female' - like female readings and male readings will be different. So, my data will be interpreted differently depending on my sex. Because I'm on hormones, it is a bit complicated. [...] If he puts, like, 'female' and then- the results are... how do I put it? Something that [may] not [be] dangerous in a female bracket of data might be considered dangerous now because I'm on hormones. But the lab people don't know that I'm on hormones [...] But to my doctor, it's not dangerous because it makes sense, I'm on hormones.***[402]

Because healthcare settings often fail to consider the needs of transgender individuals, Miles highlights the frequent erasure experienced by trans people in such environments. In many cases, healthcare providers may not even realise that a patient is undergoing hormone therapy, which can significantly affect their health data. Furthermore, Miles points out that misdiagnosing someone based on skewed data can have serious consequences. It is essential to avoid labelling someone with a medical condition when it is actually a side effect of hormone therapy, as it might not be life-threatening or require treatment.

> ***[...] it feels like in healthcare like trans people get erased all the time because nobody thinks to think maybe this person is on hormones [...] And all these things play a role because you don't wanna misdiagnose somebody. You don't want to say you have this condition but actually you don't really have that condition. It's just a side effect of being on hormones and that doesn't necessarily mean that it is life threatening or anything.***

Since starting hormone therapy, Miles discusses the ongoing challenge of discerning his state of health and managing the uncertainty that accompanies it. The uncertainty arises because healthcare providers, including even experienced doctors, may not have adequate training or knowledge in trans healthcare.

> ***I think the impact that I can see most clearly is that I don't have a concrete understanding of what's going on in my body. Because it feels like from the time I start hormones until now, we're just playing guessing games here. Because the doctors don't know and it's not their fault also because they're not trained. Even the best doctor I have in [my city], he's also trying to- he's also learning. Basically, he's just making guesses and it doesn't feel nice that I have to go live my life like guessing. That's why I'm like whether I'm ill or not ill, I don't actually know. I don't actually know if I'm fine.***[403]

401 Interview in February 2023 with Miles (pseudonym), straight trans man, Malaysia.
402 Ibid.
403 Ibid.

GENDER-AFFIRMING SERVICES FOR LBQ+ COMMUNITIES

IMPROVED HEALTH & WELL-BEING THROUGH GENDER-AFFIRMING CARE

Gender-affirming health services encompass “any of the biomedical, surgical or health interventions a trans person may undertake to physically transition.”[404] This covers a spectrum of services, including counselling, hormone therapy, hair removal, and various surgical procedures.

Gender-affirming care is essential for the overall well-being of numerous transgender and non-binary individuals who grapple with symptoms of gender dysphoria,[405] or distress that results from having one’s gender identity not match their sex assigned at birth. While it is important to note that not all trans, non-binary, and gender-diverse individuals pursue gender-affirming care or grapple with gender dysphoria, a significant portion of this community does.

Extensive research on gender-affirming services consistently highlights their positive influence on the well-being of transgender individuals. These services have been linked to an enhanced quality of life for transgender individuals,[406] a group that faces an elevated risk of mental health issues such as self-harm and suicidal thoughts. Gender-affirming hormone therapy, one facet of these services, aids individuals in attaining their desired physical appearance. This transformative process has also been associated with a reduction in the occurrence of psychiatric comorbidities such as anxiety and depression, which are prevalent among transgender individuals.

MAPPING GENDER-AFFIRMING SERVICES IN THE MALAY ARCHIPELAGO

Brunei

Our research efforts into the availability of gender-affirming services in Brunei have yielded limited results, as there is a notable absence of comprehensive data or mapping in this regard. Organisations specialising in research on trans populations and gender-affirming care in Southeast Asia, such as the Asia Pacific Transgender Network (APTN), have not included Brunei in their assessments. This knowledge gap raises significant challenges when attempting to understand the landscape of gender-affirming services and healthcare access for transgender individuals in Brunei.

Brunei's legal framework is characterised by severe restrictions that criminalise both same-sex conduct and gender nonconformity. Consequently, any attempts to change gender markers or undergo gender-affirming surgery are strictly prohibited and considered illegal under the prevailing laws and regulations in the country.[407] [408] Additionally, there are no identified LGBTQ+ organisations in Brunei and LGBTQ+ individuals in Brunei are forced to live in secrecy and "face a deepening climate of fear" marked by pervasive discrimination and stigmatisation.[409]

It is likely that transgender individuals in Brunei seek gender-affirming care through covert means. Our attempts to arrange interviews with LBQ+ people in Brunei were exceptionally difficult, resulting in just two individuals consenting to participate - one identifying as a lesbian and the other as a trans woman. As a Bruneian trans woman, Sarah disclosed that she uses contraceptives as a substitute for feminising hormone therapy, obtained through private healthcare. Moreover, she pointed out that it's a common practice among queer

Indonesia

In Indonesia, gender-affirming care for transgender individuals is available but faces several challenges.[410] While it exists through referrals and private services, it is not well-integrated into the healthcare system.[411] Many transgender individuals resort to self-medication or rely on peer-to-peer information to access the care they need.[412] Despite the availability, gender-affirming care is not well-regulated, leading to inconsistencies in its provision.[413]

When it comes to insurance coverage, there are no formal insurance plans, whether public or private, that cover gender-affirming care. This means that most transgender individuals have to bear the expenses for such care out of their pockets. However, it's worth noting that mental health consultations through public health facilities are covered by insurance, offering some support in the broader context of healthcare.[414]

404 Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. 2015. *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific.*

405 Gender dysphoria is characterised by the distress or discomfort stemming from the misalignment between an individual's gender identity and their sex assigned at birth, along with the associated gender roles and physical characteristics, including primary and secondary sex traits.

406 White Hughto, J. M., & Reisner, S. L. (2016). A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals. Transgender health, 1(1), 21–31. https://doi.org/10.1089/trgh.2015.0008

407 White Hughto, J. M., & Reisner, S. L. (2016). A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals. Transgender health, 1(1), 21–31. https://doi.org/10.1089/trgh.2015.0008

408 *Brunei Darussalam* | Outright International. (n.d.). Outright International. https://outrightinternational.org/our-work/asia/brunei-darussalam

409 bid.

410 Youth LEAD & APTN. *Transgender youth inclusion in healthcare in Southeast Asia: Insights from Indonesia, Thailand, and the Philippines.* (August 30, 2023). https://weareaptn.org/resource/transgender-youth-inclusion-in-healthcare-in-southeast-asia-insights-from-indonesia-thailand-and-the-philippines/

411 Ibid.

412 APTN. *Conversion Therapy Practices Against Transgender Persons in India, Indonesia, Malaysia and Sri Lanka.* (March 31, 2021). https://weareaptn.org/resource/conversion-therapy-practices-against-transgender-persons-in-india-indonesia-malaysia-and-sri-lanka/

413 APTN (2020). Regional Mapping Report on Trans Health, Rights and Development in Asia.

414 Kemenkes RI. Kemenkes perkuat jaringan layanan kesehatan jiwa di seluruh fasyankes. Sehat Negeriku. https://sehatnegeriku.kemkes.go.id/baca/umum/20221010/4041246/kemenkes-kembangkan-jejaring-pelayanan-kesehatan-jiwa-diseluruh-fasyankes/ 11 October 2022.

Obtaining gender-affirming care typically requires a diagnosis, although the requirements and practices may vary depending on the healthcare professional and the individual's specific situation. In Indonesia, there are no formal regulations for adults seeking this care, but local regulations typically set the age of consent at a minimum of 18 years.[415] Information on parental consent for interventions involving children and adolescents in this context is not readily available.[416]

While there are no dedicated gender clinics, referrals and friendly clinics and hospitals are available to transgender individuals in Indonesia. However, there are no formal supporting guidelines, and each institution may have its own regulations[417] that may not necessarily adhere to international guidelines such as those set by the World Professional Association for Transgender Health (WPATH).

Hormonal therapy is available in Indonesia, but accessibility varies, with prescriptions mainly available in private settings. Many transgender individuals resort to self-medication due to limited access and lack of medical supervision.[418] [419] There is also no formal insurance coverage for hormonal therapy, and the costs are typically borne by individuals.[420] The availability of different types and brands of hormones varies, including feminising hormones, anti-androgens, and masculinizing hormones. Notably, there are no known puberty blockers available in the country.

Sex reassignment surgery (SRS) is only available in tertiary referral hospitals, while top/chest and facial surgeries can be found in private clinics and hospitals, although they are not specifically dedicated to trans individuals.[421] Like in other aspects of gender-affirming care, there is no formal insurance coverage for gender-affirming surgeries, and individuals typically have to pay for them out of pocket. Some concerns regarding the quality of surgeries have been raised, highlighting potential issues within this aspect of care.[422]

Malaysia

Public sector health services are centrally administered by the Ministry of Health, organised and run under a civil service structure.[423] The Ministry of Health is responsible for a variety of tasks, including public healthcare service provisions, drafting and implementing policies and national plans concerning healthcare, health promotion, clinical research, and regulating the pharmaceutical industry and food safety.[424] A comprehensive range of healthcare services is covered under a network of public hospitals and health clinics across the country, including disease prevention, curative care, and rehabilitative care.

Gender-affirming healthcare (e.g., hormone therapy and surgeries) is not available in public sector health services. Hormone therapy is only unavailable in the case of gender affirmation (and available for treatment on other diseases or conditions). However, gender affirmation surgeries are not available across public healthcare services due to a fatwa ruling in 1983 against trans people and gender-affirmation surgeries.[425]

In 1983, the National Fatwa Council of Malaysia issued a fatwa that declared trans people haram (forbidden) and prohibits sex reassignment surgery (SRS) for Muslims in Malaysia.[426] In 2015, the Minister of Islamic Affairs, in response to a parliamentary question to review this fatwa given developments in health classification of trans issues, maintain its stance that trans people suffer from gender identity disorder, are confused, and that a person in such situations should undergo 'medical and psychological' (corrective) treatment, not surgery.[427]

While gender-affirming care is technically legal in Malaysia, the public healthcare system does not currently offer any form of gender-affirming care for transgender individuals. Consequently, individuals seeking gender-affirming healthcare must rely on private healthcare providers. The Asia Pacific Transgender Network (APTN) highlights several noteworthy challenges within this context.

One significant challenge is the accessibility of hormone therapy, a crucial component of gender-affirming care. APTN reports that affordable hormones are available through unofficial channels, such as the underground economy, while the legally prescribed hormones, including testosterone for trans men, tend to be prohibitively expensive for many.[428] This economic barrier can effectively limit the options available to individuals seeking hormone therapy.

Furthermore, the process of obtaining hormone therapy can be complex. Some endocrinologists may require individuals to first secure a diagnosis from a mental health professional before prescribing hormones.[429] This additional step introduces an extra layer of scrutiny and potentially delays access to essential care. In contrast, for certain gender-affirming procedures such as chest reconstruction or hysterectomies for trans men, surgeons may not mandate a prior mental health diagnosis, indicating inconsistencies in the healthcare system's approach to transgender care.[430]

415 Golo, T. (2022). Analisis yuridis batas usia dewasa pasien dalam memberikan persetujuan tindakan kedokteran di Indonesia. Kertha Semaya: Journal Ilmu Hukum, 10(11), 2540–2556. https://doi.org/10.24843/KS.2022.v10.i11.p08

416 APTN (2020). Regional Mapping Report on Trans Health, Rights and Development in Asia.

417 Merdekawan, G. Transgender & operasi kelamin: Sah secara medis & hukum Indonesia? KapanLagi.com. https://www.kapanlagi.com/showbiz/selebriti/transgender-38-operasi-kelamin-sah-secara-medis-38-hukum-indonesia-d297c2.html 20 April 2018.

418 APTN. Regional Mapping Report on Trans Health, Rights and Development in Asia. (2020, February 19). https://weareaptn.org/resource/regional-mapping-report-on-trans-health-rights-and-development-in-asia/

419 The Cost of Stigma: Understanding and Addressing Health Implications of Transphobia and Discrimination on Transgender and Gender Diverse People. (2021, January 20). https://weareaptn.org/resource/the-cost-of-stigma-understanding-and-addressing-health-implications-of-transphobia-and-discrimination-on-transgender-and-gender-diverse-people/

420 APTN (2020). Regional Mapping Report on Trans Health, Rights and Development in Asia.

421 bid.

422 Youth LEAD & APTN (2023). Transgender youth inclusion in healthcare in Southeast Asia: Insights from Indonesia, Thailand, and the Philippines.

423 World Health Organization. (2012). Malaysia health system review. Source: https://apps.who.int/iris/bitstream/handle/10665/206911/9789290615842_eng.pdf.

424 Ibid.

425 Human Rights Watch. ""I'm Scared to Be a Woman": Human Rights Abuses Against Transgender People in Malaysia". September 24, 2014. Source: https://www.hrw.org/report/2014/09/24/im-scared-be-woman/human-rights-abuses-against-transgender-people-malaysia.

426 Government of Malaysia. Ministry of Health. Health Facts 2019: Reference Data for 2018. Source: https://www.moh.gov.my/moh/resources/Penerbitan/Penerbitan%20Utama/HEALTH%20FACTS/Health%20Facts%202019_Booklet.pdf.

427 Ibid.

428 APTN (2020). Regional Mapping Report on Trans Health, Rights and Development in Asia.

429 Ibid.

430 Ibid.

Philippines

In the Philippines, gender-affirming care is primarily concentrated in major urban areas.[431] [432] [433] While it is legally permitted, there is a notable absence of specific regulations governing gender-affirming care.[434] [435] Consequently, individuals seeking these services often rely on their personal finances, as comprehensive insurance coverage for gender-affirming treatments is limited.[436]

The requirement for mental health assessments as part of the transition process may vary based on individual circumstances.[437] The age of consent for gender-affirming care follows local regulations, typically mandating that individuals must be at least 18 years old. Information on parental consent for minors seeking gender-affirming care is not readily available, and access to such care for young individuals remains constrained.[438]

The Philippines has made significant strides in providing gender-affirming care through non-governmental organisations (NGOs) such as LoveYourself Inc., PULSE Clinic, and others. These organisations often integrate gender-affirming care with HIV/STI testing and referrals.[439] Additionally, collaborative efforts are underway to develop a national transgender health framework, involving the Philippine government, NGOs, and healthcare providers, with the goal of improving the provision of gender-affirming care.[440]

Hormonal therapy is accessible in the Philippines, but a considerable number of individuals self-administer these treatments without medical supervision.[441] Insurance coverage specifically designated for hormonal therapy is lacking.[442] The available types and brands of hormones vary, encompassing both feminising and masculinizing hormones.[443] Information regarding the availability of puberty blockers within gender-affirming services is limited.

Gender-affirming surgeries are attainable within the Philippines, although there is no dedicated insurance coverage for these procedures,[444] meaning that individuals must personally cover the costs. Currently, there have been no reported concerns regarding the quality of these surgeries in the country.[445]

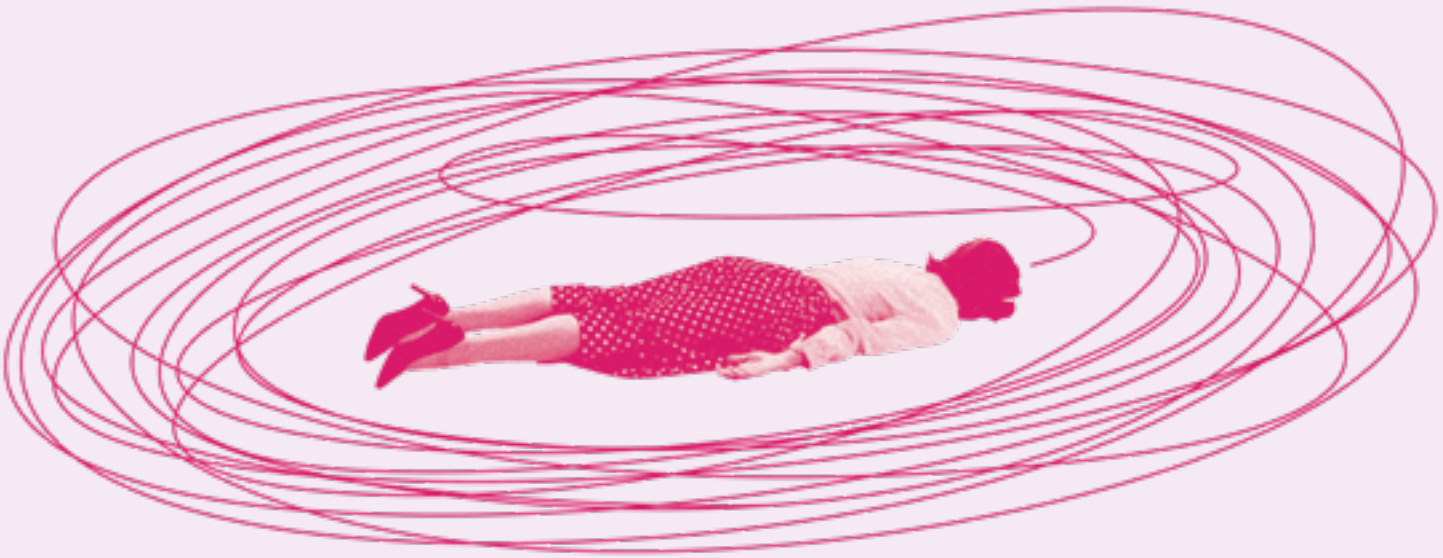
431 Youth LEAD & APTN (2023)
432 amfAR. (2023, January 11). Improving transgender health in Southeast Asia. AmfAR, The Foundation for AIDS Research.
433 Eustaquio, P. C., Castelo, A. V., Araña, Y. S., Corciega, J. O. L., Rosadiño, J. D. T., Pagtakhan, R. G., ... & Baja, E. S. (2022). Prevalence and Factors Associated With Gender-Affirming Surgery Among Transgender Women & Transgender Men in a Community-Based Clinic in Metro Manila, Philippines: A Retrospective Study. Sexual Medicine, 10(2), 100497-100497.
434 APTN. Regional Mapping Report on Trans Health, Rights and Development in Asia. (2020, February 19). https://weareaptn.org/resource/regional-mapping-report-on-trans-health-rights-and-development-in-asia/
435 Eustaquio et al. (2022)
436 Abesamis (2022) & Eustaquio et al. (2022)
437 Youth LEAD & APTN (2023)
438 Ivanka Custodio (2019). The Situation of LGBTQ Children in the Philippines. Commission on Human Rights.
439 Youth LEAD & APTN (2023)
440 Abesamis (2022)
441 Eustaquio et al. (2022)
442 Abesamis (2022) & Eustaquio et al. (2022)
443 Youth LEAD & APTN (2023)
444 Abesamis (2022) & Eustaquio et al. (2022)
445 APTN (2020). Regional Mapping Report on Trans Health, Rights and Development in Asia. 19 February 2020. https://weareaptn.org/resource/regional-mapping-report-on-trans-health-rights-and-development-in-asia/
446 *Ibid.*
447 Surgeries - TransgenderSG. (2023, June 22). TransgenderSG. https://transgendersg.com/surgeries/

Singapore

Regarding the accessibility of gender-affirming healthcare in Singapore, an examination by APTN reveals several pertinent considerations.[446] Notably, Singapore currently lacks a comprehensive public policy or established medical protocol specifically catering to the healthcare needs of transgender individuals. Within the structured and hierarchical medical community, trans patients often encounter a notable degree of stigma, which may complicate their access to appropriate care. Consequently, gaining recognition and support for transgender healthcare initiatives frequently necessitates their integration into broader healthcare agendas.

Regrettably, many procedures and interventions related to transgender healthcare remain excluded from insurance coverage and the national healthcare system in Singapore. This financial constraint significantly limits the flexibility available to healthcare practitioners in terms of service provision and cost management. In the context of healthcare options, private medical practitioners offer the advantage of an expeditious initiation of Hormone Replacement Therapy (HRT) during an initial consultation. However, such private services tend to be considerably more expensive. Conversely, general hospitals, while mandating a lengthier process that may extend over several months, offer a more economically viable alternative, encompassing both consultation and medication expenses.

Furthermore, it is essential to highlight a significant policy provision in Singapore that permits transgender individuals to modify their legal gender markers exclusively upon “completely” changing genitalia through surgery.[447] This creates unnecessary barriers on transgender persons who cannot afford surgeries, or do not want surgeries for health or other reasons. It is pertinent to note that the prevailing documentation framework in Singapore lacks the inclusion of a third gender option, thus exemplifying a binary gender paradigm within official records.



TRANS INTERVIEWEES FACE CHALLENGES IN ACCESSING GENDER-AFFIRMING CARE

The limited availability of gender-affirming services poses significant challenges for trans individuals across the Malay Archipelago. For trans men in Malaysia, Velma illustrated how seeking gender-affirming procedures, such as top surgery, can be rife with financial and bureaucratic hurdles. He mentioned that the cost of the procedure is prohibitively high, at RM 15,000 (approximately USD 3,000), making it unaffordable for many.

Velma sought the expertise of a specialised surgeon who performs top surgery to inquire about the availability of these services. This encounter took an unexpected turn when the doctor inquired about his identity card (IC) and discovered his Malay-language name. The doctor's refusal to proceed is rooted in fear of potential legal consequences, as Velma is a Muslim (based on official documentation), and Malaysia's laws and cultural norms may restrict certain medical procedures for individuals of Muslim faith.

> *"When asked for IC and then saw Malay name, the doctor said no, cannot do it. The doctor was afraid that the government might arrest them because [Velma] is a Muslim."*[448]

Black, a Malay Muslim deaf trans man in Malaysia, also harbours a strong desire for top surgery, driven by his deep need to align his physical appearance with his male identity. However, like Velma, he faces significant barriers due to Shariah laws that criminalise such procedures. As he puts it, "In Islam, it's not permissible."

In the same context, the focus group discussion involving deaf trans men also delved into the option of pursuing gender-affirming services overseas. One of the participants, Aries, mentioned rumours surrounding the costs of chest augmentation procedures in Thailand, suggesting that trans individuals may consider seeking procedures abroad due to the limited options and affordability challenges in Malaysia. In response, Velma expressed a greater sense of safety if he were to undergo the procedure in Thailand instead of Malaysia. He cited the example of a trans woman friend who had previously undergone bottom surgery there. He aspires to see a future in which top surgery in Malaysia becomes significantly more affordable.

447 Surgeries - TransgenderSG. TransgenderSG. https://transgendersg.com/surgeries/ 22 June 2023.

448 Focus group discussion in March 2023, as interpreted by sign language interpreter. Velma, trans man, Malaysia.

During an interview with Lune, a trans woman in Singapore, several significant challenges related to the limited availability of gender-affirming services and information in the country came to the forefront. Lune expressed her frustration with the scarcity of accessible information regarding gender-affirming surgeries and procedures such as breast implants or chest surgeries. Her desire for more comprehensive and readily available information sources on these local services was evident.

In addition, Lune underscored the vital role of community support and the sharing of information through word-of-mouth within the transgender community in Singapore. She shared her personal experiences of learning about hormone replacement therapy (HRT) and obtaining medical referrals through these informal networks. Despite the positive influence of organisations such as Transgender SG, Lune highlighted that the transgender healthcare landscape in Singapore is still evolving, with much reliance on these grassroots networks and collective experiences.

Furthermore, Lune addressed the urgent need for fundamental changes in transgender healthcare within Singapore. She stressed the importance of affordable gender-affirming surgeries conducted by skilled local surgeons and advocated for comprehensive public healthcare coverage and insurance options that cater to the healthcare needs of transgender and non-binary individuals. Lune also emphasised the necessity of lowering the age of consent for transgender individuals to access gender-affirming care and called for a robust healthcare system that can guide individuals under the age of 19 through their healthcare decisions. In conclusion, Lune's insights shed light on the considerable challenges faced by transgender individuals in Singapore and underscored the critical areas in which improvements are urgently needed in transgender healthcare services.

In the Philippines, Rocky discusses perceptions on gender-affirming surgery and its accessibility for trans individuals. He points out that gender-affirming surgery is sometimes misunderstood by those who do not require or undergo it, as it may be seen as a cosmetic procedure. However, Rocky emphasises that for trans men, regardless of their sexual orientation, gender-affirming surgery plays a crucial role in alleviating gender dysphoria or body dysmorphia, which are common experiences among transgender individuals.

> ***Gender-affirming surgery remains to be seen as a cosmetic thing by those who don't access it. Which it is not. Because if you ask trans men, whether they're straight, bisexual or gay, why they want to access gender-affirming surgery, [they would say it's] because it gives them that freedom from gender dysphoria or body dysmorphia, which is a common thing among people.***[449]

One significant challenge mentioned by Rocky is the high cost associated with gender-affirming surgery, making it financially out of reach for many trans individuals, even those with relatively privileged socioeconomic statuses. Rocky expresses hope that in the future, insurance companies will recognise the medical necessity of gender-affirming care and include it in their coverage. While some international companies do offer such coverage, it remains unavailable through local companies. Rocky's example as an NGO worker highlights the disparity in access to gender-affirming care, with individuals in certain industries or employment situations facing greater obstacles in obtaining these essential health services.

> ***[...] because it's very expensive, not everyone gets access to it. Even if you're in a more privileged status, it's still too expensive to access the procedure. Hopefully, in the future, it can be covered by insurance [companies]. There are companies that allow insurance coverage for gender-affirming care, but not all. These are companies that are from the West, or international or global companies. But with local companies, I don't think that it's available. So hopefully, even the insurance [companies] would include gender-affirming care as part of the package. For example, in my case as an NGO worker, I won't get to access that. I would need to work in companies like Wells Fargo, for example.***[450]

In conclusion, the findings reveal that trans individuals across various contexts face common challenges in accessing gender-affirming care. Financial and bureaucratic barriers often hinder their ability to undergo procedures crucial to aligning their physical appearance with their gender identity. Moreover, the limited availability of gender-affirming services and information exacerbates the difficulties they encounter. Misunderstandings about the medical necessity of such procedures, combined with their high costs, further compound the challenges. The insights highlight the urgent need for more accessible and inclusive trans healthcare, encompassing affordability, comprehensive public healthcare coverage, informed decision-making, and recognition of the medical significance of gender-affirming care.

449 Interview in June 2023 with Rocky, bi trans man, Philippines.
450 Ibid.

PART 3: Restrictions and Violations on the Bodily Autonomy of LBQ+ Communities

Chapter 7
Restricted Access to Reproductive Healthcare and Rights

In the ongoing struggle for equitable access to reproductive healthcare and rights, it is imperative to shed light on the unique challenges faced by LBQ+ communities. This chapter delves into the critical need for LBQ+ communities to have unrestricted access to a comprehensive range of reproductive healthcare services, encompassing abortion, contraception, assisted reproductive services, and beyond.

Despite the diverse reproductive needs within LBQ+ communities, these vital services are frequently mischaracterised as a "women's issue", with an emphasis on cisgender heterosexual women. The prevailing misrepresentation inadvertently perpetuates an environment where LBQ+ individuals are underserved and overlooked. In the following sections, we will explore the consequences of this oversight, shedding light on the disparities and pressing issues that demand attention and change in the realm of reproductive healthcare and rights.

LBQ+ COMMUNITIES FACE SIGNIFICANT BARRIERS TO ABORTION ACCESS

Similar to cisgender heterosexual women, LBQ+ individuals may find themselves confronted with unplanned or unwanted pregnancies and subsequently make the personal decision to pursue abortion.

LBQ+ communities may experience a higher likelihood of unintended pregnancies due to a combination of factors. For instance, LBQ+ persons face barriers in accessing SRHR knowledge, primarily because of the lack of inclusive sexuality education. In the Philippines, this is exacerbated by higher absenteeism and school dropout rates as a result of anti-LGBTQ+ bullying and discrimination.[451] This educational gap can result in a lower level of awareness regarding contraception methods and therefore, a higher likelihood of unprotected sex, leading to unintended pregnancies.

In numerous Asian countries, including Malaysia and the Philippines, LBQ+ individuals also face disproportionately high rates of sexual assault and rape, heightening their risk of unintended pregnancies.[452] [453] These acts are often motivated by their perpetrators' desire to punish or 'correct' LBQ+ individuals for deviating from cisgender and heterosexual norms, with governments like Malaysia's even endorsing conversion therapy that includes corrective rape.[454] Furthermore, when LBQ+

451 Thoreson, R. (2023, March 28). *Just Let Us Be: Discrimination Against LGBT Students in the Philippines.* Human Rights Watch. https://www.hrw.org/report/2017/06/22/just-let-us-be/discrimination-against-lgbt-students-philippines

452 The International Gay and Lesbian Human Rights Commission (2014). *Violence: Through the Lens of Lesbians, Bisexual Women and Trans People in Asia.* https://outrightinternational.org/sites/default/files/2022-10/LBT_report.pdf

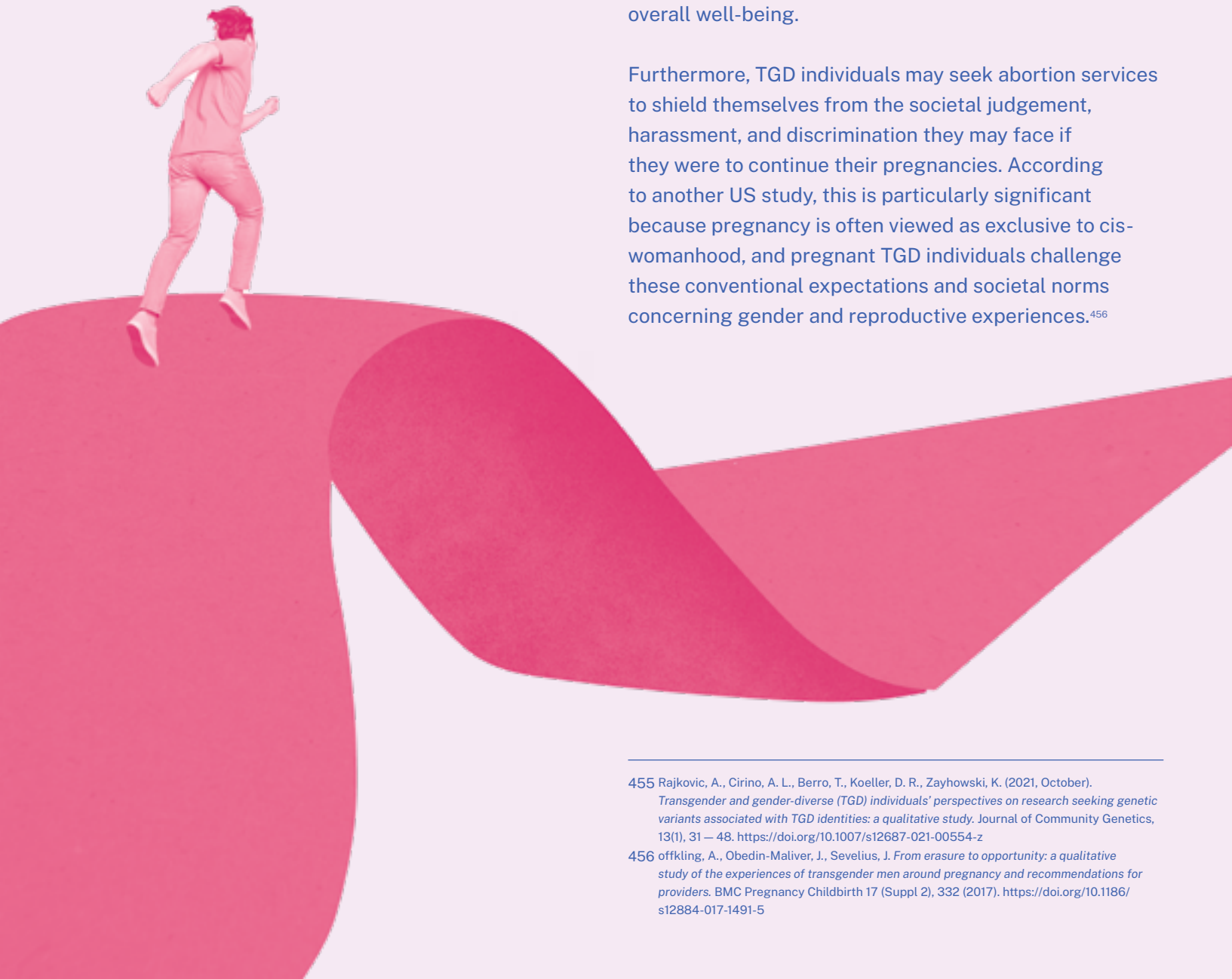
453 Kilbride, E. (2023). *This is why we became activists: Violence against lesbian, bisexual and queer women and non-binary people.* Human Rights Watch. https://www.hrw.org/report/2023/02/14/why-we-became-activists/violence-against-lesbian-bisexual-and-queer-women-and-non

454 Mercado, J.C. (2022, 14 June). *Disrupted spectrum: Asia's fractured LGBTQ+ rights landscape.* Asian Democracy Chronicles. https://adnchronicles.org/2023/06/14/disrupted-spectrum-asias-fractured-lgbtq-rights-landscape/Ibid.

individuals become pregnant, they may face coercion from family members and those around them to continue the pregnancy as a means of 'curing' them of perceived sexual deviance and asserting traditional notions of womanhood.

A US study found that for some trans, non-binary, and gender-diverse (TGD) individuals, the experience of pregnancy can trigger gender dysphoria.[455] Physical changes associated with pregnancy, such as breast development, can intensify feelings of discomfort and anxiety. In such cases, TGD individuals may opt for abortion as a means of safeguarding their emotional and overall well-being.

Furthermore, TGD individuals may seek abortion services to shield themselves from the societal judgement, harassment, and discrimination they may face if they were to continue their pregnancies. According to another US study, this is particularly significant because pregnancy is often viewed as exclusive to cis-womanhood, and pregnant TGD individuals challenge these conventional expectations and societal norms concerning gender and reproductive experiences.[456]



455 Rajkovic, A., Cirino, A. L., Berro, T., Koeller, D. R., Zayhowski, K. (2021, October). *Transgender and gender-diverse (TGD) individuals' perspectives on research seeking genetic variants associated with TGD identities: a qualitative study.* Journal of Community Genetics, 13(1), 31 — 48. https://doi.org/10.1007/s12687-021-00554-z

456 offkling, A., Obedin-Maliver, J., Sevelius, J. *From erasure to opportunity: a qualitative study of the experiences of transgender men around pregnancy and recommendations for providers.* BMC Pregnancy Childbirth 17 (Suppl 2), 332 (2017). https://doi.org/10.1186/s12884-017-1491-5

ABORTION POLICIES IN THE MALAY ARCHIPELAGO

The extent to which abortion needs are met can differ significantly, contingent on the legal and cultural contexts in which LBQ+ individuals reside. In our assessment, we found that access to abortion varies significantly across the Malay Archipelago. In Brunei, Indonesia, Malaysia and the Philippines, abortion access is generally limited and, in many cases, largely inaccessible for LBQ+ individuals seeking to terminate pregnancies. In the Philippines, LBQ+ individuals contend with one of the most stringent abortion access landscapes. In accordance with Philippine law, abortion has been categorised as a criminal offence since 1930.[457] This legal framework deems abortion a crime, regardless of whether it is intentional or unintentional.

Abortion-related stigma in the Philippines is intricately linked to the government's adherence to the directives of the influential Catholic hierarchy, particularly the Catholic Bishops Conference of the Philippines (CBCP). This influence was notably demonstrated in 1987, when the Catholic hierarchy succeeded in incorporating language in the Philippine Constitution recognising the government's duty to protect "the life of the unborn from conception",[458] setting a precedent.

This provision can be construed to potentially permit abortion in situations where there are risks to the woman's or girl's life or mental well-being.[459] Interestingly, even though the Philippine Commission on Women (PCW) asserts that the Constitution carries an "anti-abortion" stance, it acknowledges that the equal protection clause can be invoked to assert that therapeutic abortion is permissible when the mother's life is threatened.[460]

The Responsible Parenthood and Reproductive Health Act 2012, also known as the RPRH or RH law, has been a significant milestone in safeguarding the reproductive health rights of Filipino women. However, it does not explicitly include abortion or access to abortifacients within its definition of reproductive health rights.[461] Nonetheless, it is important to note that the legality of medical treatment for women experiencing post-abortion complications is well-established:

> ***"While this Act recognizes that abortion is illegal and punishable by law, the government shall ensure that all women needing care for post-abortive complications and all other complications arising from pregnancy, labour and delivery and related issues shall be treated and counselled in a humane, non-judgmental and compassionate manner in accordance with law and medical ethics."[462]***

A significant stride towards the decriminalisation of abortion in the Philippines has been witnessed with the Philippine Commission on Human Rights (PCHR) explicitly endorsing this cause in its Priority Human Rights Legislative Agenda for the 19th Congress of the Philippines, lasting from July 2022 to June 2025.[463] This historic move marks the first time the PCHR has openly supported abortion decriminalisation, highlighting its commitment to advancing reproductive rights and gender equality. By advocating for decriminalisation, the PCHR acknowledges the need to address restrictive abortion laws that disproportionately affect women and marginalised communities, including LBQ+ individuals. This development amplifies the discourse on reproductive rights and women's autonomy in the Philippines and contributes to the ongoing movement to reform and modernise reproductive healthcare policies in the country.

Brunei also has a restrictive abortion policy. Based on the existing legislation, there are no provisions allowing for abortion either at the woman's request, or for any legal grounds. With the exception of the woman's life being in danger, Brunei criminalises abortion via its Penal Code (Cap 222)[464] and Syariah Penal Code Order (SPCO 2013).[465] The consequences for those involved in an abortion procedure are severe, with potential penalties of imprisonment for up to seven years for the recipient of the abortion and 10 to 15 years for the individual performing the abortion.

Despite the U.S. Embassy's 2021 Country Reports on Human Rights Practices in Brunei stating that there had been no recent prosecutions for illegal abortions,[466] a news report in 2023 highlighted a specific case to the contrary. In a recent Brunei case, a 36-year-old woman named Nuralinda Abdul Majid was sentenced to six months in jail for terminating her pregnancy without her husband's knowledge.[467] She had concealed her pregnancy for personal reasons and, after obtaining abortion-inducing tablets, consumed them.

457 The Revised Penal Code of the Philippines, Act. No. 3815 of December 8, 1930, Articles 256 – 259, https://reproductiverights.org/maps/provision/philippiness-abortion-provisions/#penalcode

458 The 1987 Constitution of the Republic of the Philippines. Article II, Section 12. Official Gazette. https://www.officialgazette.gov.ph/constitutions/the-1987-constitution-of-the-republic-of-the-philippines/the-1987-constitution-of-the-republic-of-the-philippines-article-ii/

459 Center for Reproductive Rights (2018). *Realizing a Healthy, Equal, and Thriving Philippines: The Role of Abortion Law Reform in Achieving the Nation's Development Goals.* https://reproductiverights.org/wp-content/uploads/2020/12/2018-philippines-abortion-legislative-brief.pdf

460 Philippine Commission on Women, Committee on the Elimination of Discrimination Against Women (2021, July 6), *Ninth periodic report submitted by the Philippines under article 18 of the Convention, due in 2020.* https://pcw.gov.ph/assets/files/2023/09/CEDAW_Ninth-Periodic-Report-Submitted-by-the-Philippines.pdf?x81634

461 Philippine Legislators' Committee on Population and Development Foundation, Inc. (2013, March). RA 10354: *A Primer on the Reproductive Health Law.* https://www.plcpd.org.ph/wp-content/uploads/2014/08/A-primer-on-the-Reproductive-Health-Law.pdf

462 Republic Act No. 10354, Section 3 (J) (2012). Official Gazette. https://www.officialgazette.gov.ph/2012/12/21/republic-act-no-10354/

463 Ray, N. (2023, January 30). Progress on Abortion Rights in the Philippines. Center for Reproductive Rights. https://reproductiverights.org/pchr-philippine-commission-human-rights-abortion-decriminalization/

464 Brunei Penal Code (Cap 315). Berkman Klein Center https://cyber.harvard.edu/population/abortion/Brunei.abo.htm

465 Brunei's Pernicious New Penal Code (2019, May 22). Human Rights Watch, https://www.hrw.org/news/2019/05/22/bruneis-pernicious-new-penal-code

466 *2021 Country Reports on Human Rights Practices: Brunei - U.S. Embassy in Brunei Darussalam.* (2022, April 20). U.S. Embassy in Brunei Darussalam. https://bn.usembassy.gov/our-relationship/official-reports/2021-country-reports-on-human-rights-practices-brunei/

467 *Abortion lands Brunei woman six months in jail* (2023, July 26). The Star. https://www.thestar.com.my/aseanplus/aseanplus-news/2023/07/26/abortion-lands-bruneiwoman-six-months-in-jail

Subsequently, she gave birth to a foetus in a health centre's restroom and, with the assistance of an acquaintance, buried it. The punishment of the defendant raises concerns regarding her reproductive rights, as she resorted to clandestine methods due to the absence of legal access to safe abortion services upon request.

This case not only highlights the legal ramifications surrounding abortion in Brunei but also indicates the potential challenges faced by LBQ+ persons married to men. In a country where marital rape remains legal[468] and non-heterosexual women can face punitive measures, LBQ+ individuals in marriages with men are at risk of experiencing 'corrective' sexual violence perpetrated by their husbands while simultaneously having no legal means to hold them accountable for these acts. With limited access to safe and legal abortions and the potential consequences of being unable to terminate pregnancies, LBQ+ individuals may find themselves trapped in a distressing cycle that jeopardises their reproductive rights, safety, and overall well-being.

Indonesia and Malaysia have slightly more permissive abortion policies compared to the Philippines and Brunei, but they still come with heavy restrictions. These countries generally permit abortion to safeguard the "mother's physical or mental health".

In Indonesia, abortion is allowed in cases of rape and medical emergencies. In cases of sexual violence, parental or partner consent is not required. The regulation stipulates that the gestational age is at least 40 days since the last menstrual period. However, this provision has been amended by Law No. 1 of 2023 on Criminal Law, which increases the maximum pregnancy age for permitted abortion to 14 weeks. The Criminal Code (KUHP) still criminalises women who have abortions, as well as those who perform abortions on women (including healthcare professionals).

Individuals involved in performing either consensual or non-consensual abortions that result in fatality may be subject to a legal penalty ranging from 5 to 15 years of imprisonment. However, healthcare professionals such as doctors, midwives, paramedics, and pharmacists, who are typically involved in these procedures, face an additional punitive measure. This entails an extension of their prison sentences by one-third and the potential loss of certain rights, including the capacity to hold public office and engage in specific professions.[469] The threat of criminalisation and multiple legal provisions certainly influence the hesitancy of health workers to carry out safe abortions, even when it comes to restricted legal abortions.

Based on media monitoring conducted by the Indonesian Sexual and Reproductive Health Coalition (KSRI) between February and August 2020, there were eight cases of raids on clinics in Indonesia. In almost all the raids carried out by the police, people who are suspected of illegal abortions based on Law No. 1 of 2023 on the Criminal Code are not only doctors, midwives, paramedics or pharmacists, but also administrative workers in clinics, as they are also considered involved parties. As a note, the upcoming enforcement of the new Criminal Code in 2026 still poses potential negative implications for preventing the criminalisation of abortions.

In our 2023 interview, Bintang, a non-binary, masculine-presenting lesbian from Indonesia, critiqued the government's approach to regulating abortion and substances such as hormones, describing it as lenient but not readily accessible. They drew parallels between these regulations and a market scenario where a licensed store doesn't stock essential items, leading people to seek them elsewhere, often through black markets. They expressed concerns about the black market for abortion-related drugs arising due to the lack of safe and accessible licensed alternatives, noting their fraudulent and potentially dangerous nature. They also expressed scepticism about drugs purported to

induce abortions even in late-stage pregnancies. This underscores the repercussions of restrictive abortion laws and limited access to safe reproductive healthcare, as the interviewee pointed to the emergence of dangerous black markets for abortion-related drugs and the associated risks to LBQ+ people's health.

In Malaysia, the Penal Code Amendment Act (1989) allows medical practitioners registered under the 1971 Medical Act (all doctors practising legally in this country) to terminate a pregnancy if its continuation risks the woman's life or injures their mental and physical health more than if the pregnancy was terminated (Section 312, Penal Code).[471]

> ***"When you say abortion is regulated in the law for certain exceptions but you don't provide it, it's like letting people...for example, this is a market, there is an official store that does not provide the item you want. So, in the end, you look for that item elsewhere, right? Because you need it. That's what causes the black market..."***[470]

Although abortion is legal in Malaysia, it is conditional and limited; the decision to terminate a pregnancy is within the jurisdiction of the doctor, not the woman. Furthermore, the Ministry of Health does not recognise or provide medical abortions, despite an estimated 100,000 abortions being sought every year in Malaysia.[472] Both mifepristone and misoprostol are not readily sold in Malaysia, and thus can only be illegally obtained.[473] Furthermore, adolescents below 18 years old need parental consent to seek abortion services; failing which, penalties will be imposed on the person seeking an abortion, the provider, and any individual assisting.[474] This is a particularly concerning requirement for LBQ+ minors who may become pregnant due to 'corrective' rape by family or community members and would like to terminate the pregnancy to safeguard their well-being.

Private-sector abortion services are available in urban areas, albeit discreetly. As these services are largely unregulated, clinics charge exorbitant prices for abortions, which can cost up to RM4,500 (approximately US$940) in later stages.[475] This not only exploits those seeking reproductive healthcare but also creates significant barriers for LBQ+ individuals, who often face financial insecurity and are at higher risk of economic precarity.

468 Musawah (2014, October). *Musawah Comprehensive Fact-Sheet on Muslim Family Laws: Brunei Darussalam, 59th CEDAW Session.* https://www.musawah.org/wp-content/uploads/2019/05/Brunei-Thematic-Report-CEDAW59-2014.pdf

469 Criminal Code, Law No. 1 of 2023 on the Criminal Code, Article 464 and 465 (2023, January 26). Hukumonline. https://the-world-is-watching.org/wp-content/uploads/2023/02/2023-Indonesia-Penal-Code.pdf

470 Interview in March 2023 with Bintang (pseudonym), masculine-presenting non-binary lesbian, Indonesia.

471 Malaysian Medical Council. Laws and Regulations. https://mmc.gov.my/laws-and-regulations/.

472 Pillai, V., Thanaraju, A. *Update Guidelines To Allow Abortion Pill, MOH Told* (2020, March 4). https://codeblue.galencentre.org/2020/03/04/update-guidelines-to-allow-abortion-pill-moh-told/

473 Ibid.

474 Abdul Hamid, S.H., Fallon, D., Callery, P. (2020, May 22). *An Overview of Adolescents Sexual and Reproductive Health Services Provision in Malaysia.* Comprehensive Child and Adolescent Nursing, 44(2), 144 — 160. https://doi.org/10.1080/24694193.2020.1756983

475 Kho, J. (2021, August 19). *Malaysia's State Of Abortion Is A Losing Game For Women.* CodeBlue. https://codeblue.galencentre.org/2021/08/19/malaysias-state-of-abortion-is-a-losing-game-for-women-jeslyn-kho/.

In Singapore,[476] there are no specific age restrictions for undergoing an abortion procedure, ensuring accessibility for individuals of all age groups, including those within LBQ+ communities. Importantly, there is no legal requirement for parental consent for minors, particularly those who are under 16 years old. Abortion is strictly prohibited after 24 weeks or six months of pregnancy, except when the life of the pregnant woman is in immediate danger. The duration of pregnancy is calculated from the first day of the pregnant woman's last normal menstruation up to the end of the 24th week. Notably, certain conditions apply for foreign nationals seeking abortion services in Singapore. These conditions determine the eligibility of foreigners to access abortion services within the country. The eligibility criteria encompass the following situations:[477]

Firstly, individuals who have resided in Singapore for a minimum duration of four months are considered eligible for abortion services. Secondly, those who are either married to a Singapore citizen or hold Permanent Resident (PR) status also meet the criteria for accessing these services. Thirdly, individuals who possess valid work permit passes or are married to those holding work permit passes (excluding temporary work permits) or employment passes are eligible for abortion services. Finally, an abortion is permitted when immediately necessary to save the life of the pregnant woman.

While these restrictions do not apply when abortion is "immediately necessary to save the life of the pregnant woman",[468] they may inadvertently create barriers for LBQ+ foreigners facing challenging circumstances that do not fall within this narrow scope. Factors such as residency duration, marital status, or employment status can potentially hinder access to essential reproductive healthcare services, possibly leading to delays that could affect an individual's well-being. Therefore, striking a balance between legal regulations and equitable access to healthcare remains paramount in safeguarding the health and reproductive rights of all individuals, regardless of their nationality.

Upon reviewing abortion policies in the Malay Archipelago, it is evident that LBQ+ communities in the Philippines, Brunei, Malaysia, and Indonesia face predominantly restrictive environments when it comes to abortion access. Singapore boasts the most permissive abortion policies in the region, offering a relatively inclusive approach.

However, it is worth noting that LBQ+ foreigners might encounter obstacles in accessing abortion services if they fail to meet specific criteria. Beyond the immediate challenges posed by restrictive policies, LBQ+ individuals contend with additional difficulties stemming from SOGIE-based discrimination and violence. Such challenges include heightened vulnerability to sexual assault and rape, forced pregnancy, a lack of inclusive sexuality education, and, in some countries, criminalisation of LBQ+ identities.

Throughout the region, abortion policies primarily centre on women, mothers, and girls, often within the framework of cis-heteronormativity, inadvertently neglecting individuals with diverse SOGIESC. This exclusion perpetuates the misconception that LBQ+ individuals do not require abortion services, despite the higher rates of unintended pregnancies within LBQ+ communities.

Framing abortion as a primarily female or maternal concern obscures the diverse needs of LBQ+ people, leading to a lack of inclusive policies and services that ultimately marginalise them in the realm of reproductive healthcare. For instance, trans men and butch lesbians may be unjustly denied abortion services by healthcare providers due to not conforming to the demographic at which traditional abortion policies are aimed. This not only highlights the limitations of the existing policies but also the urgency of creating more inclusive healthcare regulations that consider and address the unique circumstances and diverse identities of LBQ+ individuals.

OBSTACLES IN ACCESSING SRH SERVICES

RESTRICTED ACCESS TO SRH SERVICES FOR UNMARRIED INDIVIDUALS

Policies that limit access to SRH services for unmarried individuals often originate from deeply ingrained cultural values that prioritise the sanctity of marriage, emphasising that sexual activity should only occur within the context of marriage. These restrictions are influenced by factors such as traditional family values, religious doctrines advocating premarital abstinence, and societal expectations regarding relationships and sexual behaviour. As a result, those engaging in extramarital sex may face judgement and social ostracism, reinforcing the prevailing belief that such behaviour is unacceptable.

Such restrictive policies have broad-reaching implications, impacting not just unmarried cisgender heterosexual women but also disproportionately affecting LBQ+ individuals. These policies are underpinned by the premise that individuals seeking SRH services must conform to both marriage and cis-heterosexuality, perpetuating a system where reproductive healthcare caters exclusively to this limited demographic. Consequently, the sexual and reproductive health of LBQ+ individuals is often adversely affected.

For LBQ+ individuals, particularly those who are unmarried and/or in same-sex partnerships, the challenges they face emerge at the intersection between anti-LGBTQ+ environments and the absence of legal recognition for same-sex marriages. Furthermore, the moral and legal stigma against same-sex sexual activity persists, irrespective of whether it takes place within the bounds of marriage. In certain countries, such as Brunei, Malaysia, and Indonesia, same-sex activity is not only considered immoral but is also largely criminalised.

In Brunei, family planning services are available at all government health clinics, National Population and Family Development Board (LPPKN) clinics and Family Planning Association (FPA) clinics. However, SRH services are strongly oriented towards cisgender heterosexual married couples. The policy and legal position on the access of unmarried individuals or minors to contraceptives or SRH services are, at best, ambiguous. It is unclear if written consent from parents or guardians is required by law for young people under 18 to access family planning services.

476 Termination of Pregnancy Act 1974, 2020 Revised Edition (2023, May 1). Singapore Statutes Online. https://sso.agc.gov.sg/Act/Tpa1974
477 Association of Women for Action and Research (AWARE). Abortion. https://www.aware.org.sg/information/abortion/
478 Termination of Pregnancy Act 1974, 2020 Revised Edition (2023, May 1). Singapore Statutes Online. https://sso.agc.gov.sg/Act/Tpa1974

Additionally, socio-cultural and religious pressures have been found to affect some women's access to contraception or healthcare for sexually transmitted infections (STIs). Access to health services, including emergency contraception, is only provided for sexual violence survivors.[479]

According to the country's human rights reports for three years in a row, unmarried Muslim women have been unable to obtain contraception from government clinics, forcing them to seek this service from local private clinics or reproductive service providers abroad.[480] [481] [482] Existing provisions of the law have set imprisonment or fines as punishments for the person seeking abortion, and the person providing and assisting in the abortion procedure.[483]

On the other side of the coin, women and LBQ+ persons who are pregnant and give birth out of wedlock[484] can be punished with prison terms as well under the article 94 of SPCO 2013. The burden is on the individual to rebut that the pregnancy or the child born out of wedlock are within the allowed ambit of the law.

Unmarried women and LBQ+ persons in Malaysia continue to face obstacles in accessing contraceptives, despite the Ministry of Health's (MOH) policy against discrimination. Instances of stigma and discrimination persist at public healthcare facilities based on marital status, contrary to MOH's official stance. There are reports of women having negative experiences in accessing SRH care, including being judged for seeking contraception before marriage.[485] Ethnicity, religion, and mental health can compound the issue. Some women have been denied contraceptives and reproductive care due to their unmarried status, leading them to seek private healthcare despite higher costs.

While there is no official MOH policy barring unmarried women and LBQ+ persons from accessing contraceptives, doctors have noted variations in interpretation and implementation among healthcare providers. Some practitioners refuse contraceptives to unmarried individuals, citing personal values or misconceptions about MOH policies. This discrimination affects access to various contraceptive methods, with unmarried individuals often limited to oral contraceptives. Complex power dynamics, race, and religion further influence access to contraceptives. Some women and LBQ+ persons, especially those who are informed about their rights, may seek private healthcare, where similar issues persist but to a lesser extent. To address these challenges, healthcare providers should receive clear guidelines emphasising gold-standard, evidence-based, non-judgmental, and rights-based healthcare. Malaysia faces a low contraceptive prevalence rate[486] and a high maternal morbidity rate, highlighting the importance of improving access to contraceptives.

The limitations unmarried individuals face in accessing SRH services, which disproportionately affect LBQ+ persons, underscore the urgent need for a more inclusive and equitable approach to healthcare. It is imperative that SRH services be made accessible to all individuals, irrespective of their marital status. Ensuring that everyone, regardless of their relationship status, SOGIESC, or other identity markers, has equal access to essential healthcare services not only respects their autonomy but also upholds their fundamental right to make informed choices about their sexual and reproductive health.

479 Bureau of Democracy, Human Rights and Labor (2021). 2021 Country Reports on Human Rights Practices: Brunei. U.S. Department of State. https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/brunei/

480 Bureau of Democracy, Human Rights and Labor (2022). Brunei 2022 Human Rights Report. U,S. Department of State. https://www.state.gov/wp-content/uploads/2023/02/415610_BRUNEI-2022-HUMAN-RIGHTS-REPORT.pdf

481 Bureau of Democracy, Human Rights and Labor (2021). 2021 Country Reports on Human Rights Practices: Brunei. U.S. Department of State. https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/brunei/

482 Bureau of Democracy, Human Rights and Labor (2020). 2020 Country Reports on Human Rights Practices: Brunei. U.S. Department of State. https://www.state.gov/reports/2020-country-reports-on-human-rights-practices/brunei/

483 *Brunei's Pernicious New Penal Code* (2019, May 22). Human Rights Watch, https://www.hrw.org/news/2019/05/22/bruneis-pernicious-new-penal-code

484 Ibid.

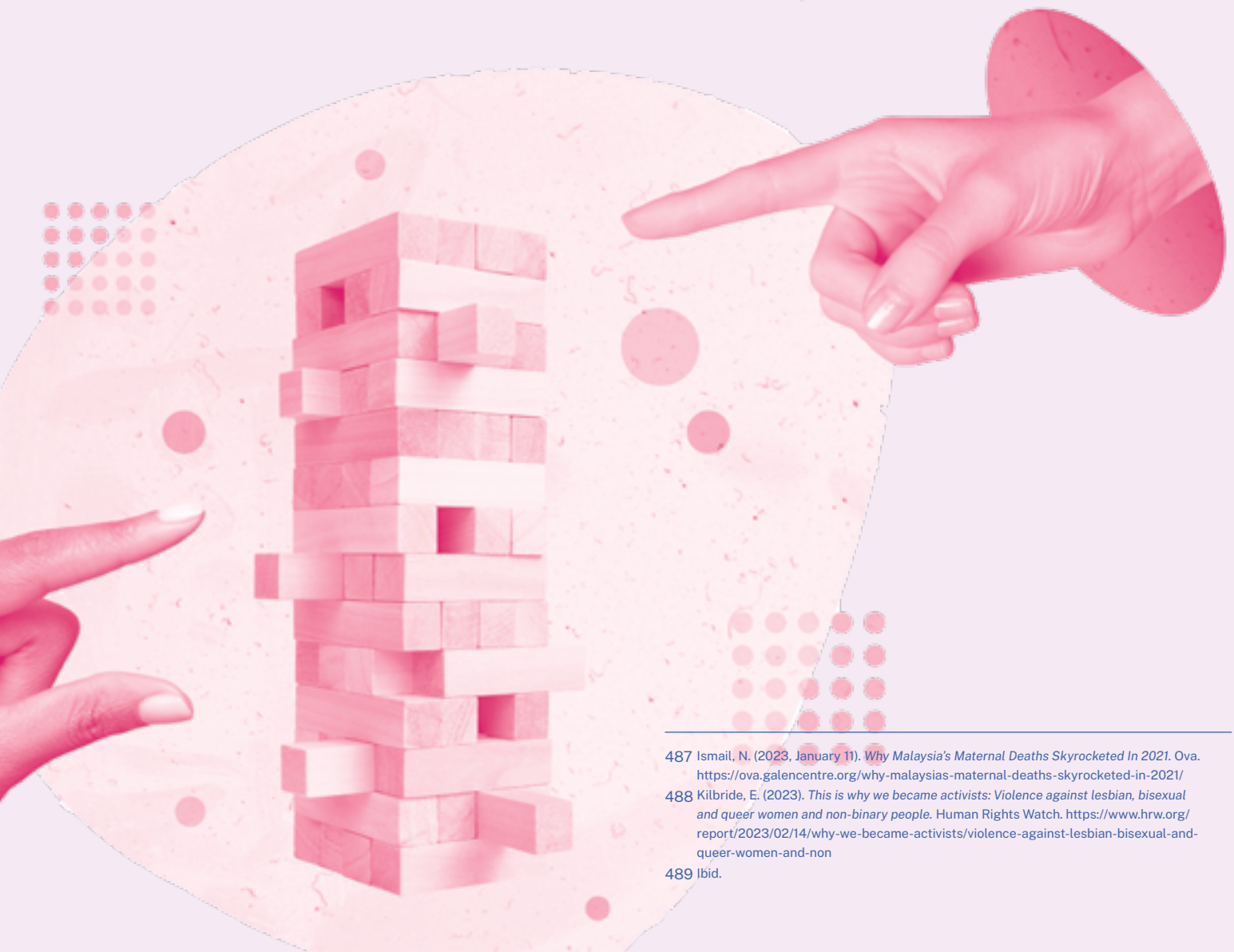
485 Niza, M. (2023, March 27). *Why Are Unmarried Women Having Difficulty Accessing Contraceptives When MOH Has No Policy Against It?* Ova. https://ova.galencentre.org/why-are-unmarried-women-having-difficulty-accessing-contraceptives-when-moh-has-no-policy-against-it/

486 Dr John Teo (2020, December 11). *Making Sense Of Malaysia's Contraceptive Prevalence Rate. CodeBlue.* https://codeblue.galencentre.org/2020/12/11/making-sense-of-malaysias-contraceptive-prevalence-rate-dr-john-teo/Ismail

ACCESS TO SRH CARE CONTINGENT UPON SPOUSAL CONSENT

When access to SRH services require spousal approval, LBQ+ individuals lack the ability to make autonomous decisions about their own sexual and reproductive health. In societies where LBQ+ individuals are frequently coerced into cis-heterosexual marriages by family members, this practice amounts to forced marriage and constitutes a form of 'corrective' violence against LBQ+ people. In such situations, they often find themselves trapped in abusive or oppressive marriages, negatively impacting their mental and physical health.

The 2023 report by the Human Rights Watch on violence against LBQ+ individuals highlights that being married to men can lead to negative health outcomes for LBQ+ people.[488] When the spouses and families of LBQ+ individuals harbour suspicions about their queer identity, it can lead to their isolation from friends, partners, and crucial healthcare resources, including medical professionals and LBQ+ support groups.[489] This limitation reinforces the cycle of health disparities and marginalisation among LBQ+ individuals.



487 Ismail, N. (2023, January 11). *Why Malaysia's Maternal Deaths Skyrocketed In 2021.* Ova. https://ova.galencentre.org/why-malaysias-maternal-deaths-skyrocketed-in-2021/

488 Kilbride, E. (2023). *This is why we became activists: Violence against lesbian, bisexual and queer women and non-binary people.* Human Rights Watch. https://www.hrw.org/report/2023/02/14/why-we-became-activists/violence-against-lesbian-bisexual-and-queer-women-and-non

489 Ibid.

Notably, policies that require spousal consent to access SRH only apply to individuals who are assigned female at birth and are in marriages with cisgender men. Within the context of the Malay Archipelago, Indonesia stands out as the sole country to impose a requirement of spousal consent for married women seeking access to SRH services.

Indonesia's family planning policies have traditionally centred around the needs of married couples, often neglecting the critical requirements of unmarried individuals seeking access to contraception and safe abortion services. A glaring example of this approach is evident in the National Family Planning Board's 2015-2019 Strategic Plan, which predominantly focused on delivering contraception services to married couples while failing to address the unique challenges and demands of unmarried individuals. Furthermore, the Ministry of Health's regulations introduced in 2014 exacerbated this issue by explicitly stipulating that contraception could only be provided to married women with the consent of their husbands, effectively excluding unmarried women from accessing these essential services.[490]

Equally concerning is the growing opposition to family planning services and contraception for women and girls in Indonesia. In 2015, the Indonesian government took steps to criminalise the sale of condoms in supermarkets, a move that directly hindered access to essential contraceptives.[491] Subsequently, in 2019, a draft revision of the Criminal Code was proposed, aiming to criminalise the provision of contraception information or safe abortion information to children by non-authorised personnel, further limiting access to crucial sexual and reproductive health information.

Despite the existence of Health Law No. 36 of 2009, which ostensibly guarantees the right to a healthy and safe reproductive and sexual life, its application remains limited in scope. The law pertains primarily to a person's "lawful partner", mandating consent from both the woman and her spouse. This legal framework fails to account for the unique circumstances of unmarried women and minors, including LBQ+ individuals, leaving them in a precarious position with regards to reproductive health services and information.

Policies that require spousal consent reinforce the idea that women are dependent on their husbands for essential healthcare, eroding their autonomy and control over their own bodies and well-being. Inherent in these policies is the implication that husbands hold ownership and authoritative control over their wives' bodies, choices, and healthcare decisions. The enforcement of such policies may also lead to situations where women and LBQ+ individuals married to men feel coerced into making decisions that do not align with their own preferences or needs, posing adverse risks to their health. For LBQ+ individuals, these challenges are amplified by their susceptibility to forced marriages and family violence based on their SOGIESC.

BARRIERS TO CONTRACEPTIVES AND SRH CARE ACCESS IN THE PHILIPPINES

While the family planning programme in the Philippines was initiated in 1971 and was initially one of Asia's most robust programmes, its effective implementation has faced several challenges over the years. These challenges encompass religious reservations, the swift process of decentralisation, and various legal interventions that have hindered its progress.[492] Despite its inception, the full potential of the programme was not realised until several years later.

The RPRH law, designed to rejuvenate and enhance family planning services, encountered significant delays before being effectively implemented in 2017.[493] These delays were primarily due to the need to address both legal and programmatic barriers that were hindering its execution. The RPRH law ensures universal and cost-free access to modern contraceptives, particularly for economically disadvantaged women. However, this legislation contains certain provisions that present challenges to contraceptive access.

For example, one notable restriction imposed by the RPRH law pertains to the purchase of specific emergency contraceptives by national hospitals, limiting their availability to LBQ+ people in need. Additionally, the act mandates parental consent for minors seeking access to contraceptives, which can be a significant barrier for adolescent LBQ+ persons. These constraints directly affect poorer LBQ+ people, hindering their ability to make informed decisions about their reproductive health.

Furthermore, the decentralisation of the health system has granted local chief executives the authority to disregard national health policies and programmes. This decentralisation has led to instances where contraceptive services were banned in local health facilities, as exemplified by the mayor of Manila in 2000, who opposed such services due to personal religious objections.[494]

In December 2022, the Gabriela Women's Party called for stronger enforcement of the country's reproductive health law due to reports of women being denied access to contraception at local government-run health centres, primarily affecting those in remote regions.[495] UNFPA Philippines spokesperson Nita Dioneda revealed that cases have emerged of women in devoutly Catholic provinces being denied contraceptives such as IUDs due to religious beliefs held by health officers. While there have been improvements in contraceptive prevalence rates, fertility rates, and unmet family planning needs,[496] this issue highlights the persistent challenge of reconciling reproductive rights, personal beliefs, and the practical implementation of reproductive health policies in the Philippines.

490 UPR Info. Indonesia Ministry of Health Regulation No 61/2014, Arts. 22 and 23. https://www.upr-info.org/sites/default/files/documents/2017-04/js19_upr27_idn_e_main.pdf

491 Ibid.

492 Nagai, M., Bellizzi, S., Murray, J., Kitong, J., Cabral, E.I., Sobel, H.L. (2019, July 25). *Opportunities lost: Barriers to increasing the use of effective contraception in the Philippines.* PLOS One. https://www.doi.org/10.1371/journal.pone.0218187

493 The Associated Press (2017, January 11). Philippines to offer free contraceptives to 6 million women. https://apnews.com/general-news-7fb833ff360b48348c9ba0532258cb40

494 *Committee on the Elimination of Discrimination Against Women* (2015, April 22). *Convention on the Elimination of All Forms of Discrimination against Women.* https://www.escr-net.org/sites/default/files/CEDAW_C_OP-8_PHL_1_7679_E_0.pdf

495 *Philippine women 'denied reproductive health rights'* (2022, December 15). UCA News. https://www.ucanews.com/news/philippine-women-denied-reproductive-health-rights/99741

496 Philippine Statistics Authority (2023, February). *2022 Philippine National Demographic and Health Survey.* https://www.dhsprogram.com/pubs/pdf/PR146/PR146.pdf

Insights provided by Star, a bisexual woman and dedicated advocate, seem to affirm the challenges faced by LBQ+ individuals in accessing sexual and reproductive health services. Importantly, Star underscores that existing RH policies often lack sensitivity to the specific needs of LBQ+ individuals, contributing to the overall invisibility of this demographic in reproductive healthcare discourse. This invisibility, as Star points out, results in a lack of recognition of the unique SRH needs of LBQ+ individuals, leading to their exclusion from relevant programmes and policies.

> ***So, there's an invisibility [of LBQ people], and due to that invisibility, these [SRHR needs] are not recognised. And because they [LBQ people] are not recognised, they are absent from the programming and policies.***[497]

While the RH law mandates non-judgemental post-abortion care and envisions hospitals providing such services, the stigma associated with abortion due to its criminalisation remains a substantial barrier. This stigma significantly impacts those in need of SRH services, including LBQ+ individuals who may face discrimination when seeking prenatal care or fertility advice. The example of a butch lesbian in Cebu illustrates the difficulties individuals face when attempting to access necessary care, particularly in cases of pregnancies resulting from rape.

> ***There was one case – I think this was in Cebu – of a butch lesbian who got pregnant because she was raped, and it was difficult for her to access services. There were questions like, how did it happen? [She faced] barriers in accessing the pre-natal care that she needed, and due to [issues on] availability, she found it hard to access it.***[498]

497 Interview in July 2023 with Star, bisexual woman, Philippines.
498 Interview in July 2023 with Star, bisexual woman, Philippines.

ACCESS BARRIERS FOR VICTIM-SURVIVORS IN SINGAPORE

In AWARE's comprehensive report on gender equality, it was emphasised that survivors of sexual violence encounter significant hurdles when attempting to access emergency contraception and forensic medical examinations.[499] To begin with, emergency contraception pills are restricted to prescription-only status, not available over the counter, and necessitate the filing of a police report for subsidised STI tests and access to emergency contraception. Consequently, survivors are burdened with the full financial responsibility for STI testing and pregnancy prevention in cases where a police report is not filed. In a distressing case from 2019, an SACC client who had experienced sexual assault had to pay a total of $600 for STI tests and emergency contraception pills, underscoring the financial strain placed on survivors without police involvement.

Moreover, obtaining a police report is a prerequisite for accessing forensic medical examinations, undergoing STI testing, documenting injuries sustained, and collecting physical evidence. Survivors of sexual violence often grapple with overwhelming emotions such as shock, anxiety, guilt, and shame, requiring time to process their experiences. Consequently, many survivors may not be emotionally prepared to file a police report immediately.

Additionally, parental consent is mandated for survivors below the age of 21. While this ensures parental awareness of their children's medical procedures, there have been instances documented by SACC in which survivors under 21 opted not to file police reports to avoid disclosing their sexual assaults to their parents. Research by Sayoni reveals that LBTQ individuals in Singapore experience high levels of sexual violence and intimate partner violence.[500] The research highlights the occurrence of punitive and 'corrective' sexual violence directed at LBTQ individuals, often perpetrated by men known to the survivors, such as their partners or family members. In many cases, LBTQ individuals are reluctant to report abuse due to the fear of exposing their queer identities and the potential for encountering ridicule or harassment from authorities, including the police, social workers, and counsellors. Unfortunately, LBTQ relationships themselves are sometimes wrongly scapegoated as the root problem, leading to misguided recommendations that these relationships be terminated as a resolution.

Requiring parental consent also presents a substantial barrier for LBQ+ individuals under the age of 21, particularly those who have not disclosed their queer identities to their families. Adding to the complexity of this challenge is the heightened vulnerability of LBQ+ individuals, especially young people, to family violence. Disturbingly, in some cases, the perpetrators of this violence may be their own parents or other family members.

Moreover, when these individuals experience sexual violence within queer relationships, their parents may dismiss, minimise, or even rationalise such incidents, failing to acknowledge their seriousness. The fear of their parents discovering their queer identities further complicates their ability to seek help, as it could result in devastating consequences such as rejection, disownment, or even violence.

499 *An Omnibus on Gender Equality: AWARE's Recommendations for Singapore's 2020-2021 Gender Equality Review* (2021). AWARE. Retrieved September 20, 2023, from https://www.aware.org.sg/wp-content/uploads/AWARE-Report-July-2021-An-Omnibus-on-Gender-Equality.pdf

500 *Sayoni (2018). Violence and Discrimination Against LBTQ Women in Singapore.* https://www.sayoni.com/community/blog/202-latest-news/advocacy/2306-sayoni-releases-first-groundbreaking-report-into-violence-and-discrimination-facing-lbtq-persons-in-singapore

LIMITED AVENUES FOR LBQ+ INDIVIDUALS TO HAVE CHILDREN

EXAMINING ADOPTION ACCESSIBILITY: A CASE STUDY FROM BRUNEI

In Brunei, the process of adoption is regulated differently for Muslims and non-Muslims, as governed by the Islamic Adoption of Children Order 2010 and the Adoption of Children Act 2001, respectively. The Department of Community Development (Jabatan Pembangunan Masyarakat or JAPEM), under the Ministry of Culture, Youth and Sports (MCYS), serves as the designated authority for adoption. Currently, JAPEM's Foster Care and Adoption programme stands as an alternative care option for children and young individuals in need of protection, as opposed to institutional care. In 2020, the MCYS announced plans to introduce a foster care scheme aimed at enhancing the quality of support provided to children and young individuals and their foster parents.[501]

Couples interested in adoption can initiate the process by applying through JAPEM. Applicants undergo a thorough selection process to assess their suitability in terms of security background, psychological readiness, financial capacity, and other relevant factors. Successful applicants then undergo further evaluation by a panel of agencies from relevant fields. According to both legislations, each prospective adoptive parent in the couple must be at least 25 years old and at least 18 years older than the child (if Muslim)[502] or at least 21 years older than the child (if non-Muslim).[503] Notably, if the parentage of a child is unknown, the child is considered Muslim by default, and adoption orders are generally not granted when a non-Muslim applies for the adoption of a child with Muslim parentage. A non-Muslim child adopted by a Muslim is typically considered Muslim as well.[504]

It is important to clarify that marriage is not a mandatory requirement for adoption; rather, the restrictions pertain to the gender of the applicant. An unmarried male individual is legally permitted to adopt a male child, subject to special justifications[505] or if there is a pre-existing nasab[506] connection (descent based on lawful blood relationship) that prohibit marriage between them.[507] Similarly, an unmarried non-Muslim female individual can only adopt a female child, provided they meet other requirements. However, for Muslim female applicants, the same exception that applies to male Muslim applicants is extended to them.

Additional prerequisites include having not previously submitted an adoption application under any written law in Brunei Darussalam concerning the same child, refraining from making any payments to the child's parents, guardian, or custodian, and maintaining a stable income while being at least 25 years old and no less than 18 years older than the prospective adoptive child.[508]

The adoption process culminates with a court proceeding, with applications from Muslims processed through Shariah courts and those from non-Muslims through civil courts. Adoption agencies such as JAPEM facilitate the process by conducting home visits and evaluating the household income of the adopting individual or couple. Judges possess the authority to issue interim orders in both civil and Shariah courts if it is deemed necessary for the child's maslahah (best interest), leading to a probationary period during which the applicant may have custody of the child for a period ranging from three months to two years. Once an adoption order is issued, it can be formally registered under the Registration of Adoptions Act (Chapter 123).

While on the surface, the adoption laws do not explicitly prohibit individuals from the LBQ+ community based on their sexual orientation, gender identity, or expression (SOGIE) from adopting a child, further examination of the legal landscape reveals that the prevailing hostile climate towards LGBTIQ+ individuals elevates the risk of their adoption applications being denied or potentially resulting in the loss of custody of the adopted child. Disclosing one's SOGIE to the court or adoption agencies at any point before registration can jeopardise the application process.

501 Ministry of Culture, Youth and Sports, Brunei Darussalam (2020). National Framework on Child Protection (NFCP), Brunei Darussalam. 2020. http://japem.gov.bn/documents/nfcp.pdf

502 slamic Adoption of Children Order 2010 (2010). https://www.agc.gov.bn/AGC%20Images/LAWS/ACT_PDF/cap206.pdf

503 Adoption of Children Act 2001 (2001). https://www.agc.gov.bn/AGC%20Images/LOB/pdf/cap205.pdf

504 Islamic Adoption of Children Order 2010 (2010). https://www.agc.gov.bn/AGC%20Images/LAWS/ACT_PDF/cap206.pdf

505 Male non-Muslim applicant

506 Islamic Adoption of Children Order 2010 (2010). https://www.agc.gov.bn/AGC%20Images/LAWS/ACT_PDF/cap206.pdf

507 Male Muslim applicant

508 Adoption of Children Act 2001 (2001). https://www.agc.gov.bn/AGC%20Images/LOB/pdf/cap205.pdf

Crucially, the lack of legal recognition for same-sex couples has led to a situation where states exclusively acknowledge the parent who physically gives birth to the child (referred to as the birth parent), essentially categorising them as "single mothers." Meanwhile, non-birth parents are systematically denied legal recognition as the child's parent by the state. In some cases, non-birth parents may attempt to navigate the adoption process to secure legal acknowledgment as the child's parent. However, this course of action is often fraught with risks, as it may not be a viable option and could potentially expose the family to state intervention due to their perceived SOGIE if such information becomes known to the authorities.

The repercussions of this non-recognition can be particularly distressing, especially in unfortunate circumstances such as the demise of the birth parent. In such cases, the non-birth parent often finds themselves entangled in a legal dilemma where their rights to the child are questioned, and the possibility of adopting the child is denied. This predicament is further complicated when the child's biological extended family is unsupportive or unaccepting of same-sex relationships. This situation accentuates the issue as not only a matter of access to adoption, but also as a child rights concern. Access to assisted reproductive technology (ART)

EXAMINING ADOPTION ACCESSIBILITY: A CASE STUDY FROM BRUNEI

In the context of the Malay Archipelago, access to assisted reproductive technology, such as in vitro fertilisation (IVF), is primarily limited to couples who are legally married. This limitation extends to both unmarried cisgender heterosexual individuals and many LBQ+ individuals, who cannot access this service for family planning purposes. Moreover, the absence of legal recognition of same-sex marriages further hinders LBQ+ individuals in same-sex relationships from utilising assisted reproductive technology to have children.

The Health Law in Indonesia, specifically Health Law no. 36 of 2009, encompasses regulations pertaining to reproductive health rights across eight articles. These articles progress systematically, addressing key aspects of reproductive health rights. They initiate with a definition of reproductive health and its scope (Article 71, paragraphs 1 to 3). Subsequently, they delve into the fundamental rights embedded within reproductive health (Article 72) and delineate the government's obligations (Article 73) in this domain. The legislation then outlines the mechanisms for fulfilling reproductive health rights (Article 74), the nuances of abortion regulations and their exceptions (Article 75), the licensing requirements for abortion (Article 76), the government's responsibility to safeguard against unsafe abortions (Article 77), and the provisions related to family planning (Article 78).[509]

In its current form, the Health Law predominantly addresses reproductive rights while not explicitly delving into sexual health rights. Furthermore, when considering other aspects such as the right to procreate, this law restricts the potential for queer couples to access in-vitro fertilisation (IVF) utilising donor sperm. This restriction stems from Article 64, paragraph 3, which expressly prohibits any form of organ or body tissue purchase or sale for any purpose. Consequently, IVF procedures as practised today are exclusively intended

for married heterosexual couples. Additionally, the implementation of reproductive health rights is closely intertwined with religious values and societal norms. As such, there is the potential for the existence of regulations that could be discriminatory and non-inclusive, particularly affecting LBQ+ persons.

In Singapore, LBQ+ persons encounter discriminatory fertility laws and insurance policies that impede their access to reproductive treatments such as IVF, egg freezing, and sperm donation. The Status of Children (Assisted Reproduction Technology) Act 2013 restricts access to ART exclusively to married heterosexual couples, barring single women from freezing their eggs unless for medical reasons, such as having to undergo chemotherapy and planning to have biological children in future. The government has proposed legalising egg freezing for women aged 21 to 35, regardless of marital or medical status, beginning in early 2023.[510] However, the use of frozen eggs for procreation will remain restricted to legally married couples, as stated by the Minister of State for the Ministry of Social and Family Development, Sun Xueling.[511]

While surrogacy itself is not banned in Singapore, providing surrogacy services is considered illegal, and fertility clinics risk licence revocation or suspension if caught offering such services.[512] This presents challenges for LBQ+ individuals in non-heterosexual partnerships who may seek surrogacy overseas to have children. The Adoption of Children Act 2022, recently enacted by Parliament, prohibits same-sex couples from adopting children or employing surrogates, adding complexity to their adoption status. These restrictions, rooted in marital status, gender, and sexual orientation, not only discriminate against LBQ+ individuals but also violate their reproductive rights and hinder their ability to create families through diverse methods, including partnerships, marriages, adoptions, community care practices, and other family and care arrangements.[513]

509 Law of Republic of Indonesia, no. 36, year 2009 Concerning Health (2009). https://faolex.fao.org/docs/pdf/ins160173.pdf

510 im, V. (2023, May 15). *Age limit of elective egg freezing in Singapore to be raised from 35 to 37.* Channel NewsAsia. https://www.channelnewsasia.com/singapore/age-limit-elective-egg-freezing-singapore-be-raised-35-37-3489151

511 Ibid.

512 Sim, D., Cheng, A. (2021, September). *Medicine and the law: Surrogacy*. https://www.sma.org.sg/news/2021/September/Medicine-and-the-Law-Surrogacy

513 Kilbride, E. (2023). *This is why we became activists: Violence against lesbian, bisexual and queer women and non-binary people.* Human Rights Watch. https://www.hrw.org/sites/default/files/media_2023/02/global_lbq0223_web.pdf

Reproductive policies, characterised by stringent surrogacy and reproductive laws, reinforce the concept of the nuclear family, a pivotal element in Singaporean politics. This concept traces its roots back to the 1980s when Lee Kuan Yew, Singapore's first Prime Minister, expressed concerns about the growing popularity of birth control pills potentially challenging family control and traditional family structures. The state's promotion of the traditional nuclear family endures, with former Minister for Social and Family Development Tan Chuan-Jin underscoring the family's role as the cornerstone of a strong nation in response to declining nuclear family units. Even following the repeal of Section 377A, a colonial-era law criminalising sexual acts between adult men in 2022, the government solidified the heterosexual definition of marriage in its Constitution, further reinforcing the nuclear family unit in its legal framework.

In the Philippines, there are no specific laws and regulations governing IVF. The existing legal framework primarily recognises artificial insemination but has not been updated to address advancements in assisted reproductive technologies, including IVF. IVF facilities, oocyte cryopreservation centres, egg donation, and sperm banks may be categorised as health facilities under the regulations of the Department of Health (DOH). Specifically, IVF services are classified as specialised outpatient facilities under DOH Administrative Order No. 0012-12, which governs the classification of hospitals and health facilities in the Philippines. However, unlike some other specialised facilities, IVF centres lack specific regulations and licensing procedures.

In practice, the medical procedures involved in IVF are considered ambulatory surgical procedures. According to DOH guidelines, an ambulatory surgical clinic (ASC) provides elective surgical treatment to outpatients who typically do not require inpatient care for their recovery. IVF clinics offering reproductive health services, as part of ASCs, must secure relevant licences and permits from the DOH.

Furthermore, there are no specific laws or regulations regarding oocyte cryopreservation (egg freezing) or surrogacy in the Philippines. The legal framework, as established by the Family Code of the Philippines, does not encompass children conceived through surrogacy arrangements. Instead, it mainly deals with recognising children born naturally or through artificial insemination and doesn't have clear rules for children born through surrogacy.

Shariah law and ART

In Brunei, there are no specific laws or regulations pertaining to IVF procedure or surrogacy.[514] It is important to note that Brunei Darussalam follows Shariah law, therefore assisted reproduction between unmarried adults may be forbidden. Surrogacy, while not officially illegal, could be considered a violation of religious sensibilities. Because of the lack of legislation and restrictions, as well as the fact that most reproductive treatments are only available to heterosexual married couples, it is safe to assume that this procedure is not legally available to LBQ+ people.

The Ministry of Health currently does not have any legislation, regulations, or guidelines governing IVF businesses or processes. Government and public hospitals do not offer any IVF operations or services. One private clinic, and one private hospital at their Reproductive Medicine Unit, provide assisted reproductive procedures, including IVF. With the exception of the basic Code of Conduct (proper medical practice), the unit and its services are not subject to any strict restrictions.

While there is no legal framework governing IVF practice in Brunei, the only requirement — while not stipulated by law but as a self-implemented safeguarding practice by hospitals to ensure that they are 'Shariah-compliant' — is that only married couples are permitted to use IVF and other assisted reproductive services. They must show proof of marriage in the form of a marriage certificate and only the married couple's sperm and eggs may be retrieved and collected. All medical practitioners in Brunei Darussalam, including those practising assisted reproduction such as IVF, must be registered with the Brunei Medical Board and the Ministry of Health as a standard precondition. Additionally, those in private practice must obtain an annual practice certificate. Egg freezing and egg donation services are not governed by any specific laws, regulations, notices, orders, or directives.

In the case of Malaysia, Section 15 of the Guideline on Assisted Reproduction by the Malaysian Medical Council prohibits the use of ART on unmarried couples.[515] Current medical regulations explicitly prohibit single women from accessing sperm donation IVF treatment, thereby preventing many same-sex couples from utilising IVF.[516] Interestingly, there are no laws governing single women's ability to export their eggs overseas, such as to Australia, for IVF procedures. However, the high costs involved act as a barrier for those who cannot afford such expensive treatments.

In 2003, the 56th Conference of the National Fatwa Committee issued a ruling stating that, for Muslim couples, fertilisation of the wife's ovum must exclusively occur with the husband's sperm within a valid marital union.[517] Consequently, the state does not endorse procreation, including through IVF, as it only recognises marriage between a man and a woman within the Muslim community. Additionally, the Malaysian government distinguishes between 'legitimate' children born to divorced or widowed single mothers and 'illegitimate' children born to unmarried mothers, such as those who give birth out of wedlock, and LGBTQ+ couples. In the former scenario, children are entitled to state benefits and subsidies, whereas in the latter, these children face legal discrimination, are often excluded from various state benefits and subsidies, and are susceptible to societal stigma.[518]

514 ZICO Law (2021, July). *In-Vitro Fertilisation Laws and Regulations. ASEAN Insiders Series.* https://www.zicolaw.com/wp-content/uploads/2021/07/ASEAN-INSIDERS_In-Vitro-Fertilisation-Laws-and-Regulations.pdf

515 The Malaysian Medical Council (2006). Assisted Reproduction. MMC Guideline 003/2006. https://mmc.gov.my/wp-content/uploads/2019/11/Assisted-Reproduction.pdf

516 Heng, A. (2023, January 4). *Considering Single Motherhood By Export Of Frozen Eggs?* CodeBlue. https://codeblue.galencentre.org/2023/01/04/considering-single-motherhood-by-export-of-frozen-eggs-dr-alexis-heng-boon-chin/#:~:text=However%2C%20in%20Malaysia%20and%20Singapore,to%20find%20a%20suitable%20husband

517 Rights of LGBT — Adoption by same sex couple, etc. Multimedia University. https://www.studocu.com/my/document/multimedia-university/law-and-society/rights-of-lgbt-adoption-by-same-sex-couple-etc/8882462

518 Heng, A. (2023, January 4). Considering Single Motherhood By Export Of Frozen Eggs? CodeBlue. https://codeblue.galencentre.org/2023/01/04/considering-single-motherhood-by-export-of-frozen-eggs-dr-alexis-heng-boon-chin

LBQ+ TESTIMONIES ILLUMINATE BARRIERS IN ACCESSING ART AND ADOPTION

> *If the couple is going for IVF, if you're in a state- and religion-recognised relationship, it's valid. Outside of that, it doesn't exist."* [519]

LBQ+ individuals from various countries in the Malay Archipelago have openly expressed their desire to become parents, exploring avenues such as assisted reproductive technology, surrogacy, and adoption. They have emphasised that the opportunity to have children should be accessible to all, regardless of their marital status — whether they are in a legally recognised marriage or a same-sex partnership, or if they are single.

Penny, a bisexual woman in Malaysia, sheds light on the challenges and barriers she perceives in her desire to have children, particularly for unmarried and non-heteronormative individuals in a Muslim-majority country. She highlights a central concern – the requirement of being married to a man to access assisted reproductive technologies, such as sperm donation or IVF. This requirement effectively excludes her from pursuing these medical interventions because she is in a same-sex relationship. The fear of societal judgement and potential discrimination further discourages her from seeking such assistance.

> *I would love to have another kid but [...] there's no way that I can get like a sperm donor or anything to make that happen [...] it would be even worse for them to find out – for anyone to find out – that my partner is a woman.*[520]

Penny also touches on the issue of adoption, where single women, including those who already have a child, face immense difficulties compared to married couples without children. Throughout her interview, she emphasises the need for a more inclusive and equitable system that allows all women, regardless of their marital status or sexual orientation, to access assistance in having and adopting children. Her words underscore the broader challenge of reshaping societal norms and regulations to ensure reproductive rights for all individuals, regardless of their identity within the LBQ+ community.

> ***[...] we all have the right to have, to bear children and if they say you can also adopt [...] adopting a child as a single lady is extremely difficult. Extremely difficult [...] the number one candidates for that would be married couples who have never had children before and I don't fit the bill because I already have a boy. [...] I would like to see that we can actually have kids. [...] Regardless of identity in the community or not.***[521]

Similarly, Myrishia in the Philippines also conveyed her aspirations to have children within the context of same-sex partnerships. Siya[522] shared the challenges siya faced in pursuing reproductive services, specifically IVF. Marriage being a prerequisite for accessing IVF services limits her options, prompting her to explore alternatives abroad. Initially, she considered Singapore, only to discover that it had comparable limitations on IVF services to the Philippines. As a result, siya explored the United States or Canada as potential destinations for these services. Additionally, in order to undergo this procedure, siya was required to obtain a special power of attorney.[523]

> ***When [we wanted to try] IVF, we were not allowed, because being married is a requirement. If you go to Singapore, it's the same policy. So I was like, okay, the only options are to go to the US or Canada. During the operation, I only had my partner with me. I didn't want my family to be there. For that, I had to secure a [special power of attorney].***[524]

519 Interview in March 2023 with Indah (pseudonym), bisexual gender-questioning, Indonesia.
520 Interview in February 2023 with Penny (pseudonym), bisexual woman, Malaysia.
521 Interview in February 2023 with Penny (pseudonym), bisexual woman, Malaysia.
522 Myrishia's pronouns are siya/she/her.
523 A Special Power of Attorney (SPA) is a legal document that grants specific powers to a chosen individual (attorney-in-fact) by the principal. For example, if two people can't get legally married because their country doesn't recognise same-sex marriage, one might use a SPA to give their partner the power to make medical decisions for them.
524 Interview in July 2023 with Myrishia, queer/pansexual/female expression/fluid, Philippines.

Myrishia also explored the possibility of having children through adoption. She revealed that she encountered increased scrutiny during the interview process because of her same-sex relationship: "They ask, 'You're both women, how are you going to do it?' I haven't heard of any success stories where they were able to successfully adopt." Myrishia concluded by highlighting her realisation that her rights and privileges were limited, as she had to navigate intricate processes and overcome numerous hurdles in her quest to become a parent.

As a trans woman in Singapore, Lune recalls her attempt to access fertility preservation services in her country. Fuelled by concerns about the potential effects of hormone replacement therapy (HRT) on her future ability to have children, she contemplated social freezing.[525] However, Lune voiced her frustration about not having the same access to social freezing as cisgender women.

*[The White Paper] didn't consider people like me, who do not have eggs and want their sperm to be stored. They push for egg freezing, but they didn't f**king push for trans women like me who wanted sperm freezing. So very angry.*[526]

With regards to surrogacy, Vashti notes that many queer individuals in the Philippines do have access to surrogacy services, but it typically requires a certain level of financial capability. In addition, she expressed concern that surrogacy was not centred as a reproductive issue and that it lacked a rights-based lens in discussions. This results in negative connotations and questions surrounding the legitimacy of surrogacy, such as whether it constitutes a 'real' pregnancy or childbearing.

A lot of queer people access surrogacy but of course, you know, they need to have a certain financial capability. [...] because surrogacy is not centred as a reproductive issue, or that we're not using our rights lens to surrogacy, there's a lot of very negative connotations when people talk about it. Is it a real pregnancy? Or is it a real type of childbearing? Who's the real parent? Or so on and so forth.[527]

In a focus group discussion, deaf trans men in Malaysia discussed the reproductive health of transgender individuals. While they can access sexual health services, the legal system and societal norms might not fully address their reproductive health needs. For instance, trans men might seek assisted reproductive technologies such as IVF so they can have children, but questions tend to arise about how the child's legal identity and parentage will be recognised, given the lack of legal provisions for such cases.

525 Social freezing' is a process that involves freezing eggs or sperm for future use in assisted reproduction.

526 Interview in March 2023 with Lune, trans woman, Singapore.

527 Interview in July 2023 with Vashti, trans woman, Philippines.

Moreover, they explored the complex intersection of being both transgender and Muslim in the context of family formation. The challenges become even more intricate for Muslim transgender individuals aspiring to become parents. They illustrated this complexity with an example where both parents identify as transgender. In Malaysia, when registering a birth, it is mandatory to provide the names of both the father and mother of the child. Additionally, it is customary for Muslim names in Malaysia to incorporate the prefixes 'bin' and 'binti', denoting 'son of' and 'daughter of' respectively. Consequently, it is common for the legal name of a Muslim child in Malaysia to include the father's name.

> ***For example, as [a] trans man, [I] can do IVF, maybe? [...] For sexual health [it] is fine, but for reproductive health [it] is a bit [complicated].***[528]

> ***If let's say, trans men and trans women, when they are together, and they have a child [...] Just two trans parents, when they have a child, how to register? And then the name of the child will also follow whom? Unless you go overseas, but in Malaysia, you can't. [...] Because the parents are Islam (Muslim), so the baby, how?***[529]

The testimonials of LBQ+ individuals from across the Malay Archipelago reveal the pervasive challenges they face when aspiring to become parents, underlining the need for more inclusive, equitable, and rights-based reproductive healthcare services.

An overarching issue lies in the exclusionary criteria imposed by legal and societal norms, particularly affecting unmarried, non-heteronormative, and transgender individuals in their pursuit of ART or adoption. Complex intersections of identity and faith further complicate matters.

Additionally, the stigmatisation and debate surrounding surrogacy as a legitimate reproductive option highlight the importance of framing these discussions through a rights-based lens. These findings emphasise the need to reshape norms and regulations to ensure that reproductive rights extend to all, regardless of marital status, sexual orientation or gender identity.

528 Focus group discussion in March 2023, as interpreted by sign language interpreter. Black, trans man, Malaysia.

529 Focus group discussion in March 2023, as interpreted by sign language interpreter. Velma, trans man, Malaysia.

Chapter 8
Sexual and Gender-Based Violence in LBQ+ Communities

LANDSCAPE OF VIOLENCE AGAINST LBQ+ COMMUNITIES

Violence against LBQ+ communities remains a deeply troubling and pervasive issue, transcending geographical borders and impacting individuals worldwide. LBQ+ people, encompassing lesbian, bisexual and queer women, as well as non-binary and transgender individuals, confront a distressing array of violence and discrimination firmly rooted in prejudice and hatred.

A particularly notable development in understanding and addressing this issue came with the publication of a comprehensive report by Human Rights Watch (HRW) on February 14, 2023.[530] This report holds immense significance as it brings to light the often-overlooked challenges faced by queer women, and trans and non-binary individuals within the broader LGBTQ+ community.

These individuals have historically "fallen through the cracks" when it comes to visibility and advocacy. The HRW report highlights a critical factor contributing to this situation: the lack of proper documentation and recognition of violence directed at LBQ+ individuals.

This substantial 211-page report draws upon interviews conducted in 26 countries to expose a deeply disturbing pattern of violence inflicted upon LBQ+ individuals. Perpetrators of such violence include not only security forces but also family members and private individuals.

The forms of violence LBQ+ individuals experience are distressingly diverse, encompassing forced marriage, conversion practices, sexual violence, and the denial of property rights, among others. These manifestations of violence are often driven by deeply ingrained sexist, patriarchal, and cis-heterosexual norms, which can find support in existing legislation.
Research that delves into the violence faced by LBTQ+ individuals consistently underscores the alarming prevalence of family members as significant perpetrators.[531] [532] Families often direct their discrimination and violence towards LBTQ+ individuals who defy traditional heterosexual and gender norms. This can include targeting individuals who identify as 'tomboy' girls, lesbians with very short hair, girls who openly express affection for other girls, and transfeminine individuals due to their perceived 'feminine tendencies'.[533]

Adding to the complexity of the issue, violence against LBTQ+ individuals, whether perpetrated by family members, community members, or intimate partners, often remains unreported. A multitude of factors contributes to this reluctance to report, including the fear of media exposure and state-sanctioned violence. Additionally, some LBTQ+ individuals rationalise that the violence they endure is somehow justified because it brings shame or inconvenience to their families, further discouraging them from seeking help or reporting the abuse.[534]

LBQ+ individuals also experience state-sanctioned violence. For instance, the highly publicised case in Malaysia in 2018, where two women were arrested and caned for 'attempted' lesbian sex, exemplifies the extreme consequences of such legal persecution.[535] This incident was intended to serve as a warning to society, highlighting the severe consequences that LBQ+ individuals may face for their non-conformity. Additionally, government-funded programmes aimed at 'rehabilitating' or 'changing' LGBT people, commonly known as 'conversion therapy' or SOGIE change efforts, further perpetuate these challenges and infringe upon LBQ+ individuals' rights.[536]

530 Kilbride, E. (2023). *This is why we became activists: Violence against lesbian, bisexual and queer women and non-binary people. Human Rights Watch.* https://www.hrw.org/sites/default/files/media_2023/02/global_lbq0223_web.pdf

531 International Gay and Lesbian Human Rights Commission (2016, May 6). *Violence: Through the Lens of Lesbians, Bisexual Women and Trans People in Asia,* Outright International. https://outrightinternational.org/our-work/human-rights-research/violence-through-lens-lesbians-bisexual-women-and-trans-people-asia

532 Stonewall (2020, April). *Out of the Margins: LBT+ exclusion through the lens of the SDGs.* https://legabibo.org.bw/wp-content/uploads/2021/09/Out-of-the-Margins-LBQT-exclusion-through-the-lens-of-the-SDGs.pdf

533 International Gay and Lesbian Human Rights Commission (2016, May 6). *Violence: Through the Lens of Lesbians, Bisexual Women and Trans People in Asia,* Outright International. https://outrightinternational.org/our-work/human-rights-research/violence-through-lens-lesbians-bisexual-women-and-trans-people-asia

534 Ibid.

535 "I Don't Want to Change Myself": Anti-LGBT Conversion Practices, Discrimination, and Violence in Malaysia (2022,August 10). Human Rights Watch. https://www.hrw.org/report/2022/08/10/i-dont-want-change-myself/anti-lgbt-conversion-practices-discrimination-and

536 Ibid.

LBQ+ COMMUNITIES AND SGBV POLICY GAPS

DEFINING SGBV: IMPLICATIONS FOR LBQ+ PROTECTION

Brunei

In Brunei, there is no specific legislation addressing domestic violence, which is not explicitly categorised as a criminal offence.[537] However, several existing laws, such as the Penal Code, contain general provisions that touch upon aspects related to domestic violence.[538] Moreover, the Islamic Family Law (IFL) and the Married Women Act (MWA), which respectively governs Muslims and non-Muslims, were amended in 2010[539] to incorporate procedures and safeguards for survivors of domestic violence. It's important to note that these laws are only applicable to individuals in heterosexual marriages. Specifically, Brunei's IFL encompasses provisions related to dharar syar'i,[540] which pertain to domestic violence, while the MWA includes parallel provisions addressing domestic violence.[541]

In addition to the Brunei IFL, the Brunei Penal Code encompasses more broad prohibitions that can be relevant to domestic violence situations. For instance, the Penal Code criminalises acts that deliberately cause harm or grievous harm, actions that offend a woman's modesty, and rape.[542]

However, it's crucial to highlight that the Penal Code does not criminalise marital rape. Instead, it grants an exemption to forced sexual intercourse (rape) by a man with his wife, unless the wife is below the age of 13.[543]

The general definition of gender-based violence, as found in these legal provisions, does not adequately address the specific needs and unique challenges faced by LBQ+ individuals. LBQ+ people often find themselves more vulnerable to family violence due to their sexual orientation, gender identity, and sex, all of which are intertwined with patriarchal power structures, including religious institutions. However, because they are women in a patriarchal society, for instance, LBQ women encounter a form of discrimination and gender-based violence that is nuanced and distinct.

The stigma surrounding gender-based violence, coupled with the fear of criminalisation, makes reporting and seeking redress exceedingly difficult. The Committee on the Elimination of Discrimination against Women (CEDAW) noted that reporting violence against women in general is a challenging endeavour in Brunei Darussalam.[544] These challenges are amplified for LBQ+ individuals due to the criminalisation of their sexual orientation and gender identity, which acts as a significant barrier to reporting violations and accessing redress for LBQ+ people.

Women in general are frequently blamed or held partially responsible for the violence they endure, regardless of whether it comes from a partner or a stranger. There is often no safe avenue for them to speak out about such violence without risking disgrace, dishonour, or ostracism. LBQ+ people face an additional layer of risk that discourages them from reporting: potential criminal charges. Instances of abusive behaviour by state actors often signify state-sanctioned and normalised human rights abuses against LBQ+ individuals.[545]

Consequently, the message conveyed to LBQ+ victims is that they must endure these atrocities silently, against a backdrop of punitive and discriminatory legal frameworks, with only themselves and their friends as sources of solace.[546]

The Human Rights Watch 2023 report[547] highlights issues such as compulsory heterosexuality and coerced marriages as common injustices experienced by LBQ+ individuals. Similarly, in Brunei, LGBTQ+ community members continue to report familial pressure to enter heterosexual marriages and have children, as well as social discrimination in various aspects of life, including employment, housing, recreation, and access to public services, including education. Under Brunei's existing Syariah Penal Code Order (SPCO), an unmarried woman who leaves her parents, guardian, or any individual with legal custody of her in Brunei faces the possibility of fines or imprisonment.[548] The court is also empowered to issue an order compelling her to return to her wali.[549] This practice persists despite calls for the repeal of laws penalising unmarried women who leave their parents or guardians.[550]

This predicament becomes even more distressing when LBQ+ individuals face anti-LGBTQ+ discrimination and violence within their families and seek to escape from these hostile environments. The strict enforcement of these legal provisions can severely restrict their autonomy and freedom, severely limiting their choices for ensuring their personal safety and well-being. This further compounds the challenges faced by LBQ+ individuals, exposing them to additional layers of vulnerability endorsed by state mechanisms.

In Brunei, government initiatives to combat violence, particularly domestic violence, are outlined in the VNF 2020 plan.[551] Several charitable and welfare NGOs support these initiatives, while the Ministry of Culture, Youth and Sports (MCYS) primarily provides protection and assistance to victims of violence.

537 Musawah (2019). *Comparative Legal Review of Impact of Muslim Family Laws on Women Across Commonwealth Asia and Africa.* www.musawah.org/wp-content/uploads/2019/12/Comparative-Legal-Review-Impact-Muslim-Family-Laws-on-Women-Commonwealth-Asia-Africa.pdf

538 For example, section 323: Punishment for voluntarily causing hurt. This is a non-seizable offence, which means arrest cannot be affected without warrant unless there is a grievous act or use of dangerous weapon or means.

539 Women's UN Report Network (2010, April 26). *Brunei – Domestic Violence Victim Protection – Civil & Religious Law.* WUNRN. https://wunrn.com/2010/04/brunei-domestic-violence-victim-protection-civil-religious-law

540 Musawah (2017, May 17). Brunei: Overview of Muslim Family Laws & Practices. https://www.musawah.org/wp-content/uploads/2019/03/Brunei-Overview-Table.pdf

541 Ibid.

542 Laws of Brunei: Revised Edition (2001). Chapter 22 Penal Code 1952. http://www.agc.gov.bn/AGC%20Images/LOB/pdf/Cap22.pdf

543 Ibid. s.375

544 nternational Gay and Lesbian Human Rights Commission (2014, November). *Discrimination and Violence Against Women in Brunei Darussalam on the Basis of Sexual Orientation and Gender Identity*. Refworld. www.refworld.org/pdfid/547713094.pdf

545 Ibid

546 UNDP, Asia Pacific Forum, and IDLO (2015, October 28). *The Capacity of National Human Rights Institutions to Address Human Rights in Relation to Sexual Orientation and Gender Identity and HIV* (regional report). https://www.undp.org/sites/g/files/zskgke326/files/publications/he%20Capacity%20of%20National%20Human%20Rights%20Institutions%20to%20Address%20Human%20Rights%20in%20Relation%20to%20Sexual%20Orientation,%20Gender%20Identity%20and%20HIV.pdf

547 Kilbride, E. (2023). *This is why we became activists: Violence against lesbian, bisexual and queer women and non-binary people.* Human Rights Watch. https://www.hrw.org/sites/default/files/media_2023/02/global_lbq0223_web.pdf

548 Constitution of Brunei Darussalam, SPCO, Section 203 (2013, October 22). https://www.agc.gov.bn/agc%20images/laws/gazette_Pdf/2013/en/syariah%20penal%20code%20order2013.pdf

549 Women Living Under Muslim Laws (2006). *Knowing Our Rights: Women, family, laws and customs in the Muslim world.* https://www.wluml.org/wp-content/uploads/2022/12/WLUML-Knowing-Our-Rights-Women-Family-Laws-and-Customs-in-the-Muslim-World.pdf

550 CEDAW Committee (2014). Concluding observations on the combined initial and second periodic reports of Brunei Darussalam. https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsmPYo5NfAsNvhO7uZb6iXOQ9lQNf5pYE3RWFKJE9ypgr%2FvjYwryZVEeG8l8fpV0D8yLEXvu2spdiWDbVFu8%2Bj%2B6LLTMGO124HnWJE86Pw9P%2BgWK5CnjzEqnyawQO2A%2BSgA%3D%3D

551 Brunei Darussalam Ministry of Finance and Economy (2020). *Voluntary National Review Report of Brunei Darussalam.* 2020 United Nations High-Level Political Forum on Sustainable Development. https://hlpf.un.org/sites/default/files/vnrs/2021/26412VNR_2020_Brunei_Report.pdf

Indonesia

The Law on Crime of Sexual Violence in Indonesia, which passed in April 2022, covers a wide array of sexual offences, both within and outside marriage. This encompasses non-physical and physical forms of harassment, forced contraception, forced marriage, sexual abuse, exploitation, slavery, and electronic-based violence. Recent legal reforms, specifically Criminal Code 1/2023, have expanded the definition of rape to include anal and oral penetration in addition to vaginal penetration. However, challenges persist, particularly for LBQ+ individuals and couples, as complainants still bear the burden of proof in rape cases, posing unique difficulties in these situations.

Article 11 within the Anti Sexual Violence Bill no.12/2022 holds potential for addressing violence against LBQ+ persons, particularly in cases of rape or sexual acts used for persecution, discrimination, humiliation, or the victim's disrespect. It stipulates a punishment of up to 12 years in prison and a fine of up to 300 million rupiah. This provision could serve as a reference for reporting rape as a form of 'conversion practice' or within the context of hate crimes. However, it is essential to note that this provision currently only criminalises public officials as the perpetrators, excluding 'every person'.

Notably, civil society has achieved a significant milestone in overseeing the anti-sexual violence law by providing protection to LBQ+ individuals against 'conversion practices', particularly concerning forced marriages. While the law does not explicitly mention that these forced marriages relate to sexual orientation or gender identity, those carried out in the name of cultural practices can result in sentences of up to nine years in prison.

Law No. 23/2004 on Domestic Violence employs gender-neutral language, allowing its application to victims regardless of gender. The law adopts a family-oriented perspective with a broad interpretation of the word 'household'. It encompasses various relationships, including marital, employer-employee within a household (e.g., domestic workers), and even non-registered relationships. Notably, marital rape is recognised as a criminal offense.

In theory, the Domestic Violence Law is inclusive of LBQ+ individuals who face family violence. This extends to LBQ+ individuals forced into marriage and victims of familial rape intended to enforce conformity to cis-heteronormative norms. Similarly, the law theoretically covers violence within same-sex relationships.

However, with the emergence of escalating anti-LGBT moral panic[552] and the recent introduction of Indonesia's new Penal Code,[553] which criminalises cohabitation and consensual sex outside of marriage, a particularly concerning issue arises. This is due to same-sex marriage not being legally recognised in Indonesia, rendering consensual same-sex relations illegal under the criminalisation of sex outside of marriage. As a result, this increasingly hostile environment poses additional challenges for LBQ+ individuals in reporting instances of intimate partner violence (IPV) or familial violence.

Malaysia

In 1996, Malaysia introduced the Domestic Violence Act (DVA) to protect individuals within specific family relationships. The DVA offers protection to spouses, former spouses, family members (including both children and adults), 'incapacitated adults' living as family, and 'de facto spouses', which refers to couples who have undergone religious or customary marriage ceremonies but haven't officially registered their union.[554]

Amendments made to the DVA in 2011 and 2017 expanded the definition of domestic violence to include emotional, mental, and psychological abuse. Additionally, these amendments introduced the Emergency Protection Order to provide faster assistance to survivors.[555]

However, it is essential to recognise that the DVA does not cover all forms of IPV. Specifically, it doesn't extend protection to unmarried couples or those in other types of partnerships, such as LBQ+ couples. As a result, there is limited data on IPV cases outside of cis-heterosexual marriages, and these cases often receive lower priority within the justice and public health systems, which can disproportionately affect LBQ+ communities.[556]

Malaysia has also criminalised rape, defining it in the Penal Code as sexual intercourse with a woman against her will or without her consent. This includes situations where consent is unclear or impossible, such as those involving girls under 16.[557] While Malaysian rape laws used to only consider penis-to-vaginal penetration as rape, a recent addition, Section 377CA, now covers rape involving object insertion into the vagina or anus without consent.[558] It is worth noting that this update is found in Penal Code 377, which also criminalises same-sex sexual activity between men.

552 Harsono, A., Knight, K. (2018, July 1). *Scared in Public and Now No Privacy.* Human Rights Watch. https://www.hrw.org/report/2018/07/02/scared-public-and-now-no-privacy/human-rights-and-public-health-impacts

553 *Indonesia: New Criminal Code Assaults Rights.* (2023, January 12). Human Rights Watch. https://www.hrw.org/news/2023/01/12/indonesia-new-criminal-code-assaults-rights

554 Tan, B.H. (2020). Monitoring Report: Gender Equality in Malaysia. ARROW. https://arrow.org.my/wp-content/uploads/2021/01/Gender-Equality-In-Malaysia-.pdf

555 Ibid.

556 Ibid.

557 Ibid.

558 Women's Centre of Change Penang. Laws in Malaysia: Laws Pertaining To Rape. Source: https://www.wccpenang.org/rape-laws-in-malaysia/

Various laws in Malaysia address different forms of sexual assault, although Malaysian law doesn't provide a specific definition of sexual assault as a category.[559] Unfortunately, marital rape is not considered a crime.[560] In practice, the burden of proof often falls on the victim rather than the perpetrators. These laws also do not offer protection to individuals who were not assigned female at birth, including trans femmes and trans women, highlighting significant disparities.

Recent legal developments in Malaysia include the unanimous approval of an anti-stalking law in the lower house of parliament, making repeated acts of harassment, including attempted communication and loitering around homes, illegal.[561] Additionally, Malaysia passed the Sexual Harassment Act 2022. However, this legislation faced criticism from local feminist groups due to perceived shortcomings, including inadequate protection against victimisation.[562] These legal gaps and complexities can have adverse implications for LBQ+ individuals and communities, leaving them vulnerable to various forms of violence and discrimination.

As of now, Malaysia lacks specific laws ensuring gender equality, such as a Gender Equality Act, and legislation addressing hate crimes, incitement of violence, and protection for LBQ+ individuals remains absent.

559 Ibid.

560 Tan, B.H. (2020). *Monitoring Report: Gender Equality in Malaysia.* ARROW. https://arrow.org.my/wp-content/uploads/2021/01/Gender-Equality-In-Malaysia-.pdf

561 Ragu, D. (2022, October 3). *Dewan Rakyat passes anti-stalking bill.* Free Malaysia Today. https://www.freemalaysiatoday.com/category/nation/2022/10/03/dewan-rakyat-passes-anti-stalking-bill/

562 Joint Action Group for Gender Equality, ENGENDER Consultancy, Young Women Making Change (2022, February 28). *Memorandum: Proposed Amendments to the Anti-Sexual Harassment Bill 2021.*

563 *Locating LGBTIQ People in Domestic Violence Laws in Asia* (2022). Outright International. https://outrightinternational.org/sites/default/files/2023-03/AsiaLegalMapping2022_Revised_OutrightInternational_2.pdf

The Philippines

In the Philippines, the legal landscape surrounding domestic violence presents unique challenges and opportunities for LBQ+ individuals. The gender-specific nature of domestic violence legislation can pose difficulties for those who do not fit neatly within traditional gender categories as defined by the law.[563] LBQ+ individuals, who may identify as lesbian, bisexual, queer, or any other non-cis heteronormative sexual orientation or gender identity, often find themselves excluded or inadequately protected by these laws.

The Anti-Violence Against Women and Their Children Act of 2004,[564] one of the key legal instruments addressing domestic violence in the Philippines, provides protections primarily to individuals who fall within certain gender-related criteria. It defines intimate partner violence as acts committed against wives or former wives, women involved in sexual or dating relationships, or those who share a child with a partner. While the law includes provisions for the children of these women, it typically operates under the assumption that the victims are women who have been assigned female at birth.

This gender-specific approach has important implications for LBQ+ individuals. Those who possess a female gender marker, including lesbians, bisexual women, and trans men, may be eligible for protection under this law, regardless of their partner's gender.[565] However, gay and bisexual men with a male gender marker and trans women do not enjoy the same legal protection. This creates disparities in access to remedies and services for LBQ+ individuals, as their experiences of domestic violence may not fit within the narrow scope defined by the law.

In the Philippines, domestic violence is not merely a civil matter but is treated as a separate criminal offence.[566] Perpetrators of domestic violence, as defined by the law, can be held personally accountable and subjected to criminal penalties. These laws incorporate

references to other existing legal codes, such as the penal code, primarily to determine appropriate penalties. This approach underscores that committing an act of domestic violence is punishable, irrespective of whether it is categorised as a crime under other statutes.

Furthermore, the domestic violence law in the Philippines places significant emphasis on aligning with international human rights instruments. It explicitly recognises and highlights the importance of upholding the fundamental freedoms articulated in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).[567] The law's policy declaration underscores the necessity of safeguarding the personal safety and security of family members, with a particular focus on the welfare of women and children.

Divorce Prohibition in the Philippines

The Philippines is one of the few countries in the world where divorce remains strictly prohibited. This prohibition is deeply rooted in the country's history and culture, with strong influences from the Catholic Church, which opposes divorce. As a result, divorce is not recognised or available as a legal option for couples in the Philippines.[568]

As LBQ+ individuals and couples are not legally recognised nor afforded the rights and protections that come with marriage, they face unique challenges when it comes to navigating relationships and family dynamics. The inability to divorce can exacerbate these challenges. Without the legal option of divorce, LBQ+ individuals may find it extremely difficult to escape situations of domestic violence or emotional abuse. This lack of recourse can have severe mental and emotional health consequences, perpetuating cycles of trauma and harm.

Furthermore, the absence of divorce options can create significant hurdles for LBQ+ individuals who wish to form new partnerships or families. While legal separation is available, it does not grant the freedom to remarry[569] This limitation can hinder LBQ+ individuals from pursuing new relationships and building the families they desire. It also leaves children from previous relationships in a legal grey area, potentially affecting their rights and inheritance.

564 The Lawphil Project — Arellano Law Foundation, Inc. (2004, Marrch 8). *An Act Defining Violence Against Women and Their Children, Providing for Protective Measures for Victims, Prescribing Penalties Therefore, and for Other Purposes.* https://lawphil.net/statutes/repacts/ra2004/ra_9262_2004.html

565 Rommel Jacinto Dantes Silverio vs. Republic of the Philippines (2007, October 22). https://lawphil.net/judjuris/juri2007/oct2007/gr_174689_2007.html

566 *Locating LGBTIQ People in Domestic Violence Laws in Asia* (2022). Outright International. https://outrightinternational.org/sites/default/files/2023-03/AsiaLegalMapping2022_Revised_OutrightInternational_2.pdf

567 Ibid.

568 Santos, A. P. (2015, June 15). *Ending a Marriage in the Only Country That Bans Divorce.* The Atlantic. https://www.theatlantic.com/international/archive/2015/06/divorce-philippines-annulment/396449/

569 Attorneys of the Philippines (2023, June 15). Legal Separation vs. Annulment in the Philippines: What's the Difference? https://attorney.org.ph/legal-news/456-legal-separation-vs-annulment-in-the-philippines-what-s-the-difference

Singapore

The prevailing legal framework in Singapore primarily centres on the concepts of marriage and cohabitation, which can have adverse implications for LBQ+ individuals dealing with domestic violence. The Singapore's Women's Charter,[570] the principal legal instrument in this context, restricts the definition of potential victims to those classified as 'spouses'. Unfortunately, it does not extend its protective reach to individuals in domestic partnerships or relationships that emulate marriage but lack formal legal recognition. Consequently, LBQ+ victims who find themselves in intimate partner relationships with their abusers but are not legally married may face barriers in accessing remedies and services designed to assist victims of domestic violence.

Furthermore, the regulations concerning domestic violence within Singapore's legal framework are situated within the chapter titled *Protection of Family*.[571] While the chapter's title appears to emphasise the preservation of family units, it raises concerns about potentially prioritising family interests over the rights and safety of vulnerable LBQ+ individuals. This possible interpretation could undermine fundamental human rights principles that should guide the response to family violence within LBQ+ communities.

Compounding these concerns, the law incorporates a provision that excludes any legally permissible use of force for the correction of a child below 21 years of age from the definition of family violence.[572] This exclusion further weakens the law's protective measures and prompts questions about its efficacy in addressing harmful practices against LBQ+ family members.

The reliance on a family protection framework within Singapore's laws may result in judicial interpretations that favour the preservation of traditional nuclear families over upholding human rights principles in the context of family violence against LBQ+ individuals.[573] It is essential to recognise that LBQ+ individuals have often been targets of severe violence from family members who claim to be 'correcting' their sexual orientation or gender identity. This potential conflict between the objective of protecting victims and preserving the concept of 'the family' can lead to an application of the law that fails to address harmful family customs and practices that violate individual rights within LBQ+ communities.[574]

The absence of provisions that establish clear criteria for balancing family stability with individual rights within the legal framework exacerbates these concerns. In practice, interpreters and enforcers of the law may approach it in a manner that aligns with their personal biases and perspectives. This subjectivity can further complicate efforts to effectively address domestic violence within LBQ+ communities and safeguard their rights, particularly given their heightened vulnerability to such violence.

570 Singapore, Women's Charter 1961 (2020 Revised Edition). https://sso.agc.gov.sg/act/wc1961

571 Ibid.

572 Ibid.

573 *Locating LGBTIQ People in Domestic Violence Laws in Asia* (2022). Outright International. https://outrightinternational.org/sites/default/files/2023-03/AsiaLegalMapping2022_Revised_OutrightInternational_2.pdf

574 Ibid.

575 *The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity* (n.d.). Human Rights Campaign. https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy

BEHIND CLOSED DOORS: ACCOUNTS OF LBQ+ VIOLENCE

CORRECTIVE' OR 'CURATIVE' VIOLENCE

LBQ+ individuals experience distinct forms of violence referred to as 'corrective' or 'curative' violence. This type of violence is rooted in the misguided belief that LBQ+ identities and relationships need to be corrected or cured to conform to cisgender and heterosexual standards. 'Corrective' violence can take various forms, including forced marriage to someone of the 'opposite' gender, conversion practices, or other harmful practices aimed at changing one's sexual orientation or gender identity. These actions are often inflicted by family members, community members, or religious leaders who view LBQ+ identities as deviant or sinful.

Conversion practices and forced heterosexual marriage

The first-hand accounts of LBQ+ survivors in Indonesia shed a distressing light on the harrowing experiences endured by individuals who have become victims of conversion practices. These practices, commonly known as 'conversion therapy', encompass a range of harmful and discredited methods aimed at changing an individual's sexual orientation, gender identity, or gender expression to align with prevailing societal norms. Despite their lack of scientific validity and overwhelming evidence of causing profound psychological and emotional harm, conversion practices remain a pervasive issue for LBQ+ individuals worldwide.

One survivor's story reveals the extent to which they were subjected to coercive and invasive tactics by their own parents. This survivor shared that they were forced into an unwanted marriage against their will, highlighting the deeply troubling practice of forced marriages often used as a means to suppress or erase an individual's LBQ+ identity. To compound their distress, this survivor disclosed that they endured 'conversion therapy' on four separate occasions. 'Conversion therapy' is notorious for employing various pseudoscientific or psychologically damaging techniques in an attempt to change an individual's sexual orientation or gender identity, despite international consensus among medical and psychological professionals that such practices are not only ineffective but also severely harmful.[575]

Furthermore, this survivor revealed that they were subjected to house arrest, effectively held captive within the confines of their own home. Such confinement is often used by family members as a means to isolate and exert control over LBQ+ individuals, making it exceedingly challenging for them to seek support or access resources that could provide assistance or empowerment. The survivor's parents even went as far as arranging a forced marriage[576] for them, illustrating the lengths to which some families will go to try to suppress or conceal an individual's LBQ+ identity, regardless of their wishes or well-being.

> ***"...my parents forced me to marry, attempted conversion therapy four times, locked me up at home, arranged an arranged marriage and spread [my phone number] to get a cisgender heterosexual male partner."***[577]

The second survivor's account unveils another aspect of the emotional abuse suffered by LBQ+ individuals in the context of conversion practices. In this case, the survivor's mother openly mocked their choice of clothing as a form of gender expression. Such mockery reflects a lack of acceptance and understanding within the family regarding the survivor's gender identity or expression. This psychological abuse compounds the already immense emotional distress experienced by LBQ+ individuals in environments where they are not accepted for who they are.

Additionally, the survivor disclosed that they had undergone 'conversion therapy' twice. What sets this survivor's experience apart is the fact that 'conversion therapy' was pursued not only in a misguided attempt to change their LBQ+ identity but also under the false belief that it could cure their medical depression and alleviate negative emotions. This underscores the dangerous misconception surrounding conversion practices, as they are often falsely marketed as solutions to various personal or psychological challenges.

> ***"[...] I was a victim of conversion therapy twice with the hope that it would get rid of all diseases (at that time, I was on medical depression and my parents knew I was part of the LBQ community), negative aura; there was a moment when my mother mocked clothes as a gender expression."***[578]

Corrective' rape and sexual violence

Several LBQ+ interviewees disclosed their experience with rape or sexual violence motivated by their perpetrators' intent to 'correct' their sexual orientation or gender identity or expression, or to punish them from deviating from cisgender heterosexual norms. Leslie from the Philippines revealed that she was aware of LBQ+ community members who had been molested by family members with the intention of 'changing' their sexual orientation to be heterosexual.

> ***"We have members who experienced being molested by their family members, because these [family members] think that by molesting them, they would turn straight. There are cases like that."***[579]

Drawing from her experience in advocacy movements, Vashti highlighted the disturbing normalisation and acceptance of 'corrective' rape and violence against queer people. As an example, she highlighted this occurrence among women in the NGO sector. This normalisation reflects a broader issue of violence against queer people being so ingrained in society that it becomes somewhat acceptable or overlooked. It suggests that even within advocacy movements, there can be a lack of awareness or acknowledgment of the severity and harm of such violence.

> ***"[...] corrective rape, which is being done to correct someone's sexual orientation, and at some point these are accepted even in the 'women living with HIV' movement [...] it seems like it was so normalised, I guess, because violence against queer people is so normalised that it seemed okay to them when they talked about this. At least that's my impression."***[580]

576 Additional note: Sexual activity that takes place within the confines of a forced marriage arranged to alter or 'correct' an LBQ+ individual's sexual orientation or gender identity/expression may be characterised as 'corrective' rape.

577 Focus group discussion in April 2023 with LBQ+ individuals in Indonesia.

578 Focus group discussion in April 2023 with LBQ+ individuals in Indonesia.

579 Interview in July 2023 with Leslie, bisexual, Philippines.

579 Interview in July 2023 with Vashti, trans, Philippines.

580 Interview in July 2023 with Vashti, trans, Philippines.

In the Bangsamoro region of the Philippines, Rocky shared that there are groups of people, including relatives and conservative Muslim individuals, who hold the disturbing belief that if someone was assigned female at birth but expresses their gender in a masculine way, whether they are a trans man or a masculine lesbian, they should be subjected to 'corrective' rape.

> ***"Sometimes relatives [and] very conservative Muslim people [who] actually believe that if you were assigned female at birth, but your gender expression is masculine, regardless [of] whether you're a trans man or masculine lesbian, you should be subjected to rape so they can correct it."***[581]

Equally troubling is that these harmful beliefs also permeate segments of the military. Rocky disclosed instances where men in uniform had approached him for sexual activity, asserting that it could alter his gender identity and transform him 'into a woman'. He noted that his lesbian friends had encountered similar advances, alluding to the idea of 'correcting' their sexual identity through heterosexual intercourse.

> ***"I used to think that it only happens there [Bangsamoro Region] because it's a Muslim area, but in fact, even in the military. I've actually experienced men in uniform, or members of the military, inviting me to do sexual intercourse in order to, they say, turn me into a woman. [...] I learnt I'm not the only one with those experiences, because even friends who are lesbians...actually, in the military, [if you're a] very feminine lesbian, the more that they would invite you [to have sex], so that you will become 'fully woman' – that's the term they would use."***[582]

Similarly, Fire expressed a fear within trans and gender nonconforming people, particularly among trans men and butch lesbians, of experiencing sexual violence. This fear reflects a deeper concern that some perpetrators of violence target them and aim to impose their own preconceived notions of womanhood onto these groups.

> ***"[...] at the end of the day we're still scared that we would get raped. And it's not even that we could get raped because they see us as women; we get raped because they want us to be women."***[583]

THE INTERSECTION OF 'CORRECTIVE' RAPE, SOCIETAL STIGMA, AND BARRIERS TO ABORTION ACCESS

In this section, we delve into a queer Indonesian woman's poignant story, one that vividly illustrates the intricate intersection of 'corrective' rape, societal stigma, and formidable barriers to abortion access.

Through this personal account, we gain insight into the harrowing journey of an individual who courageously confronted a trifecta of adversity, shedding light on the need for comprehensive and compassionate reproductive healthcare solutions for vulnerable communities including LBQ+ persons.

In her interview, Chacha mentioned a previous toxic relationship, where she was initially unable to recognise the nature of the experiences she faced, questioning whether they constituted sexual violence. She highlights the coercive tactics used by her ex-boyfriend to gaslight[584] and victim-blame[585] her, who insinuated that she was merely shy or that she might secretly desire sex with a man after revealing that she was part of the LGBTIQ community. Importantly, these coercion tactics occurred after their romantic relationship had ended.

When we asked about her experiences with accessing sexual and reproductive health services, she narrated an incident involving the horrendous treatment she endured at a government clinic, an encounter marred by shame and religious scrutiny. She also revealed that she sought an abortion after experiencing sexual violence at the hands of her ex-boyfriend.

581 Interview in June 2023 with Rocky, bi trans man, Philippines.
582 Ibid.
583 Interview in July 2023 with Fire, bi trans man, Philippines.
584 Gaslighting is the psychological manipulation of a person, usually over an extended period of time, that causes the victim to question the validity of their own thoughts, perception of reality, or memories and typically leads to confusion, loss of confidence and self-esteem, uncertainty of one's emotional or mental stability, and a dependency on the perpetrator.
585 Victim-blaming occurs when the victim of a crime or any wrongful act is held entirely or partially at fault for the harm that befell them.

> *"When accessing the government clinic – because I was still heavily dependent on BPJS [Social Security Agency for Health], had just experienced sexual violence, and was pregnant – my choice at that time was abortion."*[586]

As a victim-survivor, she mustered up the courage to go to the clinic and ask for help. However, instead of receiving the assistance and compassion she expected, she was subjected to further victim-blaming and shaming. The healthcare provider made an insensitive and judgemental comment, highlighting the woman's 'loss of virginity' as if it were a reason to dismiss her need for help. She was bombarded with multiple intrusive questions and judgemental statements, which included inquiries about her university, parents' awareness of the incident, and suggestions to consult a psychiatrist. The conversation took a distressing turn as the healthcare provider questioned the details of the sexual encounter and implied that the victim-survivor should repent for having had premarital sex. She was coerced into considering continuing the pregnancy as a means to 'erase sins of fornication'.

As a result, she was refused access to abortion services. It is worth mentioning that she refrained from disclosing the specific nature of the violence she had endured, which was primarily linked to her queer identity. This omission was likely due to her apprehension about disclosing her LGBTQ+ status to healthcare providers, particularly because her health records could potentially be accessed by her parents. This concern was amplified by the fact that she was a minor at the time, and healthcare providers had indicated that parental access to health records was possible.

It is essential to underline that, according to Indonesian law, parental consent is not required for survivors of sexual violence to access abortion services. Hence, parents need not be informed about their children undergoing abortion procedures. This situation highlights a critical gap in healthcare provider awareness of the legal provisions, and how the imposition of any restrictions on abortion access can inadvertently hinder individuals from exercising their legal rights even in circumstances where abortion is permitted by the law.

586 Interview in March 2023 with Chacha, queer woman, Indonesia.
587 Ibid

[...] when I got to the health centre, I was actually told, 'Oh, you're not a virgin anymore, miss. Where do you go to university? Can you tell me which university you go to? Do your parents know about this incident? My suggestion is that you go to a psychiatrist first and talk to them first.' Then I got a referral to a psychologist first. I was asked questions and then corrected. 'Who did you have sex with at that time, miss? Wasn't it your ex-boyfriend? Did he rape you? Don't you want to repent? You have engaged in premarital sex; don't you want to improve your way of worship by continuing your pregnancy?' Also, 'Take care of your baby... to erase your sins of fornication.' It was so lonely. I was alone and didn't have a support system, so I was really scared. Plus, the information about BPJS could be accessed by my guarantor. They said, 'Let me check first because your parents need to know; you're still under 18. Or should you just share that you're safe from campus?' So, I was really scared about that.[587]

After this encounter, she mentioned seeing a social media post of her friend's experience with sexual violence and abortion, which played a role in providing some level of comfort and shared understanding. She reached out to this friend, who recommended a private clinic where she could seek an abortion safely and without judgement. However, upon visiting the private clinic, the experience took a distressing turn. She noted that the doctor she consulted was likely a different one than the one her friend had seen during their visit. The doctor repeatedly inquired about Chacha's parents and mentioned the possibility of contacting them and accessing campus data, which caused significant fear and anxiety for Chacha. Despite this fear, she initially believed that the doctor intended to provide help.

However, when she disclosed that her ex-boyfriend had raped her due to her queer identity and to 'prove' she would enjoy sex with men, the doctor responded inappropriately by suggesting that the ex-boyfriend's intentions were to 'save' her. This response was perplexing and upsetting for Chacha, leading to feelings of confusion and despair. Once more, her request for abortion services was met with refusal.

> ***That's when the doctor said, 'Maybe your boyfriend just wanted to save you.' I didn't understand what was going on any more. It was the last straw for me, and I felt like I was going to die.***[588]

Victim-blaming experienced by LBQ+ individuals in cases of violence can differ from that faced by cisgender heterosexual women, where the former's queer identity can exacerbate the blame placed upon them. Within this context, LBQ+ individuals may find themselves subjected to a double layer of blame. Firstly, they unjustly face accusations of provoking or deserving the violence inflicted upon them, which might involve victim-blaming based on perceived 'provocations' such as mistrusting certain individuals or dressing in a manner that is considered provocative.

Secondly, their LBQ+ identities are weaponised against them, as if being queer is not only an affront to societal norms but also a reason to justify or excuse the violence they endure. This unique intersection of victim-blaming and anti-LGBTQ+ discrimination can be profoundly damaging, as it not only perpetuates stereotypes and misconceptions but also reinforces a culture of silence and fear among LBQ+ individuals, making it even more challenging for them to seek help and support when they need it most.

Despite having been repeatedly refused access to abortion, Chaha carried on and called a local hotline for information on safe abortion. During the call, she was asked specific questions about the stage of her pregnancy, such as how many months or weeks she had been pregnant. Chacha said that, while these questions were reasonable and necessary for proper healthcare, she was too scared to answer them. The fear and anxiety she experienced in response to these questions led her to feel hopeless and ultimately decide to continue the pregnancy.

Unfortunately, some time after this, her rapist gave her pills without being informed about their content. As she had previously complained to him that she was experiencing sleeping problems, he informed her that they were sleep aid medication. As it turned out, the pills he had provided were actually abortion pills, and she only became aware of this after losing consciousness from heavy bleeding. Her landlady found her unconscious in the bathroom and took her to the hospital. Her parents were then informed about what had happened to her, which prompted her to run away.

> ***I bled and passed out in the bathroom until my landlady found me and took me to the hospital. At the hospital, they called my parents, so I ran away. I didn't even check if I was clean or not, and I didn't dare to talk about it. I just said that I had heavy periods.***[589]

Following this experience, she endured pain severe enough to cause vomiting and even loss of consciousness during her period. She still struggles during menstruation, describing it as a trigger for her.

> ***For the past two years, every time I had my period, it was very painful, and I even vomited and passed out. It's only in the last two years that I've started feeling better, but I still haven't checked. I'm pretty triggered during menstruation, and I live with many people. So I told them that when I'm menstruating, I'll be triggered, but I didn't give the details. Like...please understand or just let me be alone when I'm menstruating, because it's not easy for me.***[590]

588 Ibid.
589 Ibid.
590 Interview in March 2023 with Chacha, queer woman, Indonesia.

Chacha shared that her traumatic experiences have significantly deterred her from seeking essential SRH services since they occurred in 2017. Her trauma is rooted in a complex interplay of factors, encompassing 'corrective' or punitive violence, the societal stigmatisation of extramarital sex and queer identities, forced abortion at the hands of her rapist, and the daunting legal and healthcare barriers she confronted while attempting to access safe abortion services.

Traumatic experiences can have a profound and lasting impact on the health and well-being of LBQ+ individuals. Emotional scars left by such experiences may fester and extend far beyond the initial incident, influencing various aspects of an individual's life. These emotional scars may lead to mental health challenges, hinder the formation of supportive relationships, deter individuals from seeking healthcare services, and erode self-esteem. LBQ+ persons may already be vulnerable to mental health disparities, making the lasting impacts of trauma particularly concerning. Recognising the enduring effects of trauma and offering queer-affirming, trauma-informed care is essential in addressing the holistic health needs and vulnerabilities of LBQ+ individuals.

STEREOTYPING, SEXUALISATION, AND VIOLENCE AGAINST BI+ WOMEN

Within the broader spectrum of LBQ+ identities, the experiences of bi+ women often occupy a unique and complex space. Individuals falling under the bi+ umbrella — including those who identify as bisexual and pansexual, and whose attractions span a spectrum of genders — often face persistent stereotypes, sexualisation and in some cases, violence.

Facing bi erasure and discrimination

Bi+ women often experience challenges in navigating different social circles and communities due to their sexual orientation or label. Penny, a bisexual woman in Malaysia, described the difficulty of coming out as bisexual to her friends, particularly those who adhere to heteronormative norms. Her friends' reactions ranged from shock to dismissing her bisexuality as a phase. This reaction reflects a common stereotype that bi individuals are simply going through a temporary phase and will eventually settle into a heterosexual relationship. Penny also highlighted the gaslighting effect, where her friends questioned her authenticity as a bisexual person and undermined her identity.

> ***It was like gaslighting from my friends. They were like "No, you're not really gay. It's just a phase." And then when I asked them why they said that, [they said] "Because every bi girl I know eventually settles down with a guy so we know it's just a phase."***[591]

Penny also shared her experience of encountering negative judgements from lesbians, particularly her current partner's circle of friends. They cautioned against the relationship, reinforcing the stereotype that bisexual individuals are less committed in their romantic relationships. Furthermore, her partner had previously experienced heartbreak in relationships with bisexual individuals, which added a layer of complexity to her current partnership. Penny acknowledged feeling pressured to remain in the relationship as a way to prove herself and challenge the narrative that bisexual women are not fully committed in same-sex relationships.

> ***[...] don't know if it's an ego thing as well that I'm just staying on, trying to prove something [...] because somehow, if I end this relationship, it feels like well, look what I did – I just proved the narrative that I'm not worthy to be in this community.***[592]

From sexualisation to sexual violence

In our interview with Tin, a pansexual woman in the Philippines, she highlighted the vulnerability and harassment faced by bisexual and pansexual individuals. As someone who also identifies as polyamorous, she has received unwelcome sexual advances, and her openness about being polyamorous sometimes leads to inappropriate assumptions and advances. In one case, someone on social media messaged her with the intention of involving her in a threesome, highlighting the objectification and misunderstanding that individuals like Tin may face due to their sexual orientation and relationship preferences.

591 Interview in February 2023 with Penny (pseudonym), bisexual woman, Malaysia.
592 Ibid.

> *I'm particularly vulnerable to harassment for being pan or bi. [...] I keep receiving sexual advances. Another thing is when I talk about being [polyamorous], everyone assumes I'm free for all. They immediately assume it's about sex, or that you want to be in a threesome.*[593]

Stereotyping bisexuality, pansexuality, or polyamory[594] as synonymous with "sexual promiscuity" is a damaging misconception often rooted in ignorance and misunderstanding about these identities. This fallacy can give rise to various adverse outcomes, including emboldening some individuals to make unwelcome sexual advances toward those who identify as bisexual, pansexual, or polyamorous.

A central issue with this stereotype lies in its tendency to objectify individuals who embrace these identities. When people assume that those with these orientations inherently engage in more 'sexually promiscuous' behaviour, they may feel justified in making inappropriate or unwanted sexual advances. Such objectification can be dehumanising and emotionally distressing for those targeted, as it reduces them to perceived sexual behaviours or orientations, failing to acknowledge their multifaceted humanity.

Tin also discussed her experiences with different forms of violence, primarily involving men. She mentioned a past incident in college where she experienced coercion, describing it as 'somewhat of a date rape'. She also mentioned emotional violence, where she was called derogatory names when she came out as polyamorous. In her words, she recalled, "I was called a slut when I first came out as poly."

Another incident involves an encounter with a man who sexually assaulted her while she was intoxicated, leading to feelings of self-blame. This instance appears to be related to her polyamorous identity and the actions of someone who was connected to her husband, suggesting that individuals who are aware of her non-monogamous relationship may sometimes exploit her vulnerability.

593 Interview in July 2023 with Tin (pseudonym), pansexual woman, Philippines.

594 Polyamory refers to the practice of engaging in multiple romantic and sexual relationships simultaneously, all of which require the mutual and informed consent of all parties involved. Some people identify with polyamorous as an orientation, where being open to multiple loving relationships is an intrinsic part of who they are. Polyamory is not exclusive to LGBTQ+ communities.

> ***The third time, after my marriage broke down, I was feeling depressed, so I went out drinking. Maybe I was too trusting of that guy, because I had [spent time with him before but he didn't touch me], but [this time] I just realised the next morning that I was taken advantage of due to my drunkenness. [...] the guy was my husband's friend, and I feel like they've been talking about me behind my back. Maybe he felt encouraged to do that because he knew that I was [polyamorous].***[595]

During her interview, Nabilah reported having experienced sexual objectification and violence, which appeared to be linked to her bisexuality. She shared that the sexualisation of bisexual individuals was a prevalent issue, providing examples where, upon disclosing her bisexuality, her conversations with people she was dating took on a more sexually charged tone. In one instance, she was dating a man whom she had met on the dating app Tinder.

> ***[...] we talked and I thought it was going well [...] until I mentioned that I was bi [...] and the topics became very sexual, and I felt uncomfortable.***[596]

In a separate incident, Nabilah shared a distressing encounter involving sexual violence following her disclosure of her bisexuality. Initially, she went on a date with a cisgender woman and eventually revealed her bisexuality in a conversation. The woman seemed accepting of her bisexuality and asked about her dating history with men and the possibility of engaging in threesomes. However, Nabilah did not express immediate interest in such arrangements. This situation took a troubling turn when she visited the woman's place for another conversation about it. To Nabilah's surprise, there was another man present, and it became apparent that it was the woman's fantasy to engage in a threesome.

595 Interview in July 2023 with Tin (pseudonym), pansexual woman, Philippines.
596 Interview in March 2023 with Nabilah, bisexual woman, Singapore.

> *[...] the next time when we talked about it [...] she asked me to come over [to] her place, and when I came over, there was another guy there. I knew it was a fantasy of hers to do this kind of thing [...] but I never said I wanted to do it.*[597]

Despite Nabilah's clear discomfort and lack of consent, the situation escalated as both the man and woman started being aggressive towards her and locked the doors. She felt trapped and coerced into having sex. This experience led Nabilah to question whether disclosing her bisexuality was the trigger for people to project their own sexual fantasies onto her. It left her deeply uncomfortable and unwilling to share her sexual orientation openly, highlighting the challenges and violence that can arise when discussing bisexuality and navigating dating and relationships.

FATAL VIOLENCE AGAINST TRANSGENDER AND GENDER NONCONFORMING COMMUNITIES

From January 2008 to December 2014, the Trans Murder Monitoring (TMM) project recorded 1,731 cases of violence resulting in the death of transgender individuals in 62 countries.[598] Among these, there were 155 documented murders in 16 Asian countries, with an additional two cases in the Pacific region. In Asia, the countries with the highest number of reported murders during this period were India (48), the Philippines (35), Pakistan (22), and Thailand (14).[599]

In Southeast Asia, there have been cases of the killings of transgender women in Malaysia[600] and Thailand.[601] Particularly striking was the alarmingly high per capita rate of killings in the Philippines when adjusted for the country's population, which may be partly attributed to the diligent monitoring efforts of trans and LGBT organisations.[602]

In our interview with Fire, he referenced the tragic case of Ebeng Mayor in the Philippines, which serves as a stark reminder of the brutal and sexually motivated violence that has been inflicted upon trans men. Such incidents not only claim lives but also instil a pervasive fear within LBQ+ communities, particularly among trans men and butch lesbians. The profound trauma resulting from these incidents has enduring and wide-ranging effects, subjecting individuals to perpetual anxiety and a pervasive sense of insecurity concerning their personal safety.

> ***There have been incidents where fellow trans men have been killed, in a very violent and sexually motivated way. The case of Ebeng Mayor last year had a huge impact on the community. A lot of people got scared. People were so freaked out. Because they found him naked, and other things. It really affected the community. The impact that Jennifer Laude's death had on the trans women community, it was the same when we got the news about Ebeng Mayor.***[603]

Moreover, Fire expressed worry about the safety and welfare of trans men and butch lesbians. The concern revolves around the common perception that people often see them as the same, particularly when a trans man doesn't meet traditional expectations of appearing 'unmistakably' male (i.e., if he does not 'pass' as a man). This misperception can make them targets of violence from perpetrators seeking to enforce traditional gender roles and identities upon them.

> ***Trans men and butch lesbians are now very much concerned about their welfare and safety, because people look at [trans men and butch lesbians] as the same, especially if the trans man is not 'passing'.***[604]

The interview sheds light on the alarming incidents of violence and discrimination faced by trans and gender nonconforming individuals within LBQ+ communities, emphasising the urgent need for state authorities to expand their initiatives in safeguarding against discrimination, hate crimes, and violence directed at trans and gender nonconforming individuals. It is crucial for LBQ+ advocacy groups to actively address this issue in their efforts, advocating for comprehensive protection measures and systemic changes to address trans and gender nonconforming individuals' vulnerability to fatal violence.

597 Ibid.

598 Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme (2015). *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific*. https://hivlawcommission.org/wp-content/uploads/2017/06/rbap-hhd-2015-asia-pacific-trans-health-blueprint-1.pdf

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603 Interview in July 2023 with Fire, bi trans man, Philippines.

604 Ibid.

INTIMATE PARTNER VIOLENCE IN QUEER RELATIONSHIPS

Intimate partner violence (IPV) is a pervasive issue affecting individuals regardless of their sexual orientation or gender identity. In queer relationships, IPV can manifest like it does in heterosexual relationships, but there are unique dynamics and challenges that queer individuals may face. One significant challenge is the prevailing misconception that same-sex or queer relationships are inherently less prone to IPV. To ensure the safety and well-being of all involved, it is essential to acknowledge and address IPV in queer relationships.

Having encountered cases of IPV in queer relationships, Myrishia highlights the concerning reality that this problem is often not treated with the seriousness it warrants, particularly when individuals disclose that the perpetrator of the violence is female. Additionally, Myrishia points out that the abuse is often sexual in nature.

> ***In most of the cases I've handled, the perpetrator is female, and the survivor is queer. You know, it's even scarier because since they are women, they are not easily suspected [to be perpetrators]. Some even say, 'Who, her? How could she have done it if she's a woman?' There are those misconceptions, that because a woman [is accused], it's impossible in their view.***[605]

Myrishia emphasises the disturbing reality that individuals experiencing IPV within queer relationships often face scepticism from other people, a factor that not only deters them from reporting IPV but also makes it considerably more challenging to identify and address this issue. This scepticism, coupled with the inherent stigma surrounding same-sex relationships, compounds the problem. Many victims hesitate to disclose the nature of their relationship, fearing that it may expose them to further violence or discrimination. As a result, IPV within queer relationships remains largely unreported, shrouded in silence, and difficult to detect, perpetuating a cycle of harm and suffering.

In Malaysia, Fol described her experience of IPV within a previous relationship as a demisexual lesbian. She highlighted that she endured emotional manipulation and blackmail from her partner. When she rejected her partner's sexual advances or expressed a desire not to engage in certain activities, her partner responded with emotionally charged statements designed to guilt-trip and manipulate her.

> ***If I refused and [...] I rejected her advances [...] she would say something like 'Why don't you want me?' Or 'I'll never do this again.' Or 'How could you do this?'"***[606]

605 Interview in July 2023 with Myrishia, queer/pansexual/female expression/fluid, Philippines.
606 Interview in March 2023 with Fol (pseudonym), demisexual lesbian, Malaysia
607 Interview in July 2023 with Fire, bi trans man, Philippines.

As a bi trans man, Fire from the Philippines drew attention to the presence of IPV in relationships where one partner is undergoing medical transition. Issues may arise when one partner, who may have known the other as a woman, discovers that their partner identifies as a trans man and wishes to pursue medical transition. This transition often involves gender-affirming hormone therapy (GHT), which can result in various physical and emotional changes. Fire suggested that the partner who is not transitioning may struggle to understand and adapt to these changes, and the trans man himself may also grapple with the adjustments. This lack of understanding and adjustment can create tensions within the relationship, potentially leading to conflicts and even violence.

> ***"I've heard of some cases where partners face difficulties. For example, if you decide to medically transition while you're with your partner [...] Of course, your partner knows you as a woman – maybe a lesbian – and then you start identifying as a trans man, you realise that you're trans and want to transition medically. Sometimes, that causes violent interactions within the relationship [...] sometimes, the partner fails to understand the changes, and sometimes, the trans man himself struggles with the changes. That's when problems occur."***[607]

From the Indonesian focus group discussion with LBQ+ individuals, one person opened up about their experience as an intersex person. They mention a concept known as 'genital improvement', which suggests that individuals with intersex conditions might undergo medical procedures to alter their genitalia in ways that align with their personal preferences. In relation to this, they described a past romantic relationship that was marked by toxicity. They highlighted how their partner in this relationship imposed their own ideas of gender expression onto them, essentially dictating how they should present themselves.

> ***"My intersex condition concerns 'genital improvement' because there are positive and negative impacts. My previous partner was a bit toxic because they also asked for my expression to be adjusted to what they wanted."***[608]

The accounts and experiences shared by individuals in queer relationships highlight the need to recognise and address IPV within these contexts. This issue is often not treated with the gravity it deserves, with scepticism and misconceptions surrounding the dynamics of same-sex relationships further complicating the matter. The fear of exposure and the stigma associated with disclosing one's queer relationship in such a setting often leads to silence and underreporting. It is imperative to break this cycle of harm and suffering by acknowledging the presence of IPV in queer relationships, providing queer-affirming and trauma-informed support, and fostering an environment in which survivors feel safe to come forward.

608 Focus group discussion in April 2023 with LBQ+ individuals in Indonesia.

Conclusion

LBQ+ communities in the Malay Archipelago contend with intricate and impactful vulnerabilities spanning various dimensions, which create substantial barriers to their access to sexual and reproductive health and rights (SRHR). They face employment and educational discrimination that directs them towards informal work, heightening the risk of poverty. These challenges contribute to health disparities, including inferior mental and physical health outcomes and limited access to healthcare services. In the legal, political, and cultural spheres, the criminalisation of LBQ+ identities — compounded by the absence of comprehensive protective laws — leaves these groups inadequately safeguarded and subject to increasing hostility, violence, and exclusion.

Our study shows that every dimension of the sexual and reproductive health rights of LBQ+ individuals is compromised and transgressed by oppressive systems that uphold cisgender, heterosexual, and patriarchal ideals. From exclusionary education to limited healthcare access and anti-LGBTQ+ violence, LBQ+ individuals navigate a landscape where their fundamental rights are often overlooked or outright denied.

LBQ+ individuals encounter substantial obstacles to comprehensive sexuality education, stemming from anti-LGBTQ+ discrimination in schools, state censorship of LGBTQ+ content, and an exclusionary curriculum that primarily caters to cisgender, heterosexual individuals and families. The prevailing curricula across all countries often neglect the unique needs of LBQ+ individuals, perpetuating misinformation and excluding them from crucial discussions. In some cases, anti-LGBTQ+ rhetoric may even be present in school curricula, fostering a hostile learning environment. Consequently, LBQ+ individuals heavily depend on self-directed research, online sources, and programmes provided by non-governmental organisations for accessible and inclusive information on their SRHR.

Stigma and discrimination pose critical barriers for LBQ+ individuals seeking healthcare services, and manifest in various forms. LBQ+ SRHR issues face stigmatisation within healthcare, contributing to an environment where accessing services is challenging. Compulsory cis-heteronormativity in healthcare can lead to risks being overlooked. This includes inaccurately assessing pregnancy risks and neglecting the unique circumstances of bisexual individuals with children by assuming patients' heterosexuality. Medical gaslighting, particularly affecting women and LBQ+ individuals, perpetuates a dismissive attitude towards pain and discomfort, hindering timely diagnosis and adequate care. The fear of discrimination further deters LBQ+ individuals from seeking essential healthcare, prompting them to withhold information about their sexual orientation and gender identity. Additionally, intersectional discrimination — encompassing SOGIE-based discrimination, racism, sexism, weight bias, and ableism — compounds the challenges faced by LBQ+ individuals, adding layers of complexity to their experiences within healthcare settings.

Limited availability of health facilities catering to LBQ+ individuals exacerbates the challenge of accessing SRHR services. Preference for queer-friendly clinics is hindered by their concentration in metropolitan areas, resulting in geographical disparities and prolonged wait times that impede timely care. Financial precarity further restricts affordability, particularly in private queer-friendly clinics. Privacy and confidentiality concerns stem from fears of government intrusion into medical records based on sexual orientation and gender

identity. Instances of dead-naming and misgendering in healthcare further magnify the challenges faced by LBQ+ individuals, particularly trans and non-binary individuals. These actions contribute to general discomfort, feelings of alienation, and a breakdown of trust between healthcare providers and LBQ+ patients.

The scarcity of data and research on LBQ+ health not only presents an immediate challenge in delivering inclusive healthcare but also has long-term impacts on the overall well-being of LBQ+ individuals. Without comprehensive research, healthcare providers may lack a nuanced understanding of the specific health needs, risks, and disparities faced by LBQ+ communities. Insufficient SOGIESC-disaggregated data poses a significant hindrance in understanding and addressing the diverse health needs of LBQ+ individuals, with governments showing limited efforts in data collection.

The examination of gender-affirming services across the Malay Archipelago reveals common difficulties faced by transgender individuals in the region. They face high financial costs, legal restrictions, and limited insurance coverage when seeking gender-affirming care. The financial burden of procedures such as surgeries and hormone therapy poses a significant barrier, exacerbated by diverse legal frameworks across the region. These obstacles create substantial stress, hinder the realisation of their gender identities and expression, and adversely impact the overall well-being of trans communities.

In terms of accessing reproductive healthcare and rights, safe abortion services and SRH care are largely restricted in the region, except in the case of abortion in Singapore. This restriction is particularly concerning, given that LBQ+ people face heightened vulnerability to unintended pregnancies. This vulnerability arises from the lack of comprehensive sexuality education, leaving them potentially uninformed about safe sex practices and consent. Furthermore, LBQ+ individuals are at an increased risk of anti-LGBTQ+ sexual violence and rape, increasing their susceptibility to unintended pregnancies. Consequently, the demand for abortion services among LBQ+ individuals surpasses that of their cisgender heterosexual counterparts.

LBQ+ individuals encounter nearly insurmountable obstacles in forming families, exacerbated by adoption and reproductive policies in countries such as Brunei, Indonesia, Malaysia, Singapore, and the Philippines that explicitly discriminate against single women and LBQ+ individuals. Moreover, limited access to assisted reproductive technology (ART) and surrogacy further complicates family planning options for LBQ+ people, as these systems are primarily tailored to cater to the needs of cisgender heterosexual individuals.

The interplay of legal and religious frameworks, particularly in Muslim-majority nations, reinforces these discriminatory barriers, prompting LBQ+ individuals to advocate for more inclusive systems that ensure equal access to reproductive services and parenthood.

Profound gaps in policies related to sexual and gender-based violence have substantial consequences for LBQ+ individuals throughout the Malay Archipelago. Laws frequently prove inadequate in addressing domestic violence, leaving LBQ+ individuals with limited legal protection. Domestic violence legislation often focuses on specific family relationships with cis-heterosexual married couples as their foundation, excluding unmarried couples and LBQ+ partnerships. LBQ+ individuals face distinct and harmful forms of violence, notably ‘corrective’ or ‘curative’ violence, which stems from deeply ingrained societal stigma surrounding non-cis heteronormative identities. Moreover, the intersectionality of this violence with barriers to abortion access complicates the situation, as those seeking reproductive health services may encounter resistance and further victimisation.

Bi+ women within LBQ+ communities experience unique challenges, including erasure, discrimination, and sexual violence due to misconceptions about bisexuality. Intimate partner violence in LBQ+ relationships is often overlooked, with trans and gender nonconforming individuals particularly vulnerable to experiencing fatal violence. This highlights the need for comprehensive and inclusive measures to address violence within LBQ+ communities. Overall, LBQ+ individuals across the Malay Archipelago contend with myriad interconnected challenges that necessitate urgent and comprehensive interventions to fully realise their sexual and reproductive health and rights.

Recommendations

The sexual and reproductive health and rights of LBQ+ communities in the Malay Archipelago have long been overlooked. These marginalised communities have not only faced challenges in accessing essential healthcare services but have also been subjected to discrimination, stigma, and violence.

The following recommendations are directed at various stakeholders whose actions significantly impact the lives of LBQ+ individuals.

Recommendations for governments:

1. Repeal or amend discriminatory laws: Governments should prioritise the repeal or amendment of draconian laws that criminalise same-sex activities and gender non-conformity. These laws perpetuate discrimination and violence against LBQ+ individuals.

2. Comprehensive anti-discrimination laws: Enact comprehensive anti-discrimination laws that explicitly protect the rights of LBQ+ individuals across various domains, such as employment, education, healthcare, housing, and public services. These laws must provide legal safeguards against discrimination.

3. Re-evaluate SRHR laws: Re-evaluate and amend existing laws that impede SRHR access for LBQ+ individuals, such as restrictions on contraception and abortion. Ensure that these laws align with international human rights standards.

4. Sensitisation training: Implement mandatory training programmes for law enforcement agencies, educators, and healthcare providers to sensitise them to the unique challenges faced by LBQ+ individuals. Equip them with the skills to respond effectively to incidents of discrimination.

5. Evidence-based healthcare: Ensure that health policy and strategy documents are grounded in evidence-based practices and adhere to internationally recognised best standards, with explicit attention to the provision of healthcare services for LBQ+ communities.

6. Inclusive sexuality education: Enact policies that mandate inclusive, LBQ+-affirming comprehensive sexuality education in all educational institutions. These policies should explicitly address the unique needs and concerns of LBQ+ students, promoting understanding, respect, and diversity.

7. Combat harmful practices: Criminalise female genital mutilation/cutting (FGM/C) and conversion therapy efforts, while also raising awareness about the harmful effects of these practices.

8. LGBTQIA+ healthcare policies: Develop comprehensive healthcare policies that explicitly address the healthcare needs of LGBTQIA+ individuals, with a specific focus on LBQ+ concerns, and ensure that these policies are based on international best practices.

9. Incident reporting mechanisms: Establish mechanisms for monitoring and reporting on discriminatory practices within healthcare facilities. Create clear channels for LBQ+ individuals to report incidents of discrimination and seek redress.

10. Patient privacy: Strengthen laws and regulations that protect patient privacy and confidentiality, ensuring that LBQ+ individuals can share their sexual orientation and gender identity without fear of discrimination.

11. Gender-affirming care: Ensure that gender-affirming healthcare services, including hormone therapy and gender-affirming surgeries, are accessible and affordable for LBQ+ individuals, thereby respecting their right to self-determination.

12. Health insurance coverage: Encourage health insurance providers to cover gender-affirming treatments and mental health services, thereby reducing financial barriers to essential healthcare.

13. Reproductive healthcare rights: Make reproductive healthcare services, including abortion, contraception, family planning, and sexual health services, legal, accessible, and affordable for LBQ+ individuals.

14. Parenthood rights: Ensure comprehensive reproductive health rights that include LBQ+ individuals, such as access to ART regardless of marital status, sexual orientation or gender identity.

15. Inclusive domestic violence laws: Revise domestic violence legislation to encompass all LBQ+ individuals, regardless of their gender identity or sexual orientation, and their relationships, regardless of the gender of their partners. Implement a non-gendered approach in domestic violence legislation to ensure that no one is excluded or inadequately protected based on their gender identity.

16. Resources for survivors: Allocate resources for healthcare services tailored to the needs of LBQ+ survivors of sexual and gender-based violence, ensuring they have access to appropriate medical and psychological support.

17. Data collection and research: Invest in comprehensive data collection and research on LBQ+ health and violence against LBQ+ individuals to better understand the scope of these issues, which can inform targeted policies and interventions.

18. Intersectional approach: Embrace an intersectional approach when developing policies and legislation, considering the varying experiences and vulnerabilities of LBQ+ individuals.

Recommendations for donors:

1. Financial support for advocacy: Provide financial support to LBQ+-led advocacy groups to advance LBQ+ rights and well-being.

2. Advocacy for legal reforms: Provide funding and advocacy support to LBQ+-led organisations and initiatives working towards the repeal or amendment of discriminatory laws criminalising same-sex activities, and the implementation of legal gender recognition for transgender individuals.

3. Healthcare provider training: Fund training programmes for healthcare providers to enhance their cultural competency and LGBTQ+ cultural sensitivity, ensuring that LBQ+ individuals receive equitable healthcare.

4. Inclusive CSE initiatives: Provide resources for organisations that work to reform comprehensive sexuality education policies, making them inclusive of LBQ+ experiences and challenges.

5. Community organisations: Allocate funding for LBQ+-led community organisations and NGOs that provide critical support, services, and advocacy for LBQ+ individuals.

6. Research initiatives: Support research initiatives that collect data on LBQ+ health and experiences to better understand their unique challenges, particularly in regions where such data is lacking.

7. Collaboration for impact: Collaborate with other donors and international organisations to create a coordinated and effective approach to support LBQ+ rights and SRHR in the region.

Recommendations for civil society:

1. Legal advocacy: Collaborate with legal experts and human rights organisations to advocate for the repeal or amendment of discriminatory laws targeting LBQ+ individuals. Mobilise public support for comprehensive anti-discrimination laws and legal gender recognition.

2. Tailored CSE programmes: Develop community-led CSE programmes specifically tailored to the needs of LBQ+ individuals, focusing on issues related to sexual orientation, gender identity, and relationships.

3. Support networks: Develop support networks and peer-led initiatives that provide LBQ+ individuals with the resources and guidance needed to navigate healthcare systems effectively and confidently.

4. Resource hubs: Create accessible resources and information hubs that provide comprehensive sexual education content for LBQ+ individuals. Promote these resources through community organisations and online platforms.

5. Incident documentation: Encourage the documentation and reporting of discrimination incidents within healthcare settings, which can help hold institutions accountable and bring about change.

6. Intersecting discrimination: Collaborate with other marginalised communities and advocacy groups to address intersecting forms of discrimination and promote inclusive healthcare policies.

7. Healthcare advocacy: Collaborate with healthcare professional organisations to encourage inclusive practices and policies within the healthcare sector. Encourage allies within the medical community to advocate for change.

8. LGBTQ+ cultural competency: Collaborate with healthcare providers to promote a more inclusive and respectful healthcare environment and ensure they receive the necessary training to meet the specific needs of LBQ+ patients.

9. Data collection and research: Advocate for data collection that includes SOGIESC disaggregation and collaborate with government agencies to ensure that accurate health data is collected and analysed.

10. Research for advocacy: Conduct research on LBQ+ health disparities and use the findings to advocate for inclusive healthcare policies. Collaborate with other organisations to amplify the voices of LBQ+ individuals in healthcare advocacy.

11. Mental health support: Develop mental health support services that are sensitive to the needs of LBQ+ survivors of sexual and gender-based violence, including counselling and trauma-informed care.

12. Dialogue with religious leaders: Establish dialogue with religious and community leaders to promote a more inclusive and accepting stance toward LBQ+ individuals, emphasising that LGBTQ+ rights do not contradict religious values.

13. Safe spaces: Create safe spaces and support networks for LBQ+ individuals, allowing them to share their experiences and seek peer support.

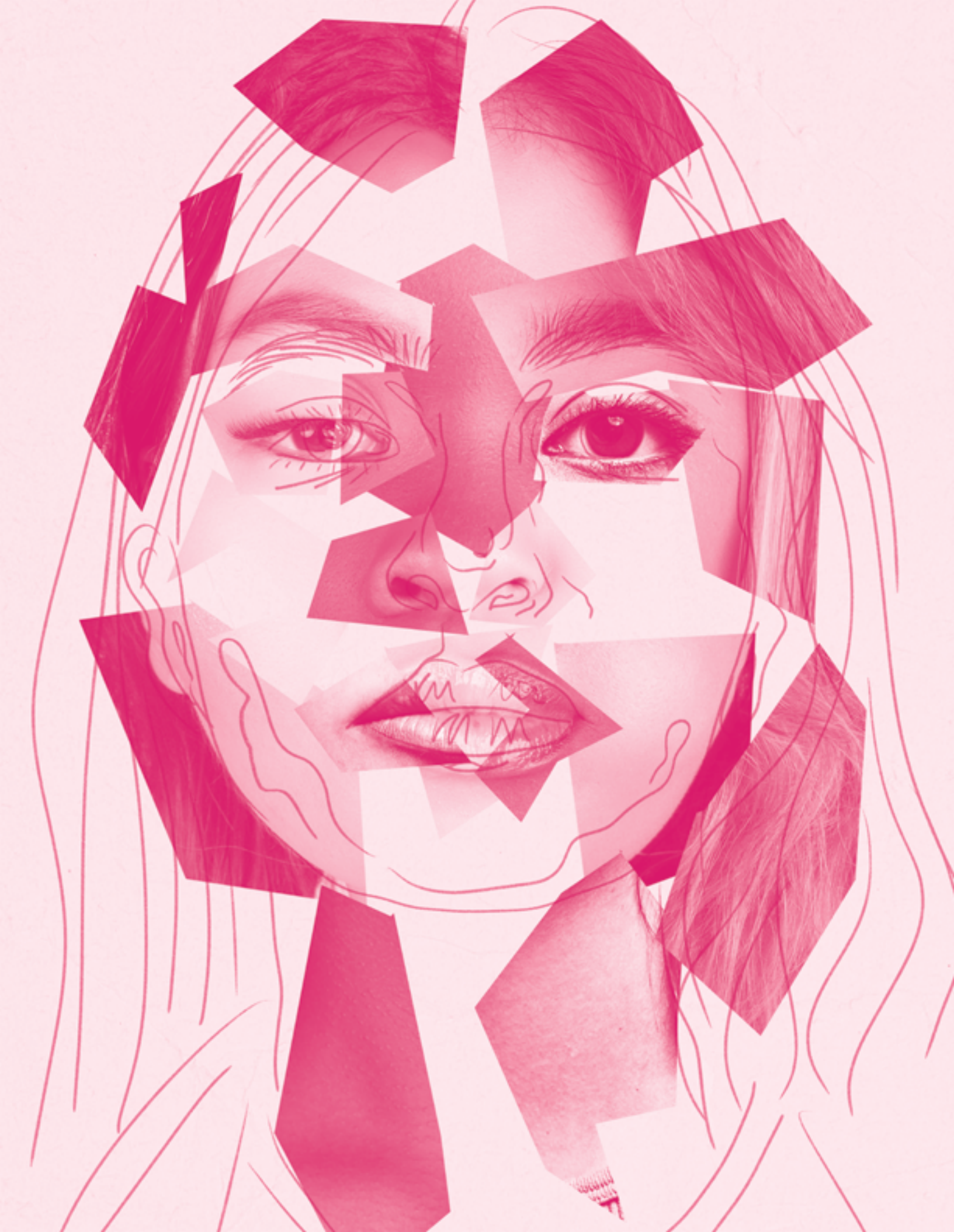
14. Reproductive rights advocacy: Partner with organisations working on reproductive rights to advocate for inclusive policies and accessible healthcare services, including safe and legal abortion and contraception.

15. Parenthood rights advocacy: Advocate for more inclusive adoption, assisted reproductive technology (ART), and surrogacy policies, emphasising the right of LBQ+ individuals to become parents regardless of their sexual orientation or gender identity.

16. Legal support: Offer legal support for LBQ+ individuals facing discrimination, violence, or legal challenges related to SRHR.

17. International collaboration: Collaborate with international human rights organisations to apply pressure at the regional and global levels for policy changes that protect LBQ+ rights and SRHR.

By implementing these recommendations, governments, donors, and civil society organisations can collectively contribute to dismantling the barriers that have long impeded the sexual and reproductive health and rights of LBQ+ communities in the Malay Archipelago.



ASIA FEMINIST LBQ Network

Queering Sexual and Reproductive Health Rights in Southeast Asia: An Examination of LBQ+ Realities in the Malay Archipelago