Exploring Sense of Community as a Resource for Mental Well-Being for Women Identifying as Lesbian, Bisexual or Queer in Pretoria, South Africa

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Abstract

This study aims to explore how a sense of community can be a resource for well-being for women who identify as lesbian, bisexual or queer in Pretoria, South Africa. It identifies both stressors and resources for well-being, both inside and outside the community. The concept of a sense of community is explored through the theoretical framework of a sense of community as developed by McMillan and Chavis.

The study follows a qualitative phenomenological research design to explore the experience of a sense of community within a group. Data collection was carried out in Pretoria, South Africa, where participants were recruited from the Safe Space groups arranged by OUT – an organisation aiming to address well-being for individuals identifying as sexual minorities. Data was collected using in-depth one-on-one interviews. This was further complimented with a document analysis consisting of three pamphlets created by OUT.

Data was analysed using systematic data analysis and findings revealed stressors and resources from both inside and outside the community. Stressors were found to be targeted violence and verbal discrimination in social arenas, in the workplace and in the health sector. Marginalisation and exclusion from family was furthermore a common experience amongst participants and were understood as a stressor. Stressors from inside the community was reported as gatekeeping, imposed gender roles, organisations catering for men rather than women and alcohol abuse. Resources from inside the community was identified as safety and protection, support, understanding behaviour from others, activism, and learning. Resources from outside the community were very limited, but one participant mentioned having supportive family and friends outside her community of lesbian, bisexual and queer women.

The study explores the community concept through the four elements of the sense of community theory: membership, influence, integration and fulfilment of needs, and emotional connection. Membership in the community were indicated as boundaries of having experienced stigma and discrimination to provide understanding, personal investment in form of advocating and several common symbol systems. Influence were seen as norms related to alcohol consumption and masculine clothing. Integration and fulfilment of needs in the community were found to be values and competence from other members related to mental health and the concept of sensitisation. Emotional connection was seen as cultural community

and having experienced similar stressful experiences. The study further explores how these aspects of having a sense of community can be understood to promote well-being for the participants. Having a sense of community were found to be a resource for well-being both in that it made members able to cope with stressors affecting their well-being, and work for changing the environment that created these stressors. Resources for coping were found to be social support and health information. Resources for changing the environment we seen as activism for addressing social justice issues affecting lesbian, bisexual and queer women. Finally, the study identified that boundaries for membership can be a stressor for well-being, as it were found to exclude some members. Heavy alcohol consumption within the community were also seen as stressful, especially since alcohol often were present as social arenas considered safe spaces where participants obtained other resources.

The study concludes that there are several resources in having a sense of LBQ community, especially in experiencing social support, learning, enabling resources for mental well-being and having an arena for advocating for social justice issues. These resources must however also be seen together with possible stressors.

Keywords: *LBQ, LGBTQ, sexual minority, sense of community, well-being, health promotion, South Africa*

List of acronyms and abbreviations

NGO – Non-governmental organisation

IVF - in vitro fertilization. Refers to assisted reproductive technology.

LBQ – lesbian, bisexual or queer

LGBTQ – lesbian, gay, bisexual, transgender or queer

SOC – sense of community

1.0 Introduction

1.1 Background

Lesbian, bisexual, and queer (LBQ) women in South Africa face stigma, discrimination and hate crime in the context of identifying with non-normative sexualities (Muller & Hughes, 2016). We also know that discrimination, stigma, and marginalization are social determinants of health for individuals who identify as LBQ, and that these determinants have especially severe impacts for mental well-being (Bränström & van der Star, 2013; Graham et al., 2011; Hughes & Sommers 2015; Logie, 2012).

Several studies suggest that a sense of community can be a resource for well-being when identifying as a sexual minority, as the community can provide social support, a sense of belonging and fulfil other needs such as emotional safety (Mock et al., 2019; Friedman, Koeske, Silvestre, Korr & Sites, 2006; Jackson, 2017; Formby, 2017; Lin and Israel, 2012 Woolwine, 2000; Russell, 2011; Vincke & Bolton 1994; Monro, 2015; Klein, 2017). In this study I therefore want to explore how having a sense of community can be used as a resource for well-being when identifying as an LBQ woman in Pretoria, South Africa. I want to explore how a sense of community with other LBQ women can provide social support and address stressors related to stigma, marginalisation, and discrimination.

1.2 Context

South Africa has a legal framework that has legalised same-sex marriage, and was furthermore the first country in the world to prohibit discrimination based on sexual orientation (Polders, Nel, Kruger & Wells, 2008). Despite this, individuals that identify as LBQ still experience stigma, discrimination and hate crime, including verbal discrimination, targeted violence and sexual assaults. Several organisations are working on addressing well-being specifically for individuals who identify LBQ in South Africa. OUT is an organisation located in Pretoria, addressing well-being for the lesbian, gay, bisexual, transgender and queer (LGBTQ) community (OUT, n.d.a). Along with six other civil society groups, OUT manages Love Not Hate, a campaign aiming to combat LGBTQ hate crimes in South Africa. Through the Love Not Hate campaign, OUT offers groups called Safe Spaces – a program specifically for women identifying within the LBQ sphere. These are spaces where the LBQ community can take part in discussions, as well as interact and engage in issues related to discrimination and hate crime towards LBQ individuals (Love Not Hate, n.d.).

1.3 Motivation

Understanding the resources and stressors of having a sense of community can be useful in developing health promotion actions aiming to address well-being for LBQ individuals, for example in developing programs such as the Safe Space groups. Already existing literature addressing specific challenges for individuals identifying as sexual minorities often focuses on men who identify as gay, and is furthermore often related to sexually transmitted diseases (Bränström & van der Star, 2013). There is therefore a need to explore mental well-being especially for women identifying as LBQ. It is also useful to explore this in the context of South Africa, as research related to identifying as LBQ often is conducted in countries in the global north (Muller & Hughes, 2016).

1.4 Definitions

Sense of community. This study uses McMillan and Chavis' sense of community theory to explore LBQ community. They define it at follows: "sense of community is a feeling that members have of belonging, a feeling that members matter to one another and to the group, and shared faith that members' needs will be met through their commitment to be together" (McMillan & Chavis, 1986, p. 9). A fuller definition of the concept of a sense of community is provided in section 2.0 Theory.

Well-being. The Ottawa Charter of Health Promotion states that "health is a social and personal resource, as well as physical capacitates. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being" (WHO, 1986, p. 2). Similarly, this study aims to explore how having a sense of LBQ community can be a resource for everyday life, and therefore consequently uses the term "well-being" rather than "health".

Sexual minority, LGBTQ and LBQ. *Sexual minority* here refers to individuals who identify with a sexuality outside the heterosexual majority. *LGBTQ* is used as an umbrella term for someone identifying as a sexual minority, as refers to someone who self-identifies as either lesbian, gay, bisexual, transgender or queer. For the purpose of this study, *LBQ* narrows the spectre down to individuals who identify as women and lesbian, bisexual or queer. *Lesbian* here refers to a woman who is romantically and or sexually attracted to other women. In this study, *gay* is used for men who is romantically and or sexually attracted to other men. Someone who identifies as *bisexual* is here someone who is romantically and or sexually attracted to both men and women. An individual who identify as *transgender* is someone who

indefinites as another gender than the sex they were born with. Finally, *queer* is here used as an umbrella term for someone who indefinites as a sexual minority. In this study, this includes identifying as *asexual*, which here means that one does not experience any sexual or romantic attraction to others.

Identifying as a sexual minority can mean different things to different people. I therefore want to emphasise that this study uses these understandings and the abbreviations LGBTQ and LBQ as these are the definitions used by OUT and the participants in the study. The purpose of defining these terms is therefore not to provide established definitions, but rather explain how the terms will be used further in the study.

1.5 Outline of the thesis

After the introduction, I go through the sense of community theory and discuss how it fits into the field of health promotion. I then present a literature review, identifying already existing literature related to my objective: identifying as LBQ in South Africa, how this might affect mental well-being, sense of community when identifying as a sexual minority, sense of community as a resource for well-being, and finally how this study might add to the literature. Based on this I then identify my research questions.

I then identify the methods used, including research design, study area, recruitment, participants and data collection, data management and analysis, as well as trustworthiness and role of the researcher, and ethics.

The findings chapter is categorised into three main sections – the perception of the community, stressors and resources. I present the findings through the thematic data analysis, where stressors and resources from both inside and outside the community are covered through codes, basic themes, organising themes and global themes.

The discussion chapter first explores how a sense of community is perceived through the four elements of SOC theory. The next sections then aim to explore how different aspects of this sense of community can be understood as a resource or a stressor for mental well-being. I then reflect on some limitations that might affect the study.

Finally, the conclusion summarises the main themes of the study. Recommendations are then made for further research, SOC theory and health promotion policy and action.

2.0 Theory

2.1 Sense of Community

McMillan and Chavis (1986) have developed the Sense of Community theory, or SOC for short, a theoretical framework to explain the concept of community belonging. The theory identifies both the geographical and relational aspects of the concept of community belonging (McMillan & Chavis, 1986). Geographical community refers to territorial location leading to a sense of community, for example through a neighbourhood or a town. A relational notion of a sense of community refers to "quality of character of human relationship, without reference to location" (Gusfield, 1975, p. 16). This could, for example, be forming a community based on the relational notion of being a sexual minority. For the purpose of this study, the focus will be on the latter.

McMillan and Chavis argue that a sense of community can be defined as follows: "Sense of community is a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together" (McMillan & Chavis, 1986, p. 9). To explain this, McMillan and Chavis' sense of community theory is composed of four elements; membership, influence, integration and fulfilment of needs, and shared emotional connection (McMillan & Chavis, 1986).

Membership refers to individuals feeling a sense of relatedness and belonging to the collective (McMillan & Chavis, 1986). Determining this, there are five attributes to the concept of membership: boundaries, emotional safety, a sense of belonging and identification, personal investment and a common symbol system. *Boundaries* refer to who is part of the community and who is not. Through boundaries, communities are able to create intimacy by separating "us" from "them". McMillan and Chavis emphasise the importance of recognising that this distinction can also be problematic. To establish their own intimacy, communities can create deviants to collectively punish and distinguish themselves from. It is therefore also important to consider the harm of rejection or punishment to the deviant when exploring boundaries in membership as a resource. *Emotional safety* concerns security created by and for the community. Emotional security is connected to boundaries in that group intimacy creates structure and predictability for the group's members. The notion of safety can however also go beyond the emotional, for example through physical or economical security. The *sense of belonging and identification* is necessary for the members to believe that they

are part of the community and can identify with it. Through a sense of belonging and identification, members feel acceptance and a willingness to contribute to the group. *Personal investment* refers to members' perception of having earned a place in the group through personal investment, and that the membership, therefore, is valuable to them. *A common symbol system* can refer to any symbol that is considered meaningful to the community, such as specific clothing, holidays, ceremonies, colours, a specific way of talking or a flag. Symbols can also be connected to boundaries as they physically display who is part of the community and who is not.

Influence is a bidirectional concept addressing both how the community can influence the members, as well as how the members are able to influence the community. To be attracted to a community, it is important for members to feel that they are able to influence the group. At the same time, it is important for a group to influence the members in order to achieve cohesiveness. In close communities, these concepts work together as members feel they are able to influence the community, either directly or indirectly. Conformity strengthens the group's cohesiveness and therefore also the community's influence. Conformity is however not the same as loss of personal choice. Conformity is transactional in that group members indirectly influence and is influenced by the community. McMillan and Chavis (1986) also argue that conformity can be used as a resource. Having the sense that you feel, understand and experience things similar to other group members can be comforting in that it validates or normalises one's experience. This is especially important for vulnerable groups.

Integration and fulfilment of needs refer to reinforcement. Members are attracted to their community when they feel that their needs are met through the resources found in the group. There are many reinforcements that can be fulfilled through a community, such as status of membership, the success of the community, and competence or capabilities of other members. McMillan and Chavis (1986) argue that these needs are based on shared values in the community. People with shared values tend to have similar needs, priorities and goals, therefore forming cohesiveness in the community.

A shared emotional connection relates to a shared history. It is not necessary that group members have participated in the same history in order to share it, but rather that they identify with it. In SOC there are five features to describe this: contact hypothesis, quality of interaction, closure to events, shared valent event hypothesis and investment. *Contact hypothesis* refers to the quantity of contact for the community members. The more the

members interact, the more likely they are to become close. *Quality of interaction* emphasises positive experiences through interaction and how this creates cohesion in the group. *Closure of events* refers to being able to resolve tasks, creating a feeling of accomplishment through group interaction. *Shared valent event hypothesis* describes how important events create community cohesion. Groups that experience crisis together is more likely to get a stronger sense of community. Finally, *investment* emphasises how individuals who contribute to the community are more likely to have a stronger sense of community over time. It also refers to intimacy and emotional investment (McMillan & Chavis, 1986).

2.2 Sense of Community within the context of health promotion

The Sense of Community theory was originally created as a theoretical framework for the field of community psychology. I would argue that it also fits as a framework in the field of health promotion. The Ottawa Charter states that health promotion is

> …the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living (WHO, 1986, p. 2).

SOC theory can provide a framework to explain how people can enable resources and increase control over mental well-being in everyday life. These resources can be explored through analysing a community using the four elements of SOC, membership, influence, integration and fulfilment of needs, and shared emotional connection. Furthermore, SOC also acts as a resource to meet key human needs of affiliation, contributing to a meaningful life (McMillan, 2011). It is, however, important to note that SOC is a theoretical framework aiming to describe all aspects of having a sense of community, not just resources. McMillan (2011) argues that a sense of community can be a resource for well-being, but that it is important not to see the theory as a value in itself. The theory aims to describe human behaviour, not to promote community engagement without considering any negative features. When using the theory within the field of health promotion it is therefore essential to consider the possible negative features within a sense of community alongside the health-promoting aspects.

3.0 Literature review

In this chapter, I will review literature related to the context of identifying as a sexual minority in South Africa and how stigma and discrimination can be negative social determinants of health. I will also look at literature related to SOC theory and how it can be used as a resource to improve mental well-being. I will also identify what is missing in current literature, and how my research can be helpful in filling that gap. As the literature on identifying as an LBQ woman in terms of a sense of community and mental well-being is very limited, this chapter explores these themes when identifying within the whole LGBTQ sphere.

The literature presented here is collected from Google Scholar, the University of Bergen Library and Web of Science, as well as from articles referenced by the literature found in the databases. The literature used is all peer-reviewed and published articles from academic journals or academically published books. The literature has been gathered using a variety of different combinations of the search words, including "LGBTQ", "LBQ", "well-being", "health", "mental health", "South Africa", "discrimination", "stigma", "community belonging", "sense of community", "community" and "social determinants of health".

I have aimed to keep the literature up to date, which means that the goal is to present research where the majority of the included articles has been conducted within the last seven years. This has been especially relevant for exploring the context of identifying as an LBQ woman in South Africa, as the context has changed the last couple of years. There is further some exception where the literature is considered relevant, for example, the Polders et al. article from 2008, as it explains the theoretical concepts of homophobia and heterosexism which can still be applied today.

3.1 The context of identifying as an LBQ woman in South Africa

Despite South Africa having a legal framework that recognises same-sex marriages and prohibits discriminations based on sexual orientation, LGBTQ-individuals face stigma, discrimination and hate-crime in relation to identifying with a non-normative sexuality (Muller & Hughes, 2016). Discrimination based on same-sex orientation in South Africa can be described both through heterosexism and homophobia (Polders et al., 2008). Heterosexism refers to the attitude where heterosexuality is the hegemonic norm, and therefore the only accepted pattern for romantic or sexual relationships. In South Africa, this becomes apparent

in that the majority of South Africans have grown up in a society where heterosexuality is the norm and related to masculinity, and where same-sex orientations are disregarded in media, religion, education and health care (Conway, 2004; Polders et al., 2008). The socially constructed norm of heterosexuality can therefore lead to homophobia (Polders et al., 2008). Homophobia can be described as the prejudice towards same-sex orientations, where homosexuality is seen as disgraceful and punishable. In South Africa, this becomes apparent through avoidance of people identifying as LGBTQ, telling jokes, harassment through hate speech or physical threats, and criminal acts such as sexual violence, destruction of property and even murder (Polders et al., 2008). There have been several cases reported on sexual assault of women identifying as LBQ, often labelled "corrective rape" (Muller & Hughes, 2016). This refers to the sexual violence aiming to "cure" women with a non-normative sexuality from their homosexuality, and thereby "converting" them to heterosexuality.

It is important to note that the LGBTQ population in South Africa is not a homogenous group. There are several other social determinants of health contributing to both discrimination and mental well-being, such as gender, race, class, and socioeconomic status (Muller & Hughes, 2016; Polders et al., 2008). Gender inequality is an issue in South Africa, making women who identify as LBQ vulnerable due to both being women and identifying with a non-normative sexuality (Scott, Schaay, Schneider & Sanders, 2017; Tallis, 2009). Furthermore, we also know that inequality resulting from colonialism and apartheid is still apparent and that the white population in South Africa, in general, have a higher privilege, for example in the form of economical income (Polders et al., 2008). Black women identifying as a sexual minority is therefore especially vulnerable as they face marginalisation for being a member of several minority groups. In addition to this, it is also worth paying attention to how the concept of mental health is perceived in South Africa. Mental health issues are often stigmatised, and some do not recognise the concept at all, making it harder to reach out for help when experiencing negative social detriments of health and well-being (Egbe, 2014).

3.2 Stigma and discrimination as social determinants of health when identifying as a sexual minority

Several studies identify the specific health challenges of the LGBTQ population, and the need to address health challenges in a marginalised group (Bränström & van der Star, 2013; Hatzenbuehler, Bellatorre, Finch, Muenni & Fiscella, 2014; Meyer, 2003). These health challenges are often related to discrimination, marginalisation and stigma (Bränström & van der Star, 2013; Graham, et al., 2011; Hughes & Sommers 2015; Logie, 2012). Hatzenbuehler

& Pachankis (2016) argue that stigma and discrimination must be seen as social determinants of health that affect the well-being of LGBTQ individuals at multiple levels. At an individual level, the health consequences are related to self-stigma and disclosure. At an interpersonal level, we see abuse, rejection and discrimination. Lastly, at the structural level stigma and discrimination is enshrined in state policies and institutional practices. Stigma and discrimination at multiple levels can lead to psychological consequences such as depression, greater risk of suicide attempts, eating disorders and obesity, negative affect and anxiety, poor self-esteem and elevated psychiatric symptoms, heavy drug and alcohol use, and psychological strain (Bränström & van der Star, 2013; Hatzenbuehler & Pachankis, 2016).

3.3 Sense of community as a resource for well-being when identifying as a sexual minority

Several studies point to how the experience of perceived understanding from others who also identify as LGBTQ can strengthen a sense of community. Formby (2017) suggests that LGBTQ individuals' experience of hate crime and discrimination can contribute to a stronger sense of community. Through having had these experiences, members formed empathy towards each other and were able to form a deeper emotional connection. Lin and Israel (2012) found that being able to depend on one's LGBTQ community was considered an important resource for well-being, especially when dealing with a stressful experience. Jackson (2017) explored how LGBTQ individuals formed an online community as a resource for mental well-being when coping with an anti-LGBTQ hate crime in the form of a mass shooting in Orlando, US. After the event, LGBTQ individuals shared information, resources, exchanged coping strategies, and indicated personal connections through a virtual community. Klein (2017, p. 230) found that a mental health support program aimed at LGBTQ individuals was an important resource for many, as it provided a "culturally sensitive space for LGBT individuals to feel comfortable expressing their entire identity in an atmosphere of acceptance". In Klein's study, this culturally sensitive space was considered especially important as the health sector outside the community was not considered to be understanding towards LGBTQ specific stressors, and that LGBTQ individuals often were met with stigma and prejudice when seeking support in the health sector.

Several studies furthermore point to the importance of activism within LGBTQ communities. Formby (2017) found that LGBTQ individuals felt a stronger sense of community when they contributed to a common cause, example through activism for LGBT rights. Russell (2011) explored a sense of community amongst the LGBTQ community in the long term after the

implication of an anti-LGBTQ law in Colorado, US in 1992. The law amid to prohibit legal recourse for LGBTQ people who encountered discrimination based on their sexual orientation. He found that even though the law caused feelings of stress and hopelessness, members of the community also formed a stronger sense of community as they had a common goal to advocate against the law. Several participants stated that they felt empowered by community activism, and many further wanted to be more visible to prevent future laws based on discrimination.

Studies have been conducted on the Rainbow flag as a commonly used symbol within LGBTQ communities. Laskar, Johansson and Mulinari (2016) however point out that the flag is developed in the global North, and that the flag therefore can be understood to also have connections with Western values, such as liberalism and individuality. Weeks (1996) similarly points out that is it important not to expect all individuals who identify as lesbian or gay to be a homogeneous group, as other factors such as socioeconomic status, gender, race and geography may play a significant role on identity.

Several studies explore the use of particular clothing within LGBTQ communities. Literature tends to focus on the use of clothing as a norm for presenting oneself as a sexual minority to other individuals who also identify as LGBTQ, rather than a common symbol system to create boundaries to individuals outside the community (Davila, Jabbour, Dyar & Feinstein, 2018; Hartman, 2013; Hartman-Linck, 2014; Reddy-Best & Pedersen, 2014). Some literature furthermore points out that clothing is not used for displaying one's sexuality to possible romantic partners, but rather displaying a sense of community to other members. For example, both Davila, Jabbour, Dyar and Feinstein (2018), Hartman (2013) and Hartman-Linck (2014) found that some bisexual women in long-term monogamous relationships with men still use visual displays such as clothing or jewellery to exhibit their bisexual identities. Some studies point out stressors related to presenting "queer enough" for their LGBTQ community in terms of clothing (Davila, Jabbour, Dyar & Feinstein, 2018; Hartman, 2013; Hartman-Linck, 2014; Reddy-Best & Pedersen, 2014). For example, Reddy-Best and Pedersen (2014) found that it was considered important to be visibly queer inside the community and that some participants experienced stress over not presenting "queer enough".

On the topic of a common symbol system, there are several studies that explore Pride events as commonly marked or celebrated within LGBTQ communities. McFarland (2012) argues that pride events can form a common identity. This happens both through parades, where the

goal is to celebrate and through marches that aim to advocate and address issues like discrimination and hate crime. Browne and Brussel (2013) similarly argue that Pride events create a space where LGBTQ individuals can present their identity while not worrying about heteronormative stressors. Formby (2017) furthermore suggest that Pride events strengthen a sense of community, as the events bring the community physically together, and form a common value of celebration of LGBTQ identity.

Heavy alcohol consumption is discussed as a norm in numerous studies, both within LGBTQ communities in general (Klein, 2017; Bränström & van der Star, 2013; Hatzenbuehler & Pachankis, 2016; Peralta, 2008; Emslie, 2017), as well as for LBQ women more specifically (Muller & Hughes, 2016). Peralta (2008) points to alcohol use being prevalent with LGBTQ individuals as a coping mechanism for structural factors such as discrimination and hate crime. Emslie (2017) however points out that heavy alcohol consumption amongst sexual minority individuals can be connected to social gatherings, as individuals who identify as LGBTQ often meet in clubs and bars specifically targeted at people who identify as queer, and that these furthermore are considered safe spaces where one does not have to deal with discrimination.

3.4 Adding to the literature

Public health policy and research often focus on sexually transmitted diseases when addressing the specific health challenges for LGBTQ populations (Bränström & van der Star, 2013). There is therefore a need for also directing attention to the consequences of discrimination and stigma of LGBTQ individuals as these often have consequences for mental well-being (Bränström & van der Star, 2013; Graham et al., 2011; Hughes & Sommers 2015; Logie, 2012).

The study is also relevant because it focuses on women. Research on LGBTQ well-being has had tended to ignore health challenges especially for women, even though women who identify as LBQ have specific challenges related to well-being (Bränström & van der Star, 2013). South African women are especially vulnerable because they are part of multiple marginalized groups (Muller & Hughes, 2016). They are not only sexual minorities but face marginalisation due to gender, race, level of education and economic situation (Scott, Schaay, Schneider & Sanders, 2017).

When addressing health challenges specific to the LGBTQ population, we also know that the majority of research has been conducted in high-income countries, especially the US (Muller & Hughes, 2016). There is in therefore a need for similar studies in low- and middle and income countries such as South Africa.

As identified in section 3.3, several studies has previously connected the elements of support and understanding as the health promotion aspects of having a sense of community. There is however not much research to be found that explores how the other elements of SOC theory can enable further resources for well-being. For example, whether the influence attribute of norms can affect well-being. This is therefore something I aim to explore in this study through the context of identifying as an LBQ woman in Pretoria, South Africa.

4.0 Objective and research questions

Objective: Explore how a sense of community is used as a resource by women identifying as LBQ to improve mental well-being in Pretoria, South Africa.

Research questions:

1. What are the stressors affecting mental well-being for women identifying as LBQ in Pretoria, South Africa?

2. How is a sense of community perceived by women participating in the Safe Space groups at OUT in Pretoria, South Africa?

3. How can a sense of community be a resource for women identifying as LBQ in Pretoria, South Africa in improving their mental well-being?

The first research question aims to explore stressors for women identifying as LBQ women in Pretoria, South Africa. To find out how a sense of community can be used as a resource for mental well-being, it is first important to identify the stressors encountered by the participants.

The second research question aims to explore how the participants perceive their sense of community. This includes who and what they consider their community to be consisting of, as well as what the participants believe strengthen their group cohesion. This will be explored through the four elements of SOC theory: membership, influence, integration and fulfilment of needs and emotional safety.

Finally, the third question aims to set the participants sense of community into the context of health promotion. Through this research question, I aim to explore how having a sense of community can be a resource for mental well-being. To get a full understanding of the implications of here, this also included exploring the possible stressors inflicted by the community.

5.0 Methods

5.1 Research design, ontology and epistemology

This study aims to explore how a sense of community can be used as a resource by women identifying as LBQ to improve mental well-being. Within this lies social norms affecting views on mental health, sexuality and gender, as well as the individuals' personal and common understanding of what it means to experience the phenomenon of having a sense of community. This study therefore adopts a phenomenological research design, interrelated in a nominalist understanding of ontology and a constructivist understanding of epistemology.

This study adopts a qualitative phenomenological research design. A phenomenological study aims to explore the common experiences of several individuals in relation to a concept or a phenomenon experienced by a group (Creswell, 2007). Participant's individual experiences are compared and then reduced to a universal essence. A phenomenological research design is therefore particularly fitting to my objective as I aim to explore how individual participants experience commonages in having a sense of community.

It is further important for me as a researcher to reflect upon my understanding of reality and how I generate and make claims about knowledge, as this shapes underlying assumptions made throughout the whole research process (Neuman, 2011).

Ontology is the area of philosophy that addresses how we understand and make assumptions about reality (Neuman, 2011). I consider my understanding of reality to be in line with a nominalist ontology. A nominalist ontology assumes that reality never really can be experienced because we interpret it through our own subjectivity (Neuman, 2011). Our subjectivity is influenced by our cultural beliefs and norms, making us see reality through a lens of these influences. The nominalist approach will influence the study through the focus on the participants' subjective experiences of mental well-being, gender, sexuality and experiencing a sense of community.

Epistemology is the study of the nature of knowledge (Neuman, 2011). Through epistemology, we can ask how we, in the most valid way, can make claims about the truth. In this study, I use a constructivist approach to epistemology. This implies that reality is experienced through subjectivity and that creating knowledge therefore must be seen as exploring an interpretation of reality rather than documenting reality (Yilmaz, 2013). This

study is influenced by a constructivist epistemology through the focus on context, which is demonstrated both by the background information and by the focus on personal experiences in the findings and the discussion.

5.2 Study area

The data collection took take place in Pretoria, South Africa. South Africa was chosen because of continuous episodes of discrimination and hate-crime against LGBTQ individuals, despite the legal frameworks' recognition of same-sex marriage and the prohibition of discrimination based on sexual orientation (Polders et al., 2008). This offers an interesting context to explore well-being for LBQ individuals, as homophobia accurse despite South Africa's liberal constitution. Pretoria was furthermore chosen as OUT is located there. Pretoria is the administrative capital of South Africa, with a population of approximately 2,378,000 in the lager urban agglomeration (UN, 2018).

5.3 Participants and inclusion criteria

Creswell (2007) states that phenomenological research should have somewhere between five and twenty-five participants when conducting in-depth interviews to get a meaningful understanding of the shared experiences creating the phenomenon. In this study, there are nine participants in total, whereas eight are participants in the Safe Space-groups, and one is the group coordinator. Tong, Sainsbury and Craig (2007) furthermore argues that the number of participants in a study should be assessed through the concept of saturation, meaning that new participants are recruited until no new knowledge is obtained. Saturation was obtained in this study as all nine participants gave similar answers during the interviews. The total of nine participants combined with the data analysis can therefore be seen as a sufficient number for this research project.

Table 1 below further gives an overview of the participants, their self-identifying sexuality and their age. Each participant has been given a pseudonym to protect their identity.

Pseudonym	Type of informant	Self-identifying sexuality	Age
Onthatile	Group coordinator	Lesbian woman	27
Enzokuhle	Key Informant	Lesbian woman	25
Melokuhle	Key Informant	Lesbian woman	35
Amahle	Key Informant	Lesbian woman	36
Okhule	Key Informant	Lesbian woman	28
Lethabo	Key Informant	Lesbian woman	26
Omphile	Key Informant	Asexual woman	25
Lesedi	Key informant	Lesbian woman	30
Rethabile	Key Informant	Lesbian woman	27

Table 1. *List of participants.*

The participants were selected through purposive sampling, meaning that particular characteristics were required for participation to provide relevant data for the research objective (Tong, Sainsbury & Craig, 2007). Sampling of participants was done through the following criteria:

Connection to OUT and Safe Space-groups. All informants had to previously been participating in at least one Safe Space-meeting. The original plan was to recruit participants who had partaken in the groups at least three times, as the sense of community first was thought to be explored within the Safe Space group. This did however become difficult as the sample population was limited. All participants did however describe their LBQ community as something that existed both in and outside the Safe Space-groups. The concept of a sense of community was therefore widened from community in the Safe Space-group to community for LBQ-women as a whole. This will be presented as a finding and discussed later on in the thesis.

Sexuality. To participate in the Safe Space groups, one has to identify either as a lesbian, bisexual or a queer woman. This therefore also became one of the recruitment criteria. Queer is in this thesis considered an umbrella term, including all non-normative sexualities. One of the participants identified as asexual, whilst the other six identified as lesbian women. The purpose of this study is not to ensure equal perspectives of all identifications within the LBQ-sphere, but rather to explore a sense of community of women already partaking in a group. The distribution of seven women identifying as lesbian and one identifying as asexual is

therefore not something I see as problematic in terms of representation of findings, but rather something that can be discussed in terms of representation in the community through the theoretical framework.

Gender. This study focuses on women's health, as did the Safe Space groups. It was therefore a recruitment criterion that all participants were self-identifying women. The Safe Space groups were also open to trans women, which therefore also was included in the recruitment criteria for this study. No trans women did however participate in the group or in the interviews.

Age. In South Africa, you are considered an adult if you are over the age of 18. All participants therefore had to be over the age of 18 for ethical reasons. Other than that there were no age restrictions as the purpose of the study was to explore a sense of community where age may or may not be restricted by the community itself.

5.4 Recruitment strategy

Recruitment was done using OUT as a gatekeeper to find informants. I contacted the organisation prior to the fieldwork and was set in contact with the Safe Space-coordinator. When I arrived in Pretoria, I had a meeting with the Safe Space coordinator was she provided me with background information about OUT and the Safe Space-groups. She also invited me to the next Safe Space meeting, where the theme was set to be mental health. Recruitment of key informants started at the Safe Space-meeting. Here, I was given time to present the project and explain what partaking in an interview would mean for the participants. The members that wanted to participate could then write an X next to their name on the registration form when leaving the meeting so that the Safe Space coordinator could give me their contact information later on. Out of approximately twenty women in the meeting, ten women said that they were interested in participating in an interview. I then contacted them through WhatsApp and email. Eight of the women replied, and we then scheduled an interview. Two of the women did however not respond to the original message, nor through the follow-up message and e-mail the next week.

Participating in the Safe Space meeting was a great opportunity in terms of recruitment. The meeting lasted approximately five hours and included social activities such as 'getting to know each other' games and a joint meal at the end of the meeting. This made it possible for

me to get to know some of the women beforehand, as well as introducing the project and explain what it would mean for them to participate in the study.

5.5 Methods of data collection

In this study, I used in-depth one-on-one interviews and document analysis as methods for data generation. Focus groups discussions were originally planned to be an additional data collection approach, but this was disregarded due to difficulties in matching participant's schedules and locations.

In-depth one-on-one interviews with a semi-structured interview guide were completed with all eight participants. This method was chosen because it is particularly beneficial for a phenomenological study aiming to explore a detailed in-depth point of view of the participants' experience of a phenomenon they actively experience, which in this case is a sense of community (Skovdal & Cornish, 2015). The individual interviews also allowed me to explore sensitive topics, such as mental health, family relations and personal experiences with discrimination and hate crime. It also allowed me to explore whether or not the participants actually felt a sense of community, which might have been difficult to talk about in front of a group of familiar faces. One-on-one interviews were therefore chosen to get make the participants more comfortable when discussing sensitive topics, as these are central aspects of the research objective. Semi-structured interview guides (see appendix 1 and 2), were chosen as they would not limit the participants to pre-determined responses (Punch, 2013). The participants were free to describe their experiences openly, which was fitting with the research objective of exploring the participants own experience with communities as a resource for mental health. Two interview guides were used, one for the Safe Space coordinator, and one for the key informants.

Eight out of nine interviews were conducted face to face. All participants were asked where they felt most comfortable conducting the interview. Three interviews were conducted at OUT. One of them was the coordinator for the Safe Space group, where the interview was completed in her office. Four interviews were furthermore carried out in private conference rooms where the informants where employed. The participants felt comfortable discussing the topic as the organisations they worked for also work with LGBTQ related issues. The other four face to face interviews were conducted in a private corner at a café in Pretoria close to OUT. The participants were asked if they felt comfortable discussing the topic in a public place prior to the interview, and were also given the option of a closed-off room in a library.

All seven participants agreed to have their interview recorded using an audio recording device. Most interviews lasted between 35 and 50 minutes, with the exception of the interview with Amahle, which lasted approximately 20 minutes, and the interview with Okhule, which lasted approximately 110 minutes.

One of the participants was located an hour outside the city centre of Pretoria and due to expensive transportation methods and a limited budget, travelling there was not an option. The solution was therefore to conduct the interview through an encrypted WhatsApp conversation. I sent the interview in text form, and the participant answered either through text or voice recording messages. Clarifications and follow-up questions were done by me through text and voice recording messages.

Document analysis: In addition to the interviews, this study used document analysis to supplement with further data. Punch (2013) argues that it is important to ask who made the documents, and what the purpose of the documents are. Here, all documents were pamphlets produced by OUT. The purpose of the documents is to provide information and support to individuals using OUT as a service for well-being. The pamphlets can therefore provide insight into resources, as well as other aspects of the LBQ community, for example by analysing the pamphlets looking for values and priorities within the community. Three documents were used:

How to Survive Rape (OUT, n.d.b). This document consists of 16 pages, and provides information on where to seek help, as well as the process after an experience with sexual violence. OUT writes: This booklet is specifically for gay and lesbian people who have been raped and for people who know gay and lesbian people that have been raped (OUT, n.d.c)

Figure 1 below shows the first page in the pamphlet.

Figure 1. *How to Survive Rape pamphlet.* (OUT, n.d.b).

Booklet for Learners (OUT, n.d.d)**.** This is a booklet consisting of two pages, that seeks to give information on what it means to identify as LBQ, and how that may affect well-being. OUT writes: You may be feeling different to the people around you (OUT, n.d.c).

Figure 2 below shows the booklet.

Figure 2. *Booklet for Learners.* (OUT, n.d.d).

Being Lesbian or Gay In South Africa (OUT, n.d.e)**.** This pamphlet answers six questions about what it means to identify as a sexual minority in Africa. If focuses on that homosexuality can be found everywhere, and that there should be no cultural or social barriers for identifying as gay or lesbian. On their website, OUT writes:

Some people think that being lesbian or gay is only about who you have sex with. This is not true. A definition of being lesbian or gay is: To have romantic, sexual, intimate feelings for or a love relationship with someone of the same sex (OUT, n.d.c).

Figure 3 below shows the Being Lesbian or Gay In South Africa-pamphlet.

Figure 3. *Being Lesbian or Gay In South Africa.* (OUT, n.d.e).

Focus group discussion was originally planned to be one of the data generations methods. This method was however disregarded as it proved difficult to get enough participants together to complete a focus group discussion due to participant's schedules and locations. Focus group discussions would however have been beneficial in exploring this study's topic of a shared experience of a sense of community, as this method can be valuable when the target group has enough commonality to generate a common discussion on a shared experience (Skovdal & Cornish, 2015). The Safe Space meeting prior to the individual interviews did however work as a form of substitute for holding a focus group discussion as a method for data generation. In the Safe Space meeting, the women discussed social determinants of mental health when identifying as LBQ, as well as resources used to deal with these stressors. When the participants partook in the individual interviews the following weeks, they had already reflected on the topic as a group. The findings generated in the

individual interviews therefore proved to be very similar to the issues discussed and reflected upon in the Safe Space-meeting. It was however important to me not to use the Safe Space-meeting as an actual focus group where participants were recorded or notes were taken, as this meeting was supposed to be a safe sharing setting where the women could talk about issues confidentially.

5.6 Data management

SAFE was used for the secure processing of sensitive personal data. SAFE is a service offered by the IT-department at the University of Bergen where sensitive data can be kept inside a secure desktop (appendix 5). I was the only person able to access the secure desktop as it was connected to my University of Bergen computer account and password protected. All sensitive data, including interviews, audio recordings, interview transcripts and lists of informants were kept inside SAFE. Data was always anonymised when transferred outside the secure desktop, meaning that identifying factors such as name, place of birth, workplace etc. was removed. All participants were furthermore given pseudonyms to protect their identity. An audio recorder was used during all face to face interviews with participant's written permission. Audio recordings were transferred to SAFE and deleted after interviews were transcribed. Transcription of interviews was done in Microsoft Word and data analysing was done using NVivo 12.

5.7 Data analysis

In this study, I used thematic network analysis to give a systemised overview of the findings. Thematic network analysis is a way to organising qualitative data into a network of themes (Attride-Stirling, 2001). All data was coded using the data management program NVivo 12. This method was adopted both for the one-on-one interviews, as well as for the document analysis. All data were categorised into codes, basic themes, organising themes and global themes using Braun and Clarke (2006) six steps for thematic analysis:

1. Familiarising myself with the data: before I started the analysis, I made sure I knew my source material. This step was done through transcribing all interviews from audio recordings, as well as re-reading and taking notes of what I thought to be recurring themes.

2. Generating initial codes: this step was completed using NVivo 12, searching for text extracts in the data.

3. Searching for themes: in this step, the codes were further categorised into basic themes, organising themes and global themes. To answer the research questions, I knew I wanted to differentiate resources and stressors both inside and outside the community. I therefore chose to have resource and stressors both inside and outside the community as the organising themes, and stressors and resources as the global themes.

4. Reviewing themes: in this phase, I reviewed each theme to see if it would work in the text as a whole. This was done through organising a table (see tables 2 and 3).

5. Defining and naming themes: in this step I examined the names of each theme, making sure they made sense for the arguments I wanted to emphasise in the discussion.

6. Producing the report: the final step was related to writing the analysis section of the thesis. Here I aimed to use enough quotes to exemplify the theme adequately, making for understandable arguments that would answer the research questions.

5.8 Trustworthiness of the researcher

Shenton (2004) identifies four aspects to consider in terms of trustworthiness of the researcher in qualitative research; credibility, transferability, dependability and confirmability.

Credibility refers to whether or not the findings are accurately documented (Shenton, 2004). I aimed to provide credibility through several provisions. One of them was through *adapting already well established research methods* in all aspects of the study, including data collection and analysis. I therefore based the methods on other phenomenological studies, as this gave me a clear indication of how other studies have been successful (Shenton, 2004). I also ensured credibility through *familiarising myself with the culture of participating before data collecti*on (Shenton, 2004). This was done through writing a literature review on LBQ women in South Africa before the data collection, a meeting with the Safe Space coordinator, and participating in a Safe Space meeting prior to the data collection. This allowed me to get an understanding of the context as well as build a relationship of trust with the participants. Furthermore, credibility was ensured through *triangulation.* Triangulation refers to adapting different methods for data collection (Shenton, 2004). Data was collected and analysed through interviews with an employee and participants as well as documents from OUT to provide additional information about the context of the Safe Space groups. *Tactics to help ensure honesty in informants* were also considered. This can be done by making sure that all

informants were genuinely willing to participate (Shenton, 2004). When recruiting participants in the Safe Space meeting I clearly emphasised that participation was completely voluntary. Honesty in informants was also ensured through emphasising before the interviews that I was a researcher only wanted to systematise the information that was given to me, and that no answers were wrong. *Frequent debriefs* both with my supervisor and my colleagues at the GLODE-program were also completed to ensure different perspectives on the content and process (Shenton, 2004). Frequent submissions on written chapters to supervisor and discussion groups were carried out to ensure credibility.

Transferability refers to the extent to which it is possible to transfer the implications of the study to other contexts (Shenton, 2004). Qualitative research does however often depend heavily on a unique context, making it problematic to generalise findings. It can however be argued that even though findings may not be generalisable in a positivistic way, each unique context will still be an example within a larger group, and settings with a similar context could therefore benefit from the study's implications. Transferability must be considered through detailed descriptions of all aspects of the research context so that the reader can recognise the unique qualities of this example and apply it to other settings (Tracy, 2010).

South Africa gives a unique example for the research questions through a context influenced by discrimination and hate crime, while at the same time having a constitution that prohibits discrimination based on sexuality. This study gives a detailed description of the context by reflecting on reasons for discrimination of individuals who identify as LBQ, such as gender norms, culture and religion. We know that these are factors that affect other areas than South Africa, and that the example this study gives may also be applicable in other contexts.

This study furthermore reflects on transferability by examining social determinants of health beyond identifying as a sexual minority, such as gender, race, economic status and geographical location within South Africa. Discussing contextual factors beyond the main determinant for well-being in the research will in this context particularly promote transferability as it helps set the implications into other contexts.

Dependability means that all aspects of the research process within the study should be reported in detail so that future researchers may repeat the work (Shenton, 2004). The purpose is not for future researchers to obtain the same results, which would be problematic given the context-oriented nature of phenomenological research. It is rather to create a "prototype

model" for similar research. To assure dependability, it is therefore important that I as a researcher describe and reflect upon all aspects of methods used in the research process. The methods chapter in this study therefore addresses dependability by describing and reflecting on all aspects of the research process in detail, including research design, study area, participants, recruitment strategy, data management, analysis, trustworthiness, the role of the researcher and ethics. A section is also devoted to limitations in the discussion chapter.

Confirmability addresses objectivity (Shenton, 2004). It is therefore important for me as a researcher to reflect upon objectivity in my role as a researcher. This is further elaborated in the following section.

5.9 Role of the researcher

Tong, Sainsbury and Craig (2007) state that it is important to reflect upon one's role as a researcher to clarify any personal bias and objective. I see my role as a researcher as an outsider aiming to understand a phenomenon by systemising the information given by the informants.

My reason for conducting the study is that I myself identify as an LBQ woman, and have seen that a sense of community is an important aspect for many within the LBQ population. For my role as a researcher, I experienced my own identification as a resource during data collection. When recruiting participates at the Safe Space meeting I told the participants my reasons for conducting the study and experienced that many were positive. During interviews, several participants used phrases such as "as you might know from your own experience". I hope that being open about this might have made the participants more comfortable in the interview setting. I also want to state that it has been important for me to be aware that the purpose of this study was not to explore the phenomenon of a sense of community in the LBQ population through my own objectives or experiences, but rather learn from the context of the participants.

I am also aware that beyond identifying as an LBQ woman, I have explored a theme through what Green and Thorogood (2014) call "the role of the other". They argue that research must take caution when aiming to understand a context that differs from the researcher's own experiences. When being researched by an outsider, the participants might not feel that they are being represented truthfully, or that important aspects in the findings receive rightful attention. I have therefore been aware that I am doing cross-cultural research where I as a

Norwegian student are aiming to understand the context of identifying as an LBQ woman in South Africa. This study addresses other socio-economic factors which might differ from my own, such as race, economic status, employment and relationship status. It was therefore an important opportunity to get to participate in a Safe Space meeting prior to the data collection. Here, the participants discussed mental health stressors and resources related to identifying as LBQ whiteout any influence from me. I had the opportunity to observe what they highlighted as the most important factors and shape my interview guide to fit what I already had been given information about. The data analysis of the documents served the same purpose. The documents are based on statements and needs presented by the women in the Safe Space groups, making me as an outsider able to understand what the women highlight as important determinants for well-being.

5.10 Ethics

Ethical clearance. This study is completed with consideration of ethical research regulations. The project was granted ethical clearance from the Norwegian Center for Research Data (NSD) on June 3rd, 2019 (appendix 6). All measures have been taken after that for the project to comply with the Norwegian data protection legislation and ethical research guidelines.

Confidentiality. This study takes measures to ensure the protection of the participants, particularly since data collection involved sensitive information such as stressors related to mental well-being and sexual orientation. Green and Thorogood (2014) state that data should to the extent possible be anonymised for the protection of the participants. Information that can make the participants recognisable, such as name and place of work, was therefore taken out of the datasets. Age, gender and sexuality were however kept to be able to maintain enough context for the data analysis. The participants were informed that this was to be included in the study before the interviews were conducted. Protection of participants was furthermore carried out through the use of secure data management, using SAFE as a digital solution for secure processing of sensitive data and deleting all audio recordings after the project period.

Informed consent. Participation in research should be based on a voluntary and willing practice from individuals that fully understand the implications of being part of the research project (Green & Thorogood, 2014). This project used a written consent form to inform participants of the study, what information was to be gathered and how it was going to be used (appendix 3 and 4). The form also included an email address for communication so that

participants were able to reach out at any time during the process and withdraw from the study if they wished to do so. All participants signed the form, giving written consent to participate. The form was based on NSD's guidelines for consent forms given to participants. Informed consent is also based on participants not being influenced to take part in the project against their will or understanding (Green & Thorogood, 2014). In the recruitment process at the Safe Space meeting, I therefore stressed that participation was completely voluntary. I also emphasised that there was no economic payout for participating, ensuring participation based on a free and voluntary choice to contribute, and not for economic benefit.

6.0 Findings

6.1 How is the community perceived?

To explore where resources for mental well-being can be found, it is first important to establish who and what the participants perceive as constituting their community. To clarify this, all participants were asked if they felt that they were part of an LBQ community, and if they did, who that community consisted of. We can first establish that all eight key informants said yes to feeling that they were part of an LBQ community.

Community thorough LBQ as a whole. Almost all participants said that they saw their community as anyone identifying as LBQ, and several of the women added that this was because they believed all LBQ women to have a lot in common. Amahle was the only participant that did not see her community as anyone identifying as LBQ. When asked about community through LBQ in general, she said:

> For me it is the women I hang around with. I don't hang around people I don't know [laughs]. (Amahle)

Community through close friends. All participants also said that they saw their LBQ community through close friends. Here it is worth noting that all participants said that they had friends which also identified as LBQ, and that this was an important part of their social circle. Several of the women again connected this to the comfort of spending time with someone similar to yourself. Lethabo said:

> Having something in common would generally bring people together. Whether you like the same food, or you enjoy the same club. (Lethabo)

Community through OUT and the Safe Space groups. None of the participants reported that they perceived their LBQ community specifically as the Safe Space groups. All participants except Amahle did however say that they experienced community through anyone identifying as LBQ, which therefore also includes the participants in the Safe Space groups. The Safe Space groups was therefore seen as a resource or tool within the community when discussed in this study. It is also worth noting that almost all participants had connections to OUT in some way other than participating in the Safe Space groups, and that almost all participants furthermore had connections to each other. Several participants worked

or frequently volunteered at the organisation. Some reported that they were brought to the Safe Space groups by friends who were already actively participating in the Safe Space groups and other OUT events. Lesedi was the only participant who had heard about the Safe Space groups from outside of her own circle.

6.2 Stressors

The findings identified several stressors for well-being, both from inside and outside the community. Table 2 below present these findings through the systematic data analysis.

Codes	Basic themes	Organising themes
- "Corrective rape" - Physical violence	Violence	Stressors from outside the community
- Being told you are unwelcome at social arenas - Being referred to as a man - Being told two women are not fit for parenthood	Verbal discrimination and exclusion	
- Not being accepted by parents - Feeling that you are disappointing family - Family not being understanding - Being kicked out of home at a young age - Not getting finical support from your parents at a young age - Feeling that you have to give your parents money for them to accept you - Feeling that you have to be preform in all other aspects for your family to accept you	Exclusion from family	
- Minority stressors in relation to being black - Minority stressors in relation to being a woman - Minority stressors in relation to economic status	Experiencing multiple negative social determinants of health	
- Accessible mental health services - Health workers that are not sensitised to LBQ and mental health - Society not recognising mental health	Lack of mental health services	

- Health workers that are not sensitised for LBQ and sexual/reproductive health - Dental dams not being accessible - Not affording pap smears - Waiting a long time for IVF's	Lack of general health services	
- Being told you need to sleep with your male boss - Not getting a job when visibly being LBQ - Having to dress in skirts and heels for work due to cooperate policy	Stressors related to work and employment	
- Mostly lesbian women in LBQ communities - Asexual women being told they are not queer enough - Bisexual women being told they are confused - Trans women being told they are invasive	Gatekeeping within the community	Stressors from inside the community
- Pressure of dress code - Gender roles in romantic relationships - Gender roles in the community as a whole	Imposed gender roles within the community	
- Focus on sexual health rather than mental health - Focus on men rather than women - Urban locations - More focus on statistics than individuals	Issues with NGOs catering for the community	
- Alcohol abuse	Alcohol abuse	

Table 2. *Analysis of interviews with key informants. Global theme: stressors.*

6.2.1 Stressors from outside the community

Sexual violence targeted specifically at LBQ-women was mentioned as a negative contributor to mental health by several participants, and the concept of "corrective rape" was addressed as a contributing stressor. Lethabo mentioned her own experience:

> The violent acts of some individuals specifically because of how you identify. I find that is very common amongst the LBQ community. Amongst women in general, but specifically looking into the LBQ community. I myself personally have an experience. That would be violence from outside. 99 percent of the time from heterosexual males. So as an LBQ women in this day and age, you need to be aware constantly of your surroundings. Where you are, the spaces of which you move in. (Lethabo)

OUT furthermore addresses sexual assault targeted specifically at LBQ women. Safe Space coordinator Onthatile reported that many of the women that participate in activities at OUT have been victim of so called "corrective rape". Sexual violence is also the theme of the "How to Survive Rape" pamphlet. Here, one of the pages criticises the definition of rape in South African law which states that rape is "*Intentional, unlawful sexual intercourse with a woman without her consent*". The pamphlet argues that rape rather must be seen as any forced sexual activity, not just intercourse, and that one can be victim of sexual assault regardless of gender.

Not feeling safe was reported as a stressor from several participants. Enzokuhle and Lethabo described the feeling of not being safe in public spaces due to the fear of sexual assault, especially at night. Enzokuhle also mentioned the difficulty of hosting social activities such as picnics outside, due to the possibility of women being victims of sexual assault. Omphile furthermore said:

> …(LBQ-women) constantly have to look over their shoulder for corrective rape. And I know a lot of women who have been beaten up, who have been raped. So, it's… Yeah… It obviously does not help to their mental health. (Omphile)

Physical violence from strangers was also mentioned by several of the participants. The women described the attacks as specifically targeted at LBQ-women, especially those who were visibly participating in their local community, for example through doing visible activism to work address issues related to the LBQ community. The physical attacks where often mentioned while talking about sexual violence, but one participant discussed an episode of targeted physical violence on its own:

> I had a formal position at my university where I was visible open about being LBQ. And then I basically got attacked, which is why my tooth is chipped. I think it was more than three times. And I had to report the case, and from there I basically withdrawn from taking part in any times of activities in the sense of campus. (Okhule)

Verbal discrimination and exclusion were mentioned by Enzokuhle, Melokuhle, Lethabo and Omphile. Enzokuhle stated that a commonality amongst the LBQ community was the experience of being verbally discriminated. Being told they were unwelcomed at social arenas

was something several of the women had encountered. This was especially related to showing affection to another woman in public spaces, for example holding hands in a mall or in a club. One participant said:

> Imagine you are going out to a club and there is only homophobic people around you and you are dancing and you feel like hugging your person and you are victimised because of that. (Melokuhle)

Omphile further mentioned that one sometimes would not be allowed into a bar or club at all due to how one dressed, especially if it did not follow heteronormative gender roles.

Exclusion from family was mentioned as a stressor to mental well-being by almost all participants. Amahle and Lethabo both talked about stress related to not being accepted by family when identifying as LBQ. Enzokuhle and Lethabo also mentioned the stress of feeling like you are a disappointment. Lethabo mentioned this in terms of feeling you have to live up to other expectations from your family:

> When you feel that you are not living up to those expectations, that also kind of contributes (to worse mental well-being). But now it's not… you can be 30 and not own a car, as long as you are straight. (Lethabo)

For some participants, this also included feeling like you had to give your family finical support for them to accept you. Melokuhle said:

> And then another thing that I feel is really for me, personally, is black tax. My family will accept me and my sexuality because I can afford to give them certain things. They will be like "It is okay my child, we accept that you are gay. And we need X 1,2,3,4,5". So you need to sustain them in order for them to afford you. …But I am accepted because my partner has a well-paying job and I am working. Let's say that I am married to someone who doesn't have money and I am unemployed; will they still treat me the same? I don't think so. Probably they treat me this way because they know that we are able to afford them. (Melokuhle).

Melokuhle and Omphile further discussed the implications of being kicked out of home at a young age for being LBQ. Omphile mentioned that a lot of women who identify as LBQ have

to leave their family at an early age, as they are not accepted by their family. Several participants further said that this was something that happened to them as well, and that they were no longer in contact with their families. Melokuhle further reported that some participants would not say something about this from a financial perspective:

> If you came out to your family you would be rejected, you would be cut of, so many things. And you would not be able to sustain yourself or stand on you own feet. And that is a big finical issue because now you need to live according to someone else's ways because now you are scared that should I step outside of this box, I am not allowed to do certain things. I am not allowed to be a certain way because of finances. (Melokuhle)

Experiencing multiple negative social determinants of health was also mentioned i by Melokuhle, Okhule and Lethabo. The women listed determining factors such as being a woman, being black and economic status. Lethabo said:

> I would say that to be part of the LBQ community, everything is just thrice the trouble, because then it's not only this and that, it is this and that plus you are queer. … So all of those things are added on top of just living as a black woman in South Africa. (Lethabo)

Lack of mental health services was mentioned by several of the participants. Stressors were related to lack of accessible services, as well as quality and attitudes within mental health care. Enzokuhle, Melokuhle and Lethabo all mentioned lack of accessible mental health care in general. Several of the participants furthermore discussed the issue of mental health services not being sensitised to the LBQ community. Enzokuhle said:

> For psychosocial services we lack a lot of people who are sensitised, who know about LBQ issues. We lack social workers, psychologists. Like, even the people that I have mentioned know, even when you go there for mental health situations, let's say you are depressed, you tell them what's going on, they themselves don't understand what you're going through because they were not sensitised enough to know about the LBQ community. So they would be like "I refer you to someone else". So immediately when they start saying "I refer you", immediately you will be like "why did I come

here in the first place?". Because already this person is referring me, so why did I come here? (Enzokuhle)

Some of the participants discussed lack of mental health services in relation to society not recognising mental health as a concept. Melokuhle and Lethabo both discussed the concept of mental health in the context South Africa. Lethabo said:

…especially when you come in and look at it (mental health) from a traditional African context, we don't diagnose people as depressed. We don't deal with anxiety, it's not part of our vocabulary. I am almost certain that the words to describe that in my home language don't exist. (Lethabo)

It is worth noting that none of the participants themselves said that they did not identify with the term mental health or mental well-being. The issue however was reported to be how the concept was perceived by society and therefore might lead other LBQ women not consult for mental health services, as well as lack of services being caused by societies perception of mental health care.

Lack of general health services was also reported as a stressor for mental well-being. When asked what could contribute negatively to LBQ-women's mental health, several of the women said the stress of lacking health services, as well as low quality, was a stressor in everyday life. Amahle and Lethabo mentioned access to dental dams (barrier protection for safer sex for women who have sex with women), as well as affordable pap smears. Amahle also mentioned the negative impact on well-being when having to wait for an IVF:

The IVF. We definitely need those. We don't have funding for those. For hospitals, we are on a que, even now as I speak I'm number 3000-something to have baby. Just imagine, waiting for that. I been on a que for three years now. And it is expensive. Like you can't just save for it. And you are not even sure if you are going to carry. And if you don't, you lose that money and you have to save again and try again, over and over. That one is important to me. (Amahle)

The issue of health personnel not being sensitised was also discussed in regard to general health services. Enzokuhle said:

If you have period pains, and you are a lesbian looking masculine, like me, and you go to a clinic saying "I have period pains, what can I get?", and you have the nurse saying "No, but you are a man. How do you have period pains? You are a man". So they don't understand. I feel like they need to be sensitised. There is a lot of things to be done in the public sector. (Enzokuhle)

Rethabile further said:

A lot of the contributing factors to that also relates to the fact that we have been rejected in a lot of spaces. And I can't focus on my physical health if I can't even get myself out of bed. So, we need to start engaging and creating more safe spaces for specially the upcoming generation. (Rethabile)

Safe Space coordinator Onthatile elaborated that even though OUT did not have the funding, she saw the need for addressing sexual and reproductive health specifically for women in a space that was considered sensitised. She said that these services were often asked for, as many women reported avoiding going to doctor appointments as they were scared of discrimination and judgement.

Stressors related to work and employment was also mentioned as contributing negatively to mental health. Several of the participants mentioned that it is harder to get a job if you are visibly LBQ, and that it is rare to see an LBQ woman in a cooperative setting. Okhule related these company policies following heteronormative gender norms:

I am going to work next year. So the biggest problem that I think we need to have a conversation about it how am I going to present myself? Obviously I am going to present myself as a queer body. But the company policies are heteronormative. Like, women must come with a skirt. …It's a policy. I used to question company policy. Because to them, you are just a… You are very exposable actually. So imagine you go into an interview, and you are dressed as a boy. And they say: "but we wanted a woman". Women to them are heels, with like a dress or something. (Okhule)

Discrimination and sexual harassment at work and in the employment process was also mentioned as a stressor to mental well-being. Enzokuhle said:

Now I have a friend that is looking for a job, and she went for an interview and everything. She looks masculine. They said we will call you. The interviewer, a man, sent a text to her saying that "I can see that you are a lesbian. If you want this job, you need to sleep with me so that I can give you this job". So that is depressing. She is even depressed now. She has this chance of getting a job and then this man comes and says "lets sleep together, I heard that lesbians are really nice". It is very… very depressing. (Enzokuhle)

6.2.2 Stressors from inside the community

Gatekeeping within the community was discussed by Omphile and described as individuals not being accepted by the community for not being "queer enough". It is worth noting that the only person mentioning gatekeeping was Omphile, who was the only woman who identified as asexual rather than lesbian. She described gatekeeping as asexual women being told they are not queer enough or that they have straight privilege, bisexual women being told they are confused, or trans women being told they are invasive. She furthermore said:

> Generally the sort of most solid place as a queer woman in a queer community would be lesbian and then everyone else who varies from that experience is a certain level of not belonging as much. (Omphile)

She did however say that she felt part of the LBQ community herself, both through friends and by identifying as LBQ in general, but that some people could argue she was not. It is also worth mentioning that the Safe Space groups aimed to make all LBQ women feel welcome:

> For us it's if you can relate to that poster and if you identify as lesbian, bisexual or queer (you can come to the Safe Space groups). That's the only qualifying criteria. We don't have age restriction, we don't have any further requirements, that's it. You have to identify as lesbian, bisexual or queer. …and, the reason why we also included bisexual and queer women is because firstly we had the lesbian safe space, but we realised that there is this group of women that are still marginalised, so we are doing the wrongs that have been done to us. So then we created a family of our own with all LBQ women. (Safe Space coordinator Onthatile)

Imposed gender roles within the community was mentioned by Melokuhle, Okhule and Lesedi. They describe it as heteronormative gender norms adapted into romantic relationships

as well as the LBQ community as a whole. Okhule said: "It is problematic in a sense that we just have all these gender roles because of the heteronormativity. We impose them not just on our partners, but on people close to us". Gender roles in the community was further discussed through the topic of clothing. Okhule and Lesedi both mentioned that some LBQ women feel pressure to dress masculine. Okhule said:

> There is this toxic divination that I have that happens in the sense that older queer women that are not sensitised see you as a queer body and you are representing. So then they befriend you and it is very inviting because there are people who look like me. And in that there is a lot of abuse. Abuse in the sense that they want to dictate how you dress and tell you are showing to much skin. You must wear your shirt and tuck it in. And you must wear a sports bra. And you can't have long hair or anything. If I try to grow my hair out I look like a Justin Bieber lesbian, you know what I mean? [laughs]. And you can be affectionate, but you must have your feet in the club with them. I feel like that is very discriminatory. …You partake in it because there is validation. You are like "No one is like me, they are like me". So you participate. And it takes a lot of courage for you to say no. (Okhule)

It is however worth stating that there were different opinions on pressure in terms of how to dress. Enzokuhle, Melokuhle, Amahle, Lethabo, Omphile and Rethabile all said that they felt liberated to dress as they wanted in the community, and saw the freedom to do so as a resource.

Issues with NGOs catering for the community was mentioned by Melokuhle, Okhule and Lethabo. This included OUT as well as other organisations working with LGBTQ health. Several of the issues was in relation to the NGOs overall focus. Okhule and Lethabo said that organisations often focused more on sexual health than mental health, and they usually catered more to men than women. Lethabo said she thought this could be seen in relation to funding:

> And the sad part about it… we have organisations, that because of funding, because it is very specific what it should go towards, we have spaces that is somewhat safe, but really what they want at the end of the day is figures. You need to have mental support for people. And especially if you deal with the psychosocial, and what people are really thinking and feeling. Those spaces are very limited. So even with the Safe

Spaces, to have a space where we can just talk about anything… they are very rare. Because what is being dealt with is figures, because they want numbers. (Lethabo)

Safe Space coordinator Onthatile further elaborated on this:

In specific, and I am going to be honest, for LBQ women, we do not have sufficient funding in order to open overall programs for lesbian, bisexual and queer identifying women. So we been cooperating the services within other programs for example within our advocacy program, which is the Love Not Hate program. …due to the "low risk", and I say that in invert commas, because I think it's relative, but because health services are linked to HIV-risk, we are considered as a low-risk community, hence we do not get a lot of funding for programs that specially cater to LBQ-women. (Safe Space coordinator Onthatile)

Issues with LBQ oriented organisations location were also discussed. Several participants saw it as problematic that OUT was located in Hatfield, Pretoria, an urban setting difficult and expensive to reach for several women. Okhule mentioned that there were more need for the services OUT provides outside the big cities, as women who identify as LBQ there do not have any services, yet still faces discrimination and hate-crime.

Alcohol abuse was brought up as a factor that could negatively impact on mental health by Enzokuhle, Melokuhle, Amahle, Okhule, and Lesedi. They all said that a commonalty for the LBQ population was high intakes of alcohol, especially in relation to alcohol often being involved in the social settings the community arranged and attended. It is however worth noting that all women saw the social settings as a resource in terms of bonding and networking, but that the alcohol intake was a negatively impacting factor. Okhule explained that due to the high prevalence of alcohol, many LBQ women developed a problematic relationship with alcohol, and alcohol abuse was reported as a commonality in the community.

6.3 Resources

Several resources for well-being were also identified by the participants, mostly from inside the community, although one participant also identified resources from outside her LBQ community. Table 3 below present these findings through the systematic data analysis.

Codes	Basic themes	Organising themes
- Attending social events with only LBQ that feel safe - Attending defence classes within the community - Having a protective community	Safety and protection	Resources from inside the community
- Having the same previous experiences - Going through the same things now - Having someone who understands without having to explain everything	Understanding	
- Having support when something bad happens - Sharing your opinion to support others	Support	
-Celebrating pride -Identifying with the same symbols	Displaying and celebrating the community	
- Not feeling pressure to be "normal" - Feeling free to dress as you like	Not feeling judged	
- Being engaged in other LBQ organisations - Being engaged in LBQ issues at university	Activism	
- Learning about mental health and one self - Learning about LBQ	Learning	

- Having supportive family and friends outside LBQ community	Supportive family and friends	Resources from outside the community

Table 3. *Analysis of interviews with key informants. Global theme: Resources*

6.3.1 Resources from inside the community

Safety and protection from within the community was mentioned as a resource by all participants. An aspect of this was having social events with only LBQ women to feel safe. Amahle said:

> Social [events] we have lot though. Lesbians are drinking a lot. We have queer festivals, we have everything that you could think of. We also go to them. What I like about them is that we do it in a safe space, like you feel safe when you go there. You don't think that guys will come in and start do anything. It is a safe space. (Amahle)

Omphile also mentions that she feels unsafe and that this is a stressor for mental health, but that there are specific measures for safety provided by the community in form of the Safe Space groups:

> Safe Space coordinator Onthatile spoke about defence classes. That would go a long way in helping you not feel unsafe. (Omphile)

Safe Space coordinator Onthatile also mentioned this:

> So on youth day [public holiday in South Africa],it [the Safe Space meeting] was themed around safety. And power that you have with alternative methods you have to defend yourself. Because there is a high rate of corrective rapes in South Africa. So last year, the second safe space we did was for self-defence classes. So this was a follow-up that had a more tactical approach through boxing, and though physical contact and combat. (Safe Space coordinator Onthatile)

Enzokuhle also mentioned the benefit of having a community where one protects each other:

> Discrimination. Verbal discrimination we have in common. But, beside the negative, the positive part we are a loving community, we have that in common. We love a lot,

we love one another. And we are very protective over each other. So that's, two things I know. And we are very humble.

Understanding in the community was mentioned by all participants as a resource for mental well-being. When asked how their community and the Safe Space groups were important to them, sharing the same experiences and going through similar things were emphasised as positive assets. Okhule said:

> When you look at a person, you know exactly what they have been through. And it is the same thing. If you are walking across the street and you see a queer body, just wave. If they don't wave back, that is fine. It just a form of regeneration, and I don't know, declaring love. (Okhule)

Melokuhle further said:

> Having activities that are specifically for women who are identifying as a lesbian or as a bisexual person is very important because this is where you find people which are the same as you. We might not all like orange but we see orange in a queer-friendly way, you know? So that makes it better. It makes it feel better to say that actually we are not alone. They are people who are like me. We are going through the same stigma, the same discrimination. We are so and it the same, you know. …knowing that there is person going through the same thing as you or is identifying like you makes it a little bit better. (Melokuhle)

Lethabo explained being in a LBQ community as "…being in a space where you don't need to explain much". Melokuhle further gave an example of this:

> If I am talking about for instance sexual health, how to have safer sex as a lesbian woman, a heterosexual woman would not have the same issues as me. For them it is about the man, making sure that there is a condom, making sure they have safer sex. But for me, it will be totally different when we talk about sex. (Melokuhle)

Support was reported as a resource by Enzokuhle, Okhule, Lethabo and Omphile. Omphile spoke about the importance of having support and understanding when something bad happens:

> But I think having a sense of community is important because it helps with, you know whenever something bad happens, which is a lot, you have people who will tell you that it is okay, we can work through this, those people are wrong. If there was no community it would be very easy to believe that people were truthful. (Omphile)

Being able to support others was also mentioned by several participants. Lethabo said:

> I feel very strongly about voicing myself, because it could possibly help someone else. That is something that I am very passionate about. (Lethabo)

Enzokuhle further said that she felt it was important to feel appreciated in the community:

> It is important to me because not only should you feel safe wherever you are, you also have to be in a community where you feel appreciated. (Enzokuhle)

Offering support after traumatic experiences is a priority for OUT. The Surviving Rape pamphlet focuses on what to after an experience of sexual violence, and gives a list of places to seek support.

The Booklet for Learners pamphlet further encourages individuals to find a support system and seek help after an experience of hate crime, as seen in Figure 4 below.

Figure 4. *Booklet for Learners.* (OUT, n.d.d).

Displaying and celebrating the community was discussed by the participants as a positive asset for the community. When asked if the community marked or celebrated any days together, the Pride celebrations was mentioned by all participants. Lesedi said:

> Pride is something that keeps us in contact with ourselves and also keep us alive as the community. (Lesedi)

Melokuhle talked about the importance of having a space to celebrate the community:

> Our Christmas. The Pride! We come out to play, and that is where we meet most of the time. We have a culture of going to Durban in the last weekend of June. Every year. We actually want to call it the South African pride. Because we all go there. Pride is like huge. Pride marches. That is when we come together and celebrate. I think we moved past the struggles of the LGBTQ, and we are now moving into saying we are priding ourselves of who we are. I think we are moving in that direction. We are coming together to celebrate, saying that we have come a long way in a country that says that homosexuality is non-existent, and uncommon and not something that should be practiced. And now we dare to say that we are celebrating the fact that we are. (Melokuhle)

When asked if the community identified with any colour or symbol, almost all participants mentioned the rainbow flag. Several women also talked about identifying with a specific colour within the flag. Safe Space coordinator Onthatile further talked about using the rainbow colours for decoration in the Safe Space meetings, as well as the posters for the meetings. The rainbow flag is not used in the pamphlets from OUT, but both the Identifying as Lesbian or Gay in Africa and the Booklet for Learner is colourfully decorated. OUT's logo in the documents is furthermore also in the Rainbow colours as seen in figure 5 below.

Figure 5. *OUT's logo.* (OUT, n.d.e)

Okhule was the only participant not to identify with the flag. She said:

> We don't identify with the rainbow flag, because it doesn't have black. I understand that it is based on the reflection, but I feel like it is very Eurocentric. (Okhule)

Not feeling judged within the community was considered an asset to mental well-being by Enzokuhle, Melokuhle, Amahle and Omphile. Enzokuhle connected this to not feeling pressure to be "normal":

> With this community I am very happy. And I get to do what I want to do, how I want to do and nobody will say to me "what you are doing is not normal". Because what is normal to you, you know? (Enzokuhle)

Not feeling judged was also discussed in regards to clothing. Enzokuhle, Melokuhle, Amahle, Omphile and Rethabile all reported that they felt liberated to dress as they liked within the community. Enzokuhle said:

> …it is about who you are and what makes you comfortable. Because if you are something that makes somebody else comfortable, what about you? Yourself first because of your mental health. Because you are constantly thinking about your mental

health and neglecting yourself. So you cannot be neglecting yourself. You must put yourself first. (Enzokuhle)

Amahle however said that there were specific ways to dress as there were groupings within the community, but that clothing not was a dividing factor:

> Amahle: It does not really matter [who I hang out with]. My friends are mix. When we go to LBQ events, we are just a loving family. We dress different, but we hang around together. So I would hang around anybody who is LBQ. Regardless of how they dress.

Activism within the community was important to several of the participants. Enzokuhle, Melokuhle and Lethabo reported being engaged in LBQ organisations other than OUT. The organisations Access Chapter 22, FEW and the Triangle Project were mentioned. Lethabo talked about why activism through LBQ organisations was important to her:

> I found myself really drawn towards the space because I believe as difficult as it may be, the work that has been done really does make a difference. It might not be going in a rate that we want and we might not see immediate result, but that is the thing that you are trying to get when you sensitise people, because you get a change in not only their thinking, but a change in mindsets and you try to make people unlearn things that learns throughout generations. So it is not going to happen overnight. (Lethabo)

Rethabile further said:
> And, even with us empowered LBQ-women, we still feel it. So what about that depowered women, who cannot come out of the closet, who is in an unfavourable circumstance. What happens to them? So, kind of like fighting for underdogs. That is why I am here [at OUT]. (Rethabile)

Okhule and Omphile also talked about being engaged in LBQ issues at their universities. Okhule reported that their university had a Pride week where they would do activist events such as painting a wall on campus with the pride colours. Omphile said that her university arranged seminars where they would address issues related to the LBQ community. They both further said that it was important for them to spread awareness with these events.

Learning from the community and from the Safe Space groups was mentioned as an asset by Enzokuhle, Amahle, Okhule and Omphile. Amahle spoke about learning about mental health:

> I think they [the Safe Space groups] are important in the sense that we learn from other people. Like, we get so many people who come in there and help us with mental health. Because there is a lot of issues, and we come from the same background. So we can learn from where we know the problem started. So you have to start with the problem first, before you can go forward. (Amahle)

Several of the participants also spoke about the importance of learning about what it means to identify as LBQ:

> They [the Safe Spaces] are important to me because all of them teach us something new every day. How to protect ourselves. How to value ourselves. So they bring more information that one needs to know about themselves. And I might say that I am a lesbian woman, but that I don't know a lot about other lesbian women and about myself. So it teaches me a lot about myself. (Enzokuhle)

Okhule identifies as a lesbian, and said that she was sensitised to other sexualities at OUT:

> I used to be homophobic. Anything with bisexual people I hated. So through OUT and learning about different spectres of sexuality and gender identity, I don't have to hate a woman for my identity of being a queer person. So through OUT I got sensitised a lot. (Okhule)

Learning is furthermore an essential aspect of the pamphlets from OUT. The Being Lesbian or Gay in Africa pamphlet aims to educate on what it means to identify as a sexual minority, by answering the questions "What causes homosexuality?", "Does your race or nationality determine your sexual orientation?", "Is being lesbian or gay against religion?", "Can lesbian and gay people be cured?", "Do gay men want to be women and do lesbian women want to be men?" and "Is it a question of language?" (OUT, n.d.e).

Figure 6 below show a section from the pamphlet Being Lesbian or Gay in Africa aiming to explain what it means to identify as lesbian or gay.

Some people think that being lesbian or gay is only about who you have sex with. This is not true. A definition of being lesbian or gay is: To have romantic, sexual, intimate feelings for or a love relationship with someone of the same sex.
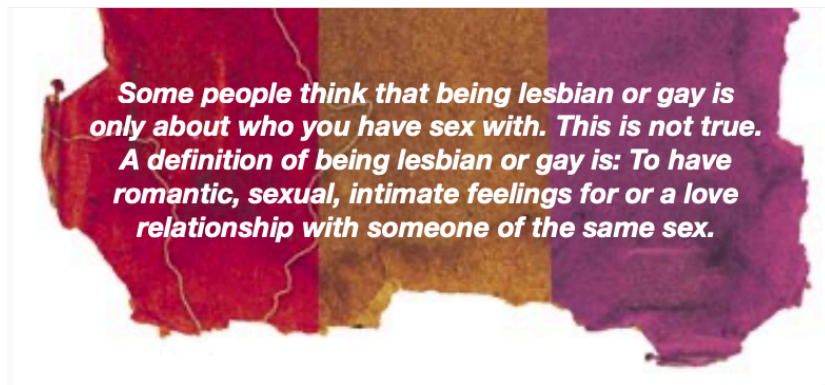
Figure 6. *Identifying as lesbian or gay.* (OUT, n.d.e)

6.3.2 Resources from outside the community

Resources outside the community was reported as very limited. When asked about resources outside their LBQ communities, most participants said that there were none.

Having supportive family and friends outside LBQ community was however mentioned by Amahle. She saw her friends and family outside the LBQ community as a positive asset to her mental well-being as they accepted her sexuality:

> Where I come from, it is actually everybody [who is my community]. I come from a community where they don't even box us, as humans. They don't say "these are lesbians". I am the lucky one, because in my community there is everything and everybody. (Amahle)

7.0 Discussion

To answer this study's research questions, the discussion chapter is categorised into four sections. The first section, Sense of Community, aims to explore if and how the participants experience a sense of LBQ community, using SOC theory as a guide for measure. Section The Health Promotion Implications of Sense of Community further aims to explore how this sense of community might affect mental well-being for participants. Finally, I will go through the limitations that might affect the study in section Limitations of the Study and identify further topics of interest that became prominent during this study.

7.1 Sense of community

7.1.1 Membership

The findings clearly establish that all participants perceive themselves as members of an LBQ community, whether that is community through close friends and romantic relationships, members of NGOs, or community through identifying as LBQ in general. In SOC theory, these descriptions fit into the relational definition of the community concept, where the community is established through close relationships rather than geographical location (McMillan & Chavis, 1986). All participants further say that they see the only boundary for membership in the community as identifying as a woman and lesbian, bisexual or queer and that there are no further qualifications for membership beyond that. As the boundaries for membership are so few, an interesting theme to explore is therefore who is considered LBQ, or rather "LBQ enough". Omphile is the only participant that identifies as asexual and mentions not being seen as "queer enough". She reports that women who do not identify as lesbian often are seen as "less queer" than those who do identify as purely lesbian and that she often is told that she has "straight privilege", meaning that she is seen to not experience discrimination and hate crime equally to other members. Several of the participants that identify as lesbian did further say that these experiences are a commonality in their LBQ community and that it is a resource to be able to talk to those with similar experiences. An interesting finding here is that having experienced hate crime or discrimination and, therefore being able to bring the resource of understanding to the community can be seen as a boundary for membership. McMillan and Chavis (1986) argue that boundaries are important for achieving group cohesion, as boundaries allow for intimacy and an emotional connection within a group. For example, May (2013) argues for distinguishing between the self and other, and that they are important in creating intimacy within a group. In terms of understanding, Formby (2017) similarly found that mutual understanding was an important

resource for well-being in LGBTQ communities as it created safety amongst participants. Similar to this study, the boundary of having experienced hate crime or discrimination can therefore be understood to create a stronger sense of community for many participants. When someone is not considered to have had these experiences, as for example Omphile, the members of the community can be understood to "hold back" membership, to protect the resources of the group's intimacy and emotional safety. The elements of boundaries and emotional safety can therefore be understood to strengthen the sense of community membership for some participants, but not for all. It is however important to note that Omphile reported that she is actively participating in the Safe Space groups as well as other LBQ oriented organisations, and still says that she feels like she is part of an LBQ community. A possible explanation for this is the community value of sensitisation, which is further discussed under the element of integration and fulfilment of needs.

The findings reveal that activism related to LBQ issues was very important to members, as all participants report that they are actively contributing to the community either through OUT, other LBQ oriented organisations or queer societies on their university campuses. This can be connected to what McMillan and Chavis (1986) label as personal investment. In SOC theory however, personal investment is described almost as a form of sacrifice for achieving membership, thereby making it more valuable. The hazing rituals of college fraternities is mentioned as an example. Here, the new members of the fraternities are expected to pass a series of tests to gain membership in a group. Peterson and Martens (1972) demonstrate how the fraternities strengthen group cohesiveness through members sacrifice for earning a place in the group. Members in the fraternity therefore felt that membership was more valuable because they "paid" to belong. This differs from the findings of this study, where none of the LBQ women presents personal investment as a burden. Participants describe activism as important for making a difference and spreading awareness. Activism is furthermore not an investment or ritual to go through once to gain or "pay for" membership, but rather a continuous effort done for the community. Personal investment can however still be understood to strengthen the members' sense of membership, as members contribute to the community. Existing literature similarly suggests that activism strengthens a sense of community amongst LGBTQ individuals as it forms a common cause (Formby, 2017; Russell, 2011). Activism can also strengthen the community's values, which is further discussed under the element of integration and fulfilment of needs.

Another finding worth discussing in terms of membership is how the participants perceive the Pride celebrations. All participants mention Pride as an important event where one can come together and celebrate the LGBTQ community. Melokuhle said that Pride creates a space where one can, as the name suggests, openly celebrate and take pride in one's sexuality rather than hide it. The pride celebrations are connected to the concept of a common symbols system. According to SOC theory, a common symbol system can be exhibited as marking or celebrating a specific date or holiday (McMillan & Chavis, 1986). The function of the symbol is to create a visible boundary between the "in-group" and "the others". In this study however, Pride is rather used as a symbol to challenge what Polders et al. (2008) call heterosexism. McFarland (2012) similarly found that Pride events often differ from other LBQ arenas in that the events are public and visible beyond the community. She argues that Pride creates a safe space where "groups can express themselves as if those cultural codes that oppress them do not exist" (McFarland, 2012, p. 173). Browne and Brussel (2013) similarly suggest that Pride events create a space where one can celebrate one's sexuality without worrying about heteronormative norms. As in this study, through openly displaying a community holiday, members can be understood to use a common symbol system to address issues like stigma and discrimination, rather than establishing symbolic group boundaries through "us" and "them". In contrary to the boundary of having experienced hate crime or discrimination, the pride celebration can be understood to create a stronger sense of community for all members as the goal of the celebration is inclusion and celebration of being a sexual minority.

Another symbol used by the community is the rainbow flag. Several participants reported on identifying with the flag, using it as a symbol to display and celebrate diversity and their self-identifying sexuality. The rainbow flag is further a commonly used symbol within many LGBTQ communities, aiming to celebrate queer culture and challenge heteronormative thinking (Laskar, Johannson & Mulinari, 2017). Some participants do however report that they do not identify with the flag. Omphile argues that the flag has become commercialised and that it is often used by companies aiming to promote themselves as "queer-friendly". Okhule further says that she does not identify with the flag as it is Eurocentric and that it does not have the colour black. Laskar, Johannson and Mulinari (2017) similarly argue that the rainbow flag can be understood as Eurocentric in that it is often given political significance beyond promoting LGBTQ rights. They argue that European and Western values such as liberalism and individuality are incorporated into the flag, indicating "a right and a wrong way" to use it. In this study, this can be seen in relation to South African colonial history. The South African flag was adopted in 1994 and can be understood as a symbol of freedom from

colonial apartheid (Brownell, 2015). The use of black in the flag was central in symbolising the end of apartheid and inclusion of the black population of South Africa. For some participants, the Eurocentric aspects of the rainbow flag can therefore be understood as conflicting with social justice issues related to other parts of their identity. The findings therefore imply that even though the participants experience membership in their LBQ communities, membership must also be seen in relation to other aspects of their identities, as they are not "just" LBQ women.

Finally, figure 7 below summarises how the participants' sense of community is perceived through the element of membership.
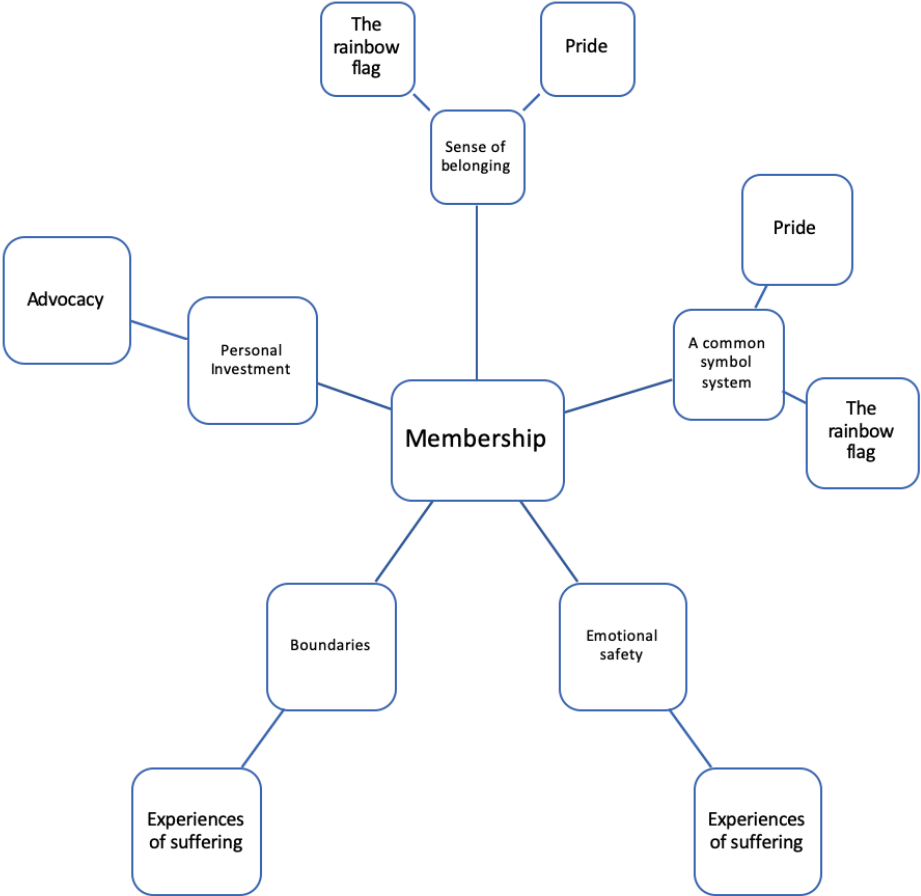

Figure 7. *Membership.*

7.1.2 Influence

The findings indicate that most participants perceive the freedom of few norms related to clothing choices within the community as a resource. Okhule does however mention that she has experienced pressure to present as what is typically understood as masculine. She says that she feels a harmful power dynamic with older LBQ women, and pressure to present masculine through having short hair, wearing men's shirts and a sports bra. Hutson (2010) similarly found that stressors related to clothing also came from within the community, as participants reported pressure to present "queer enough". Reddy-Best and Pedersen (2014) equally discovered that LBQ women experienced stress over presenting their queer visibility adequately, as they considered wearing masculine clothing essential in visibly presenting themselves as queer for other members of their community. In SOC theory, clothing is discussed as part of the membership element, with focus on the clothing being a common symbol system to create boundaries for separating those "inside" and those "outside" the community (McMillan & Chavis, 1986). In this study however, I would argue that it can be more fruitful to discuss clothing in terms of influence as a norm, as clothing can be understood to create what SOC theory identifies as consensual validation. The concept of consensual validation must be seen in relation to norms related to clothing in South Africa, which is heavily influenced by traditional gender roles (Shefer, Ratele & Clowes, 2018). The findings in this study reveal that LBQ women often experience stigma and discrimination from outside the community as they are considered to not fit into these gender roles, also in terms of clothing. For some members it can therefore be a resource to find others who dress and present similarly to what they do, thereby creating consensual validation. SOC theory implies that norms and consensual validation within a community creates stronger cohesion within a group. The norms of masculine clothing can therefore be seen to strengthen the members' sense of community.

Another evident finding is related to alcohol, as a majority of the participants report that heavy alcohol consumption is a commonality within their community. Similar results were also found by OUT, as Safe Space coordinator Onthatile reported that frequent and heavy alcohol consumption is a recurring issue amongst LBQ women. Already existing literature has also found that extensive alcohol consumption is common with LBQ individuals (Bränström & van der Star, 2013; Hatzenbuehler & Pachankis, 2016). Some research point to alcohol use being prevalent with LGBTQ individuals as a coping mechanism for structural factors such as discrimination and hate crime (Peralta, 2008). In this study however, there is no indication of this being the case, as alcohol consumption rather is reported as a normalised

standard in social gatherings and used "for partying", as stated by Lesedi. Emslie (2017) similarly found that alcohol consumption in social gatherings between LGBTQ individuals was considered common, as LGBTQ individuals often met in clubs and bars specifically for the LGBTQ community, and had few options for social arenas considered safe beyond that. These safe spaces were therefore also used for "being oneself" and celebrating. In terms of SOC theory, frequent alcohol consumption can therefore be considered a social norm where the community influences the individuals, as it is encouraged to drink at social events. It is however worth noting that participants report that it is social gatherings that strengthen the participants' sense of community, not alcohol consumption in itself. Heavy alcohol consumption was rather understood as an implication of creating resources of membership and pride in the community.

Figure 8 below summarises how the participants' sense of community is perceived through the element of influence.
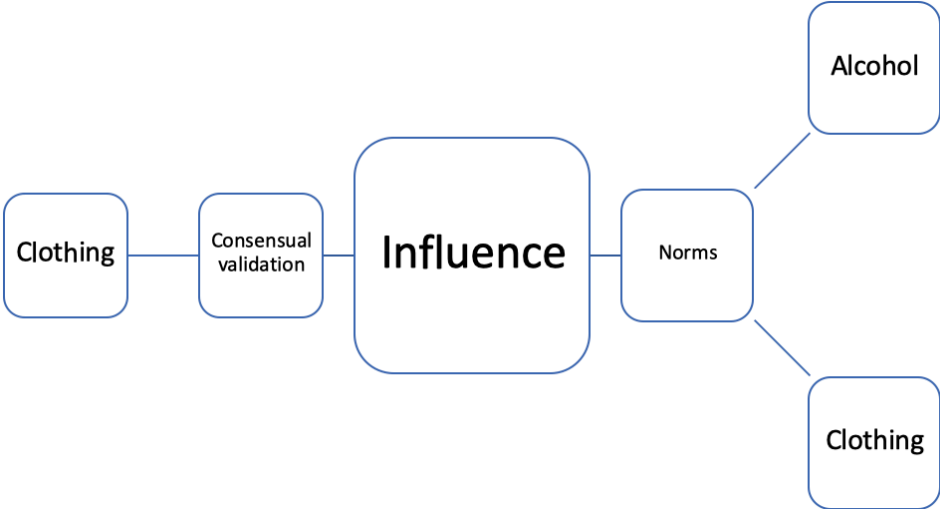

Figure 8. Influence.

7.1.3 Integration and fulfilment of needs

An apparent theme throughout the findings is the focus on understanding amongst the members of the community. The previous chapter on influence explored how having similar interpretations of experiences with discrimination and hate crime are valued by participants as they reinforce consensual validation. This section further aims to explore how the community meets the need for internal support in terms of understanding of LBQ culture and mental health, thereby creating integration within the group.

A recurring theme turned out to be the community's focus on the concept of sensitisation. The participants describe being sensitised as having awareness, understanding and respect for LBQ individuals. Several participants refer to the resource of having a sensitised LBQ community, and the stress of interacting with individuals outside the community who are not considered sensitised. The concept of sensitisation can therefore be understood as a community value. This value is furthermore seen through OUT. The "Being Lesbian or Gay in Africa" pamphlet aims to give information on what it means to identify as a sexual minority, for example by answering questions such as "Does your race or nationality determine your sexual orientation?" and "Is being lesbian or gay against religion?" (OUT, n.d.e). McMillan and Chavis (1986) argue that values within a community work as a directing concept to what needs the community should fulfil for its members. Individuals are therefore often attracted to a community which fulfils needs related to a value they prioritise. McFarland (2012) for example found that individuals were attracted to do activist work in relation to Pride celebrations, as other individuals here were understood to have the same values on accepting self-identifying sexuality, e.g. the same as sensitisation. In the case of this study, that value is sensitisation, as feeling understood and respected is an important resource for many of the participants. Fulfilling this need can furthermore be said to be important as participants experienced not finding this value outside the community, for example in the health sector, where health personnel was not considered sensitised. The value of sensitisation can therefore be understood to strengthen the sense of community amongst participants, as the community allows for a space to celebrate this value.

Another emerging theme in the findings turned out to be that mental well-being was considered an important topic within the community. Several participants mention other members' knowledge related to mental well-being as a resource. Participants report on "understanding oneself" in recognising specific determinants of health for LBQ women, for example, sexual assaults leading to anxiety, or exclusion from family and friends leading to

depression. Knowledge from other members was connected professionally to the Safe Space groups and to OUT. All three pamphlets from OUT encourage seeking support if needed. Safe Space coordinator Onthatile also emphasised that one of the goals of the Safe Space groups is to share similar experiences. Members in general were also reported as providing information on mental well-being, as previous experiences were important sources of knowledge for many. Connecting this to SOC theory, the community's focus on mental well-being can in line with the focus on sensitisation, be understood as a community value, as it is a concept prioritised by the community. The focus on well-being can also be connected to the competence of other members as reinforcers within a community. SOC theory identifies that this makes the group more attractive and strengthens group cohesion (McMillan & Chavis, 1986). The community members' knowledge about mental well-being can further be understood as especially reinforcing for group cohesion, as previous studies show that LBQ women are vulnerable to mental health stressors due to the social determinants of having a non-normative sexuality (Bränström & van der Star, 2013; Graham et al., 2011; Hughes & Sommers 2015; Logie, 2012). The participants in this study further mention stressors related to mental health not being recognised outside their LBQ community. The importance of the community's knowledge on mental well-being can also be seen in the context of South Africa, where issues related to mental health often are not recognised (Egbe et al., 2014). The participants' sense of community can therefore be understood as strengthened by the value of the focus on mental well-being, as this is an important reinforcer from inside the community. The value is further considered important because it is a resource the members are not able to obtain outside their community.

Figure 9 finally summarises how the participants' sense of community is perceived through the element of integration and fulfilment of needs.
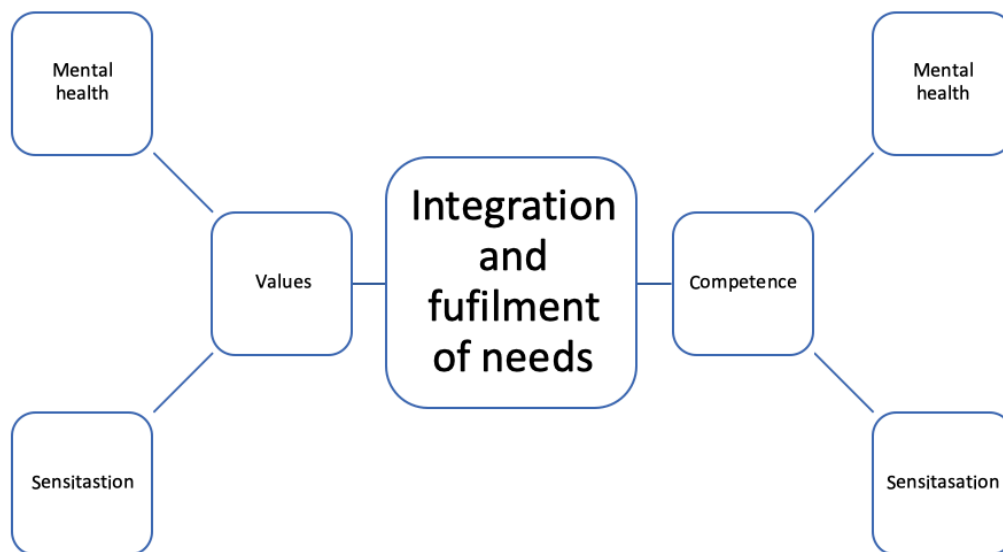
Figure 9. *Integration and fulfilment of needs.*

7.1.4 Emotional connection

The findings indicate that all participants experience an emotional connection with their community, both in the form of interactions at different levels, a shared history and shared experiences. The findings further revealed that the participants experience a sense of membership within a relational form of community, as already discussed in the membership section. The relational communities include romantic relationships, close friends, the Safe Space groups, as well as other members of LBQ oriented NGOs and societies at the participants' universities. According to SOC theory, these relationships build an emotional connection through the contact hypothesis, which states that the more a group of people interact, the more likely they are to become close (McMillan & Chavis, 1986). The aspects of communities mentioned above further indicate that emotional connection also is built from the quality of interaction, as most interactions in the community where interpreted as what SOC theory identifies as positive relations, both with romantic partners and close friend groups (McMillan & Chavis, 1986).

In addition to this, an interesting finding is that the participants also reported that they experience an emotional connection beyond what SOC theory identifies as quality and quantity of interaction. All participants stated that they perceive their community as anyone identifying as woman and LBQ. This becomes apparent in the examples from the Pride celebrations, where several participants report feeling a strong emotional connection to

someone they never met before. Formby (2017) recognises this as cultural community, in the form of a chosen community related to the cultural construction. Weeks (1996) argues that cultural communities often are built on shared experiences of inequality and that this, in turn, can form a group identity through a sense of common purpose. This is likely to be the case in this study, where participants share common experiences of hate crime and stigma. Lethabo for example says that LBQ women have a connection because they all have similar experiences of hate crime and discrimination.

These experiences can also be connected to what SOC theory identifies as shared valent event hypothesis (McMillan & Chavis, 1986). For example, Formby (2017) found that experiences of hate crime and discrimination formed a stronger sense of community as participants formed empathy towards each other. Furthermore, Jackson (2017) found that LGBTQ individuals used an online community as a resource for mental well-being in coping with an anti-LGBTQ hate crime in the form of a mass shooting in Orlando, US. Similarly, in this study, parallel experiences of stressors such as violence and verbal discrimination can be understood to create an emotional connection in that participants have a similar understanding of dramatic events. Contrary to the example of the shooting in Orlando however, the events in this study are not necessarily episodes the women have experienced together as a group, but rather several individuals' similar experiences that have created an emotional connection through understanding when shared with the community. Contrary to this study however, Woolwine (2000) found that experiences of hate crime and discrimination not necessarily created a sense community for LGBTQ individuals, as much as it identified commonalities between sexual minorities. This can however not be understood to be the case in this study, as participants report that understanding did create and reinforce community. A possible explanation for this is that members also have other aspects of their identities in common, thereby also reinforcing a sense of emotional connection through the shared valent event hypothesis (McMillan & Chavis, 1986).

When discussing shared valent hypothesis, it is also important to consider other aspects of the participants' identities. The participants are all black women, and several mention this factor as an important aspect of their identity. When considering the sense of community amongst the participants, it is therefore also important to consider this aspect of shared identity, as participants share more commonalities than just identifying as LBQ. The findings further reveal that participants also experience stressors related to their socioeconomic status as black women. Existing literature highlights stressors related to race and gender inequalities in South

Africa, such as a high prevalence of gender-based violence, especially for black women (Scott, Schaay, Schneider & Sanders, 2017). In terms of the SOC theory and a shared emotional connection, these experiences of inequalities related to race, gender and socio-economic status can therefore be seen as shared valent events amongst the participants, creating a stronger emotional bond amongst members of the community.

Another apparent finding to discuss in terms of a shared emotional connection is the participants' group intimacy, especially related to the Safe Space groups. The findings reveal that the Safe Space groups encourage openness and honesty. Lethabo for example says that she feels a responsibility in sharing her experiences with others, as this might help someone in a similar situation. SOC theory identifies this as emotional investment, where intimacy is created through members' interpersonal emotional risk within a group (McMillan & Chavis, 1986). Klein (2017) similarly found that participants were able to build a stronger sense of community when sharing similar experiences in programs aiming to address mental health issues for LGBTQ individuals. In this study, this investment can be understood to create a stronger emotional connection amongst participants, especially as members of the Safe Space groups share experiences that would be considered taboo outside the meetings. The participants therefore make themselves extra vulnerable, creating intimacy and a stronger sense of community within the group.

Finally, figure 10 below summarises how the participants' sense of community is perceived through the element of membership.
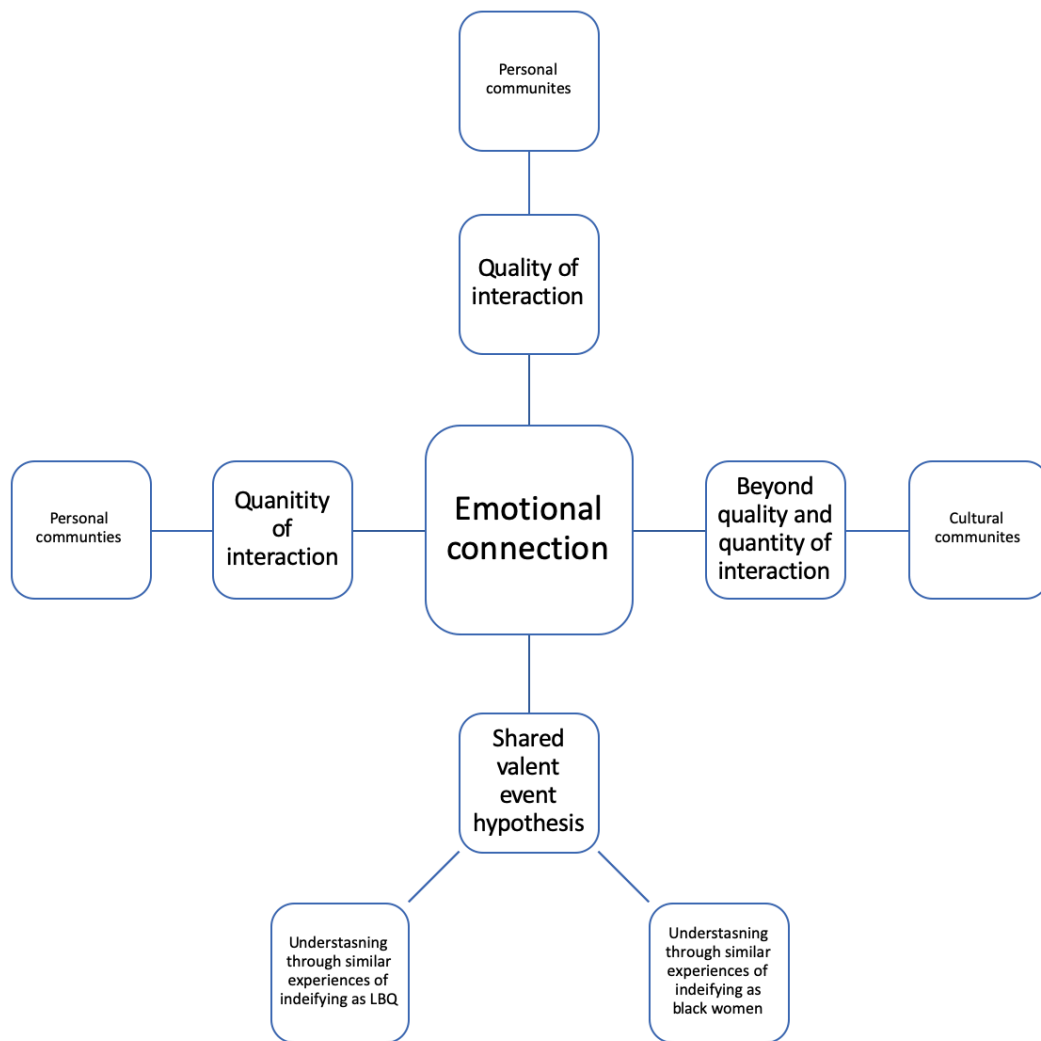
Figure 10. *Emotional connection.*

7.2 The health promotion implications of a sense of community

The goal of this chapter is to explore how having a sense of community can enable resources for well-being. This chapter will also go through possible stressors from the participants' sense of community that can impede mental well-being.

7.2.1 Resources for well-being from a sense of community

The last chapter displayed several resources connected to having a sense of community. One of them was social support within the community, which has been a prominent theme throughout this study. Having a supportive network was considered especially important in a crisis, for example after an experience of sexual violence or exclusion from family. The examples from Lin and Israel (2012) and Jackson (2017) similarly exemplify that being able to depend on one's LGBTQ community is considered an important resource for well-being, especially when dealing with a stressful experience. Participants further mentioned lack of social support from outside the community as a stressor that negatively impacts well-being, similarly to what was found in already existing literature (Friedman et al. 2006; Vincke and Bolton 1994).

An essential aspect of social support was understanding behaviour from other members of the community. This was mentioned as an important attribute for well-being in all elements of the participants' sense of community. This is also consistent with the literature, which points to improved well-being in experiences of mutual understanding within a group (Jackson, 2017; Formby, 2017; Woolwine, 2000). In the context of SOC theory, the resource of support and understanding can therefore be understood to be enabled through similar aspects of the boundary and emotional connection of experiences of discrimination and hate crime, the norms within the community and similar values.

In addition to receiving support, participants also said that it was important for them to give back to the community by being there for others and sharing their experiences with the group. This was also brought up by Monro (2015), who found that groups that supported each other simultaneously strengthened well-being for members of the community. This can be connected to the attribute of personal investment within the participants' sense of community, as sharing is considered an essential part of giving back to the group (McMillan & Chavis, 1986).

Linking up the findings to The Ottawa Charter of Health Promotion (WHO, 1986), having a sense of community can be understood as health-promotion through offering a tool to enable participants to deal with the stressors they regularly encounter. Here, stressor like discrimination and hate-crime is meet through community resources of social support and understanding, making members of the community able to cope with the environment.

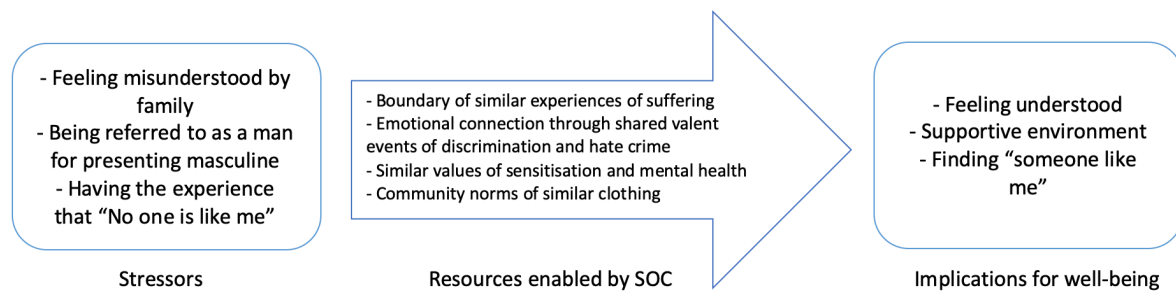| Stressors	Resources enabled by SOC	Implications for well-being
- Feeling misunderstood by family - Being referred to as a man for presenting masculine - Having the experience that "No one is like me"	- Boundary of similar experiences of suffering - Emotional connection through shared valent events of discrimination and hate crime - Similar values of sensitisation and mental health - Community norms of similar clothing	- Feeling understood - Supportive environment - Finding "someone like me"

Figure 11. *Support and understanding.*

The findings also indicate that members are able to obtain health information through their community. Participants report obtaining information on understanding and improving their mental well-being, both through the Safe Space groups, as well as through their community of close friends. This is regarded as a resource for well-being, as participants report understanding their stressors and resources. Mock et al. (2019) similarly found that health information helped informed decision making in terms of well-being. Obtaining health information and obtaining skills in dealing with stressors in further a priority in the field of health promotion, as stated in the Ottawa Charter of Health Promotion (WHO, 1986). From the perspective of SOC theory, these attributes are made possible through the communities' values of acknowledging mental health, as well as participants' personal investment in sharing similar experiences. These aspects of the members' sense of community can therefore be understood to enable the resource of understanding and improving mental well-being, and thereby coping with the environment through learning opportunities and continuous access to information (WHO, 1986).
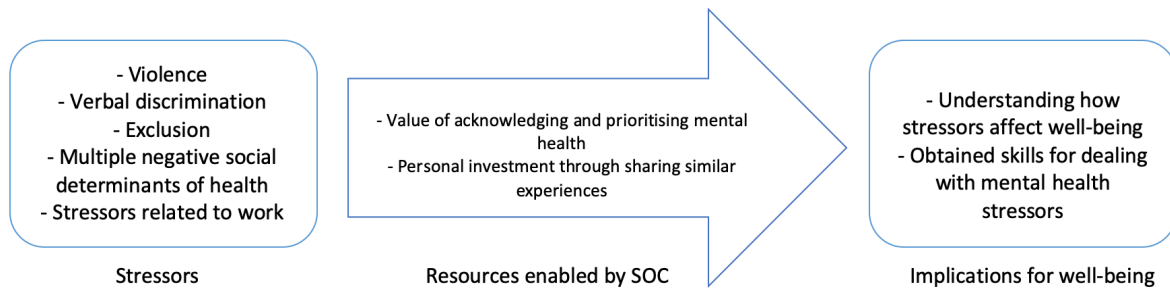
Figure 12. *Health information.*

Another interesting finding is that participants are able to address stressors related to social justice issues through their community. In the discussion on the membership element, we saw that personal investment was conducted through activism for LBQ issues. The community encourages members to advocate, and members feel a sense of accomplishment for investing time and energy in the group. Both Russell (2011) and Formby (2017) similarly report that social justice issues were experienced as empowering. This aspect of the participants' sense of community can therefore be considered a resource for well-being both in that is addresses stressors, and that it is experienced as empowering. Addressing social justice issues is furthermore a priority in the field of health promotion, as the Ottawa Charter states that advocating for equality in health should be a health promotion priority (WHO, 1986). Through the community's focus on activism, members are therefore able to not only cope with the factors in their environment that creates stressors for their well-being, but also work for sustainable change within this environment.
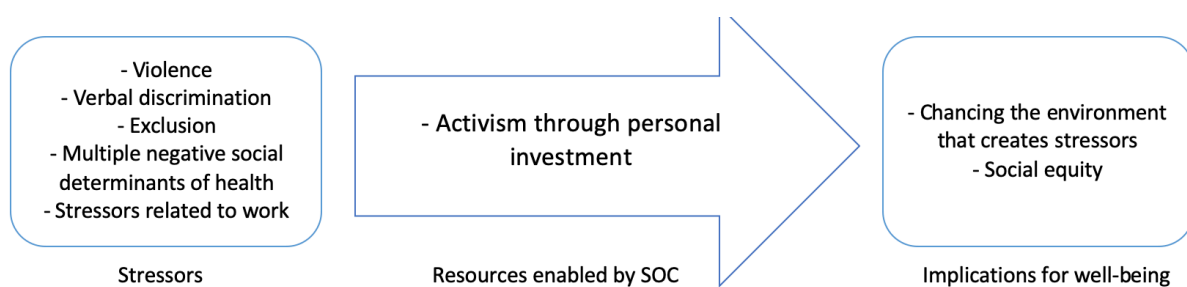

Figure 13. *Activism.*

In addition to this, it is also worth noting that participants find most resources for well-being to originate inside their LBQ communities. In terms of health promotion, the participants' sense of community can therefore be understood to promote mental well-being through

already existing resources inside the community. This can also be seen in the programs such as the Safe Space groups that specifically manifest themselves as aiming to promote mental well-being with the existing resources within the community, such as sharing similar experiences. As the Safe Space groups and the general community creates a space where this is possible, the participants' sense of community can therefore be understood to be a tool in enabling the community to build well-being on their existing resources, as in line with the goal from the Ottawa Charter (WHO, 1986). The community is further successful in achieving the goal of expanding health promotion action beyond the health sector, both through NGOs aiming to address mental well-being and through a supportive community.

7.2.2 Stressors for well-being from a sense of community

This study has identified two problematic themes connected to the participants' sense of community; boundaries for membership in terms of what it means to identify as LBQ and imposed gender roles, and heavy alcohol consumption.

Having had experiences of hate crime and discrimination was identified as what SOC theory calls a boundary for membership, thereby (partly) excluding those who were not considered to bring this resource of understanding to the group. Imposed gender roles within the community offer a similar example, where some participants reported stressors which can be understood as boundary creating norms within the community. The concept of boundaries is therefore an interesting example as it strengthens some members' sense of community, thereby creating resources for well-being such as intimacy and understanding. For other members of the community, it can however be understood as a stressor, as it creates insecurity and involuntary distance from the group. The concept of boundaries can therefore be understood to be in line with strengthening the sense of community according to SOC theory, but not to strengthen The Ottawa Charters definition of a supportive community environment (WHO, 1986). This is therefore an aspect of having a sense of community that cannot be considered a resource for well-being for everyone.

Another reported stressor for well-being was the norm related to heavy alcohol consumption within the community, as several participants identified that this was a commonality amongst members. As the community can be said to encourage drinking through the norm of frequent alcohol consumption, having a sense of community can here not be understood to promote well-being. Already existing literature also points to extensive alcohol consumption in LGBTQ communities, and that frequent alcohol consumption can have a negative effect on

mental well-being (Bränström & van der Star, 2013; Hatzenbuehler & Pachankis, 2016; Formby, 2017; Peralta, 2008; Emslie, 2017). When discussing alcohol consumption in terms of well-being, it is also worth noting that alcohol was consumed at the same venues where participants obtained other resources, for example when participating in Pride events and attending other social arenas. Not being able to separate these can further be understood as a problematic theme with the participants' sense of community, as participants therefore lose the opportunity to separate the stressor of pressure to drink from resources such as social support.

7.3 Limitations of the study

The aim of this chapter is to reflect upon some of the aspects that might have influenced the study throughout the process of preparation, data collection and writing the thesis.

The original plan was to explore the concept of community within the Safe Space groups. I wanted to see if and how OUT could be a resource for LBQ women, and if and how support groups could form a sense of community. During data collection, it however quickly became clear that none of the participants saw only the Safe Space groups as their LBQ community. Community was rather understood as a wider concept that included all LBQ women, but also as the participants' closest group of friends and romantic partners with women that also identified as LBQ. The Safe Space groups were therefore rather understood as a part of that, rather than a community on its own. If I were to conduct a similar study again, I would be aware of this from the start as some participants might have been confused during interviews when asked about their LBQ community. A positive implication for this study was however that it demonstrates an interesting understanding of the community concept. As discussed in the element of emotional connection for example, traditional SOC theory identifies a stronger sense of community when the participants spend a lot of time together. This study has however made it clear that community can also be understood to be with people that you have never met before.

In addition to this, there was some further confusion with the term community during interviews. Some participants were confused as to whether community referred to the neighbourhood community they grew up in, or to their LBQ community. Some participants would start the interviews explaining that there were no LBQ women in their communities and that they therefore could not answer the rest of the questions. This could have been made

clearer by me. The confusion was however cleared up when this was explained, and all participants further reported that they indeed felt like they had an LBQ community.

Another limitation can be connected to the number of participants. All participants did give similar answers during interviews, and even though this created saturation for the study, it would be interesting to explore more contradicting viewpoints. An explanation can be that all participants are part of the same Safe Space group. It is therefore important to be aware that this study explores sense of community as a resource for women who have actively made the choice to be part of an LBQ community through the Safe Space groups. It is therefore probable that they have similar understandings of for example social support and understanding as resources for well-being.

Most participants did furthermore also identify as lesbian. Omphile, who was the only participant who identified as asexual, did however give different viewpoints concerning boundaries for the community. It would therefore be interesting to explore the role of LBQ community from more women who identify within the LBQ sphere but not as lesbian. Several other studies for example suggest that individuals who identify as bisexual not necessarily feel a sense of belonging on the same scale at women who identify as lesbian (Hartman, 2013; Hartman-Linck, 2014; Formby, 2017). This was however not something I was able to explore here.

8.0 Conclusion

8.1 Conclusion

The overall objective of this study was to explore how having a sense of community could be a resource for well-being for women identifying as LBQ in Pretoria, South Africa. This concluding chapter aims to address the objective of the study by answering the three research questions, summarising the implications for each question to finely conclude the thesis with recommendations for further research, for the sense of community theory, and for health promotion policy and action.

Research question 1: What are the stressors affecting mental well-being for women identifying as LBQ in Pretoria, South Africa?

Prior to discussing the implications of having a sense of LBQ community, the study identified stressors coming from outside the community. Many of these were related to discrimination and hate-crime associated with identifying as an LBQ woman in South Africa. The participants reported stressors such as feeling unsafe due to experiences of physical violence and sexual assault. Verbal discrimination was also reported as a stressor, both in the participants' social life and in relation to work and employment. Many also experienced discrimination in health services as health personnel was not considered sensitised. Many women experienced not being accepted for identifying as LBQ and reported that they were excluded by their families. Finally, it is worth noting that all participants were black women, and several participants reported experiences of discrimination based on race, gender, and socio-economic status beyond identifying as LBQ women.

Research question 2: How is a sense of community perceived by the women who participate in the Safe Space groups at OUT in Pretoria, South Africa?

This study indicates that all participants report an experience of what SOC theory identifies as a relational community. The LBQ community is considered to consist of all who identify as women and LBQ. This definition encompasses community through close friends and romantic relationships with other LBQ women, as well as the Safe Space groups. The participants' sense of community was explored through the theoretical framework of sense of community, and the community concept was found in all four elements of the theory: membership, influence, integration and fulfilment of needs and emotional connection (McMillan & Chavis,

1986). A boundary to membership in the community was reported as having experienced hate crime, stigma or discrimination. This strengthened the participants' sense of community as it enabled the resource of understanding, and therefore created intimacy and a shared emotional connection within the group. The sense of membership was strengthened through personal investment in form of activism and advocating for LBQ issues. The Pride celebrations and the Rainbow flag were used as common symbol systems. With both symbols, the function was not necessarily to create boundaries of "us and them", but rather raise to celebrate a common identity strengthening the sense of belonging amongst members.

For some participants, the SOC element of influence was understood as the community norm related to masculine clothing. In accordance with SOC theory, this community influence can be understood to strengthen the sense of community through conformity within the group, as well as consensual validation in when seen in relation to clothing norms outside the community. Another finding was the norm related to extensive alcohol consumption. This norm was not necessarily what strengthened a sense of community amongst members, but rather was rather a reported as a stressor found at social arenas considered safe spaces by participants, for example bars for LBQ women.

Integration and fulfilment of needs were reported as the participants' focus on the concept of sensitisation. This can be understood as a community value, which strengthened the members' sense of community. This was done through fulfilling the needs of receiving information on what it means to identify as LBQ, as well as creating a common goal of working for sensitisation outside the community, for example in the health sector. The SOC element of community value was further reported as the community's focus on mental health. Members reinforced their community through receiving tools to address stressors related to their mental well-being, which then also strengthened members' sense of community.

Finally, the participants' experience of a sense of LBQ community was explored through the element of emotional connection. Their sense of community was strengthened through the frequent contact amongst participants, as well as through the quality of their interactions. The participants also reported an experiences of a strong emotional connection to someone they had never med before, for example at the Pride events. This was not covered by SOC theory, and was here rather discussed through the concept of cultural community based on having similar experiences and values. This was further connected to shared valent event hypothesis, which indicated that the participants experienced a stronger sense of community as members

understood each other through similar experiences of hate crime and discrimination. Being open about these experiences was further building intimacy within the group. Finally, the participants' common identities as black women can also be understood to strengthen their emotional connection, especially through the shared valent event hypothesis, as participants also here have similar experiences of discrimination.

Research question 3: How can a sense of community be a resource for women identifying as LBQ in Pretoria, South Africa in improving their mental well-being?

This study found several health-promoting aspects of having a sense of community. In line with the Ottawa Charter of Health Promotion (WHO, 1986) it became apparent that having a sense of community made members able to both cope with the stressors affecting their well-being, and to work for changing the environment that created these stressors. Coping with stressors were understood as experiencing understanding behaviour from other members of the community, and was especially important after an experience of discrimination or hate-crime. Another resource that made participants able to cope with stressors was health information provided by the community. This information was reported as the social determinants of identifying as an LBQ woman, as well as information and personal skills related to dealing with these stressors, thereby enabling members of the community to develop personal skills to address stressors and make informed choices about their health, as in line with the Ottawa Charter of Health Promotion (WHO, 1986). Finally, the community's focus on activism for LBQ rights and visibility made members able to address stressors and encourage change from encountered stressors in their environment. This has also been discussed as a health promotion priority through advocating for equality in health (WHO, 1986). Finally, it is worth noting that most resources were reported as coming from inside the community. The participants' sense of community can therefore be understood as enabling already existing resources for well-being and moving health promotion action beyond the health sector.

In addition to these resources, this study has also identified stressors for well-being related to having a sense of LBQ community. One of these were boundaries for membership, which partly excluded some participants. This can be seen in contrast to the priorities of the Ottawa Charter of Health Promotion (WHO, 1986), as participants crates the opposite of a supportive environment for some participants. This stressors must however also be seen in the context of enabling other resources for participants as it protects intimacy within the community through

understanding and emotional safety. Another stressors was related to a problematic relationship to alcohol consumption, as participants reported that this was a norm within their LBQ communities. Heavy alcohol consumption was further understood to be especially problematic as members of the community was not able to distinguish this stressor from the resources obtained in social gatherings, as for example social support through the Pride events. This cannot be understood to be in line with the Ottawa Charter of Health Promotion (WHO, 1986), as the community influences members to make choices that are not considered a resource for overall well-being.

8.2 Recommendations

This study has identified some recommendations for further research, for the theoretical framework of a sense of community and for policymakers and health promotion practice.

8.2.1 Recommendations for further research

This study focused on mental well-being for LBQ women. During interviews however, several participants drew attention to the stressors connected to physical well-being when identifying as an LBQ woman, particularly related to sexual and reproductive health. As this was such a prevalent and recurring theme, further research needs to be done on exploring sexual and reproductive health in terms of identifying as an LBQ woman.

This study discusses LBQ community from a health promotion perspective. During the course of the study however, many themes related to gender became apparent. Participants reported stressors related to imposed gender roles within the community, for example in relation to a common symbol system of clothing. Themes related to LBQ gender identity outside the community also became apparent, for example in the health sector. Exploring these themes from a gender perspective could therefore be a suggestion for further research.

8.2.2 Recommendations for the sense of community theoretical framework

This study exemplifies a complex understanding of the community concept. In addition to community through close friends and romantic relationships, community was understood as identifying as an LBQ woman overall. Although this form of community can be understood through some aspects of SOC theory such as boundaries and shared valent event hypothesis, it contradicts elements such as the contact hypothesis and quality of interaction. Adding an understanding of community that includes an emotional connection with someone one has never met before can therefore be appropriate when discussing LBQ community, as for

example the concept of cultural community which were used to explaining the broader understanding of LBQ community in this study.

In this study, the attribute of investment was presented as activism, which made membership more valuable in terms of contributing to the community. Investment was furthermore not something to go through once to gain membership, but rather a continuous effort done for the community. SOC theory does however present investment for membership as a burden, and something to be done or go through once to "gain" membership. Having a more inclusive understanding of investment for community membership can therefore be helpful, especially when investment is understood as activism.

8.2.3 Recommendations for health promotion policy and action

Having safe spaces where one can discuss stressors related to identifying as an LBQ woman proved to be helpful for many participants in this study, especially as many felt safe with others with whom they shared similar experiences and values as themselves. A recommendation for further health promotion practice is therefore to develop programs such as the Safe Space groups for women identifying as LBQ, where one can share experiences and resources for dealing with stressors related to identifying as a sexual minority.

Information on the social determinants for well-being when identifying as an LBQ woman was considered a resource for many participants. When receiving information participants were able to identify stressors and resources for their well-being, and thereby making informed desiccation about their mental health. Organisations should therefore work on providing information on how discrimination, stigma and hate-crime might affect mental well-being, as well as identifying resources to deal with these stressors.

There is a need for programs such as the Safe Space groups also outside the big cities, as LBQ women in rural areas are especially affected when it comes to stigma, hate-crime and discrimination. There is therefore a need to provide programs to address mental well-being for women identifying as LBQ outside the urban areas.

Problematic alcohol consumption turned out to be a reoccurring theme throughout this study, and several participants reported stress related to alcohol being often being present in social arenas considered safe spaces for LBQ women. There is therefore a need for safe spaces where one can meet and do social activities with other LBQ women without having to

consume alcohol. This study therefore recommends building social arenas for LBQ women that are not centred around alcohol to improve mental well-being.

Several participants reported stress related to health personnel not being sensitised towards LBQ issues, and some had experiences of discrimination and stigmatisation in the health sector. This study therefore recommends to work for sensation and awareness of specific health challenges related of identifying as LBQ within the health sector.

There is a lack of funding for already existing programs related to LBQ women's sexual and reproductive health. The participants in this study report experiencing stress over LGBTQ organisations where focus and funding for sexual and reproductive health often is given to men who identify within the LGBTQ spectre. A final recommendation it therefore to fund and develop programs specifically for LBQ women's sexual and reproductive health.

References

Attride-Stirling, J. (2001). Thematic networks: An analytic tool for qualitative research. *Qualitative Research, 1*(3), 385- 405.

Bränström, R., & van der Star, A. (2013). All inclusive public health—what about LGBT populations? *The European Journal of Public Health*, 23(3), 353-354. DOI: 10.1093/eurpub/ckt054

Brownell, F. G. (2015). *Convergence and unification: The national flag of South Africa (1994) in historical perspective* (Doctoral dissertation, University of Pretoria).

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3(2), 77-101. doi: 10.1191/1478088706qp063oa

Conway, D. (2004). 'All these Long-Haired Fairies Should be Forced to do Their Military Training. maybe they will Become Men'. 1 the End Conscription Campaign, Sexuality, Citizenship and Military Conscription in Apartheid South Africa. *South African Journal on Human Rights*, *20*(2), 207-229.

Creswell, J. W. (2007). Five Qualitative Approaches to Inquiry. In *Qualitative Inquiry and Research Design. Choosing among five approaches.* (53-84). London: Sage.

Davila, J., Jabbour, J., Dyar, C., & Feinstein, B. A. (2019). Bi+ visibility: Characteristics of those who attempt to make their bisexual+ identity visible and the strategies they use. *Archives of sexual behavior*, 48(1), 199-211.

Egbe, C. O., Brooke-Sumner, C., Kathree, T., Selohilwe, O., Thornicroft, G., & Petersen, I. (2014). Psychiatric stigma and discrimination in South Africa: perspectives from key stakeholders. *BMC psychiatry*, *14*(1), 191.

Emslie, C., Lennox, J., & Ireland, L. (2017). The role of alcohol in identity construction among LGBT people: A qualitative study. *Sociology of health & illness*, *39*(8), 1465-1479.

Formby, E. (2017). *Exploring LGBT spaces and communities: Contrasting identities, belongings and wellbeing*. Taylor & Francis.

Friedman, M. S., Koeske, G. F., Silvestre, A. J., Korr, W. S., & Sites, E. W. (2006). The impact of gender-role nonconforming behavior, bullying, and social support on suicidality among gay male youth. *Journal of Adolescent Health*, *38*(5), 621-623.

Graham, R., Berkowitz, B., Blum, R., Bockting, W., Bradford, J., de Vries, B., & Makadon, H. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. *Washington, DC: Institute of Medicine.*

Green, J., & Thorogood, N. (2014). *Qualitative methods for health research Judith Green and Nicki Thorogood* (3rd ed.). Los Angeles, Calif.: Sage.

Gusfield, J. R. (1975). *Community: A critical response*. New York: Harper & Row.

Hartman, J. E. (2013). Creating a bisexual display: Making bisexuality visible. *Journal of Bisexuality*, 13(1), 39–62.

Hartman-Linck, J. E. (2014). Keeping bisexuality alive: Maintaining bisexual visibility in monogamous relationships. *Journal of Bisexuality*, 14(2), 177–193.

Hatzenbuehler, M. L., Bellatorre, A., Lee, Y., Finch, B. K., Muennig, P., & Fiscella, K. (2014). Structural stigma and all-cause mortality in sexual minority populations. *Social Science & Medicine*, *103*, 33-41.

Hatzenbuehler, M. L., & Pachankis, J. E. (2016). Stigma and minority stress as social determinants of health among lesbian, gay, bisexual, and transgender youth: research evidence and clinical implications. *Pediatric Clinics*, *63*(6), 985-997.

Hughes, T., & Sommers, M. (2015). Health disparities among sexual minority women (Panel 2). *Women and Health: the key for sustainable development. Lancet, 386*(9999), 1165-210.

Hutson, D. J. (2010). Standing out/fitting in: Identity, appearance, and authenticity in gay and lesbian communities. *Symbolic Interaction*, *33*(2), 213-233.

Jackson, S. D. (2017). "Connection is the antidote": Psychological distress, emotional processing, and virtual community building among LGBTQ students after the Orlando shooting. *Psychology of Sexual Orientation and Gender Diversity*, *4*(2), 160.

Klein, E. (2017). Using social support for LGBTQ clients with mental illness to be out of the closet, in treatment, and in the community. *Journal of Gay & Lesbian Social Services*, 29(3), 221-232.

Laskar, P., Johansson, A., & Mulinari, D. (2017). Decolonising the Rainbow Flag. *Culture Unbound: Journal of Current Cultural Research, 8*(3), 192-217.

Lin, Y. J., & Israel, T. (2012). Development and validation of a psychological sense of LGBT community scale. *Journal of Community Psychology*, *40*(5), 573-587.

Logie, C. (2012). The case for the World Health Organization's Commission on the Social Determinants of Health to address sexual orientation. *American journal of public health, 102*(7), 1243-1246.

Love Not Hate. (n.d.). What is Love Not Hate? Retrieved from http://www.lovenothate.org.za/about/

McFarland, K. (2012). *Cultural contestation and community building at LGBT Pride parades* (Doctoral dissertation, The University of North Carolina at Chapel Hill).

McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of community psychology*, *14*(1), 6-23.

Mock, S. E., Walker, E. P., Humble, Á. M., de Vries, B., Gutman, G., Gahagan, J., & Fast, J. (2019). The role of information and communication technology in end-of-life planning among a sample of Canadian LGBT older adults. *Journal of Applied Gerontology*, 39(5), 536-544.

Monro, S. (2015). *Bisexuality: Identities, politics, and theories*. Springer.

Muller, A., & Hughes, T. L. (2016). Making the invisible visible: a systematic review of sexual minority women's health in Southern Africa. *BMC public health, 16*(1), 307.

Neuman, W. L. (2011). The Meanings of Methodology. In *Social Research Methods Qualitative and Quantitative Approaches* (7th ed.). Boston: Pearson.

OUT. (2016). *Hate Crime against Lesbian, Gay, Bisexual and Transgender (LGBT) People in South Africa, 2016.* Retrieved from: https://www.out.org.za/index.php/library/reports#

OUT. (n.d.a). *Vision and Mission.* Retrieved from: https://www.out.org.za/index.php/about-out/vision-and-mission

OUT. (n.d.b). *How to survive Rape.* Retrieved from: https://www.out.org.za/index.php/library/literature

OUT. (n.d.c). *Literature.* Retrieved from: https://www.out.org.za/index.php/library/literature

OUT. (n.d.d). *Booklet for learners.* Retrieved from: https://www.out.org.za/index.php/library/literature

OUT. (n.d.e). *Being lesbian or Gay in South Africa.* Retrieved from: https://www.out.org.za/index.php/library/literature

Peralta, R.L. (2008) 'Alcohol allows you to not be yourself' Towards a structured understanding of alcohol use and gender difference among gay, lesbian, and heterosexual youth. *Journal of Drug Issues*, 38, 2, 373–99.

Peterson, J. A., & Martens, R. (1972). Success and residential affiliation as determinants of team cohesiveness. *Research Quarterly. American Association for Health, Physical Education and Recreation*, *43*(1), 62-76.

Polders, L. A., Nel, J. A., Kruger, P., & Wells, H. L. (2008). Factors affecting vulnerability to depression among gay men and lesbian women in Gauteng, South Africa. *South African Journal of Psychology*, *38*(4), 673-687.

Punch, K. F. (2013). *Introduction to social research: Quantitative and qualitative approaches.* Sage.

Reddy-Best, K. L., & Pedersen, E. L. (2015). The relationship of gender expression, sexual identity, distress, appearance, and clothing choices for queer women. *International Journal of Fashion Design, Technology and Education*, *8*(1), 54-65.

Russell, G. M., Bohan, J. S., McCarroll, M. C., & Smith, N. G. (2011). Trauma, Recovery, and Community: Perspectives on the Long-Term Impact of Anti-LGBT Politics. *Traumatology*, 17(2), 14–23.

Scott, V., Schaay, N., Schneider, H., & Sanders, D. (2017). Addressing social determinants of health in South Africa: the journey continues. *South African health review*, *2017*(1), 77-87.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information*, *22*(2), 63-75.

Skovdal, M., & Cornish, F. (2015). *Qualitative Research for Development. A guide for practitioners.* Warwickshire: Practical Action Publishing Ltd.

Tallis, V. (2009). Health for all? Health needs and issues for women who have sex with women. *From Social Silence to Social Science: Same-Sex Sexuality, HIV & AIDS and Gender in South Africa*, 216-227.

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*(6), 349-357.

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative inquiry*, *16*(10), 837-851.

UN. (2018). *The World's Cities in 2018*. Retrieved from https://www.un.org/en/events/citiesday/assets/pdf/the_worlds_cities_in_2018_data_booklet.pdf

Vincke, J., & Bolton, R. (1994). Social support, depression, and self-acceptance among gay men. *Human Relations*, *47*(9), 1049-1062

Weeks, J. (1996). The idea of a sexual community. *Soundings*, *2*, 71-84.

WHO. (1986). *The Ottawa charter for health promotion*. Retrieved from
https://www.who.int/healthpromotion /conferences/previous/ottawa/en/index4.html

Williams, T., Connolly, J., Pepler, D., & Craig, W. (2005). Peer victimization, social support,
and psychosocial adjustment of sexual minority adolescents. *Journal of Youth and
Adolescence*, *34*(5), 471-482.

Woolwine, D. (2000). Community in gay male experience and moral discourse. *Journal of
Homosexuality*, *38*(4), 5-37.

Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions:
Epistemological, theoretical, and methodological differences. *European Journal of Education*,
48(2), 311-325.

Appendixes

Appendix 1: Interview guide for key Informants

Identifying questions

- Age
- How do you identify within the LBQ-sphere?

OUT background questions

- How did you hear about OUT?
- Do you frequently participate in any OUT events?
  - If yes, how are these activities important to you?
  - If yes, how could these activities improve well-being for you?

Other groups/activities/health services

- Do you participate in any other activities specifically for LBQ women other than those from OUT?
  - If yes, who arranges these activities?
  - If yes, how are these activities important to you?
- Where do LBQ women go specifically to improve well-being other than OUT?
- What health related services are missing for LBQ women in South Africa?

Community

- Would you say that you feel that you are part of an LBQ community? (In what way?/Could you tell me more about that?)
- Is this community related to your network at OUT, the Safe Space groups, friends or generally to identifying as LBQ?
- How is this community important to you?
- Could you say something about what you experience this community has in common?
- In your experience, would women feel less included if they didn't share these commonalities?
- In your experience, is there a specific way to dress in the community?
- Do you have any specific days you mark or celebrate together as a group?
- Do you have any specific symbols or colours you all use or identify with?
- Is this community first and foremost where you live, or could would you feel like you had something in common with LBQ women from other places as well?

Identifying questions

- Age
- Do you yourself identify within the LBQ-sphere?

OUT background questions

- In your own words, could you tell me about OUT?
- What kind of activities and programs do have for LBQ women?
- In what way does OUT contribute to well-being and better mental health for LBQ women in particular?
- Is there something in particular you wish OUT had the resources for in terms of well-being for LBQ women?
- Do OUT use any specific colours or symbols to related to LGBTQ+ individuals?
- Do you have any specific days you mark or celebrate?

OUT personal experiences

- How long how you been working at OUT?
- How is working at OUT important to you?

Safe space groups

- Could you tell be about the safe space groups?
- Are the same women often participating in the safe space groups?
- What is the inclusion criteria for being part of the safe space groups?
- Are the members able to influence the safe space groups in any way?
- In what way could the safe space groups contribute to the well-being the LBQ women?

Other groups/activities/health services

- Do you know of any other activities specifically for LBQ women other than those from OUT?
  - If yes, who arranges these activities?
- Could you tell me more about where LBQ women go specifically to improve well-being other than OUT?
- What health related services are missing for LBQ women in South Africa?

Are you interested in taking part in the research project

" Exploring the role of social communities as a resource for women identifying as LGBT in Pretoria, South Africa"?

This is an inquiry about participation in a research project where the main purpose is to explore stressors impacting on mental health and well-being for women identifying as LGBT in Pretoria, South Africa, as well as how social communities can be used as a resource for well-being. In this letter we will give you information about the purpose of the project and what your participation will involve.

Purpose of the project

The purpose of this research project is to explore how resources are used by women identifying as LGBT to improve well-being within the context of being discriminated for identifying as a person with a non-normative sexuality in Pretoria, South Africa. I want to explore how organisations like OUT provide support, and how social communities can be used as a resource.

The project is a master thesis for the programme Master of Philosophy in Global Development Theory and Practice, with specialisation in Health Promotion at the University of Bergen, Norway.

Who is responsible for the research project?

The University of Bergen, Department of Health Promotion and Development is the institution responsible for the project.

Why are you being asked to participate?

In this research project, I want to interview participants in OUT's safe space groups. You have been asked to participate seeing as you are part of one of these groups. I have been in contact with OUT, and have received your contact information from them after they asked you if you would be willing to share it with me.

What does participation involve for you?

If you chose to take part in the project, this will involve an interview. It will take approx. 30-60 minutes, depending on your answers. The survey includes questions about identifying as an LGBT woman, discrimination and social communities as a resource for well-being. If you agree to it, the interview will be recorded with a sound recording device, but this is optional.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time before the end of the project in June 2020 without giving a reason. All information about you will then be made deleted. There will be no negative consequences for you if you chose not to participate or later decide to withdraw. If you wish to withdraw from the study, there is an email address at the end of this information letter you can contact at any time.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).
The personal data that will be collected is age, gender and self-identifying sexuality.

I will also ask you for your name and signature to this information document. Throughout the whole research process I am the only one who will have access to your name. Your name is only stored for giving consent, and so that if you wish to withdraw from the study, I will know what information to

delete. For the research process I will replace your name and contact details with a code. The list of names, contact details and respective codes will be stored separately from the rest of the collected data.

What will happen to your personal data at the end of the research project?

The project is scheduled to end in June 2020. The project thesis will be available to the public through the University of Bergen's library. Only age, gender and self-identifying sexuality will be part of the final thesis other than your answers during the interview. Other information collected through the process, such as signature to the information forms and name will then be deleted.

Your rights

So long as you can be identified in the collected data, you have the right to:

- - access the personal data that is being processed about you
- - request that your personal data is deleted
- - request that incorrect personal data about you is corrected/rectified
- - receive a copy of your personal data (data portability), and
- - send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with The University of Bergen and NSD – The Norwegian Centre for Research Data AS has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:

- Ulrikke Heide Amundsen, by email ulrikkeha@gmail.com (student responsible for the research

  project)

- Wenche Dageid, by email wenche.dageid@uib.no (associate professor at the University of

  Bergen and supervisor for the project)

- Our Data Protection Officer at the University of Bergen, by email personvernombud@uib.no
- NSD – The Norwegian Centre for Research Data AS, by email: personverntjenester@nsd.no or

  by telephone: +47 55 58 21 17.

Yours sincerely,

Ulrikke Heide Amundsen Project Leader

Consent form

I have received and understood information about the project "Exploring the role of social communities as a resource for women identifying as LGBT in Pretoria, South Africa" and have been given the opportunity to ask questions. I give consent:

¨ to participate in an interview
¨ for information about me/myself to be published in a way that I can be recognised (age, gender

and self-identifying sexuality)
¨ for the use of an audio recording devise during the interview (optional)

I give consent for my personal data to be processed until the end date of the project, approx. June 2020

(Signed by participant, date)

Are you interested in taking part in the research project

” Exploring the role of social communities as a resource for women identifying as LGBT in Pretoria, South Africa”?

This is an inquiry about participation in a research project where the main purpose is to explore stressors impacting on mental health and well-being for women identifying as LGBT in Pretoria, South Africa, as well as how social communities can be used as a resource for well-being. In this letter we will give you information about the purpose of the project and what your participation will involve.

Purpose of the project

The purpose of this research project is to explore how resources are used by women identifying as LGBT to improve well-being within the context of being discriminated for identifying as a person with a non-normative sexuality in Pretoria, South Africa. I want to explore how organisations like OUT provide support, and how social communities can be used as a resource.

The project is a master thesis for the programme Master of Philosophy in Global Development Theory and Practice, with specialisation in Health Promotion at the University of Bergen, Norway.

Who is responsible for the research project?

The University of Bergen, Department of Health Promotion and Development is the institution responsible for the project.

Why are you being asked to participate?

In this research project, I want to employees at OUT's safe space groups. You have been asked to participate seeing as you work at OUT. I have been in contact with OUT, and have received your contact information from them after they asked you if you would be willing to share it with me.

What does participation involve for you?

If you chose to take part in the project, this will involve an interview. It will take approx. 30-60 minutes, depending on your answers. The survey includes questions about OUT and the safe space groups, identifying as an LGBT woman, discrimination and social communities as a resource for well- being. If you agree to it, the interview will be recorded with a sound recording device, but this is optional.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time before the end of the project in June 2020 without giving a reason. All information about you will then be deleted. There will be no negative consequences for you if you chose not to participate or later decide to withdraw. If you wish to withdraw from the study, there is an email address at the end of this information letter you can contact at any time.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).
The personal data that will be collected is age and gender. I will also ask you for your name and signature to this information document. Throughout the whole research process I am the only one who will have access to your name. Your name is only stored for giving consent, and so that if you wish to withdraw from the study, I will know what information to delete. For the research process I will

replace your name and contact details with a code. The list of names, contact details and respective codes will be stored separately from the rest of the collected data.

What will happen to your personal data at the end of the research project?

The project is scheduled to end in June 2020. The project thesis will be available to the public through the University of Bergen's library. Only age and gender will be part of the final thesis other than your answers during the interview. Other information collected through the process, such as signature to the information forms and name will then be deleted.

Your rights

So long as you can be identified in the collected data, you have the right to:

- - access the personal data that is being processed about you
- - request that your personal data is deleted
- - request that incorrect personal data about you is corrected/rectified
- - receive a copy of your personal data (data portability), and
- - send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

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- Wenche Dageid, by email wenche.dageid@uib.no (associate professor at the University of

  Bergen and supervisor for the project)

- Our Data Protection Officer at the University of Bergen, by email personvernombud@uib.no
- NSD – The Norwegian Centre for Research Data AS, by email: personverntjenester@nsd.no or

  by telephone: +47 55 58 21 17.

Yours sincerely,

Ulrikke Heide Amundsen Project Leader

Consent form

I have received and understood information about the project "Exploring the role of social communities as a resource for women identifying as LGBT in Pretoria, South Africa" and have been given the opportunity to ask questions. I give consent:

¨ to participate in an interview
¨ for information about me/myself to be published in a way that I can be recognised (age, gender

and self-identifying sexuality)
¨ for the use of an audio recording devise during the interview (optional)

I give consent for my personal data to be processed until the end date of the project, approx. June 2020

(Signed by participant, date)

Appendix 1:

UNIVERSITETET I BERGEN
IT-avdelingen

Agreement between University of Bergen and Ulrikke Heide Amundsen at HEMIL, University of Bergen

Secure solution for sensitive data (SAFE)

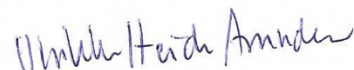## Minimum Security Standards for computers connecting to SAFE.

We expect the following to be true when connecting to SAFE from a computer not maintained by the University of Bergen, IT-department:

1. An individual computer (not shared)
2. A supported operating system with the latest patch level
3. Current anti-virus and anti-malware software installed
4. Personal firewall turned on
5. Login account without elevated privileges
6. Lock-screen policy enabled
7. Complex password
8. No unencrypted authentication
9. No unnecessary services running

Expected behavior:

1. SAFE system is used only for the purpose for which it is intended
2. Ensure sensitive data extracted from SAFE is encrypted whenever computer is connected to the Internet.
3. Report any security incidents

The University of Bergen IT-department reserves the right to block access to SAFE from computers, which do not comply with the above guidelines.

Signature partner

Appendix 6: Ethical clearance from NSD

NSD NORSK SENTER FOR FORSKNINGSDATA

NSD's assessment

Project title

Exploring the role of social communities as a resource for women identifying as LGBT in Pretoria, South Africa

Reference number

851952

Registered

14.06.2019 av Ulrikke Heide Amundsen - Ulrikke.Amundsen@student.uib.no

Data controller (institution responsible for the project)

Universitetet i Bergen / Det psykologiske fakultet / Hemil-senteret

Project leader (academic employee/supervisor or PhD candidate)

Wenche Dageid, wenche.dageid@uib.no, tlf: 55584849

Type of project

Student project, Master's thesis

Contact information, student

Ulrikke Heide Amundsen, ulrikkeha@gmail.com, tlf: 48133092

Project period

07.06.2019 - 30.06.2020

Status

03.07.2019 - Assessed

Assessment (2)

03.07.2019 - Assessed

Our assessment is that the processing of personal data in this project will comply with data protection legislation, presupposing that it is carried out in accordance with the information given in the Notification Form and attachments dated 03.07.2019. Everything is in place for the processing to begin.

NOTIFY CHANGES
If you intend to make changes to the processing of personal data in this project it may be necessary to notify NSD. This is done by updating the Notification Form. On our website we explain which changes must be notified. Wait until you receive an answer from us before you carry out the changes.

TYPE OF DATA AND DURATION
The project will be processing special categories of personal data about sex life or sexual orientation, as well as general categories of personal data, until 30.06.2020.

LEGAL BASIS
The project will gain consent from data subjects to process their personal data. We find that consent will meet the necessary requirements under art. 4 (11) and 7, in that it will be a freely given, specific, informed and unambiguous statement or action, which will be documented and can be withdrawn.

The legal basis for processing special categories of personal data is therefore explicit consent given by the data subject, cf. the General Data Protection Regulation art. 6.1 a), cf. art. 9.2 a), cf. the Personal Data Act § 10, cf. § 9 (2).

PRINCIPLES RELATING TO PROCESSING PERSONAL DATA
NSD finds that the planned processing of personal data will be in accordance with the principles under the General Data Protection Regulation regarding:

- lawfulness, fairness and transparency (art. 5.1 a), in that data subjects will receive sufficient information about the processing and will give their consent
- purpose limitation (art. 5.1 b), in that personal data will be collected for specified, explicit and legitimate purposes, and will not be processed for new, incompatible purposes
- data minimisation (art. 5.1 c), in that only personal data which are adequate, relevant and necessary for the purpose of the project will be processed
- storage limitation (art. 5.1 e), in that personal data will not be stored for longer than is necessary to fulfil the project's purpose

THE RIGHTS OF DATA SUBJECTS
Data subjects will have the following rights in this project: transparency (art. 12), information (art. 13), access (art. 15), rectification (art. 16), erasure (art. 17), restriction of processing (art. 18), notification (art. 19), data portability (art. 20). These rights apply so long as the data subject can be identified in the collected data.

NSD finds that the information that will be given to data subjects about the processing of their personal data will meet the legal requirements for form and content, cf. art. 12.1 and art. 13.

We remind you that if a data subject contacts you about their rights, the data controller has a duty to reply within a month.

FOLLOW YOUR INSTITUTION'S GUIDELINES
NSD presupposes that the project will meet the requirements of accuracy (art. 5.1 d), integrity and confidentiality (art. 5.1 f) and security (art. 32) when processing personal data.

To ensure that these requirements are met you must follow your institution's internal guidelines and/or consult with your institution (i.e. the institution responsible for the project).

FOLLOW-UP OF THE PROJECT

NSD will follow up the progress of the project at the planned end date in order to determine whether the processing of personal data has been concluded.

Good luck with the project!

Contact person at NSD: Karin Lillevold
Data Protection Services for Research: +47 55 58 21 17 (press 1)

03.07.2019 - Assessed

Det er vår vurdering at behandlingen vil være i samsvar med personvernlovgivningen, så fremt den gjennomføres i tråd med det som er dokumentert i meldeskjemaet den 03.07.2019 med vedlegg, samt i meldingsdialogen mellom innmelder og NSD. Behandlingen kan starte.

MELD VESENTLIGE ENDRINGER
Dersom det skjer vesentlige endringer i behandlingen av personopplysninger, kan det være nødvendig å melde dette til NSD ved å oppdatere meldeskjemaet. Før du melder inn en endring, oppfordrer vi deg til å lese om hvilke type endringer det er nødvendig å melde:

https://nsd.no/personvernombud/meld_prosjekt/meld_endringer.html

Du må vente på svar fra NSD før endringen gjennomføres.

TYPE OPPLYSNINGER OG VARIGHET
Prosjektet vil behandle særlige kategorier av personopplysninger om seksuelle forhold eller orientering og alminnelige personopplysninger frem til 30.06.2020.

LOVLIG GRUNNLAG
Prosjektet vil innhente samtykke fra de registrerte til behandlingen av personopplysninger. Vår vurdering er at prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 nr. 11 og art. 7, ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse, som kan dokumenteres, og som den registrerte kan trekke tilbake.

Lovlig grunnlag for behandlingen vil dermed være den registrertes uttrykkelige samtykke, jf. personvernforordningen art. 6 nr. 1 a), jf. art. 9 nr. 2 bokstav a, jf. personopplysningsloven § 10, jf. § 9 (2).

PERSONVERNPRINSIPPER
NSD vurderer at den planlagte behandlingen av personopplysninger vil følge prinsippene i personvernforordningen om:

- lovlighet, rettferdighet og åpenhet (art. 5.1 a), ved at de registrerte får tilfredsstillende informasjon om og samtykker til behandlingen
- formålsbegrensning (art. 5.1 b), ved at personopplysninger samles inn for spesifikke, uttrykkelig angitte og berettigede formål, og ikke viderebehandles til nye uforenlige formål
- dataminimering (art. 5.1 c), ved at det kun behandles opplysninger som er adekvate, relevante og nødvendige for formålet med prosjektet
- lagringsbegrensning (art. 5.1 e), ved at personopplysningene ikke lagres lengre enn nødvendig for å oppfylle formålet

DE REGISTRERTES RETTIGHETER
Så lenge de registrerte kan identifiseres i datamaterialet vil de ha følgende rettigheter: åpenhet (art.

12), informasjon (art. 13), innsyn (art. 15), retting (art. 16), sletting (art. 17), begrensning (art. 18), underretning (art. 19), dataportabilitet (art. 20).

NSD vurderer at informasjonen som de registrerte vil motta oppfyller lovens krav til form og innhold, jf. art. 12.1 og art. 13.

Vi minner om at hvis en registrert tar kontakt om sine rettigheter, har behandlingsansvarlig institusjon plikt til å svare innen en måned.

FØLG DIN INSTITUSJONS RETNINGSLINJER
NSD legger til grunn at behandlingen oppfyller kravene i personvernforordningen om riktighet (art. 5.1 d), integritet og konfidensialitet (art. 5.1. f) og sikkerhet (art. 32).

For å forsikre dere om at kravene oppfylles, må dere følge interne retningslinjer og eventuelt rådføre dere med behandlingsansvarlig institusjon.

OPPFØLGING AV PROSJEKTET
NSD vil følge opp ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet.

Lykke til med prosjektet!

Kontaktperson hos NSD: Karin Lillevold
Tlf. Personverntjenester: 55 58 21 17 (tast 1)