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African governments must stop harmful conversion practices to 'cure' sexual and gender diversity

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(RODGER BOSCH/AFP via Getty Images)

sustained efforts to change their sexual orientation or gender identity, not only does it fail, but it can also cause lasting harm.

Yet throughout Africa, where more than half of the countries on the continent criminalise consensual same-sex relations, perceptions of LGBTIQ+ identities as disorders persist, despite homosexuality being removed from the **international classification of diseases in 1990** and transgender identities being **removed in 2019**. Attempts to force LGBTIQ+ people into a heterosexual, cisgender mould, often described as “conversion therapy”, are common.

Given that they lack all therapeutic value, we refer to them as conversion practices, a term that is inclusive of any and all treatments, practices, or sustained efforts that aim to suppress or change a person’s sexual orientation, gender identity, or gender expression. Conservative cultural and religious ideologies that reject LGBTIQ+ people’s humanity, alongside restrictive legal environments that criminalise consensual same-sex relations, legitimise conversion practices and embolden practitioners.

OutRight Action International collected evidence about the effect of these conversion practices in a 2019 **global report**. Then we joined forces with LGBTIQ+ organisations in **Kenya**, Nigeria and **South Africa** to dig deeper into the prevalence and effects of conversion practices in three countries that hold significant weight in continental geopolitics.

Survey results from 2 970 LGBTIQ+ people in the three countries found that more than 50% of them had been subjected to attempts to change their sexual orientation or gender identity. Common methods in Kenya, **South Africa** and Nigeria included exorcism, drinking herbs, rape or some form of sexual assault, prayer or laying of hands for healing and even beatings.

The qualitative findings from research in the three countries capture the voices of survivors who state that their sexual orientation or gender identity did not change after enduring conversion efforts. Survivors indicated that they experienced physical and mental health problems, including anxiety, depression, self-hatred, substance abuse, suicidal ideation and suicide attempts.

In many cases, conversion practices were coercive. A young gay man in Nigeria said that when he was 17, his family subjected him to religious rituals in which his church prophet and prophetess prayed for him, flogged him with a broom, and tied him down with chains. A lesbian in South Africa said her family subjected her to prayer and fasting; when that didn’t change her sexuality, at the instigation of other family members her cousin raped her.

State agents are at times directly involved: a Kenyan respondent reported that for six months their parents took them to the police station twice a week for beatings, “always followed along by a written confession that I will change”. When the police in Kano, Nigeria, arrested 16 students for alleged same-sex conduct, an officer **asserted**: “While at our correctional centre, they will be re-oriented and, at the close of the day, they will desist from their waywardness and turn a new leaf.”

“a process of continued degradation and assault on the core of who you are”. Survivors’ subjective experiences of harm are confirmed by expert bodies and research findings worldwide, ranging from the American Psychological Association to the United Nations special rapporteur on torture.

African governments have an obligation under international law to put an end to the harm done by conversion practices. Although countries such as Kenya and Nigeria continue to criminalize same-sex relations, they are nonetheless bound by regional treaties such as the **African Charter on Human and Peoples’ Rights**, interpreted by the African Commission, which **has said** states must uphold the rights of LGBTIQ+ people to non-discrimination, life, the integrity of the person, and freedom from torture and other cruel, inhuman and degrading treatment or punishment. States must also uphold the rights of children.

African states are also committed to upholding the right to the highest attainable standard of health. In both Kenya and Nigeria, mental health professionals were responsible for a number of efforts to change people’s sexual orientation or gender identity. Governments should work with the medical and mental health professionals and associations, to ensure the development of codes of ethics that expressly prohibit such efforts and include provisions for disciplinary measures against practitioners who violate such codes.

Curricula for mental health professionals should be reformed. Our Nigerian partner organisation interviewed 203 Nigerian university students in the psychology and psychiatry departments; 64% said they had been taught that sexual orientation and gender identity could be “corrected” using therapy and other interventions.

Governments should also support the work of civil society organisations in working with religious leaders and faith-based organisations to raise awareness about these harmful practices and enforce human rights laws and standards that prohibit such practices.

Addressing conversion practices doesn’t have a one-size-fits-all solution, and countries that still criminalise same-sex relations need to start with the basics: repealing laws that criminalise consensual same-sex relations and inherently place LGBTIQ+ people at risk not only of arrest but of a wide range of harms, including conversion practices.

Governments should move toward banning some conversion practices, particularly those that are violent and coercive. They should put in place administrative and legal measures to ensure that LGBTIQ+ people are protected and have access to, for example, affirming mental health care, when they are subjected to violations including conversion practices.

The fight against sexual orientation, gender identity and gender expression change efforts does not remain the sole responsibility of the state. To see true and lasting change, various actors, including human rights defenders, survivors, medical and mental health practitioners and religious leaders, should also play their part in raising awareness on the harms of these practices and amplifying the voice of survivors and the LGBTIQ+ community in calling for the eradication of these harmful practices.