

Empower Youth: Sexual Rights Are for All

Research Report of Focus Group
Discussions with Young People

Author: Stalo Lesta

Cyprus Family Planning Association (CFPA),

Nicosia,

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1. Background to the research

The project “Empower Youth: Sexual Rights are For All” aims to identify the realities and key challenges faced by young people in Cyprus with regards to their sexual and reproductive health and rights (SRHR) and to develop a comprehensive list of policy recommendations towards improving and further safeguarding these rights.

Initial consultations were conducted with young people in the form of focus groups discussions. The consultations were used to explore in more depth young people’s awareness of sexual rights in Cyprus, their needs and realities, as well as the gaps, barriers and sexual rights violations they may experience. Moreover, the consultations captured young people’s recommendations for actions that need to be taken by civil society organizations and/or national policy- and decision-makers to protect and safeguard these rights.

Particular emphasis during the qualitative consultations was placed on young people with fewer opportunities (e.g. people living with a disability, LGBTI+ and migrants) to ensure that the voice of these often-marginalized groups of young people is heard. The findings from the focus groups were then used to develop an online quantitative questionnaire, so as young people’s knowledge, needs, barriers, challenges and recommendations for safeguarding sexual rights could also be captured quantitatively.

Following the research phase, a national youth meeting was conducted to bring young people together to discuss the research findings and to exchange opinions, knowledge, expertise and experiences with regards to the realities surrounding their sexual rights. The national youth meeting also provided the forum for a structured dialogue between young people and relevant stakeholders and policy-makers. The final outcome of the national youth meeting was the preparation of policy recommendations on further advancing and safeguarding young people’s sexual rights in Cyprus.

Undeniably, the fulfillment of young people’s sexual rights and the empowerment of young people to claim their rights, also requires increasing the awareness, sensitivity and commitment of policy makers. In this respect, the policy recommendations will constitute an important awareness raising and advocacy tool in supporting policy-makers towards this direction. Finally, the policy recommendations will be disseminated via awareness-raising and advocacy campaigns addressed to the wider population of young people, national policy- and decision-makers (via meetings, letters, online campaign, social media etc.)

2. Aim of the qualitative research

The main goal of the qualitative research (qualitative consultations with young people) was to explore their realities as well as the barriers, challenges and violations they experience when it comes to their sexual rights.

More specifically, the research aimed to explore:

- the information young people receive on sexual rights and sexual and reproductive health,
- the needs, experiences and reality of young people in Cyprus in relation to sexuality, sexual and reproductive health and sexual rights,
- the extent to which the sexual rights of young people are safeguarded by existing laws and practices in Cyprus,
- the challenges, difficulties and / or obstacles that young people may face in accessing education and information and access to sexual and reproductive health (SRH) services,
- possible discrimination to which young people are subjected to in relation to their sexuality and possible violations of sexual rights.

3. Target groups

The project targeted young people aged 16 to 30 years. The qualitative consultations included in their majority groups of young people with fewer opportunities and who are often underrepresented, with the aim to 'give voice' to their experiences, attitudes, stances and specific needs. In total, 4 focus group discussions were conducted, 3 of which targeted young people with fewer opportunities. The overall aim behind this approach was to be able to explore how the intersection of various identities (migrants, LGBTI+ and disability) can create additional and specific challenges for the realization of sexual rights for young people.

More specifically, focus groups were conducted with:

- 7 young people aged 20-30 years
- 5 young people aged 20-30 who identify as LGBTI+ (more specifically, the group comprised only of gay men and lesbian women, as there was no positive response from the trans community)
- 5 Philippino women, aged around 30 years of age, who are domestic workers
- 6 young people aged 25-30 years with hearing loss or vision loss. This group was conducted with the help of a sign language interpreter.

Participants to the focus groups were recruited via an open call which was circulated primarily through social media and through various NGOs. The call provided clear and transparent information about the project, the aims of the consultations and the research process, as well as the desired outcome in terms of the policy recommendations and the advocacy activities. To further boost recruitment, the snowballing methodology was also employed, whereby potential participants recommended other participants who in turn recommended other participants and so forth. Word of mouth was also used, as in the small context of Cyprus, it also constitutes an effective recruitment method.

During the recruitment process, attempts were made to ensure some diversity of participants within each group in terms of age, gender and geographical spread; however, this was not always possible. For instance, besides various targeted recruitment efforts to attract male migrants (targeting colleges, student unions, central locations where migrant men usually hang out, social media etc.) no interest within this particular group was generated. Consequently, the focus group with migrant youth comprised only of women participants, who were mostly older and closer to 30 years in age. Moreover, all the women from the migrant group were domestic workers and 3 out of the 5 also identified as LGBTI+.

Geographical split was also not possible in the end, and most participants came from Nicosia. In terms of gender and age, the balance was more even across all groups. Specifically:

- The focus group with Youth aged 20-30 comprised of 4 males and 3 females. The age split concentrated in the range of 20 to 25 years
- The focus group with youth with disability comprised of 3 males and 3 females and had a more even distribution across age
- The focus group with LGBTI+ youth comprised of 3 males and 2 females and also had a more even distribution across age

4. Research Methodology

The discussions in the focus groups followed a semi-structured discussion guide, tailored for each group separately so as to capture the specific and unique experiences, needs and realities of each group. Vignettes were also used to prompt each group to think of specific incidences where sexual rights are violated or when young people are experiencing barriers/ challenges when accessing sexual and reproductive health services.

Each focus group discussion lasted around 90 minutes, and all groups were audio recorded, following the participants' consent. Prior to the commencement of the discussion, all procedures with regards to research ethics were followed, namely:

- Respondents were provided with the aims of the consultation and the specific topics to be discussed so as to make an informed decision as to whether to participate or not. All respondents expressed their willingness to participate by signing the relevant consent form.
- The right to opt out at any moment was safeguarded.
- Audio recording of the discussion took place only after the participants consent. The audio records were kept only by the facilitator and were used solely for note taking purposes. Upon the completion of the notetaking phase, all audio records were destroyed.
- Anonymity and confidentiality were fully safeguarded: at no point during the analysis do the data point to a specific person and any quotes from respondents appear under pseudonyms.

5. Analysis of data

As mentioned above, all focus groups discussions were audio-taped with the consent of the participants. The researcher listened to the audio files numerous times in an attempt to familiarize herself with the data and to obtain a comprehensive overview of the important aspects, issues, patterns and new issues that emerged. Even though no word-for-word transcripts were produced, the researcher made very detailed notes of participants' responses, and subsequently the notes closely resembled transcripts, but in a more condensed form.

The data were analyzed using thematic analysis which aims at pinpointing, examining, and recording patterns (or "themes") within the research data. The emerging themes stem from clustering the research data according to overlapping commonalities or patterns and are used to describe participants' reactions, beliefs, opinions, stances and attitudes to a specific research question.

Emerging key issues were highlighted and recorded throughout the process of reading through the data. These key issues were classified as 'codes' with the data being 'grouped' under each relevant 'code'. Codes were then moved back and forth in an effort to search and form different themes. Searching for themes was an interactive process and was finalized when the analysis proceeded from 'classifying' to interpretation. The codes were analyzed and consolidated in a thematic format, the themes were reviewed, defined and named and thus the main assertions of the research could emerge.

To highlight the themes further, direct quotes from the discussion are included, word for word, as spoken by participants. The quotes appear in the local language and dialect (exactly as verbalized by participants) and have also been translated in English.

RESEARCH RESULTS

6. Focus group with Young People 20-30 years

6.1. Information about Sexual and Reproductive Health and Rights (SRHR)

Young people consider that the information they have on SRHR is practically *non-existent*, especially when it comes to sexual rights. Despite the fact that they recognize that sexual rights concern them and have a direct impact on their lives, they admit that they are practically un-ware of them.

Taboos and social norms remain the main hindering factors to young people accessing adequate and reliable information about SRHR. Sex is sometimes 'colored' as something 'bad', limiting young people's free expression when it comes to it and often results in them being intimidated to look for information about it.

«Τζαι γενικά είμαστε τζαι πιο κλειστή κοινωνία, φορούμαστε να ρωτήσουμε, φορούμαστε να πειραματιστούμε γιατί θεωρούμε το πολλά κακό. Εν πολλά ριζωμένο το κακό στο σεξουαλικό και επηρέασε ακόμα πολλά η θρησκεία πάνω σε τούτο.» Τάνια

"We are generally a very closed society, we are afraid to ask, we are afraid to experiment with sex because we consider it very bad. This perception that sex is bad is well engrained in our beliefs and religion has definitely had its influence on this." Tania

While relationship topics (such getting together with someone, being attracted to someone, breaking up with the partner) appear to be the 'hot' topics young people discuss when they get together with their friends, talks about sexuality and sexual health remain rare, mainly because taboos and stereotypes are hindering an open and comprehensive discussion about them. Even those who do make the step to initiate such discussions with their group of friends, encounter their peers' shame and embarrassment, preventing an honest exchange of information to take place. Consequently, young people subliminally get the message that they need to be cautious when they discuss such issues or that it's best to avoid them all together because of the risk of offending others.

«Πολλές φορές ντρέπονται να τα αναφέρουν. Λόγω πολλών στερεοτύπων και λόγω της κοινωνίας μας δε φκαίνουν προς τα έξω [...] Το πιο σοκαριστικό νομίζω είναι όταν πας να μιλήσεις για τούτα τα θέματα, ότι αποφεύγουν τα και ότι ντρέπονται. [...] σε μια παρέα πρέπει να προσέχεις το τι εννά πεις για να μην το πάρει λάθος ή να μην τον/την θίξεις.» Ρένος

"Many times they are embarrassed to mention these topics. Due to stereotypes and because of our society such issues are not openly discussed [...] the most shocking thing is that when you try to initiate a discussion about these issues, they shy away and avoid talking about them. [...] In a group of friends, you need to be very cautious about how you open up these discussions so you don't offend the others." Renos

«Τα πάντα, όλα τα θέματα της σεξουαλικότητας αφορούν τους νέους. Τα πάντα τους ενδιαφέρουν αλλά ταυτόχρονα θέλουν να το εξερευνήσουν παραπάνω, θέλουν να μάθουν περισσότερα πράγματα αλλά ακριβώς επειδή υπάρχουν τούτα τα ταμπού στην κοινωνία εν πολλά δύσκολο να κάνουν reach out για βοήθεια τούτα τα θέματα ή ακόμα τζαι να τα συζητήσουν τζαι με κοντινούς τους ανθρώπους.» Φωτεινή

"Young people are interested about all topics related to sexuality. They are interested and want to know more but at the same time because of the taboos and social norms it is difficult for them to reach out for help on these issues or even to discuss them with other people around them." Fotini

Notably, only one of the participants mentioned to be able to talk openly about sex and sexual health with her girlfriends, but she wondered if this was due to the fact that two of her girlfriends are doctors who don't have an issue to talk openly about STI's, safe sex and protection. Nonetheless, the remaining participants mentioned that even doctors and medical personnel are not immune to social norms and taboos and found it very likely that they (doctors) would carry their own inhibitions in talking about sexuality and sexual health. Especially public health doctors or medical personnel were expected to be more inclined than private doctors to adhere to social norms and thus would not openly provide information on SRHR to young people. Gynecologists (from the private sector) appeared to be the most open-minded to talk about sex and sexual health but then again young people recognized that their peers may still be too embarrassed to initiate a conversation on sexuality with them.

In the lack of an official, targeted and structured provision of information on SRHR to young people, the responsibility appears to be shifted on young people to educate themselves. Because information doesn't reach them, the only way to receive such information is to search for it on their own accord and by their own initiative. Nonetheless, young people are not all aware of where or how they can search for information. Moreover, it can not be expected that all young people will take the initiative to search for information. The respondents in the focus group believed that only a very small share of them do and quite importantly would do so, not proactively, but reactively i.e. only if they had a negative experience about something.

«Άλλος τρόπος να τα μάθεις είναι τα ταξιδέψεις ή να τα πάθεις.» Αντώνης

"The only way to receive information is from abroad when you travel or if something happens to you." Antonis

The internet (websites and social media) remains the key source of information for the young people who do take the initiative to search for information. The participants in the focus group mentioned to prefer European and International sites, in lieu of the fact that they were not aware of any local websites. When prompted of local services who could have provided such information on their websites, they appeared clueless as of which services they could have reached out to and expressed the disbelief as to whether local health services do provide any online information on sexuality or sexual health.

Besides Family Planning Association, which young people may not be aware of, they considered that the next possible source of information is gynecologists, but these specialists primarily target women. When it came to men there was uncertainty as of who the equivalent doctor would be, thinking that perhaps an endocrinologist or a GP would be able to provide this information. However, the group largely questioned whether doctors are the most appropriate sources of information for young people. On one hand the age gap between young people and the doctors appears to be an issue, which may often result in a generation gap and lack of understanding between the two parties. On the other hand, taboos, social norms and gender expectations often cloud the possibility of an open and true dialogue with doctors and medical staff. Moreover, doctors tend to follow a very direct, 'medicalized' approach, with little reference to the psychological and social dimensions of sexuality thus they do not fully address the needs of young people from a comprehensive perspective. The following dialogue between participants, highlights the above considerations more vividly:

«Εγώ για STI test μίλησα με τον ενδοκρινολόγο μου.» Πέτρος

«Ο ενδοκρινολόγος εν τζαμέ που κάμνεις STI test;» Αντώνης

«Εν έχω καμία ιδέα!» Ρένος

«Εξηγά ανοικτά για το σεξ; Τζαι ήντα που να κάμεις τζαι ήντα που να μεν κάμεις;» Αντώνης

«Αν θα κάμεις σεξ, βάλε προφυλακτικό. Αν έσιεις κάτι πιάσε τούτο το φάρμακο, πιάσε τούτην την αντιβίωση [...] Οδηγίες βασικά. Διά σωστές οδηγίες.» Πέτρος

«Πως θα αντιδρούσε σε κάποιες ερωτήσεις σου;» Ερευνήτρια

«Εν τον ερώτησα ποτέ κάτι προσωπικά, αλλά για να είναι οι άλλοι εντάξει μαζί του, πρέπει να έλυσε κάποιου κάποια απορία, υποθέτω.» Πέτρος

"I spoke to my endocrinologist about having an STI test." Petros

"Is the endocrinologist the doctor to go to for an STI test?" Antonis

"I have absolutely no idea!" Renos

"Does he openly explain to you about sex? About what you should do and what you shouldn't do?" Antonis

"If you will have sex, use a condom. If you have something, then take this medication, have this course of antibiotics [...] Instructions. Basically, he provides the right instructions." Petros

"How would your doctor react to any questions you may have?" Moderator

"I have never asked him anything actually, but if other people are okay with him, I suppose he must have provided some good answers to people!" Petros

6.2. Impact of the lack of information

Even if young people do receive some information about SRHR, and considering that this information most likely comes from the internet, they do tend to question its validity, reliability and adequacy. The young people who participated in the consultation considered online information as often being unreliable, misleading, incomplete, inadequate and sometimes as even completely unrealistic.

The lack of access to comprehensive, adequate and reliable information was perceived to first have an impact on young people's emotional and psychological health. For instance, young people who may not feel comfortable about their sexuality, who identify as gay or who may worry that they have contracted an STI, often feel completely alone in what they are going through because they don't know who or where to turn to for information. In the end, they end up receiving very little support, which greatly impacts their emotional wellbeing. Moreover, the fact that young people refrain from being tested for STIs and HIV, out of fear of being judged or stigmatized ultimately also impacts community health in lieu of undiagnosed carriers transmitting STIs to other members of the community.

Quite importantly, the lack of access to information on SRHR seems to give rise to unhealthy attitudes with regard to safer sex practices and the use of contraception. The young people consulted mentioned that there is the perception that men are reluctant to use condoms either because they consider it 'a weakness' (and thus it is more 'manly to go bareback') or because they are indifferent and cannot be bothered. Some of the male participants mentioned that for some of the (straight) men, condom use is only related to contraception because there is little knowledge about STIs and, in their misconception, they rest assured that they are 'safe' because their partner uses the contraceptive pill.

«Στη δική μου την παρέα είμαστε 6 κοπέλες τζαι τζείνο που συμφωνούμε ούλες είναι ότι οι άντρες θεωρούν την αντισύλληψη αδυναμία. Ου...Γιατί να βάλω προφυλακτικό τωρά...Εν θέλουν ας πούμε να χρησιμοποιούν προφυλακτικό. Βρίσκουν εκατό δικαιολογίες ας πούμε για να μην το βάλουν.» Ναταλία

"In my group of girlfriends, we all agree that men consider contraception as a weakness. Ohhh... why should I used a condom now? They don't want to use a condom. They'll find 100 excuses not to use it." Natalia

Lack of information also greatly perpetuates gender stereotypes, which in turn give rise to sexist beliefs. By enlarge, as per the perception of the majority of the male participants (who rushed to 'defend' themselves on why they don't favor the use of a condom), contraception is considered to be primarily the 'concern' of women, thus *'why should men be too fussed about it considering that it is the women who get pregnant?'*. Only when one of the male participants reacted to this comment, different opinions were expressed, acknowledging that the risk for an unwanted pregnancy needs to be the concern of both partners; the need for protection is the same and gender should not play a difference.

6.3. SRHR services, gaps and challenges

Sexual and Reproductive Health Services appear to exhibit various gaps. In young people's perceptions, there is no substantial infrastructure for providing sexual and reproductive services: there is practically no access to comprehensive services and services are scattered and not centralized. For instance, getting tested for an STI may result into a long and exhausting process where by a young person may first need to see a GP, who may refer them to a dermatologist or a gynecologist and then the Center for Viral Infections. Clearly, the whole process is unappealing and frustrating for young people and may act as deterrent for them getting tested. What young people need is to receive services in a simpler, easier, effortless and less complicated manner.

«Δεν υπάρχουν δομές, δεν υπάρχουν ολοκληρωμένα πακέτα υγείας που μπορείς να κάμεις εξετάσεις τζαι να σε ενημερώσουν, είτε για το εμβόλιο.... ακόμα το εμβόλιο για τα κονδυλώματα πληρώνεις το, τζαι εν πολλά ακριβό.» Τάνια

"There is no infrastructure, there is no comprehensive package of health through which you can be tested and get some information, even about the HPV vaccine. The HPV vaccine you have to pay for it and it's very expensive." Tania

«[Ποιες οι δυσκολίες και οι προκλήσεις;] Προσβασιμότητα... εν έχω την ευκολία μου ας πούμε. Όταν κάμνω μια αιματολογική εξέταση να μπορώ να ψάξω τζαι για τα ΣΜΝ, που μπορεί ναν το ίδιο εύκολο αλλά εμείς να μεν το ξέρουμε τζαι εν θα ρωτήσουμε γιατί μπορεί να αντιδράσουν οι γύρω μας ή εν θέλουμε να φανεί ότι ξέρω γω θέλω να ψάξω κάτι συγκεκριμένο.» Πέτρος

"[What are the difficulties and challenges?] Accessibility..... The whole process not to take so much effort. To be easy. When I have a routine blood test to be able to also check for STIs, which may be equally as easy and we may just don't know about it...or we won't ask to do it because we are worried that other people around us will react or we may not want to show that we are concerned about something and we want to test for it." Petros

Combined with the non-centralized nature of the services comes the lack of adequate information of which these services are and where you can reach them. Young people appeared completely unaware of where they can access SRHR services within the public health sector and expressed the concern that if a young person doesn't take the initiative to look for these services on their own, it is impossible to find them. And most of the time, even if they do find some information about a service, this is usually incomplete. In the lack of comprehensive information about SRH services, young people are practically left in the dark, which results in frustration, stress, anxiety and even panic in some cases. The impact on young people's psychological wellbeing is highlighted in the following quote, where a participant mentioned that he would have preferred to have had a bad case of pneumonia rather than chlamydia, because in the latter case he would have been oblivious of what to do to and who to reach out to, to take care of himself. Combined with the stigma that STIs carry, pneumonia appeared a lot more appealing.

*«[Τι θα σε φόβιζε περισσότερο, να έχεις ένα ΣΜΝ, για παράδειγμα χλαμύδια, ή μια άσχημη πνευμονία;] Το ΣΜΝ! Γιατί έσαι σίγμα. Τζαι γιατί εν ηξέρεις τι να κάμεις. Μετά εν θα είχα ιδέα τι να κάμω, εν θα ξέρω που να πιαστώ, εν θα είχα ιδέα... Ίντα μπου γίνεται τωρά;»
Ρένος*

*"What would scare you more, to have an STI like chlamydia or a bad case of pneumonia?"
Moderator*

*"The STI of course! Because it carries a stigma. And because you don't know what to do. I would have no idea what to do, where to reach out, I would have no clue...(with stress in his voice).
That feeling... now, now what? What do I do?" Renos*

Another barrier to accessing services, was the low availability of the services both in terms of geographical location and the frequency of provision. Many services are only available in certain cities only (for instance no HIV screening is offered in the city of Paphos) while STI testing in most cities except the capital, is only available certain days a week. The response rate of the services is also very slow. Young people mentioned that results take a long time to come out, causing unnecessary stress and anxiety. The comparison with other counties abroad was unavoidable, with a participant mentioning that in the UK he got his results in less than 5 hours. Additionally, linkage to follow up care in the event of a positive test was also dubious. Concerns were expressed as to how the medical professionals would react towards a person who had a positive test and questions arose as to whether they would have been referred to the right services, including psychological support services.

*«Στην Κύπρο (σε αντίθεση με το εξωτερικό) πρέπει να το ψάξεις μόνος σου, να πληρώσεις privately, να έχεις το άγχος ένα μήνα, να μεν ηξέρουν οι ίδιοι οι γιατροί τι εν να σου κάμουν, να μεν μπορείς να μιλήσεις ανοικτά με το γιατρό ή εν νιώθεις εσύ άνετα...»
Νικηφόρος*

“In Cyprus, in contrast to what is happening abroad, you need to find information about services yourself, you need to go to private services and pay for the service, experience anxiety for a month till your results come out, have the doctors themselves not knowing what tests they should run for you, not being able to talk openly with the doctor or you feeling uncomfortable...” Nikiforos

Organization at public health services was considered to be lacking and young people mentioned long waits to get an appointment (i.e. up to a year to get a Pap test) and great delays to get results (a few weeks or months). In general, public health projected a negative image as they are considered to be largely inefficient, with young people appearing reluctant to turn to the public sector for care with regard to their sexual health.

Financial restrictions were also a main barrier for accessing SRHR services, especially due to the fact that in the gaps experienced in the public health sector, many young people opt to go private, but private medical services are expensive. This often brings up a dilemma for them: to either go private and pay something they can't really afford or having to deal with the lack of organization, the limited availability, the delays and the inefficiency of the public sector. Even in the event that young people could essentially borrow the money from their parents, this is still difficult because of the taboo attached to sexual health.

«Τζαι το οικονομικό παίζει λίκον (στις δυσκολίες). Γιατί σε ιδιώτη εν πολλά ακριβές αυτές οι αναλύσεις, καλά στο Γενικό (Νοσοκομείο) εν μια άλλη διαδικασία, οπότε ναι, είσαι μεταξύ του να αναγκαστείς να ζητήσεις λεφτά που τους γονιούς σου, αν είσαι 18-19 τζαι εν δουλεύεις, τζαι τζαμέ μπαίνουν άλλα θέματα μέσα, το κατά πόσο νιώθεις άνετα να συζητήσεις ότι θέλω να κάμω τούτο το πράμα, γιατί κάτι έτυχε τζαι πιθανόν μπορεί να έχω κάτι, τζαι το άλλο εν σε βάση του κράτους, γιατί στο Γενικό υπάρχει μια άλλη διαδικασία, που εν πιθανό πιο χρονοβόρα, τζαι ίσως εν πιο ψυχοφθόρο τούτο το πράμα. Εν να περιμένεις πολύ καιρό να σου κλείσουν το ραντεβού, μπορεί να πάρει και βδομάδες να βγουν τα αποτελέσματα, μπορεί να σου χάσουν τζαι το αίμα, έτυχε σε γνωστό μου, εν έχουν οργάνωση...» Τάνια

“The financial issue also plays a role. Because if you go privately, tests are really expensive while at the General Hospital... well, it's another process there. So you are having a dilemma: on one hand to need to ask your parents for money, especially if you're 18-19 years old and you're not working, and here other issues come into play, for instance if you feel comfortable to tell them what you need the money for and admit that you had sex and maybe you now have something...on the other hand to go to the public health services and in the General Hospital there is a different process: it's probably more lengthy, and this is exhausting. You will have to wait for a long time to get an appointment, it may take weeks to get your results, they may even lose the blood sample, there is no organization....” Tania

The attitude and approach of the hospital staff was also a prominent concern, when accessing SRHR services. The young people in the focus group expressed their apprehension with regard to having their privacy and confidentiality adequately safeguarded when they seek services from the public sector. Gossip is quite prominent in the Cypriot culture, and with the island being a small place, it is easy to encounter hospital staff who may know you. There was also the fear of the hospital staff prying and young people feeling judged or having their choices being criticized.

«Τζαι ήνταλως το έπαθες τούτο; Τζαι γιατί; Ήντα που έκαμνες πάλε;» Αντώνης

“Να καταλάβουν ότι απλά πρέπει να κάμνουν τη δουλειά τους τζαι εν τους αφορά το αποτέλεσμα του τεστ ή οι λεπτομέρειες [της σεξουαλικής σου ζωής].» Πέτρος

“And how did this happen? How did you get this? Why did you get this STI? What have you been doing and you got this?” Antonis

“They need to understand they need to do their job and not be concerned of the test results or the details of your sex life.” Peter

On their behalf, the medical staff was largely considered to be cold and distant, to ‘stick to the basics’, mechanically doing their job, without paying due attention and most often without providing additional information or explanations. Evidently, the medical staff doesn’t appear to be open for young persons to ask questions and thus, young people are discouraged from doing so. Moreover, because of the image young people have of medical staff, they may also be withholding information from the doctors about their sexuality or refraining from seeking medical help at all.

Gender was also considered to play a significant role when it came to how the medical staff reacts to young people. Young women are more likely to be negatively judged and criticized especially if they had an active sex life. The medical staff was also perceived to be lacking the necessary sensitivity when dealing with people of different sexual orientations or trans persons.

«Τζαι δαμέ έρκεται το κοινωνικό στερεότυπο για τη γυναίκα, που αν είχες μια adventurous σεξουαλική ζωή, ιδίως αν σε ρωτήσει ο γιατρός σου για το ιστορικό σου, μπορεί να αποφύγεις να το συζητήσεις, γιατί υπάρχει το στερεότυπο του στυλ ότι είσαι το Α, Β, Γ. Οπότε σε τούτο το τομέα έχει σχέση το φύλο.» Φωτεινή

“And here comes the gender stereotype for a woman, who if you had had an adventurous sex life and your doctor asks you about your history and lifestyle, you may avoid to openly talk about it, because then there is the stereotype that you are this and that. So, in this respect, gender plays a role.” Fotini

6.4. Desired characteristics of youth friendly services

Young people envision youth friendly services to be free of charge; centralized in the respect that they act as one stop shop; well organized; offer appointments in relatively short timings and also offer drop in appointments as well and ideally provide reminders for necessary follow up appointments or additional tests/vaccines that may be important for young people to take for their sexual health. The staff in these services needs to be friendly, warm, welcoming, youthful, well-trained, understand the needs of young people and make them feel comfortable to talk openly about any issue with regard to their sexuality. Moreover, the staff needs to be professional in their job and respect privacy and confidentiality, be non-judgmental and approach sexuality from a positive perspective without trying to intimidate young people or make them feel guilty for their choices

«Δωρεάν, [...], ενημερωτικές (να παρέχουν ενημέρωση), προγραμματισμός, δηλαδή να μπορείς να έχεις ραντεβού κάθε έξι μήνες π.χ., να πιάνεις reminders για το ένα, για το άλλο, εμβόλια, ότι χρειάζεται βασικά, τα απαραίτητα, που τούτα ούλλα εν απαραίτητα» Αντώνης

"To be free of charge, to provide information, organized and help you plan ahead, i.e. every 6 months to have an appointment and to get reminders for tests you need to take or vaccines, or whatever you need to do basically and it is important for your sexual health' Antonis

«Τζαι να έσει άτομα with which you can relate to. Να εν τζαμέ, να σε καλωσορίσουν, να σου μιλούν άνετα, ξέρεις πες μου το πρόβλημα σου άνετα, μεν φοηθείς. Τούτο να έσει άτομα τζαμέ που να σου εμπνέουν εμπιστοσύνη ώστε να τους εμπιστευτείς τζαι στη συνέχεια. Ίσως τζαι να παίζει τζαι η ηλικία (του επαγγελματία) κάποιο ρόλο. Άτομο που εν πάνω κάτω στην ίδια ηλικία με σένα τζαι θυμάται πως είναι να είσαι νέος.» Φωτεινή

"And to have people which you can relate to. To be there to welcome you, to talk to you openly, to make you feel at ease, to encourage you to talk to them openly, without being intimidated to do so. This, to have people who inspire trust, so you can really trust them if you need anything along the way. And I think the age of the professionals plays a role. A person that needs to be more or less the same age as you, and remembers how it is to be a young person." Fotini

Quite importantly, young people recognized that sexual health services need to be all-encompassing and not concentrate on the medical side of things only. Information was deemed very important and young people envisioned youth friendly services to be centers of information dissemination, where young people could turn to. In addition, information provided by the medical staff themselves to be holistic and encompass the complete spectrum of sexuality and the psychological, emotional and social aspects of sexuality as well.

[Τι χρειάζονται οι νέοι/ες από τις υπηρεσίες Σεξουαλικής Αναπαραγωγικής Υγείας;].
«Ενημέρωση! Αλλά όχι μόνο στην υγεία. Να το πιάεις σε ούλο το φάσμα. Για παράδειγμα αν δεν σε ικανοποιεί ο σύντροφός σου ή ο τρόπος που γίνεται π.χ. Να ξέρεις ότι έχεις και άλλες επιλογές τζαι δεν είναι κακό να δοκιμάσεις. Τούτο. Δηλαδή στα πάντα. Όχι μόνο στην υγεία. Να ξέρεις ότι εν άτομα καταρτισμένα που ξέρουν τζαι εν θα κοροιδέψουν την απορία σου.» Τάνια

"[What do young people need from SRHR services?] Information! And not only about health. Information that touches on the entire spectrum (of sexuality). For instance, if you are not sexually satisfied in your relationship, or how you can enrich your sex life or how to have sex even. For instance, to help you know you have choices and it's not wrong to try new things. This. Meaning everything. To have people there who are well-trained and won't mock you for your questions." Tania

6.5. Safeguarding Sexual Rights

Even though the Cyprus government has signed all the international treaties that safeguard human rights, including European and international conventions that safeguard the right to be protected from violence and discrimination, young people recognized that there is a huge gap from 'theory to practice'. Young people feel that their rights as young people are not safeguarded nor are being respected. For this to happen, the culture and social norms need to change first, taboos need to be overcome, the state needs to act in a more secular manner and not allow the church to have influence and more political will needs to be exercised.

Another barrier to safeguarding sexual rights is the fact that there is no essential public debate about them; CFPA was recognized as the only organization that engages in advocacy for sexual rights but young people acknowledged the need for advocacy and public debate to be instigated at a bigger scale, from the youth organizations for instance, the Cyprus Youth Council and from the youth themselves. Moreover, taking into account the fact that there is still resistance on behalf of the decision makers to implement recommendations, advocacy needs to address this resistance and aim at educating policy and decision makers about SRHR.

Quite importantly, young people need to be educated first in order to be aware of their rights and be empowered to assert them. As mentioned in the beginning of the focus group discussion, young people are completely unaware of which their sexual rights are or how they find more information about them. Public debate about sexual rights will definitely enhance young people's awareness and ignite their interest to claim and assert them. Moreover, sexuality education in schools was deemed as vital in safeguarding young people's right to making safe and informed choices about their sexual health. Learning of which your rights are and how you can assert them indeed needs to start from a young age:

«Από προσωπική εμπειρία, βλέποντας εδώ τη λίστα με τα δικαιώματα, εδώ που λέει το δικαίωμα στην ενημέρωση [...] όταν καταπατάται το δικαίωμα στην ενημέρωση, όταν εν μου λέει κάποιος κάποια πράγματα [για χρόνια, από το σχολείο τζαι μετά] γιατί εν ταμπού, ειδικά σε μια ηλικία που το μυαλό μου πλάθεται ακόμα, τότε πως εν να μπορέσω εγώ να σκεφτώ ότι πρέπει να κάμνω κάποια βασικά πράγματα για τη δική μου υγεία;» Νικηφόρος

"From a personal experience, and seeing here the list of rights and especially the right to information [...] when the right to information is violated, when, because some issues are taboo, we don't learn about certain things from our school years onwards, at an age where our mind is still shaped (and attitudes can still be cultivated), then how can I (in this lack of information) think that I need to do certain basic things for my own health?" Nikiforos

The state services were perceived to lack the sensitivity and efficiency to handle violations of sexual rights and young people questioned as to whether there is a real access to justice when you experience a sexual rights violation. Lack of faith in the system was also vividly expressed, questioning how taboos and victim blaming attitudes may hinder state services from appropriately reacting to violations of sexual rights.

Several things came into play when analyzing this lack of faith in the system more deeply. First, the young people consulted, recognized that taboos, gender stereotypes, stigma and victim-blaming in the case of sexual harassment, intimate partner violence or rape, may be holding victims back from speaking up and asking for support. There is also victim's resignation into the fact that they will not be adequately protected or their rights will not be fully safeguarded by the relevant services involved. Even the media in such cases hardly takes a stand to support sexual rights; instead they also engage in victim blaming and perpetuate stereotypes.

«Ο κυριότερος φόβος, να μη μιλήσω για καταπάτηση, προέρχεται που το γεγονός ότι τζαι να το πω εν θα γίνει κάτι. Άρα γιατί να μπω σε διαδικασία να πάω σε ένα άτομο που μπορεί να εν ο αστυνομικός που μπορεί να μινήσκει τρία σπιδκια πάρακατω, μπορεί να εν ο κουμπάρος του παπά μου, τζαι να του πω ξέρεις ήρτε ο άλλος τζαι εντζησέ μου, τζαι μπορεί να πάει να του πει, τζαι να'ναι τζαι πίσω που τον κόσμο, τζαι πολλά κλειστόμυαλος, τζαι μπορεί να του πει τζιόλας ότι εγώ που έφταια, γιατί εφόρουν κοντή φούστα, τζαι να φκουν φήμες τζαι μετά να βκει το όνομά μου τζαι να μεν γινεί κάτι.» Ναταλία

"My main fear not to talk about a violation comes from the belief that even if I do speak up nothing will happen. So why should I engage in a process to tell a police officer, who may end up living in my neighborhood or who could be a friend of my dad's for instance, and when I tell him that I was sexually harassed he (because he is narrow minded, and backward thinking) will actually blame me for this, because I was wearing a short skirt. And then gossip will take place and there will be rumors about me and I will actually be badly criticized without even something happening." Natalia

On their accord, state officials seem to be lacking the necessary training, sensitivity and education to address sexual rights violations and were thought to sometimes do the opposite, like downplaying the incidence as something 'minor' so the victim would refrain from proceeding legally or engage in victim blaming behaviors. Additionally, the sentencing and punitive measures were considered to be 'light' and not properly reflect the impact sexual crimes.

«Τζαι δυστυχώς τζαι οι ποινές που βλέπουμε που τούτα τα πράματα εν πολλά χαμηλές, σε σχέση με τη ζημιά που γίνεται στο θύμα (κακοποίησης). Αρα βλέπεις τζαι που τζαμέ ότι οι αρχές μας εν έχουν consideration για το σεβασμό της ιδιωτικότητας, της σωματικής ακεραιότητας κλπ.» Φωτεινή

"Unfortunately, the sentencing for sexual crimes is too low comparative to the damage the victim has encountered. So, you can see that our state and authorities don't have the consideration for the safeguarding of other's people's privacy and safeguarding the right to bodily integrity." Fotini

Concerns were also expressed as to the extent there is follow up care and protection of victims, for instance referring and providing ongoing psychological support to them. Intersectionality and multiple identities were also considered to play a significant role in how sexual rights were safeguarded, with victims who are migrants, LGBTI+, living with disability, being considered to be more vulnerable and having even less access to support from the state.

«Εν υπάρχει περαιτέρω ασφάλιση του ατόμου... για παράδειγμα, στην περίπτωση ενός βιασμού, εντάξει εν να γίνει καταγγελία, εν να τον συλλάβουν. Το άτομο που εβιάστηκε; Τι γίνεται μετά; Το κράτος εν ξέρω αν παρέχει ψυχολογική στήριξη, είτε ιατρική στήριξη, είτε οτιδήποτε. Νομίζω αφήνουν το τζαμέ. Οπότε το άτομο, τι πρέπει; Να το αντιμετωπίσει μόνο του;» Τάνια

"There is no further protection of the victim... for instance in the case of a rape, okay there will be legal measures and the offender will be arrested. But the person who was raped? What will happen afterwards to them? I don't know if the state offers psychological support, or medical support or anything that the victim may need. I think that they just forget about the victim. So, what is this person supposed to do? Just find a way to deal with what happened on their own?" Tania

6.6. Young People's Recommendations for safeguarding access to and implementation of sexual rights

Quite importantly, the young people in the focus group recognize that there is complete absence of the involvement of young people in policy making. Young people's voice is often absent and even if young people are involved, their voices are not heard to the extent that they need to. There was also some apprehension as to the extent that importance is given to sexual and reproductive health by decision makers and policy makers. The participants mentioned the example of the National Strategy for Youth, where sexual and reproductive health is only vaguely mentioned. In their opinion, this reflects the fact that key stakeholders like the Youth Board who is an important actor for advocating and safeguarding young people's rights, do not consider SRHR important enough to be included in their agenda. Young people also recognize that they bear a big part of the responsibility of getting their voice heard, because they are not as active citizens as they should be, nor do they take opportunities for civic engagement, offered by the youth organizations or the Cyprus Youth Council.

Young people's specific recommendations on safeguarding access to and implementation of sexual rights, include:

- The establishment of visible community centers for sexual health which would put sexual health and sexual rights in young people's awareness and consideration and would instigate young people to become more informed about sexual and reproductive health and rights

"Το πρόβλημα είναι της κυβέρνησης ότι δεν υπάρχει καμία εθνική πολιτική. Εν έσειε κάτι που ένας νέος να μπορεί να δει. Στο εξωτερικό υπάρχει κλινική που είναι συγκεκριμένα για σεξουαλικά μεταδιδόμενα νοσήματα. Άμα κάτι εν μες τα μάθκια σου τζαι βλέπεις το, τότε τζαι συ ο ίδιος εν να το ψάξεις. Που μόνος σου εννά θέλεις να ενημερωθείς" Νικηφόρος

"The problem is that there is not a national policy. There is also nothing tangible that a young person can see. Abroad there are clinics that are specifically dedicated to STI testing. So, if it's in front of your eyes, you will be encouraged to look for more information. You will want to take the initiative to learn more" Nikiforos

- A youth friendly clinic in every city that will be focused exclusively on the provision of SRHR services. The youth clinic to offer services for free, offer appointments in a timely manner and also offer appointments on a drop-in basis, safeguard confidentiality and anonymity and quite importantly also act as a contact point where young people can get information about SRHR.

- As mentioned above, the youth clinic needs to be staffed with professionals that young people can relate to and who understand their needs, who exhibit professionalism, respect privacy and confidentiality and who would make young people to feel comfortable. In other words, professionals who are warm and welcoming and talk openly, are completely non-judgmental, and also provide reassurances to young people so they don't feel alone in what they may concerned about.
- Linkage to follow-up care was also considered important. Having the correct information of what happens after a positive test or an unexpected pregnancy, appropriate referrals to how one can get help and also psychological support.
- Young people need reliable, accessible and comprehensive information that doesn't only focus on health but approaches sexuality holistically and includes information on relationships as well. Psychological support was also deemed as important and referrals to counselling were considered to be an integral part of information dissemination about SRHR.
- The important role of the media was also recognized both with respect to shaping attitudes and challenging social norms, and also with respect to putting sexual rights violations on the agenda, framing the right discourse from a human rights perspective.

7. Focus group with young Migrant Women

7.1. Information about SRHR

Young migrant women mentioned to receive most of the information about sexuality and sexual health from the internet and social media. They also mentioned not be embarrassed to look at YouTube videos or even porn sites, something that is considered as normal practice for them. Nonetheless, they do recognize that online information is inadequate, non-comprehensive and most likely not reliable.

"[The information on the internet about sex] It's bad. It's bad. Because nobody told us [otherwise]. Ok you learn it, okay, but then you need to learn how to apply it, because nobody is teaching 'ok, this is how you do it. You make mistake and then [what?]" Madeline

Access to official, comprehensive and reliable information for migrant workers is practically nonexistent and the women in the group mentioned that migrants in Cyprus are often an 'invisible' group when it comes to information dissemination. To fill this gap, it has been the responsibility and the personal initiative of certain opinion leaders within the Philippino community to find a way to provide their community with this information, primarily by building cooperations with NGOs (such as Family Planning Association) and private doctors. Notably, the women who participated in the group, mentioned that it was a quite a contrast that when they come to the country, they are provided with very detailed information about their visas and working permits, immigration requirements etc. but with no information about their health or sexual health. Inevitably, they made a short comparison with how things work in the Philippines, whereby community health workers play a prominent role in providing information about condom use and STI prevention. Leaflets are even distributed in supermarkets (in the condom section) providing information about STI's and safe sex practices.

"When you arrive Cyprus because you're working [...] you already know before you are coming here which are the offices to go to if you have issues with the visa, migration, immigration, labor, social welfare.... [...]. How about my social life? [...] I need also some group, maybe to talk [...], 'How is your sex life', like this. It's normal for us." Marilu

Interestingly, the migrant workers mentioned that, besides needing information about SRHR for their own health and wellbeing, it is important for them to have this knowledge because they often need to use it to educate the children of the families they work at. Since they spend so much time with the families, they often take onboard a parenting role and assume the responsibility of talking to the children about sexuality: for instance, if there are teenagers in the house, they often need to talk to them about body hygiene or explain to them why and how their body is changing during puberty.

7.2. Risk for Sexually Transmitted Infections

In the gap of comprehensive information on sexuality and sexual health, the group expressed its concern about the lack of positive attitudes with regard to safe sex practices within the Philippino community in Cyprus. The women who participated in the focus group worried that their peers more often than not would engage in risky sexual behaviors, such as unprotected sex with multiple partners, substantially increasing their risk for STIs. Evidently, STI risk appeared to be of a great concern: the lack of information about safe sex and condom use, unawareness with regards to symptoms, lack of knowledge on the possible impact of STIs on physical and psychological health, combined with complete confusion where testing is available, raises serious questions as to whether the Philippino domestic workers will go for testing or would seek treatment afterall.

7.3. Unhealthy relationships and intimate partner violence

Having healthy intimate relationships also emerged as a key concern of the Philippino domestic workers who were consulted. When prompted where they would turn to for information about healthy relationships, the internet again appears to be the main information source. Quite importantly though, the young ladies recognized that because of the lack of awareness, it is difficult for them to recognize unhealthy behaviors in their relationships, as they often mistaken them for love. This lack of awareness (and lack of sensitization and skills building we could also add) however, raises various concerns as to their safety in relationships and the degree to which their rights are being safeguarded.

“Having a problem in the relationship, actually you don’t need to go to the internet. [...] Some people will lie. Like they don’t know there’s a problem in the relationship. You will be like ‘well, it’s love’ [...] Is it really love? [...] I have a friend and her boyfriend has been like punching her or slapping her and she thinks it’s okay. She thinks they are good in the relationship.” Madeline

While talking about healthy relationships, consent was another issue that was brought up, with the women in the group exhibiting various mistaken beliefs about consensual relationships. Evidently, it appeared that migrant women often lack the awareness, and most importantly the empowerment, to assert their rights and claim their boundaries in their relationships. On one hand, there was confusion as to when sex starts becoming abusing and when the line from ‘rough sex to abusive sex’ is crossed. On the other hand, the women in the group felt that they had no choice in the matter but to surrender and accept what is happening, regardless of whether sex is pleasurable for them or not. Even in the event that sex is no longer pleasurable, they felt that they should just ‘go with it’ and ‘suck it up’. Some of them even felt that they couldn’t do anything to stop rough sex behavior because they had agreed to have sex in the first time.

"Even you say stop, they [won't stop]. They will force you. And you be more in pain. You just have to suck it in, and say, 'oh, okay'" and go with it." Lucinda

Romanticizing relationships and being blinded by love were the main reasons that would often hold female migrant workers back from walking out from an unhealthy relationship. Moreover, concerns with regard to possible rumors, gossip and stigmatization, combined with the fear that violence may get worse if they leave, often tend to keep women in unhealthy relationships. In certain cases, women victims of intimate partner violence may be bought off with money or gifts, to be coerced into staying in the relationship.

"You don't leave.....because there is the hope that if you give one more chance, things will change and get better. So, people 'suck it up'. It's really complicated." Madeline

The way they will be treated by the system when they reach out for help in the case of intimate partner violence also seems to be a deterrent to seeking support and care. The young migrant women consulted in the focus group, perceived that there is great lack of support and follow up on behalf of the public medical services in cases of abuse. Migrants are again the 'invisible group' and because hospital staff refrain from paying the due attention to them, this leaves them without real support or protection. Moreover, there is also a degree of victim blaming towards them, making them even more reluctant to turn to medical services for help.

"Her boyfriend has been like punching her or slapping her [...] One time she was almost left dead and went to the hospital. The hospital told her she was responsible and gave her some medication for her open eye and said ok you can leave now. Yeah, it's really sad." Madeline

Sadly, the women in the focus group discussion admitted that there is indeed a high incidence of physical and sexual intimate partner violence (IPV) in the domestic workers' community. Evidently, gender stereotypes, myths and misconceptions about gender-based violence, social norms, stigma and taboos greatly enhance this group's vulnerability to sexual rights violations and raises significant barriers in adequately protecting and supporting them. Because of fear of stigmatization, women tend to not talk of their experiences of abuse while these are happening but would instead mention them after they have ended the relationship. This additional victimization of women, however, makes it more difficult to protect and support them when they are most at risk.

Social norms, also hold Philippino women back from reporting their experiences to the police and in seeking protection. Moreover, victim blaming and sexist attitudes expressed by the police act as additional obstacles to them seeking protection. Because of the way they are treated by the system, they have lost their faith in it and acknowledge that essentially, they have no real access to justice.

"The Police don't care. Third country they call us. They think we are from a Third country and we are eating garbage." Marilu

"Some women seek their own justice. You hear these crazy stories. Women being vindictive of their partners'." Madeline

An additional, and significant barrier to migrant women seeking justice, is also their financial situation which affects their access to legal representation. In most cases, they cannot afford a lawyer and because of their migrant status they are not even entitled to free legal aid.

"We cannot access the judicial system here. They no give us a free lawyer" Marilu

The above barriers are more elaborately highlighted in the story of Philippino woman that the group recounted. A friend of theirs was experiencing physical abuse in her marriage for years. Only when she experienced sexual abuse from her husband, she decided to reach out to the police but she received no support because the police officers didn't consider her situation as rape and thus were very reluctant to help her. To further discourage her from proceeding with her deposition, the police officers posed unjustified delays in handling her complaint, while they even tried to persuade her to 'work things out in her marriage' as it would be difficult for her to have legal representation anyway.

"It's horrible to hear like this, that there is no marital rape!! I have the right to say no and not force me to do things I don't want to! They should consider that. Even if it's my partner." Marilu

7.4. Sexual exploitation and sexual abuse

The power dynamic between employer-domestic worker, and the particularities of the situation domestic workers are in by living together with their employers, appears to enhance their vulnerability to sexual exploitation and sexual abuse. The participants in the focus group mentioned various incidences they were aware of where domestic workers were sexually harassed by the older men that they take care of or by their employers. They mentioned to experience feelings of agility, hypersensitivity and fear, especially when their female employers are away, as this leaves them alone and unprotected in the hands of 'predators'.

"Men on weekend they have a high testosterone level. Because their wives don't give them sex. Because madame not give, you have to give [...] I want to tell them to put some ice on it...it will go down. Does that mean I have to carry ice with me all the time?" Lucinda

Even if the migrant workers reported incidences of sexual harassment to other members of the family in an effort to seek protection, there was no real respect or safeguarding of their rights. In the best of cases, the domestic worker will get a release paper, so she can leave the family and move on to the next one. But one can not help but wonder how effective this solution is, and if it is only an attempt to slip the problem under the carpet. In other incidences, domestic workers

were offered money in exchange of their silence, in an effort to cover up the incidence and protect the family from being exposed.

"Many, many cases with housemaids Stalo mou. Pappou, employer touching, harassment. Once a domestic worker is harassed, do they tell yiayia, do they know? 'I didn't rape her, I just used my finger.' That is despicable! Telling all these stories to us. The only outlet for this lady to get a release, find another employer. But this predator will keep doing it. Why can you not penalize an employer like this? Both male and female employer who are harassing a worker." Marilu

"Someone who hurt you, offers you money. Just to keep it silent" Lucinda

The dim financial situation domestic workers are often in also enhances their vulnerability to sexual exploitation. Employers would sometimes take advantage of the fact that these women are in financial need and would coerce them into having sex with them in exchange of money.

"I will give you money, I know your salary is low, make sex with me, your madame is not here...' all these, it's horrible! In an incidence like this you didn't penalize the employer though." Marilu

Moreover, the fact that most employers are unaware of the laws and of the repercussions they could have if legally prosecuted seems to perpetuate these incidences of sexual abuse and sexual exploitation. Nonetheless, once again, the migrant domestic workers mentioned that they feel completely unprotected by the judicial system, having no faith in the laws, as the perpetrators are not prosecuted in most cases.

"Our rights here (in Cyprus). No! They are not [safeguarded]. We don't have rights! Just on paper! I know my rights but I need to find where that right starts." Marilu

"In an incidence like this you didn't penalize the employer though. The laws don't apply. That's why I said, laws exist only on paper" Marilu

7.5. Gaps and barriers to SRHR services

"Moderator: Have you used any SRH services?"

No! Because we don't have access. We don't know where to go to." Nicol

The migrant women in the consultation group mentioned that their access to SRH services is practically nonexistent, partly because they have no information or awareness of where to reach them. They mention to either reach out to Family Planning Association for information or to the Cyprus Checkpoint for free HIV testing offered during the Pride events or outside nightclubs. However, besides these two organizations, the women in the group were not aware of any other

services and were completely uninformed with regard to where to reach these services within the public health sector.

"I keep telling the ladies all the time that prevention is better than cure. But then, how can we get prevention if we don't have access to it. We need to find funded programs for free. Free access for migrants." Marilu

Access is also linked to the time availability of the services. Domestic workers' only time off from work is during Sundays, when, however, there is no access to health services, except for emergency services. Getting leave for medical reasons is rare and domestic workers perceived that their employers would not consider the need for a Pap test, a pill prescription or an STI test as significant enough reasons for leave. The geographical location and the non-centralized nature of the services is also another barrier to access. In the absence of personal transportation means (i.e. their own car), it is almost impossible for domestic workers to move from one health department to the other (i.e. from the General Hospital to Makarios Hospital for instance) when they have to exclusively rely on public buses.

The non-centralized nature of the services combined with lack of organization and a general inefficiency experienced at the public health services creates additional difficulties for migrant domestic workers when they seek SRH services. They mentioned to not be provided with enough information when they are referred to other departments and most of the time, they are unaware of where they need to go to. Moreover, long waiting times to either get an appointment, or at the hospital reception, waiting to be seen by the doctor often discourage them from seeking care.

Bureaucracy, over-scrutinization and subjection to additional checks, in comparison to Cypriots, also act as additional barriers for migrant workers. For instance, many times they were refused services if they didn't have their visa papers, passports and social insurance policy with them. However, such practices are discriminatory as these unnecessary requirements are in fact against migrant rights.

"It doesn't matter if you have a visa or not. They shouldn't ask for this because you go for help. So, if I don't have a visa, I won't be checked." Madeline

Access to abortion services was also brought up in the course of the discussion. While abortion services are illegal in the Philippines for religious reasons (because of the influence of the catholic church), in Cyprus, Philippino women are more inclined to have an abortion, if they want one, because they don't feel that they would experience the same stigma they would have experienced in their own country. However, considering their overall limited access to health services in general, they admitted to resort to dangerous home remedies or charlatan practices but putting their lives at risk in the process.

"Here, even a (Cypriot) kid 14-15 (years) if they are pregnant, they abort it. Because they have access. And they have money. It's all about public embarrassment. You're pregnant, okay let's get it out. In the Philippines [...]it is illegal because of the religion. But here, they (Philippino women) do it. " Madeline

"With the women Philippino we know, they do the raw, raw dangerous abortion. Abortion is very dangerous if you do it alone without a doctor. They try it alone. It's more cheap. Again money. They have no money. They are scared. Nobody knows." Lucinda

The most significant barrier to migrant women accessing SRHR is cost. Because of the challenges encountered at public health services, private care is a more preferable option, which however comes at a higher cost. Unfortunately, STI tests, Pap tests and contraceptive means are not included in their employment agreement and thus not covered by their medical insurance. Consequently, any service/test related to sexual and reproductive health has to be paid with their own money or deducted from their salaries by their employer. In light of the difficulties of accessing affordable services, migrant workers admit to avoid seeking care and to either resort to 'googling' their symptoms (and trying to find a possible remedy online), or to alternative home remedies in an effort to cure themselves. However, in the absence of proper medical consultation, self-medication may not be appropriate and could even expose them to additional health risks.

"I had these bruises, they were strange.... Don't know what it was...so I google it and boom, leukemia! Okay I have leukemia! Same for sex stuff." Nicol

"We want to get a medical checkup but most of the time we avoid it to save money. You avoid the check up to send money to the family. We don't have insurance. My employer doesn't give me money to buy medicine when I get sick. She cuts it from my salary." Lucinda

"Last year I had pain here and I went to the hospital. I spend 200 euros. I paid all my medicine. Paper, paper, insurance. This year if I have pain, I won't go to the hospital. I cannot pay another 200 euro. This is the problem. Money." Lucinda

7.6. Racial discrimination

"The problem is also racial discrimination. I went to Apolonion hospital, I always go there because it's close to our house, and I was there and I was trying to get their attention and then my boss came, my boss was behind me. And this when they paid attention to me because they saw I was with someone. [...] The others who were there, you know, they just cut you in. Even if you are dying, you still need to wait" Nicol

Racial discrimination appears to lie at the core of migrants' sexual rights not being safeguarded. Migrant women's multiple identities in terms of gender, ethnicity, sexual orientation and disability

(intersectionality) further enhance their marginalization in terms of access to sexual rights. Additional layers of discrimination are experienced because of them being women, being migrants, being LGBTI+ and being domestic workers.

"How far can we go? How far can we tackle the many obstacles? We have more obstacles now. From being a woman. From being a domestic worker. From being LGBTI+." Marilu

The language barrier appears to create substantial challenges in accessing SRHR. The migrant women in the focus group mentioned to almost never having been spoken to in English by the medical or the reception staff at public health centers. Consequently, they have no option but to resort to sign language in order to be able to communicate, which is not only awkward but it can get quite embarrassing too.

"I had an experience with the general hospital. I bring my friend there to emergency and [.....] the cashier there wants me to speak Greek when I turn in my forms! [...] You have to speak Greek! You are here in my country, you have to speak Greek. Somebody else who speaks Greek." Lucinda

"Imagine you have to signal with sign language that you have problems in the sexual parts, how embarrassing it is, and you need to have a certain personality and not be embarrassed to show them in sign language." Madeline

Moreover, the language barrier creates complications in the correct administration of the prescribed medication, taking into account that prescriptions are often in Greek and most of the medications given out at the General Hospital do not include specific instruction leaflets in English.

"Even the medicine, they give you the medicine and you open and say 'how am I going to drink this one? It says here three. So, I take 3 pills together, or every 3 days, or continuous for 3 months?' Lucinda

"And the prescription inside the box is in Greek It should be Greek and English. It would be friendly! In other countries, in Middle East for instance, they do it, the prescription is in Arabic and English. Here is all about Greek. So, I see one, and then I see thirty, so I have to take 30 times this one?" Madeline

Racial discrimination is also perpetuated by the complete absence of migrant issues from everyday discourse, public debate and media coverage. Especially with regards to media coverage on sexual rights violations concerning migrants, such as sexual abuse for instance, it is often the case that the media will distort the story and blame the victim so as not to expose the locals.

"[talking about sexual harassments] Fuck the news! There is no such thing in the news that would make the country look bad! When are we going to start giving our stories? When?", Madeline

"Now I am voicing more about women's rights and LGBTI+ rights. The migrant issue was set aside. Did you hear us in the news? No! Nothing." Marilu

The hospital staff was also considered to lack the sensitivity to understand and to adequately address migrants' needs. A main concern was the lack of privacy and the staff not maintaining confidentiality and anonymity. The migrant workers mentioned to be worried that they will be negatively criticized, gossiped at and probably attributed the blame. However, when prompted on whether they made an effort to stand up to this discriminatory behavior they experienced, the ladies appeared quite disempowered to do so out of fear that if they complained or answered back, they run the risk of the hospital staff calling the police, something which could get them in trouble with the authorities.

"[She will be treated] Awful! Awful! Why you have like this? Why you not responsible? Everybody talking with each other 'Ah this one...Don't touch this one. What else she may have?'" Nicol

"It was your fault. Maybe you give attention to the guy. You try to seduce him that's why he did that to you. So, I after that I try not to say anymore." Lucinda

The most serious violation of sexual rights that migrant women experienced from medical staff was sexual harassment. One of the focus group participants described her experience of going to the hospital for vomiting, and ending up having her breasts groped by the doctor who diagnosed her with mastitis! Another participant had the doctor feel up her butt when she went to have stitches removed.

"I had a mini surgery and the doctor took advantage of me. During the removal of the stitches, he touched my butt. [...]Then he said, you have to come back in a month to check the wounds, blah, blah. Fuck you! I will never go back there. I don't care if I get an infection. I would NOT go back there! They just take advantage of you. My butt is here. My stitches are here (in a different place). My boss was there and (when we left) she asked me 'Did you see that?'; I said I FELT that! And she didn't say anything. Out of respect because we were at the hospital. A situation where you have to suck it up and let it be." Madeline

The repeated sexual rights violations migrant women experience has a detrimental impact on their confidence and empowerment. By enlarge, the migrant women in the focus group appeared to be completely 'resigned' to their fate, almost unable to stand up for themselves.

7.7. Young migrant women's recommendations for safeguarding access and implementation of sexual rights

1. SRHR services that would be accessible to everyone and which will equally be accessible to migrants: this can also help the better integration of migrants in the community. There is no need to have a specialized center only for migrants as this may enhance segregation.
2. There is a need for a community health center that will operate in a centralized manner as an one stop shop. Quite importantly, SRHR need to be offered free of charge or at affordable prices for migrants. Appointments to be offered in a timely manner, without long delays, while appointments to also be available on a drop-in basis. Besides the provision of medical sexual health services, the center to also act as an information center and counseling center. To cater for the needs of migrants, it is also important that the center is open on Sundays and employ English-speaking staff.

"If there is for example easy access for a migrant worker, there's one shop, only for migrants and everything is there. There is for blood test, there is a women center.... This is easier even for the locals. [...] also, why is there a need for appointments?" Marilu

"Easy access... A community health center, in public spaces.... one you can access easily and you can just go without being judged. Also, everyone should be aware about this. [...] It's hard when we know and everyone else doesn't. Everyone knows about it." Madeline

The center could also provide online doctor support whereby the public can contact doctors online and ask them questions about issues that concern them.

"Now with the internet you can ask right away [the doctor]. I have like this. Could you help? And doctors can explain to you before you go to the appointment what steps you have to take. Online doctors... they can reply to you... I think it would be helpful." Lucinda

3. Monthly awareness events could be organized, either face to face or online. Doctors or experts such as psychologists could conduct lectures or information workshops once a month about HIV testing, safe sex, STIs and healthy relationships.
4. To make information more accessible, it needs to be posted online, on social media. It is also important to post information about domestic workers' sexual rights so that the families, the employers and the companies will be aware.

"Information on women's' rights, human rights, LGBTI+ rights, workers' rights, they all start at home." Marilu

5. Men migrants are even more excluded from access to information. There should be a campaign targeting men, to educate them on how they can protect themselves and their partner. Also educate men on healthy relationships and gender equality in relationships.
6. Make use of funded programs aiming to provide continuous sexual health services to migrants.
7. More media coverage on migrant issues and public debates about migrant rights. It is important to give them a voice so as their experiences and realities can be heard. Promote the contribution of migrants to the society of Cyprus. More media presence will not only enhance social awareness but will provide a forum where migrants can have a voice.

"If we are in the news, I think everybody watch. Many employers watch also. So, they can hear us. We need to voice out. Show them, these are our rights." Lucinda

8. Focus group with young people with disability

8.1. Issues related to sexual rights that most concern young people with disability

Acceptance runs high on the list, with young people with disability claiming the need to be accepted for who they are and the way they are and to be approached in the areas of relationships as equals. Moreover, to be given an equal opportunity to form relationships and to equally be approached by others. Most of the participants mentioned that it is a common misconception that people with disability cannot have good relationships. Speaking from experience, they mentioned to have had relationships with persons with no disability (non-hearing impaired for instance) which didn't differ from any other relationships.

«Όταν έχουμε κάποιο δεσμό [...] το θέμα ο καθένας να μας δέχεται όπως είμαστε. Σήμερα η προσέγγιση για θέματα της σεξουαλικότητας είναι πάρα πολλά διαφορετική και πάρα πολλά δύσκολη, τζαι εμάς σαν ανάπηρους δύσκολα μας προσεγγίζουν για θέματα σεξουαλικότητας, για τη σεξουαλική επαφή.» Ράνια

"When we have an affair [...] the issue is to be accepted the way we are. Today the way we approach others sexually or in order to form a relationship is very very different and very difficult, and we, as disabled people are not so easily approached for sexual relationships." Rania

« Εγώ είχα δεσμό με ακούοντα, εντάξει ήταν όλα μια χαρά, στα φυσιολογικά πλαίσια όπως κάθε άλλον. Τον εκπαίδευσα στην νοηματική τζαι μπορούσαμε να συνεννοηθούμε. » Νίκη

"I had a relationship with a hearing person and everything was fine, it was within 'normal' limits, like any other relationship. I trained him in sign language so we could communicate." Niki

However, they did acknowledge that forming relationships does not come without challenges as there are fundamental difficulties in the communication that need to be overcome first and especially from the onset of the relationship, in order to establish a solid foundation.

«Εμένα που χειροτέρευσε η ακοή μου σε σχέση με παλιά, τζαι θεωρώ τις δυσκολίες επικοινωνίας με ακούοντες σε τούτα τα θέματα της σεξουαλικότητας. Ε... εν τρομακτικό, ας το πούμε έτσι! Ο τρόπος επικοινωνίας εν πολλά δύσκολος τζαι δυσχεραίνει άλλες καταστάσεις.» Ράκης

"When my hearing started to get worse, comparatively to how things used to be, I could see the difficulties experienced in communication with hearing people on issues of sexuality. It's kind of scary! Communication can be very difficult and it can also make other aspects of the relationship worse." Rakis

When prompted of the issues of SRHR that are most important to them, they mentioned that *all* issues are equally important. There were specific mentions of STIs, prevention technologies (such as vaccinations), correct use of contraception, condom use, safer sex practices, healthy relationships, sexual abuse of children and pregnancy.

8.2. Sources of information about sexuality

Ideally young people would have preferred to be educated about sexuality and SRHR in an official, comprehensive manner through formal education. Towards this end they recognize the value of implementing comprehensive sex education in schools, however they perceive that we still significantly lack behind in this respect. Notably, none of the young people who participated in the consultation had experienced any form of sex education when they were in elementary school or high school.

«Εγώ πιστεύω πως αν η εκπαίδευση εν σωστή, βοηθά πάρα πολλά πράγματα. Δηλαδή αν ξεκινήσει μια εκπαίδευση νωρίς σε σχολείο π.χ. εν να πολλά πιο εύκολο να δημιουργηθεί μια καλύτερη γνώση γυρω που τούτο το θέμα.» Βασίλης

"I believe that if education is implemented in the right manner, then it can help with a lot of things. So, if young people receive sex education early, when they are in school, then it is much easier to cultivate better knowledge around this issue." Vasilis

Due to the nature of their disability, young people experience various barriers to obtaining information about SRHR. For instance, using the telephone constitutes a first level barrier for young people with hearing loss which would entail that they cannot contact a helpline or a health center to ask questions. Because of this barrier, they need to resort to face to face communication with the service, even for questions that regard very simple matters, but this may be uncomfortable for them, as they may have wanted to preserve their anonymity and not want to be seen. For important matters they may need to take an interpreter with them, but then again this may also result in them feeling exposed or embarrassed. In addition, some young people with hearing loss who don't have a rich vocabulary, or whose reading ability is not very strong, are automatically excluded from all information that is being communicated in written form. While young people with vision loss may have better access to information provided over the phone, they are also excluded from information that is provided in written form (such as informative leaflets) and is not in brail.

The social media and the internet constitute the main sources of information about sexuality and SRHR. However, they recognize that it is up to each person to look for the information themselves on their own initiative but not all young people have the drive, the motivation and the interest to self-educate themselves nor the critical competency to critically assess the validity of the

information received. On the contrary, a high percentage of young people with disability, react to sexuality instinctually, and try to learn based on their own experience by trial and error. Learning only by experience however, especially in the lack of awareness of the risks involved, may jeopardize young people's sexual health (contacting STIs, unwanted pregnancies, forming unhealthy relationships etc.)

«Εξαρτάται που τον καθένα, πόσο ψαγμένο εν το άτομο. Δηλαδή αν θέλει να το ψάξει μόνος του νομίζω μπορεί να βρει πληροφορίες. Το θέμα, μπορεί να το ψάξει που μόνος του; Έσκει την ανάγκη να το ψάξει; Τη θέληση να το ψάξει μόνος του;» Έκτορας

"It depends on the individual, how much they like to search for information. However, if a person wants to look for information on their own, would they be able to find them? The issue is, would the person indeed look for the information themselves? Do they feel the need to look for information? Do they have the motivation and the will to look for information?" Ektoras

Young people with disability also depend a lot on their families, their social circle and the close people around them for information. This however can work in two ways. On one hand, if the people around them are open-minded and can talk about sex and sexuality with ease, this will be a positive experience and can lead to important information exchange. On the other hand, however, if the people around them don't openly discuss matters of sexuality, this may result in young people not getting the answers they need, as explicitly as they want them.

«Πας το αστείο, αλλά πας το αστείο εν κάμνεις τη σωστή ερώτηση που θέλεις τζαι πιάνεις μισοαπαντήσεις ας πούμε...[...] Στην πραγματικότητα... τελείως διαφορετικά." Ράκης

"You approach the conversation [about sexuality] in a joking manner but with this approach you don't really ask the right questions and you only get half answers let's say [...] In reality...things are completely different." Rakis

Conversations with parents could also develop in a two-fold manner as well. The quality of information young people with disability will receive from their parents, again depends on the nature and the closeness of the relationship and the extent to which they can have open and real conversations about sexuality. Only two of the participants in the focus group mentioned to have an open line of communication with their parents, which also included matters of sexuality. Other participants, however, were doubtful as of the degree their parents are able to provide them with reliable information about sex. More explicitly, their concerns concentrated on the following: for instance, do the parents have adequate knowledge to provide this information? Will parents give information only based on their own subjective experiences? Will parents be willing to pass on this information to them? To what degree do parents have conservative attitudes or have their own taboos/prejudices which may result in not providing comprehensive information to them? And to what degree are parents affected by social norms and feel the need to 'protect' their children by engaging in a process of intimidation instead i.e. by scaring them off from having sexual relationships? In lieu of these concerns, young people with disability wondered if they end

up receiving outdated or one-dimensional information about sex and relationships which often comes in contrast with the different messages they receive from the society around them. Taking into consideration the important role of the parents in providing sex education to young people with disability, this would entail specifically targeting them for workshops and training so as to provide them with the skills and the necessary knowledge of how to have these conversations with their children and what information is important to provide.

«Εμένα η μάμμα μου λέει μου ότι πρέπει να προσέχουμε στο σεξ. Αλλά λέει ότι [για να κάμεις σεξ] πρέπει πρώτα να παντρευτείς τζαι μετά εννα κάμεις μωρό. Με τούτο τον τρόπο. Τζαι μετά όταν εγώ βλέπω ότι γίνεται ανάποδα το πράμα. Κάμνεις σεξ [χωρίς να παντρευτείς] ή κάμνεις μωρά τζαι μετά παντρεύεσαι, αρχίζει να μπαίνει μια διαδικασία αμφιβολίας τζαι αμφισβήτησης. Τι μου εδίδαξε η οικογένεια μου; Τι συμβαίνει μες την κοινωνία;» Χαρά

“My mum had told me that we need to be careful when it comes to sex. But she says that in order to have sex we first need to get married and then you have a baby. Things work out in this order. However, I see from other people around me that things can work out in the opposite manner. That you have sex without being married. Or that you can have children first and get married later. So, you start questioning and doubting things. On one hand what my family has taught me. On the other hand, what is happening in society.” Hara

Regarding the information they already receive, the young people in the focus group consider that it is generally quite adequate for their needs. However, they mentioned the need to be able to gain a more in depth understanding of this information (i.e. in an effort to translate it into concrete knowledge and tangible skills), something which is only possible through face to face interaction, preferably with professionals.

“Τζιαι επίσης για το θέμα του ιντερνετ που είπαμε πριν, έχει καλές ιστοσελίδες που σε ενημερώνουν σωστά, τρόπου προστασίας από ΣΜΝ π.χ., αλλά άλλο να τα μαθαίνεις όπως είπα πριν σε ένα βιωματικό εργαστήριο που τους συγκεκριμένους εμπειρογνώμονες. Άλλο να το διαβάζεις και να το φαντάζεσαι, και άλλο από ένα επαγγελματία του χώρου, που ξέρει τζαι να σου εξηγήσει τζαι να σου απαντήσει ότι ερωτήσεις έχεις.» Ράκης

“And with regard to the internet that we mentioned before. Yes, there are good websites which can provide you with reliable information on how to protect yourself from STIs for instance, but it is different to learn about these issues in an experiential workshop, directly from professionals. It is one thing to read something and to imagine what this may mean, and a totally different thing to learn from a professional, who can explain things to you and can answer your questions too.” Rakis

When prompted about the extent of their knowledge, young people with disability mentioned there are still various gaps in their knowledge that need to be filled. Even though they may have some basic knowledge about certain issues, it is evident for them that this knowledge needs to be updated and to become more extensive. For instance, even though they are aware of HIV/AIDS,

they recognize that there are new developments about AIDS (i.e. with regard to protection technologies) which they are not aware of. Similarly, there are new contraception methods which they may not know about, or new vaccines that can help prevent STI transmission. Notably, a great concern about updating their knowledge was their unawareness with regard to where they can turn to, to receive this information or where to look for it.

«Ακούσαμε κάποια βασικά πράγματα στο σχολείο αλλά που τότε εξηχάσαμε τα. Για παράδειγμα για το AIDS, που, που εν να πάω να το ψάξω; Που υπάρχει πληροφόρηση; Που εν να ενημερωθώ; Θέλω να ανανεώσω τις γνώσεις μου. Τι; Μόνο που το Internet; ΣΜΝ, εν την εξανάκουσα τούτη τη λέξη μετά που τόσα χρόνια που το Λύκειο. Που πάω να πληροφορηθώ για τούτα τα πράματα;» Νίκη

"We heard some basic stuff in school but since then we forgot about them. For instance, about AIDS, where, where will I search for information? Where is information available? Where can I be educated? I want to update my current knowledge. What? Only from the internet? STIs, I haven't heard that word since Highschool. Where can I get information about these things?" Niki

«Εμένα, για το θέμα της πληροφόρησης, επειδή υπάρχουν τα κενά, εγώ προσωπικά νιώθω άγχος μερικές φορές, νιώθω φόβο, νιώθω άγχος.» Ράκης

"Because there are so many gaps in the information we have, I personally feel stress sometimes... I feel afraid, I am stressed." Rakis

The limited access to information about SRHR and the little awareness that exists regarding where young people can look for and receive such information, was clearly perceived as a violation of human rights. Making this association with rights violations so immediately and so spontaneously, reflects how important information dissemination and awareness raising are for young people with disability. Moreover, the right to information remained the only right to be mentioned when respondents were prompted to think of which sexual rights violations young people with disability may experience. The group found it difficult to reintegrate other rights, once again suggesting how important it is for them to safeguard this right. The right to information appears to be quite fundamental, as essentially it acts like a gate-keeper to them having a more fulfilling and healthier sex life.

«Αυτοί που έχουν την εξουσία δε λαμβάνουν σοβαρά τα δικαιώματά μας ως ανάπηροι. Εν μπορούν που τη μια να μας θέλουν να είμαστε κύτταρο της κοινωνίας τζαι που την άλλη να μεν έχουμε το δικαίωμα στην πληροφόρηση, για να μπορούμε τζαι μεις να νιώθουμε άνετα τέλος πάντων...Εν το κομμάτι της πληροφόρησης που παραβιάζεται!» Ράκης

"The decision makers don't seriously take our rights as young people with disability into account. They can't expect us on one hand to be a viable part of this society but on the other hand not

to safeguard our right to information, so that we can feel comfortable too...It's the right to information that is being violated!" Rakis

8.3. Access to experiencing sexuality and access to sexual rights

Prejudice about disability appears to be the key barrier to young people with disability experiencing sexuality in an equally open and fulfilling manner. The group mentioned that they are often avoided by other young people in cafes, bars, clubs and other places where they could probably meet a potential partner. Rejection is also common, leaving them feeling the need to become more socially introverted in order to be able to cope with the ostracism they experience. This social distance between them and other members of the community is actually experienced by young people with disability as a violation of their right to experience love and be in a relationship.

«Αν εξαιρέσεις την προκατάληψη εν υπάρχουν άλλες σημαντικές δυσκολίες στην επικοινωνία. Βλέπει σε ο άλλος, είσαι τυφλός, είναι ένα θέμα υποτίμησης. Πως να το εξηγήσω τζαι να καταλάβουν [όταν είναι ήδη προϋδρασμένοι αρνητικά εναντίον μου];» Έκτορας

"If you take away the prejudice, there are no other significant difficulties in communication. A person only sees that you are blind, it is a matter of belittlement. How can I talk to them and make them understand, when they are already prejudiced against me?" Ektoras

«Υπάρχουν αυτές οι προκαταλήψεις. Κάποιοι από εμάς επεράσαμεν τα. Τζαι μας που είμαστε κωφοί, όταν μας προσεγγίσει κάποιος τζαι ανακαλύψει ότι είμαστε κωφοί, επειδή εν μια αναπηρία που εν φαίνεται, μπορεί τζαι αυτομάτως να απομακρυνθεί. [...] Για παράδειγμα εγώ είχα πάει μια φορά σε ένα κλαμπ, και εχόρευα, τζαι επλησίασε με ένας άντρας που ήθελε να με γνωρίσει τζαι όταν του είπα ότι είμαι κωφή τζαι σε παρακαλώ να δούμε πως θα επικοινωνήσουμε, απλά απομακρύνθηκε, αδιαφόρησε τζαι έφυγε.» Νίκη

"There is this prejudice. Some of us have gone through it. In our case, being deaf, because it is a disability that is not easily recognizable, when someone approaches and discovers we're deaf, they may automatically go away [...] For instance, I had been to a club once and I was dancing and a guy approached me and he wanted to get to know me. When I told him I am deaf and please let's find a way to see how we can communicate, he just walked out indifferently." Niki

«Για τούτο το θέμα του σεξ τζαι του έρωτα...[...] εμείς οι ανάπηροι είμαστε εκπαιδευμένοι ότι αν μας απορρίψουν, συνεχίζουμε μόνοι μας που τζιαμέ τζαι που εμείναμε, εν έχουμε ανάγκη τον οποιοδήποτε.» Ράκης

"In this issue of love and sex [...] we, the disabled people, are trained that if we get rejected, we continue our course, we don't need anybody." Rakis

«[...]έχουμε τζαι μεις δικαίωμα στη σεξουαλικότητα. Τζαι οι ακούντες όσο αφορά εμάς τους κωφούς πρέπει να είναι ανοικτοί στο να μας προσεγγίσουν. Να ακολουθήσουν τις ίδιες διαδικασίες όπως τζαι με ένα ακούντα. Να προσχωρήσεις σε μια σχέση, να ερωτευτείς... Αν ο άλλος τραβιέται πίσω κάθε φορά, πως εν να μπορέσουμε τζαι μεις οι κωφοί να έχουμε δικαίωμα στον έρωτα;» Νίκη

"We also have a right to sexuality. And the hearing people need to be open to approach us...In the same way they would approach another hearing person. So that you can fall in love, get into a relationship...If the other person pulls back every time, how would we, the hearing impaired, have a right to love?" Niki

«Εγώ προσωπικά δεν έχω το θάρρος να προσεγγίσω τους άλλους. Εν να περιμένω να δω τι εννά κάμει ο άλλος. Αν θα φύει επειδή είμαι κωφή, εντάξει...» Χαρά

"I personally don't have the courage to approach other people. I will wait to see what other people will do first. If they walk away because I'm deaf, okay..." Hara

Interestingly, the young people in the focus group mentioned that even experience prejudice from people in their social circle, for instance in the event that they start a discussion about sex. They considered this prejudice to arise on account of their disability and not because they were talking about a taboo subject (sex). Moreover, on occasion, they are also asked about how they have sex, which they consider to be a great violation of their privacy. Lastly, the fact that other people around them are surprised to learn that young people with disability actually do have sexual relationships, also reflects the prejudice against them.

«θα έσειε κουτσομπολιό τζαι εννα το σχολιάσουν ότι ο Βασίλης έκαμε σεξ, εν να το πουν με Γουάο!! Yes!! Ο Βασίλης έκαμε σεεεεεξ!!! Μπράβο! Μπορεί!!! Το φυσιολογικό λαμβάνουμε το ως θαύμα!» Βασίλης

"there will be gossip and they will comment on it, that Vasilis had sex. They will say it like: 'Wow!!!! Yes!!! Vasilis had seeeeeex!!! Good for him! He can do it!'. What is absolutely natural, other people consider it to be a miracle!" Vasilis

There was evidently a clear need for the further empowerment of young people with disability to stand up for their rights and demand equality. As will also be discussed in the following sessions as well, because of the multiple layers of prejudice and discrimination they experience, they tend to 'resign to their fate', feeling quite helpless to assert their rights and protect themselves.

«Πρέπει να δείξουμε τζαι μεις ως κωφοί ότι υπάρχει τούτη η ισότητα απέναντι στους ακούντες. Για οποιαδήποτε αναπηρία υπάρχει τούτη η ισότητα, έχουμε τζαι μεις δικαίωμα στη σεξουαλικότητα.» Νίκη

"We, as deaf people, need to show them that there is equality between us. For each type of disability there is this equality and we also have a right to sexuality." Niki

8.4. The risk for sexual exploitation

Because of the above prejudices, young people with disability appear to be particularly vulnerable to sexual exploitation: the group mentioned that there exists the perception that persons with disability constitute easy 'targets' for others. All the participants in the group agreed that sexual exploitation takes place to a high degree. Such experiences though seem to have a devastating effect on their trust of others and appear to greatly enhance their sense of vulnerability, effectively increasing the social distance between them and the rest of the community. Because of the violation they experience, young people with disability can become more socially introverted in an effort to protect themselves and hence increasingly more marginalized. In some cases, this may even stir feelings of racism the other way around, from people with disability towards others. Notably there was a lot of sadness in their voice when they narrated such experiences, expressing lots of pain.

«Εγώ είμαι λίγο ρατσίστρια προς τους ακούοντες. Πολλοί άμα μάθουν ότι κάποιος εν κωφός, προσεγγίζουν τον. Έσει άτομα που σκέφτουνται 'Α, εν κωφή, εννά την περιπαίξω λίον, να τη γαμήσω τζαι να φύω.' Τζαι γω προσωπικά εν ενδιαφέρομαι, εν ενδιαφέρομαι για ακούοντες.» Νίκη

"I think I am a bit racist towards hearing people. Many hearing people, when they find out that someone is deaf, they approach them. There are people who would think 'So, she's deaf, so I will fool around with her and I will just fuck her and leave'. So, I am personally not interested, not interested in hearing people." Niki

«Υπάρχει [η σεξουαλική εκμετάλλευση], υπάρχει σε πολλά μεγάλο βαθμό! Τζαι όι μόνον που τους ακούοντες. Τζαι οι ίδιοι κωφοί νομίζουν ότι μπορεί να ξεγελάσουν ένα άλλο κωφό να τον εκμεταλλευτούν σεξουαλικά. Εγώ είμαι κωφός, είσαι τζαι συ κωφή, μπορεί να είσαι τζαι λίον πιο παλαβή που μένα, μπορώ να σε εκμεταλλευτώ τζαι να πετύχω τζείνο που θέλω.» Νίκη

"There is sexual exploitation in a great extent! And not only from the hearing people towards the deaf. Deaf people themselves may also believe that they can trick another deaf person and sexually exploit them. I am deaf, you are also deaf, but maybe you are stupider than me, so I can take advantage of you and get what I want." Niki

Talking to others about their experiences of sexual exploitation and seeking support does not appear to be a common practice. One of the participants, Hara, mentioned that when one of her friends shared with her that she was coerced to have sex with her boyfriend (when she wasn't

ready to do so) she was impressed of her friend's strength. Hara mentioned that such acts are rare, as not everyone has the emotional strength to share these experiences. Moreover, there is a sense of helplessness that comes with sharing these experiences: on one hand, friends feel that there is not much they can do to help and on the other hand, the person who experienced the sexual abuse, knows that the system is unsupportive and there will not be much handling of their care. Thus, young people with disability, concluded that it is really up to the individual to find ways to protect themselves. Then again, there is not much information out there about what kind of support is offered or which counseling services they could turn to.

These traumatic experiences make young people with disability to be more aware of their vulnerability and thus act in a more cautious manner when it comes to building intimate relationships. However, isn't this another violation of their sexual rights, considering how this affects their experience of a positive, healthy and enjoyable sexuality? One of the participants mentioned that sometimes being aware of one's vulnerability can also be an empowering experience, building self-esteem and cultivating assertive behavior: being more focused on protecting themselves, people become more aware of their own boundaries and exhibit more assertive behavior in setting their limits.

«Για τούτο το θέμα του σεξ τζαι του έρωτα...[...] εμείς οι ανάπηροι είμαστε εκπαιδευμένοι ότι αν μας απορρίψουν, συνεχίζουμε μόνοι μας που τζιαμέ τζαι που εμείναμε, εν έχουμεν ανάγκη τον οποιοδήποτε. Τζαι τούτη δύναμη νομίζω θωρακίζει μας τζαι σε θέματα βιασμού, να μεν δεχούμαστε έτσι πράγματα. Ναι πιστεύκω στο θέμα ότι είμαστε ευάλωτοι, εκπαιδευκούμαστε όμως μέσα από τις εμπειρίες μας.» Ράκης

"In this issue of love and sex [...] we, the disabled people, are trained that if we get rejected, we continue our course, we don't need anybody. And this strength I think safeguards us even in cases of rape, so we won't accept such things. Yes, I do believe that we are vulnerable, but through our experiences we develop valuable training." Rakis

«Μαθαίνουμε που τα λάθη μας. Τζαι γω ο πρώτος άντρας που επήγα [...], εκάταλαβα ότι εμιλούσε τζαι με κάποια άλλη, κατάλαβα ότι με είχε εκμεταλλευτεί, τζαι που τότε ήταν κάτι που με δυνάμωσε, τζαι έμαθα πως να προστατεύκω τον εαυτό μου, τζαι που τότε έμαθα να τον τραβώ τζείνον προς εμένα...οί να είμαι εγώ αφοσιωμένη σε τζείνον [...] ... Εδυνάμωσα που τότε, ώστε να μπορώ να χρησιμοποιώ άλλες μεθόδους προσέγγισης.» Νίκη

"We learn from our mistakes. The first man I slept with I realized he was taking advantage of me because he was also involved with someone else too. And this was something that made me stronger. I learnt how to protect myself and I learnt how to make him being attracted to me, instead of me being fully devoted to him. I became stronger since and I can use other means to approach someone." Niki

8.5. Access to Sexual and Reproductive Health Services

The participants in the group mentioned that they are not quite aware whether SRHR services exist. They were aware that CFPA offers some services but acknowledged that it primarily focuses on information and education.

Quite importantly, the participants who were consulted, mentioned that young people with disability would often not seek SRHR services out of ignorance, mistaken beliefs about sexual health and the lacking of a certain type of consciousness with regards to proactiveness, safety and protection. For instance, the majority of young people with disability avoid STI testing and/or testing for HIV because they tend to have a nonchalance attitude about their safety. The same attitudes hold true for women's sexual health, were the majority of young women with disability will not go for their routine pap smear on an annual basis and tend to neglect it. Notably, they also recognized that men may hold some resistance to medical tests or examinations with regards to sexual health in lieu of gender stereotypes, considering them as a threat to their 'manliness'.

«Ο καθένας πρέπει να παίρνει αποφάσεις για τον εαυτό του. Αν εγώ έχω π.χ. δυο συντρόφους εν να πηαίνω συνέχεια να κάμω τεστ; Εν με κόφτει, ότι θέλουν ας πάθουν! Μόνο αν στο μέλλον έχω συμπτώματα, έχω φαγούρα, κοκκινίλες, οτιδήποτε, τότε εν να αναγκαστώ να πάω στο γιατρό.» Ράνια

"Every person takes their own decisions. If for instance I have two different partners, shall I constantly go to get tested? I don't care! I don't care what happens to them! Only if in the future I have certain symptoms, itchiness, red spots, anything, I'll be forced to go to the doctor." Rania

«Εμένα κάποιες φίλες που πρέπει παν να κάμουν το τεστ Παπανικολάου, 'Α... βαρκούμαι...Έννοια σου....Του χρόνου πάω...του άλλου χρόνου, τζαι αναβάλλουν το [...]. Γιατί υπάρχει τούτη η άρνηση; Για παράδειγμα, τζαι οι άντρες ας πούμε. Αν πρέπει να παν να κάμουν αναλύσεις, να δουν το σπέρμα τους, ή να εξετάσουν το πέος τους, να δουν ίντα που συμβαίνει... 'Μα εγώ;;;;!!! Να πάω;;;;!!! Εν δυνατό να πάω να κάμω εξετάσεις;;;;' Γιατί εν ττροπή να πάει;» Νίκη

"Some female friends of mine when they need to go have their pap smear are like 'Oh I can't be bothered right now, I'll go next year, or the year after that' and they keep postponing it [...] Why is there such resistance? Men too. If they need to have some tests, like test their sperm or have their penis examined, to see what's going on, they are like 'Who, me?? To go? As if it's possible that I will go for testing!!' Why? What is so wrong with them going for tests?" Niki

Contacting health services for issues related to sexuality, comes with lots of challenges for young people with disability. Largely, communication barriers appear to limit their access to these services. Considering how difficult it is for people with hearing loss to contact the services by

phone, the only option is face to face contact, but this will entail that their anonymity will be bridged. Moreover, communication barriers also raise concerns with regards to access to follow up care, in the event that it is necessary.

«Για παράδειγμα να μου δώσει χάπια ο γιατρός. Τζαι εγώ έχω πρόβλημα με τα χάπια τζαι είμαι αλλεργικός ή δώκει μου κάτι τζαι εν καταλάβω; Πως να επικοινωνήσω μαζί του γιατρού μετά;» Χαρά

“For instance, if the doctor gives me some pills and I have a problem with these pills and I am allergic or s/he gives me something that I don’t understand how to use? How can I contact the doctor afterwards?” Hara

Most of the time, communication also needs to take place through a sign language interpreter but because most interpreters are women, men who have a hearing impairment, may feel embarrassed or exposed to talk about personal and intimate issues in front of them. The participants with visual disability also mentioned that it’s imperative they take an escort with them when they visit medical services. Even if this escort is a friend or a family member, they still need to provide explanations to the escort about their predicament and this may be embarrassing.

The personnel at the health services clearly constitute the gate keepers to young people with disability reaching out to SRHR services or not. Whether the experience at the services will be a positive or a negative one, heavily lies on how they will be treated by the doctors or the rest of the medical staff. For instance, it is important that the doctor and the rest of the medical staff display the necessary patience and to communicate clearly and with sensitivity.

«Το πως νιώθει το άτομο που πάει σε υπηρεσίες σεξουαλικής υγείας, εξαρτάται που το γιατρό. Έσκει ο γιατρός την υπομονή να επικοινωνήσει με τον κωφό; Να συνεννοηθεί μαζί του; Να του τα γράφει; » Χαρά

“How a person feels when they go to sexual health services depends on the doctor. Will the doctor have the patience to talk with the person with the hearing loss? To communicate with him and reach an understanding? To write things down?” Hara

«Στες υπηρεσίες πιστεύω νιώθουμε άβολα που εν υπάρχουν οι κατάλληλοι άνθρωποι οι δικοί μας που να μπορούμε να επικοινωνήσουμε...να ξέρουμε ότι εκεί που εν να πάμε τζείνο το άτομο που εννά του ζητήσουμε βοήθεια ξέρει τη νοηματική [...]... εννα νιώθω πιο άνετα μαζί του. Ή ας πούμε τα άτομα με οπτική αναπηρία να ξέρουν ότι εν η τάδε γραμμή, όπου εν το τάδε προσωπικό, τζαι εν να μπόρω να μιλήσω άνετα μαζί του...[...]. Εμείς προσπαθούμε να προστατεύσουμε την αναπηρία μας, να μεν έχουμε διάκριση, όι να δημιουργούμε τζαι άλλη διάκριση πάνω σε θέματα ιατρικής περίθαλψης τζαι πληροφορίας.» Ράκης

“When we go to SRHR services, we feel uncomfortable because they are not staffed with personnel that we can communicate with...to know that the person there who will ask for help knows sign language and that we will be comfortable with him. Or people with vision loss to know that such and such hotline, has the such and such staff that you can openly and comfortably speak with [...] We are trying to protect our disability so we are not discriminated against, not create additional discrimination on issues of medical care and information dissemination.”
Rakis

On the contrary, the personnel at the health services is thought to always be in a rush and thus not pay the due diligence to people with disability: they don't allocate the time needed to hear their concerns and don't have the necessary patience to communicate and answer their questions completely. As one of the participants mentioned, doctors would rush to give you the prescription and get you out of the door; they hardly provide any detailed explanations, not do they provide the space to young people with disability to ask questions so as to really understand what is going on. Because the experience at the health centers is so rushed, quite frequently young people with disability are left feeling confused and unsure of what exactly they need to do. Moreover, because of the time pressure, medical personnel would limit all communication to the absolute minimum, refraining from offering any additional explanations or information on how to practice safe sex for instance or where young people can get psychological support for their concern.

«Συνήθως βιάζονται, βιάζονται... εν έχουν την υπομονή να ασχοληθούν μαζί σου. Μόλις πάω τζαι πω τους ότι είμαι κωφή, λαλούν μου περίμενε ένα λεπτό, τζαι αλλάσουν τζαι λίον την έκφρασή τους. Εν θα σε προσεγγίσουν, να προσπαθήσουν, να έχουν την υπομονή. Έχουν τζείνο το ύφος 'Ουφου! Ηρτε πάλε τούτη. Ινταλως εννά συνεννοηθώ μαζί της'...»
Νίκη

“They are usually in a rush, they are rushing, rushing...they have no patience to attend to you. As soon I go tell them I am deaf, they tell me to wait a minute and you can see that their facial expression changes. They won't approach you, they won't try, they don't have the patience. They have that disdainful look 'Here she is again! How am I going to communicate with her now?'...”
Niki

There were also concerns about whether anonymity and confidentiality are kept when visiting SRHR services. Because most of the disabilities are visible, young people with disability easily feel exposed, as they can't really go unnoticed. Consequently, just the mere fact of going to the services, is already filled with a sense of shame, anxiety and stress. Moreover, because Cyprus is a small country, they run the risk of being acquainted with a few of the people working in the hospital. Hence, because SRHR are still a taboo, they are concerned that they may be gossiped about and/or negatively judged for their lifestyle choices or sexuality.

«Φόβος, φόβος, φοούμαστε να πάμε. Εν μπορώ να πάω, να με δει ο άλλος τζαι να εκτεθώ. Για μας τους ανάπηρους δεν εν τόσο απλό το πράμα.» Ράκης

"Fear, fear, we're afraid to go, I can't go and the other persons see me and I am exposed. For us (the disabled) it is not such a simple thing." Rakis

«Τούτα τα νοσήματα εν τζαι λίον ταμπού όμως. Άρα, εκτός του ότι έχουμε την αναπηρία, αν έχουμε τζαι τούτο το νόσημα, εν να είμαστε διπλά σε μειονεκτική θέση.» Έκτορας

"These STIs are taboo though. So, besides the fact that we have a disability, if we have an STI as well, we'll be twice at a disadvantageous position." Ektoras

8.6. Making Sexual and Reproductive Services friendly for people with disability

- To be youth friendly, SRHR services need to be provided through a centralized youth health center that will be specifically equipped to provide services to youth with disability. The center will target young people with all forms of disability and will address all their specific needs, through the use of specialists who will be particularly sensitized on disability issues.

«εμείς τα άτομα με διαφορετικά είδη αναπηρίας δεν έχουμε ένα κέντρο που να μπορούμε να πάμε, τζαι να πληροφορηθούμε [...]. Χρειάζεται να υπάρξει ένα κέντρο όπου να υπάρχουν εξειδικευμένα άτομα που κάμνουν τούτη την δουλειά, μαζί με εξειδικευμένα άτομα για τα θέματα των αναπήρων. Αν δε μας βοηθήσει η κυβέρνηση, τότε όλες οι ομοσπονδίες αναπήρων πρέπει να εξουσιοδοτηθούν να κάμουμε τα δικά μας κέντρα προς τούτη την κατεύθυνση. Εννα πρέπει να σηκωθούμε στα πόδια μας μόνοι μας. Έχει πολλά χρόνια που έχουμε τούτη την έλλειψη.» Ράκης

"Young people with different kinds of disability don't have a center where they can go to and get information [...]. There needs to be a center with specialists and specialists who are sensitized on disability issues. If the government doesn't help us, then all the federation of organizations for the disabled need to be authorized to form their own centers in SRHR. We need to stand on our own two feet, as we have been waiting for too long." Rakis

More specifically, the youth health center would need to have the following characteristics:

- ✓ Accessibility
- ✓ Provision of information
- ✓ Provision of counseling services and psychological support
- ✓ Safeguarding of confidentiality and anonymity
- ✓ Interpreter services for the hearing impaired
- ✓ Escort services for people with vision loss
- ✓ Mobility access, wheelchair access and wheelchairs available
- ✓ Sensitized staff on disability issues who know how to respond to people with disability.

- Accessibility also needs to account for the different needs across the different types of disability. Ramps need to be provided throughout the space to cater for people with moving difficulties; the space to have the appropriate signage so people would know where to go; signage to also be in brail; elevators to be equipped with audio as well.
- Technology can be employed in order to more widely disseminate information to young people with disability. Websites at service departments need to provide information about where and how each service can be reached and also include informational material on SRHR (for instance on STIs, HIV, contraception etc.) as well. The information provided needs to be accessible for all. For instance, for people with vision loss, screen readers are important so as the information can be transmitted through audio. Moreover, images and photographs need to be described in audio format so that vision impaired individuals can understand what these pictures depict. If the website includes an audio file, then a transcript of it also needs to be provided to cater for people with hearing loss.

8.7. Recommendations for the implementation of Sexuality Education in a friendly and accessible manner for young people with disability

The group recognized the importance of comprehensive sexuality education as a means of helping young people attain the highest level of sexual health. It is important that sexuality education starts early, from elementary school and carries all the way through to university. Below are some suggestions from the group on how sexuality education can be implemented in a more youth friendly manner, which will cater for the specific needs of young people with disability:

- The way that any type of education has been administered so far towards young people with hearing loss is through the use of parallel interpretation. One concern that was expressed, though, was the fact this may result in important aspects of the education getting 'lost in translation'. Interpretation depends a lot on the interpreter's personal understanding of the issue and in the case of sexuality education, the interpreter's beliefs, attitudes, stereotypes, preconceptions and taboos will also play a role in how the knowledge will be 'translated' and passed on. One of the participants recommended the use of educational videos which could be used for sexuality education. Or the use of videos that will already incorporate sign language.
- The use of technology can be very useful in helping to bridge the gap on how information is being transmitted. Videos could be used to explain the whole spectrum of intercourse, for instance, and to explain what conception is and how it happens. Young people with

disability mentioned that they need something more direct and more approachable to them so that the message will be clear.

- Images are also very powerful in the case of the hearing impaired. For instance, the use of props, as for instance educational dolls, which can be used to explain body functions and processes. This more direct approach will provide the opportunity to young people with disability to get to know themselves and their bodies better and there is a sense of empowerment that comes from that.
- Young people with vision loss mentioned the need for using repousse images about the body, about intercourse, which are palpable, and thus can help communicate the messages in a more direct manner to them.

«Κάτι πιο άμεσο τζαι πιο προσεγγίσιμο προς εμάς είναι να υπάρχουν βίντεο που να δείχνουν τη διαδικασία της σεξουαλικής επαφής, να δείχνουν πως προχωρούν τα πράγματα. Ακόμα να δείχνουν τζαι για τη σύλληψη γιατί πολλοί εν ηξέρουν για τη σύλληψη. Να υπάρχει τούτη η άνεση.... Για παράδειγμα να χρησιμοποιήσουν μια κούκλα για να μας δείξουν τις διαδικασίες πάνω στην κούκλα. Κάτι πιο άμεσο προς εμάς. Σε εμάς η εικόνα είναι πάρα πολλά δυνατή. Τζαι μαθαίνοντας τα τούτα ούλα, να μπορέσουμε τζαι μεις να ανακαλύψουμε τον εαυτό μας, το σώμα μας...Τα λόγια που μόνα τους δεν εν αρκετά για να κατατοπιστούμε σωστά. Θέλουμε εικόνα. Η εικόνα με εκπαιδεύει καλύτερα από την ομιλία.»
Νίκη

"Something more direct and more approachable for us, is to have videos that show the process of intercourse, to show how things develop. To also show conception because a lot of people don't know about conception. To have this ease and openness. For instance, to use a doll and show the different processes on the doll. Something more direct to us. For us (people with hearing loss) pictures and images are very powerful. And by learning all these, we can also discover ourselves, our bodies. Words for us are not enough. We need an image. Images train us a lot better." Niki

«Δηλαδή εν να μπορούσαμε να έχουμε εκπαιδευτικό υλικό όσο αφορά τη σεξουαλική αγωγή, ανάγλυφο [το οποίο θα μπορούσε να αποτυπώνει μέσω της ψηλάφησης], το σώμα, τη διείσδυση, την επαφή. Ανάφερε πριν η Νίκη ότι μπορεί να χρησιμοποιηθεί τζαι μια κούκλα για να υποδείξει διάφορες λειτουργίες τζαι να μπορείς να τζίσεις παν στην κούκλα.»
Έκτορας

"If we could have repousse materials with regards to sex education, which is palpable, about the body, penetration, sexual intercourse. Niki mentioned that we could use a doll to demonstrate the different functions and young people with vision loss can touch it." Ektoras

- Lastly, it is important that additional access to valid information is provided as well. For instance, the Cyprus Family Planning Association can include in its website other reliable

sources of information, such as other websites which young people can visit. To also include videos and additional material which would be useful. There was also the recommendation for the information to be classified according to its relevance to people with specific disabilities. For instance, videos that are more visual and not vocal, could be designated as accessible information for people with hearing loss. Videos that are more based on sound and are more narrative, can be designated to be 'friendly' and more accessible for people with vision loss.

9. Focus group with LGBTI+ youth

9.1. Issues related to sexual rights that concern young LGBTI+ people and the need for empowerment

When prompted on issues related to sexuality and sexual health and rights and which are of most concern to them, young people who identify as gay or lesbian mentioned the following:

- Access to testing centers for HIV and STIs
- Provision of a wider spectrum of protection technologies such as PrEP for the protection against HIV
- Access to psychological support and counseling services, recognizing that a great percentage of LGBTI+ persons are suffering from anxiety and stress
- Access to information about sexuality and sexual health
- The provision of comprehensive care when it comes to sexuality issues, including the social and psychological aspects of sexuality
- The stigma, discrimination and homophobia/transphobia LGBTI+ persons often experience
- The lack of empowerment of the LGBTI+ community to recognize and then stand up for its sexual rights

Notably, the need for empowerment was a recurrent theme that emerged throughout the discussion. Because of the stigma and discrimination LGBTI+ youth are subjected to in the prominently heteronormative society of Cyprus, it is difficult for them to create a solid sense of identity and embrace themselves for who they are. Thus, they are disempowered to be visible, to stand up for the rights and to stand up to the discrimination. As the young people who participated in the discussion mentioned, because of the disempowerment, LGBTI+ youth don't have a strong voice and visibility, which often results in the perpetuation of stereotypes, prejudices and social distance.

«We need to start empowering το community μας. We need to start becoming empowered as individuals and not having to think about 'γιατί να περιμένω να έβρω ένα role model to look up to;' We need to start conceptualizing the world in different ways. Εν πολλά επηρεασμένη η κυπριακή κοινωνία ότι we have to look up to somebody. No we don't have to!» Νατάσα

"We need to start empowering our community μας. We need to start becoming empowered as individuals and not having to think about 'why should I wait for a role model to look up to?'. We need to start conceptualizing the world in different ways. Cypriot society has a very strong need that we have to look up to somebody. No we don't have to!» Natasa

«Νομίζω στην Κύπρο το πιο σημαντικό, πέρα που την κουλτούρα του λαού, εν ενδυνάμωση που θέλουμε. Δηλαδή ενδυνάμωση των ίδιων των ΛΟΑΤΙ. Να καταλάβουν ποιοι είναι, τι θέλουν που τη ζωή τους! [...] Χρειαζόμαστε ενδυνάμωση ταυτοτήτων γιατί υπάρχει πολύς ρατσισμός.» Νάσος

"I think in Cyprus, the most important thing, besides (changing) the culture, is empowerment. It is empowerment that we need, empowerment of the LGBTI+ people. To understand who they are, what they want from their lives [...] We need empowerment of our identities because there is a lot of racism around." Nasos

9.2. Information on SRHR

Friends and the internet remain the key sources of information for LGBTI+ youth. The group also recognized the role of NGOs in distributing this information, for instance the AIDS Solidarity Movement, Accept and CFPA.

In general, the young people in the focus group expressed their concern with regards to the validity, the adequacy and the updating of the information they receive on SRHR. On one hand, channels of communication with friends on sexuality issues may not always be so open, considering the taboo and the prejudices surrounding gay sexuality. Contradictory opinions were expressed in this respect, with some of the participants in the group mentioning an open communication with their friends, while others mentioned to experience a barrier: some things are considered okay to be discussed while others are not. On the other hand, in their perception, online information needs to be questioned for accuracy, reliability and validity, and thus needs to be viewed critically. In essence, the young people in the focus group, mentioned that in order to receive valid and comprehensive information on SRHR, the current channels of communication need to be complimented with official, credible sources as well, such as the health services or other relevant departments.

«Θεωρώ ότι ούτε το ίντερνετ ούτε οι φίλοι μας δεν είναι σε εισαγωγικά αξιόπιστες πηγές, in terms of εν κάτι του Υπουργείου Υγείας ή της Κυβέρνησης που να έχει ένα credibility [...]. Οι πληροφορίες [που λαμβάνουμε τώρα] ίσως δεν εν τόσο ακριβείς ή ίσως τόσο updated. Επειδή το ίντερνετ εν τόσο vast που έσει αμέτρητη πληροφορία η οποία μπορεί να είναι χρήσιμη ή τζαι μπορεί να είναι λίον misleading. In those terms, μόνο το ίντερνετ και οι φίλοι μας δεν εν αρκετά να έχουμε μια πλήρη εικόνα του τι μπορεί να συμβαίνει...» Παύλος

"I consider that neither the internet nor our friends are 'reliable' sources, in terms of the fact that they are not information that is provided officially, as for instance by the Ministry of Health or the State that you know has credibility [...] The information we [currently] receive may not be so accurate or not so updated. Because internet is so vast and has a plethora of information which can either be useful or a little misleading. In those terms, information from the internet

or our friends alone is not enough for us to have a complete picture of what may be happening.”
Pavlos

Regarding information dissemination by state services, this is considered to be either incomplete or lacking all together. For instance, there is no information with regard to where a person can get tested for HIV or STIs, or where they can get psychological/mental health support. Most of the time, information doesn't reach young people, while it remains at the individual's own initiative and responsibility to search for it. However, considering the social norms and taboos that surround sexuality, this may not be the easiest task. In addition, the group agreed that there is a need for more visibility of issues related to LGBTI+ sexual rights through informational spots, TV series, the social media and traditional media. The only visibility currently taking place is during the week of the Pride.

«Αν με ρωτούσες εμένα πριν 3 χρόνια, δεν είχα ιδέα. Γι'αυτό τζαι είμαι δαμέ τωρά. Εν ηξέρω τίποτε.» Ελίνα

“If you asked me 3 years ago, I had no idea. This is why I am here today. I know nothing!” Elina

«Τωρά με την κυβέρνηση ας πούμε εν θα φκουν να σου πουν clearly που μπορείς να πας να γινείς tested ή που να αποταθείς για mental health support, τζαι γενικά έννε τόσο informational [...] εν έσειε πολύ information, πρέπει να κάμεις το δικό σου research τζια να κάμεις εσύ establish to network σου τζαι το information σου.» Νατάσα

“The government needs to come and say clearly where you can get tested or where you can receive mental health support, in general they are not so informational [...]. There is not much information out there and you have to do your own research and to establish your own network and your own information.” Natasa

«Αν φανείς τυχερός, μερικές φορές οι συγκυρίες, αλλά ψάχνοντας βρίσκες πληροφορίες. Το θέμα είναι ποιοι εννα το ψάξουν, τζαι γιατί εν να το ψάξουν, τζαι αν νιώθουν άνετα να το ψάξουν.[...]εμεγαλώσαμε με μια νοοτροπία που μας απαγορεύκει πολλά πράματα. Να φτάσεις στο σημείο να αποδεκτείς τον εαυτό σου για τούτο που είσαι... Που μας εξαρτάται τζαι εν τόσο εύκολο.» Νάσος

“If you are lucky, and things work in your favor, you may find some information. The thing is, who will actually look for this information and for what reason and do they feel comfortable looking for information? We grew up with a mentality that does now allow us a lot of freedom. To reach a point where you can accept yourself for who you are...It is up to us, but this is not so easy.” Nasos

The group generally considered that the LGBTI+ community itself lacks the interest to look for information with regard to SRHR. LGBTI+ youth often appear indifferent or show some disregard/aloofness to learning more information about SRHR, either because they are not aware of what they don't know or because they don't properly evaluate the risk they could be exposed to.

«Υπάρχει, εν θέλω να πω μια απαξίωση, αλλά τους ΛΟΑΤΙ νέους εν τους νιάζει τόσο πολλά το ότι εν ηξέρουν.» Τάκης

"There is a certain degree of contempt among LGBTI+ youth, they don't care so much that they are not aware." Takis

One of the participants mentioned that perhaps because of the low visibility of LGBTI+ issues, this tends to create a culture of low expectations among the LGBTI+ youth, thus they are not much driven to think of their sexuality and sexual health seriously. Comparatively, lesbians were considered to be more inclined to search for information and show greater interest than gay men, with the latter being thought to mainly care about having a good time, and it is then questionable whether they engage in safe sex practices or not.

«Μπορεί ναν τζαι στερεότυπο τούτο που κάμνω τωρά αλλά *it seems to me that the lesbian community έχει παραπάνω ερέθισμα towards information. Στο σεμινάριο που κάμαμε ήρθαν πάρα πολλές κοπέλες τζαι έδειξαν πάρα πολύ ενδιαφέρον. Ενώ άντρες ήταν μόνο 2-3. Εμιλούσα με ένα gay άντρα τζαι είπε μου ότι έν έχουν ερέθισμα οι gay άντρες γιατί they only care about partying.*» Νατάσα

"Maybe I'm just stereotyping but it seems to be that the lesbian community is more inclined towards searching for information. In our last seminar, many girls came and showed great interest. But the men, they were only 2 or 3. I was talking to a gay man and he told me that gay men are not intrigued about learning more about sexuality because they only care about partying." Natasa

The difficulty in accessing information and the low availability of information appears to be impacting LGBTI+ persons' sense of identity and self-esteem. The process of self-acceptance and coming out is usually really difficult for many LGBTI+ youth and often they are left alone, without support and without information to go through it. In the lack of this information provision and the absence of psychological support, it is often the case that LGBTI+ youth don't create a healthy sense of identity; suffer from internalized homophobia; create a negative perception of themselves and lack empowerment and self-esteem. One of the participants mentioned that despite the fact that having an LGBTI+ identity is already stigmatized, searching for information or psychological support about it, is even more demonized, thus further restricting young peoples' access to information.

«*Εν λίο demonized να είσαι τούτη η ταυτότητα τέλος πάντων. Άμα εν να το ψάξεις λίο παραπάνω εν τζαι τζέινο παραπάνω demonized, ψυχολόγοι π.χ. all these things are demonized στην Κύπρο. Άρα εν σαν είσαι doomed to that reality pretty much.*» Παύλος

"It's a bit demonized to have this identity. If you try to look for some additional information about it, that is even more demonized...psychologists all these things are demonized in this country. So, it's like you're doomed to that reality pretty much." Pavlos

Moreover, the lack of visibility of LGBTI+ issues, results in perpetuating their disempowerment to claim their space in society, to have a voice and to claim their rights. This in turn, ends up sustaining current social norms and stereotypes as well as heteronormative beliefs and attitudes.

«Δημιουργούν τη χαμηλή αυτοεικόνα που μπορεί να έχουν τούτα τα άτομα τζαι την αρνητική εικόνα που έχει η υπόλοιπη κοινωνία προς τούτην την ομάδα.[...] Το γεγονός ότι δεν βλέπει ένα άτομο LGBTI+ ότι είναι represented στην κοινωνία, στην κυβέρνηση, σε μια τηλεοπτική σειρά ή whatever, μπορεί να σκέφτεται αυτόματα ότι «Οκ. This is not a place for me. I'm not good enough for other people to consider me a role model. Τζαι που την άλλη συνεχίζει που την κοινωνία το στερεότυπο τζαι η λανθασμένη εντύπωση που υπάρχει ότι τούτο (ο σεξουαλικός προσανατολισμός) εν κάτι που μπορείς να αλλάξεις. (σαν να μας λένε) Change it and then we can talk.» Παύλος

"They create a negative self-image that these people may have of themselves and the negative image that the rest of society may have towards this group [...]. The fact that an LGBTI+ person does not see that s/he is represented in society, in government, in a TV series or whatever, s/he may be automatically thinking that 'OK. Thus, is not a place for me. I'm not good enough for other people to consider me a role model.' And on the other hand, society continues to cultivate stereotypes and misconceptions that your sexual orientation is something that you can change. (it's like they're saying) Change it and then we can talk." Pavlos

9.3. Impact of lack of information on attitudes safer, sex practices and healthy relationships

Because of the lack of information on (and no visibility of) same sex relationships, young LGBTI+ persons don't have a point of reference as to what constitutes a healthy same sex relationship. The young people in the group mentioned predominant attitudes that connote risky sexual behaviors, ignorance of STI risk and difficulty to recognize the warning signs of abuse or unhealthy patterns in their relationships. The group agreed that because of cultural norms, emotional abuse is harder to recognize and thus, young people may end up bypassing such incidences as 'normalized' or as 'innocent'. Misguided perceptions about relationships, sexual practices and safe sex are also cultivated from watching porn. As the reality of what is depicted in porn is often normalized, risks to cultivating unhealthy sex practices (very rough sex, unprotected sex etc.) and consequently risks to sexual health (such STI transmission) may be forthcoming.

«Για παράδειγμα μια σχέση μεταξύ δύο γυναικών...Εν το βιώσαμε σαν μεγαλώνουμε ότι τούτο εν κάτι νορμάλ τζαι έτσι εν ηξέρουμε πια εν τα στοιχεία που διέπουν τούτη τη σχέση για να είναι υγιής.» Τάκης

"For instance, the relationship between two women... growing up we didn't experience this as something normal, so we don't know if the patterns and behaviors in this relationship are healthy." Takis

«Οι λανθασμένες εντυπώσεις για τη σεξουαλική πράξη. Θέματα *unprotected sex*. Θεωρούν τα STIs σαν κάτι πολλά μακριά που τους ίδιους. Ακόμα τζαι το *normalization of porn*. So βλέπουν κάτι στα πορνό τζαι ζητούν τούτο το πράμα, τζαι θεωρούν ότι η σεξουαλική πράξη πρέπει να είναι *up* για να είναι καλό [...] Ακόμα και η σύναψη σχέσης. Εν υπάρχει σεβασμός σε μια σχέση. Υπάρχει πιο εύκολη ροπή απιστίας ας πούμε...» Τάκης

"Misconceptions about the sexual act. Issues of unprotected sex. They consider STIs as something that is not relevant to them; won't happen to them. Even the normalization of porn. They look at porn and then they ask for what they have watched in porn; they think that sex needs to be 'up' to be good [...] Even being in a relationship. If you have respect in your relationship or not. There is a higher tendency for infidelity I think..." Takis

Knowledge and attitudes towards safe sex and gay relationships are also (negatively) shaped by online media and dating apps in particular, such as Grindr (a popular dating app among gay men). The young men in the group mentioned that it is common that users of the app will include in their status that they are 'clean' (Hepatitis/HIV free), and apparently this seems to be adequate as a 'protection' measure for future sex partners, thus they will refrain from using a condom. Another indirect impact of the gay apps is that by cultivating a culture of 'clean' vs 'non-clean' they end up enhancing the stigma of people living with HIV.

Stemming from the above discussion, there was consensus in the group that LGBTI+ youth have little knowledge about safer sex and often tend to downplay the extent that they are exposing themselves to risk. Interestingly, one of the participants mentioned that, because of the lack of correct information, if an LGBTI+ person feels the need to take care of themselves, it is considered 'weird' and it is 'shot down' by others, making them feel guilty about it. Knowledge of specific barrier methods that can protect from STIs (i.e. dental dam) or the correct use of protection technologies (such as PreP) also seems to be lacking. Moreover, besides condoms, which are more widely available, knowledge as to where certain barrier methods/protection technologies are available in Cyprus, is practically non-existent. The more aware youth, often resort to ordering them online.

«Ερωτούσα κάτι φίλες μου, dental dam που βρίσκεις στην Κύπρο τζαι λαλούν μου 'Χα;;; ίντα που εν τούτο το πράμα; [...] Εν έχουν ιδέα. Επίσης, lesbian women they haven't been to a gyno in years.[...] Γενικά εν ηξέρουν ότι μπορούν να πιάσουν STIs . Άσχετο το ότι είσαι λεσβία, πάλε μπορείς να πιάσεις STIs.» Νατάσα

"I was asking some friends of mine about where I can find dental dams in Cyprus and they were like: 'What?? What is this??' [...] They have no clue. Moreover, lesbian women, they haven't been to a gyno in years [...] In general, they don't know that they can get an STI. It doesn't matter if you're a lesbian, you can still get an STI." Natasa

9.4. Access to sexual rights: barriers, gaps and challenges

When prompted about sexual rights, the group placed great emphasis on the right of free expression, a right which, in their opinion, is not safeguarded at all. Discrimination, social distance, stereotypes and homophobia are well engrained in social attitudes and social norms, often preventing young LGBTI+ from freely expressing their sexual identity. This is reflected, for instance, in the fact that LGBTI+ would often refrain from expressing intimacy in public; feel the need to hide their sexual orientation at work; experience the need to be 'careful' even around their friends, as homophobic attitudes may lurk in their close social circles too.

«Έχω μια φίλη straight που τάχα μου δεν εν homophobic, εν έχω πρόβλημα με τους gay τζαι ξέρω γω, αλλά κάθε λίον εν ρτει να μου πει: 'Ρε είδε σε ο τάδε στην Ιθάκη! Εν κρύφκεσαι;!' Ακόμα τζαι οι φίλοι μου....» Ελίνα

"I have a friend who is straight and surpassingly she is not homophobic, she says she doesn't have a problem with gays and so on.... But every now and then she'll come to tell me 'So-and-so saw you at Ithaki (considered to be a gay hangout place)! Aren't you hiding???' Can't believe even my friends are like that...." Elina

«Κάποιοι φίλοι μου ετρομακρατούνταν (όταν τους είπα ότι είμαι gay). Ή άλλοι εν με πιστεύκαν 'Εν σου φαίνεται! Αφού εν σουζέσαι!' [...] Άλλοι είπαν μου, 'εν έχω πρόβλημα αλλά εν θέλω να έρτω σπίτι σου τζαι να σε δω με το φίλο σου να αγκαλιάζεσαι τζαι να φιλιέσαι'. Τζαι απάντησα τους, εντάξει, μεν έρτετε σπίτι μου τότε. Εγώ απαγόρευσα σας τι εν να κάμνετε με στο σπίτι σας ή τι εν θα κάμνετε; Θέλουν πολλή δουλειά [οι φίλοι μας] γιατί εμεγαλώσαν τζαι τζείνοι μέσα σε άλλη νοοτροπία. Εν καλό τζαι μεις να μεν τους αδικούμε.» Νάσος

"Some friends were terrified (when I came out to them). Others didn't believe me 'OMG, you don't look like one! You're not a sissy! [...] Others told me that they didn't have a problem with

me, but they wouldn't like to come over to my place and see me and my partner kissing. So, I told them not to come to my place then! Did I ever dictate to you what you can or you can not do in your own place? Our friends need a lot of work because they also grew up in other mentality. So, it's good that we don't blame them." Nasos

The right to participation is also not implemented. The group mentioned that participation of LGBTI+ youth in decision making or policy making is scarce, with some lobbying and advocacy being conducted by the Board of Accept only. In their perception, young people don't seem to be so interested and so engaged in active participation. Also, there was the assumption that perhaps LGBTI+ youth feel that there is not much to fight for now that the law on civil partnership has passed. On one hand, this reflects that the LGBTI+ community needs to be further motivated and empowered to be more actively involved and embrace active citizenship. On the other hand, it also reflects a general lack of awareness about sexual rights and the fact that they are not safeguarded.

«Ερωτούσαμε κάτι νέοι γύρω στα 25, γιατί να γίνεται το Pride τζαι γιατί να πρέπει να διεκδικούμε εμείς τα δικαιώματά μας, τζαι γιατί να έχουμε τζαι μεις παραπάνω δικαιώματα που τους άλλους. Τζαι ήμουν κάπως: Τα γέριμα! Εν τζαι έχουμε τα δικαιώματά μας, για να διεκδικούμε τζαι παραπάνω!» Τάκης

"Some young people, aged around 25, asked me why is there a need for the Pride to take place and why do we need to claim our rights. And why should we have more rights than the rest of the society. And I was like 'Damn ! We don't have our basic rights safeguarded, so we even ask for more!" Takis

9.5. Access to SRH Services: gaps and challenges

As the discussion transitioned to SRHR services, the young LGBTI+ people consulted, mentioned that young people are completely unaware of which SRH services are available to them. Besides testing services for HIV/Hepatitis, awareness of other services was scarce and the group recognized that there is no information disseminated about them. Thus, it largely remains up to the individual to find out on their own accord and by personal initiative. However, this raised questions with regard to the extent that their right to information is safeguarded. Not all young people (and particularly teenagers) have the same access to information, or the knowledge/leads on where and how they can look up such information. Word of mouth remains a main source of information and referrals for LGBTI+ friendly gynecologists or GPs come in handy, in the event that sexual health services are needed. However, one cannot help but wonder what happens in the cases of people who don't have these personal networks, or haven't openly come out and who may be hesitant to bring up the topic in their social circle.

[Ερευνήτρια] «Ποιες υπηρεσίες Σεξουαλικής και Αναπαραγωγικής Υγείας είναι διαθέσιμες για τους νέους και νέες;

.... τζαι μεις ψάχνουμε το! Εν τούτο το σπαστικό!» Νατάσα

[Moderator] "Which SRH services are available to young people?

.....we also want to find that out!!!We're looking for this information too! And it's nerve racking!"

Natasa

The group identified various gaps and challenges related to the provision of sexual and reproductive health services; by enlarge, stigma and discrimination were considered to be the underlying cause for the majority of these gaps. Moreover, because the LGBTI+ community is so broad, there are different gaps experienced by gay men, lesbians, trans, intersex etc., not only because their needs differ but also because they may experience additional levels of discrimination and prejudice from medical staff. More specifically, the group recognized the following gaps in SRH services:

- The considerable lack of psychological support and the absence of a helpline specifically addressing LGBTI+ issues. Existing services by psychologists or psychiatrists are frequently not considered as LGBTI+ friendly and are even thought to be dangerous in some cases. The group recounted some incidences where some LGBTI+ friends of theirs were not accepted by the therapists and were somehow 'forced' to discontinue therapy. Some mentioned to have heard stories bordering 'conversion', where the LGBTI+ individual was guided by the therapist to 'change' and to 'overcome' their 'predicament'.
- Minimal protection in the event that they experience violence. Police is generally considered not to be a gay friendly or a safe space for LGBTI+

«Τζαι στην αστυνομία εν να έσει τα comments τα υποτιμητικά, τα βλέμματα τα περίεργα, τζαι οι ερωτήσεις οι περίεργες.» Τάκης

"You will also experience derogatory comments from the police too, those weird, dirty looks and also weird questions." Takis

- There is no holistic and comprehensive care provided because the health care professionals are usually in a rush and want to only address the issue at hand as fast as they can. No additional or comprehensive information is provided about safe sex and protection.
- Quality of services in the public health care sector seems to be lacking thus young people prefer to turn to private doctors for care, if they have the (financial) luxury to do so. If they do opt for private services, it is usually a difficult process to find a health professional that they resonate with i.e. who is open-minded and 'LGBTI+ friendly'.

- Lack of training, awareness and knowledge of the health care personnel on LGBTI+ issues and lack of empathy and sensitivity towards trans and people living with HIV. Consequently, because of the fear of shaming and being asked too many personal questions they may not be willing to answer, LGBTI+ youth may withhold important information about their sexual health (i.e. not disclose information that they have an STI/HIV for instance).
- The overall approach, the reactions and the treatment they receive from the health care personnel are definitely a great concern: the personnel at the health care centers is often considered to react with indiscretion, lack sensitivity in their approach, be quite judgmental and even rude. The lack of this sensitivity is a key barrier to LGBTI+ youth either going for treatment all together or in the best case, being open about their sexuality (for instance disclosing that they are gay when they experience some symptoms in the genital area). An important distinction was made between private and public doctors in this respect, with private doctors being considered marginally better in terms of how they show acceptance. Even though private doctors also share prejudices, they would still try to keep a professional image in an effort to maintain their good reputation.

«Θα ανταποκριθούν στο gay άτομο σε μηδέν βαθμό [σε σχέση με το να κάνουν να νιώσει άνετα ή να του απαντήσουν τις ερωτήσεις του]. Επειδή έχει έλλειψη empathy, and she literally doesn't take her profession the way it's supposed to be. Αν η Δρ. Σωτηρούλα πάρει μια απόφαση για το Γιώργο [το gay άτομο] με βάση το prejudice της που έχει, that's unethical.[...] Μπορεί να τον κάμει να νιώσει τόσο uncomfortable που να μην ξαναπάει πίσω επειδή εν τον θέλει να ξανάρτει.» Νατάσα

"they will respond to a zero degree towards a gay person, in relation to making him or her feeling comfortable and answering his/her questions. Because there is lack of empathy, and she literally doesn't take her profession the way it's supposed to be. So for instance, if Dr. Soteroula makes a decision about George's (a gay man) health on account of her prejudice, then this is unethical [...]. Maybe she will make him feel so uncomfortable that he won't go back, because actually she doesn't want him to seek counsel from her again." Natasa

- Privacy and confidentiality are also huge issues with LGBTI+ youth feeling that these rights not safeguarded. In general, because of the social norms and prejudice, there is a lot of gossip and discriminatory talk against LGBTI+. Two participants mentioned personal experiences where medical personnel was prying into their sexual lives in such a way that it made them feel judged for their sexual practices.

«Υπάρχει τζαι το πως σε αντιμετωπίζουν οι γιατροί [...]. Εγώ επήα μετά που ξυλοδαρμό τζαι να με ρωτά επανελλημένα αν έχω αποφασίσει, αν έχω αποφασίσει [αν είμαι gay ή όχι]...»

παντές τζαι τζείνο ήταν το σημαντικό τζείνη τη στιγμή. [...] Εν εμπορούσε καν να πει τη λέξη gay, σάμπου εν βρισιά. Τζαι λέω της «Τούτος είμαι», πάμε πάρακατω...ξέρεις, κάταγμα, ακτινογραφίες...» Τάκης

"There is also the way doctors treat you [...] I went to the emergency care after a beating and the doctor kept asking me repeatedly if I have decided, if I have decided (whether I am gay or not), as if that was the most important thing at that moment. [...] She couldn't even say the word 'gay' as if it was a curse! And I tell her 'this is who I am", let's move on, you know, my fracture, x-rays etc." Takis

«Εν να σου κάμουν stigma, if you go to a clinic. Ένας φίλος μου επήεν σε κλινική, τζαι εκάμαν του slut shame. Τζαι γιατί ήρτες δαμέ; Τζαι με πόσους επήες; WTF!!! It's an issue of privacy!» Νατάσα

"They will stigmatize you if you go to a clinic. A friend of mine went to a clinic and they 'slut shamed' him. Why are you here? And how many men did you sleep with?? WTF!!! It's an issue of privacy!" Natasa

«Άκουσα μια ιστορία για ένα μεγάλο άνθρωπο, 50-60 χρονών, που πήγε στο νοσοκομείο με εξανθήματα στον πρωκτό, τζαι έφαεν τζει που το περιπαίξιμο που τους νοσοκόμους!» Τάκης

"I heard the story of an older man, around 50-60 years, who sought care at the hospital for a rash around his anus. It was unbelievable the degree of ridicule he was exposed to by the nursing staff!" Takis

«Η πλειοψηφία ήταν να περάσει ένα Τιτανικό τζαμέ (στις υπηρεσίες). Με το που να πας εννα ξεκινήσουν τα ψου ψου που γυρώ, κάτι εννα σου πει η νοσοκόμα, κάτι εννα σου πει ο γιατρός, με κάποιο τρόπο εννά σε προσβάλει, μετά εννά δεις κάποια βλέμματα. Εννά συμβούν τούτα. Η' ένα forced come out γιατί πρέπει να αναφέρεις κάποια πράγματα, χωρίς να θέλεις να το αναφέρεις. Δημιουργεί σου έξτρα στρες (το να το πεις, ενώ δεν έπρεπε να είναι έτσι.» Νάσος

"The majority of us will go through a 'Titanic experience' at the health care services. Whispering and gossip will definitely start, and then the nurse will say something and then the doctor will say something that will be offensive in some way, then you'll experience some (dirty) looks. These things will happen. Or you may have to go through a forced coming out because you may have to disclose something you were not ready to talk about. This causes extra anxiety and stress, even though it shouldn't be like this." Nasos

- Prejudice also affects the way information is transmitted. No matter how professional doctors may try to be, prejudice may hold them from giving all the necessary information and providing the proper amount of holistic, comprehensive care.

- To put things in a wider perspective, one of the participants mentioned that even though there will be some doctors who may act in a rude, intolerant, discriminatory manner, the majority of doctors would display an indifferent attitude, i.e. not being intolerant per se but not warm, accepting and inviting either. Nonetheless, even though indifference may not be considered as harmful as aggression or rejection, it is still a form of discrimination as it doesn't connote acceptance.

«Για να μεν τα ισιωπεδώνουμε ούλλα, αν το δούμε σε ένα φάσμα, σε ένα 10% βρίσκεις κόσμο καλό που εν ενημερωμένος τζαι εννα σου συμπεριφερτεί όντως πολλά σωστά. Σε ένα 20% βρίσκεις τούτην την αντιμετώπιση, ακόμα τζαι να σε δκιώξει, να είναι αγενείς. Τζαι μες το μεσοδιάστημα εν η απαξίωση, Οκ. Εν επιλογή. Ο καθένας κάμνει ότι θέλει φτάνει να μεν προκαλεί τζαι μες σε τούτο το πλαίσιο εν να κινηθούν οι παραπάνω. Μπορεί να σωστό το άτομο, αλλά μπορεί να ελλιπείς οι πληροφορίες που εν να σου δώκει.» Νάσος

"So, we don't just degrade everything, if we see the whole picture, 10% of the way you can find people who are well educated and who will treat you very well. 20% of the time you find this type of treatment, where they are rude to you and may even send you away. And in the middle is the indifference and the disdain. OK. It's a choice. People act as they want to act, as long as they are not provocative, and most health professionals will maneuver in this middle ground. Even if it's the right person, the information passed on to you may still be incomplete." Nasos

- Notably, the discrimination and homophobia LGBTI+ youth experience with regards to accessing and receiving health care, appears to have an impact both on their psychological health and their overall empowerment in asserting their rights. For one, as mentioned above, visiting health centers causes a lot of stress and anxiety for them, because of how they will be treated and the fact that their privacy and confidentiality won't be respected. Consequently, there is great distrust of the health care system, however the majority of the young persons in the focus group claimed that they often lack the motivation to keep searching for a more sensitized, LGBTI+ friendly professional, as this is an exhausting process. In some cases, experiences of discrimination and injustice may increase their sense of guilt and have a negative impact on their acceptance of their LGBTI+ identity because they internalize the prejudice. Moreover, feeling completely helpless that they can change the system, their sense of empowerment is diminished, with LGBTI+ persons often giving up and tolerating really discriminatory and harmful behaviors towards them.

«Επίσης εν σημαντικό ότι εν νιώθουμε αρκετά empowered τζαι ότι έχουμε τη δύναμη να αλλάξουμε τούτο το πράμα. Άρα στη φάση που εν να πάω τζαι να εβιώσω τούτο το inequality ας πούμε, μπορεί να μεν πάω να το αναφέρω, τζαι απλά εννά το δεκτώ, and I'll just go to another person.» Παύλος

"It is important that we feel empowered enough and that we have the strength to change this thing. So, when I experience inequality, I may not go report it and I will just accept it, thinking that I will just to another person." Pavlos

- The rights of trans and intersex, were specifically brought up into the discussion, often considered to be safeguarded the least in lieu of the extra layers of stigma, prejudice and exclusion. In the absence of legal gender recognition, identification documents don't reflect the affirming gender of a person and thus these documents are often rejected as proof of identity. This acts as a great barrier to trans people accessing health care. Trans people are also considered to be the invisible 'subgroup' of the LGBTI+ community, considering that there is very little visibility of them and very little discourse on trans issues. It is questionable as to the degree that medical personnel and health professionals understand trans issues and gender expression and can adequately respond to their needs. Also, there are no protocols about hormonal therapy for trans, violating their right to achieving 'the maximum level of health'.

«Υπάρχει σύγχυση μες το ιατρικό προσωπικό για το τι εν τα τρανς άτομα. Έχουν τα μπερδεμένα ούλλα. Ότι έσαι διαφορετικά στάδια να είσαι τρανς. Η' τις διάφορες εκφάνσεις του να είσαι τρανς, like I can choose to keep my body as it is...[...] Ένα τρανς άτομο με HIV, εδκιώξαν το που το Γενικό (Νοσοκομείο) τζαι είπαν του να πάει στη Γρηγόριο κλινική, τη στιγμή που ήθελε οδοντιατρική περίθαλψη.» Τάκης

"There is confusion among health care workers as to what it means to be a trans person. It's all confusing for them. The fact that being a trans person has different stages. Or the different expressions in being a trans person, for instance the fact that you can choose to keep your body as it is [...] There was an incidence of a trans person who was HIV+ and they asked her to leave from the General Hospital and sent her back to Gregorios clinic (a clinic specializing in care of people living with HIV) when all she wanted was dental care." Takis

- Intersex persons are also subjected to a very high degree of discrimination, as they are not even given a chance to choose what happens to their own body; for the majority of the cases, it is the doctor that makes that decision for them at infancy. Thus, many intersex individuals don't even know that they are intersex or discover this at an older age. In addition, because of the lack of awareness and sensitivity about intersex health, the derogatory term 'hermaphrodites' is still used amongst doctors and health care personnel.

9.6. Recommendations to make SRHR services LGBTI+ friendly

- The establishment of a centralized youth center which will provide the complete spectrum of sexual and reproductive health services needed by young people (testing services, protection technologies including PreP, vaccines, HIV treatment, counselling and information dissemination). The center to also act as an information and counseling center as well. A center that will address sexuality holistically and which will be particularly sensitized to the needs of LGBTI+ youth. Having a centralized center will provide the opportunity to conduct targeted campaigns in order to reach young people more widely and disseminate information to them.
- SRHR services need to become more informed and sensitized about LGBTI+ issues. The government to take responsibility to educate the current services so that the health care personnel becomes more aware, more sensitized and has the skills to address LGBTI+ issues in all their diversity. Training on LGBTI+ issues of the medical staff to start from medical school.
- Respect for privacy and confidentiality so that LGBTI+ will be protected from discriminatory and offensive judgements and gossip
- Overall, cultivate a culture of respect within SRHR services, one that transcends from tolerance and acceptance to one of equality and respect.

«Μια καλλιέργεια σεβασμού. Οι μόνο αποδοχής. Γιατί το αποδέχομαι μπορεί να σημαίνει ότι δέχομαι κάποιο διαφορετικό τζαι κάμνω του χάρη τζαι αποδέχομαι τον. Φεύκοντας μπορεί να τον κουτσομπολέψω τζαι λίον. Σεβασμός εν κάτι άλλο. Σέβεσαι τον άλλον σαν άνθρωπο, καταλαμβαίνεις ότι είναι ίσος με σένα, εν θα τον κουτσομπολέψεις, εν θα τον υποτιμήσεις, βλέπεις μιαν οντότητα ανεξαρτήτως σεξουαλικότητας.» Νάσος

"A culture of respect. Not just acceptance. Because acceptance may mean that I accept someone different but I do them a favor to accept them. When s/he leaves I may gossip about them a little. Respect is something else. You respect someone as a person, you understand you are equal, you won't gossip about them, you won't underestimate them, you see a person no matter their sexuality." Nasos