

Global consultation

Inclusive education and access to health of LGBTI+ youth around the world

> Summary report from MAG Jeunes LGBT With the support of UNESCO

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MAG Jeunes LGBT is the leading national LGBTI youth organisation in France that represents and empowers LGBT+ youth. Established in 1985, MAG Jeunes LGBT provides to LGBTI youth all opportunities for dialogue to better live and fulfil their sexual orientation or gender identity. The organisation fights against the manifestations of rejection, hatred, violence and discrimination that LGBT+ youth could face, including fighting against homophobia, biphobia, transphobia and sexism. For more information on our resources, research, public policy agenda, or development initiatives, visit www.mag-jeunes.org.

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Summary report of the global consultation on the inclusive education and access to health of LGBTI+ youth around the world

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FOREWORD

The state of lesbian, gay, bisexual, trans and intersex (LGBTI) youth's human rights is an essential concern that still remains a marginalized issue in many decision-making spheres. Since 1985, MAG Jeunes LGBT has been working for the inclusion of LGBTI+ youth and fighting all types of discrimination that may occur. We acknowledge the need for inclusive societies where our voices are heard.

This data collection represents the first time that qualitative information has been collected on the inclusion and exclusion experiences of the world's LGBTI+ youth on this scale. With this summary report and the forthcoming final report, we aim at presenting the voices of LGBTI+ children and young people and their vision, to assist on the creation of a roadmap on how to make the 2030 Agenda for Sustainable Development more inclusive in human rights' recognition, with a special focus on sustainable development goals (SDG) 4 (quality education) and SDG 3 (good health and well-being). We truly believe that this agenda is a landmark opportunity to advance in human right's recognition and fulfillment.

On a daily basis, LGBTI+ youths face discrimination and marginalization. It remains a reality that LGBTI+ youths continue to be under-represented in both civil society and policy-making. Indeed, only one out of ten (11.73%) survey respondents reported being able to foresee their future as LGBTI+ persons in their country, while one out of ten (91.02%) surveyed reported feeling that LGBTI+ youths were "never or almost never" considered in policy-making.

It is undeniable that the challenges are many, from converting these indicators into meaningful policy proposals, to continue championing and amplifying the voices of young LGBTI+ people. It remains essential, also, to replicate this survey on a national and regional scale, in order to validate the present results, extract richer data, and generate comparability between cases.

We are sure that by using the current data, all stakeholders, from civil society to governments, can work on promoting the inclusion of LGBTI+ youth. We envision a brighter future where all LGBTI+ youth can have access to equal opportunities and equal rights. A world where LGBTI+ youth can aim and achieve their dreams without fear of exclusion or marginalization. As this document presents, the first step towards that goal is to listen to them.

Omar Didi Co-President

ACKNOWLEDGMENTS

MAG Jeunes LGBT would like to thank UNESCO for its continued work on preventing and addressing homophobic and transphobic bullying in the education sector, and more particularly for its generous financial support for the inclusion of LGBTI youth in the Sustainable Development Agenda that permitted the publication of the present summary report.

We would also like to also thank our individual partners at UNESCO who have supported us during the entirety of the project, specially Christophe Cornu, Senior Programme Specialist, for the invaluable input and support he provided during all the process of the project. We thank Christopher Castle, Chief of the Section of Health and Education, for his continuous support for this initiative, including its dissemination at the Equal Rights Coalition Conference. As part of the team that assisted us in the Health and Education Section, we would like to thank Eunice den Hoedt, Specialist on SOGIE, Yongfeng Liu, Programme Specialist, and Camilo Garcia, Intern, for contributing with their great knowledge and skills in the process of developing this instrument. We also thank Cara Delmas, Communication and Advocacy Specialist, for the relevant feedback in the creation of the survey communication campaign.

We are also particularly grateful to the states, organizations and individuals who contributed to the dissemination of the questionnaire that allowed us to gather more than 20,000 responses to our survey. We thank the Permanent Canadian Delegation to UNESCO and Elaine Ayotte, the Ambassador, the UNESCO field offices and our LGBTI+ civil society partners all around the world.

MAG Jeunes LGBT would like to thank the Equal Rights Coalition (ERC), more particularly the Canadian and Chilean Governments for hosting the second ERC conference in Vancouver in which we presented the preliminary results of the survey.

The elaboration of the present summary report was coordinated by Omar Didi, Co-Chair of MAG Jeunes LGBT, with Gabrielle Richard, PhD, as the lead researcher and author of the present report. MAG Jeunes LGBT would like to thank Mohamed Al-Borgi, Julia Caufour, Tatjana Lehatkova, Vincent Moussie and Yang Shi, our competent translators who also played a great part in disseminating the survey. We would also like to thank Antonin Meyer who created the survey communication campaign and the layout of the present report. MAG Jeunes LGBT would also like to thank Eric Beaupré for reviewing the present report.

Contents

Foreword	
Acknowledgments	
1. Introduction	
1.1 Presentation and objectives	
1.2 Methodology	
1.3 Dissemination of survey questionnaire	7
1.4 Sample presentation	7
2. LGBTI+ youth inclusion in education	
2.1 Feelings of safety	
2.2 Experiences of school "bullying"	
2.3 Considering leaving school because of SOGIE status	
2.4 Needs addressed by education policies and learning materials	
3. LGBTI+ youth inclusion in health	
3.1 Sexuality education	
3.2 Visibility and feeling of safety with medical service provider	
4. LGBTI+ youth social inclusion	
4.1 Feeling considered	
4.2 Knowledge of other LGBTI+ people	
4.3 Ability to envision the future as a LGBTI+ adult in their country	
Annexes	
Annex 1. Survey questionnaire on LGBTI+ youth inclusion	
Annex 2. List of countries represented in the survey	



1.1 Presentation and objectives

The following data result from a global consultation on the inclusive education and access to health of LGBTI+ (lesbian, gay, bisexual, trans, intersex, as well as non-binary, queer, pansexual and questioning) youth around the world. This initiative from French association MAG Jeunes LGBT, with the support of UNESCO, aims at presenting the voices of LGBTI+ children and young people and their vision on how to make the 2030 Agenda for Sustainable Development more inclusive for themselves, with a special focus on sustainable development goals 4 (quality education) and 3 (good health and well-being).

This data collection represents the first time that qualitative information was collected on the inclusion/ exclusion experiences of the world's LGBTI+ youth on this scale. Since this is a usually underrepresented group in both civil society and policymaking, this report will help advance the awareness of the needs of LGBTI+ children and young people in relation to education and health by sharing their ideas.

1.2 Methodology

Because of short data collection delays (20 days), and since the aim of the survey was to gather information on a large variety of LGBTI+ youth experiences around the world, the questionnaire was purposely created short (20 questions, including 6 sociodemographic questions) and quick to complete (estimated time 5-10 minutes). The final version of the survey questionnaire is available in Annex 1.

The survey questionnaire was pre-tested in June 2018 by twelve youth members of MAG Jeunes LGBT. These youths, aged from 15 to 26, identified as LGBTI+ and/or non-binary. The MAG group of asylum-seekers Welcome OUT also took part in the pre-test.

Translation in six languages (French, English, Russian, Chinese, Arab, Spanish) was assured by native speakers in the MAG Jeunes LGBT network. A Portuguese version of the questionnaire was also developed and put online on July 9th, 2018.

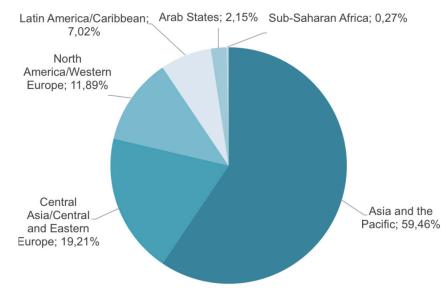
1.3 Dissemination of survey questionnaire

The six versions of the survey questionnaire were put online between June 22nd and June 24th, 2018, and until July 11th, 2018 (12:00 am CEST), for 18 to 20 days of data collection. In order to qualify for the survey, respondents had to identify as LGBTI+ (or the equivalent in their language/culture) and be aged between 12 and 26 inclusively. The questionnaire was largely disseminated (via an online communication campaign on Twitter, Instagram and Facebook), but LGBTI organizations in all regions of the world were specifically contacted for their capacities to reach respondents for the consultation.

1.4 Sample presentation

After data clean-up where respondents who had not answered all the survey questions were eliminated, 21,528 respondents remained. A minority of the sample (5.23%) were youth under 15 years of age. Roughly a third (29.48%) of respondents were aged between 15 and 18, while the majority (65.30%) of them reported being over 18. Participants lived in 108 countries (list in Annex 2). We used the country classification put together by the UNESCO Institute for Statistics, and regrouped the regions of Central Asia and Central and Eastern Europe due to low effectives.

The Asia and Pacific region is importantly represented in the sample (59.46% of respondents), due to a very large number of Chinese respondents completing the survey: 12,506 in total; 12,494 from China Mainland, 10 from the Hong Kong Special Administrative Region, and 2 from Macao Special Administrative Region. This important representation also applies to the Russian Federation (3,359).

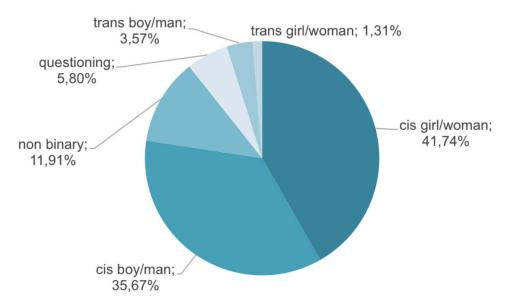


Graph 1. Regions of survey respondents

In terms of occupation, most respondents reported being students (76.06%), while a fifth of the sample (20.50%) were employed. Only 3.44% of youth surveyed declared being "not in education, employment or

Assigned sex, gender identity and sexual orientation of respondents

LGBTI+ youths were questioned on the sex that was assigned to them at birth. 57.72% of them declared having been assigned female; 41.56%, male; and 0.72%, intersex¹. In terms of gender identity, 77.41% of youth reported being cisgender, and 4.88%, transgender. 11.91% of the sample reported being non-binary, while 5.80% declared questioning their gender identity at the time of the survey completion.



Graph 2. Gender identity of respondents

In terms of sexual orientation, over half of LGBTI+ respondents (55.07%) declared being homosexual (34.78% gay, and 20.29%, lesbian). A fifth (22.09%) identified as bisexual, 13.89%, as queer/pansexual, and 6.22%, as questioning. Finally, 2.73% of respondents identified as heterosexual.

Table 1. Sexual orientation of respondents

Sexual orientation	% of respondents
Gay	34.78
Bisexual	22.09
Lesbian	20.29
Queer/Pansexual	13.89
Questioning	6.22
Heterosexual	2.73

We asked respondents about the proportion of their friends and relatives that knew about their SOGIE (sexual orientation, gender identity and expression) status. Over half of them (56%) declared that "a few" of their friends and relatives knew about the fact that they were LGBTI+. Almost a third (29%) declared that they had disclosed their status to "none of them", while 15% considered being out to "all or a majority" of their friends and relatives.

¹ In terms of methodology, multiple answers were made possible to this question. Whenever a respondent reported being assigned both "intersex" and one of the two commons genders, they were classified as being "only" intersex.

Expectedly, this visibility of respondents' SOGIE status to their friends and relatives varied largely by region. Region is strongly related to this visibility. For example, higher proportions of youths from North America/ Western Europe and from Latin America and the Caribbean reported having told "all or a majority of [their] friends and relatives" about their LGBTI+ identity (respectively 54.96% and 43.95% of respondents declared that was the case for them). In all other regions, between 21.34% (Central Asia and Central/Eastern Europe) and 38.44% (Asia and the Pacific) of LGBTI+ respondents declared having told no one about their SOGIE status.



Inclusion in education for LGBTI+ youth was assessed by four indicators: reported feelings of safety at school, experiences of bullying, considering leaving school because of SOGIE status, and needs addressed by education policies and learning materials.

2.1 Feelings of safety

Participants were asked if they felt safe at school or university (or had felt safe when they attended) as a LGBTI+ student. Globally, over a third of all respondents (33.15%) reported feeling "sometimes" safe in their learning environment, while another third (29.94%) declared feeling safe "always or most of the time". In opposition, 36.91% of surveyed youth reported feeling "rarely" (22.02%) or "never" (14.89%) safe at school.

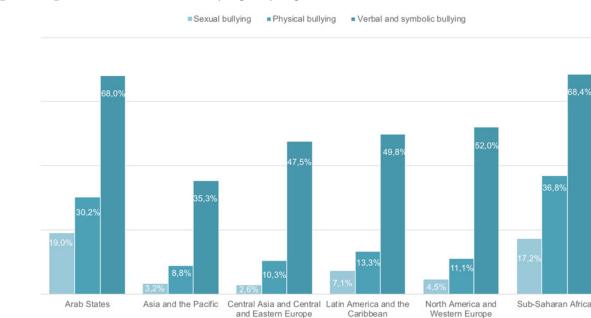
Disaggregation by region shows important variations in feelings of safety. For example, a larger proportion of respondents from the Arab States (57.48%) reported feeling unsafe at school than respondents from any other region. More than 20% of LGBTI+ youth reported "never" feeling safe at school in Sub-Saharan Africa (35.09%) and in Central Asia/Central and Eastern Europe (23.03%). In comparison, respondents from North America and Western Europe reported feeling safe at school in higher proportions.

Feelings of safety somewhat appear to grow as participants age. Almost half (46.82%) of LGBTI+ respondents under the age of 15 consider "never" or "rarely" feeling safe in their learning environment, while this is reported "only" by 35.75% of youth over 18. Furthermore, respondents who had left school at the time of the survey (and who reported either being "not in education, employment or training" or working) reported having felt less safe at school than LGBTI+ youth who were still students.

In terms of sexual orientation, results appear relatively consistent between youth with regards to feeling of safety, with an average of 38.38% of youth feeling "never" or "rarely" safe. Disaggregation by gender identity and assigned sex shows that trans boys/men, intersex youth, and trans girls/women report in larger numbers feeling unsafe at school, with respectively 51.33%, 50.66% and 49.46% reporting "never" or "rarely" feeling safe at school.

2.2 Experiences of school "bullying"

42.41% of all LGBTI+ youth reported having been ridiculed, teased, insulted or threatened at school because of their SOGIE status – the majority of them (29.74%), by their peers. One out of ten respondents (10.45%) have been physically assaulted at school because of their SOGIE status – again, most of the time (8.64%) by their peers – while 3.90% of them report having been sexually assaulted in their learning environment. Disaggregation of results by age group shows no distinct effect of age on the likelihood of having been bullied at school.



Graph 3. Experiences of school "bullying", by region

For all these instances of bullying², respondents from Sub-Saharan Africa and from the Arab states report having been targeted by such episodes in larger numbers, whether by peers, teachers/school staff or both. LGBTI+ youths from Asia and the Pacific, Central Asia and Eastern Europe, and North America and Western Europe consistently report in higher numbers not having been bullied at school than their counterparts in other regions.

In terms of SOGIE status, both verbal/symbolic bullying and physical bullying are strongly linked to sexual orientation (with boys/men showing higher proportions of both instances) and to gender identity and assigned sex (with trans boys/men and intersex youth reported higher rates of bullying). Results vary for sexual bullying (having been sexually assaulted because one is LGBTI+). Results are again highly linked to sexual orientation and gender identity/assigned sex, with gay boys/men, lesbian girls/women, and to a lesser extent bisexual youth, reporting higher than expected levels of sexual bullying³. In terms of gender identity and assigned sex, cis girls/women, trans girls/women and cis boys/men are more concerned than their peers with instances of sexual bullying.

² The survey did not use the word "bullying", but rather adopted specific language to designate specific instances of violence perpetrated towards a person "because [they] are LGBTI+".

³ More analysis is required.

2.3 Considering leaving school because of SOGIE status

More than a tenth (11.00%) of LGBTI+ respondents are considering or have considered leaving school because of their SOGIE status. Respondents from Sub-Saharan Africa (29.31%), the Arab States (27.43%) and Latin America and the Caribbean (21.88%) report in larger numbers than their peers in other regions wanting to leave school. Respondents who report more bullying (gay boys/men, trans boys/men, trans girls/ women) are more likely to report considering/having considered it.

Table 2. Percentage of respondents considering/having considered leaving school because of sexual orientation

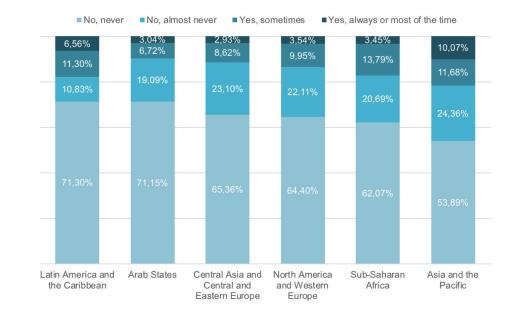
	%
Gay	14.55
Heterosexual	12.73
Queer/Pansexual	11.57
Questioning	9.03
Lesbian	8.77
Bisexual	7.71

Table 3. Percentage of respondents considering/having considered leaving school because of gender identity/assigned sex

	%
Trans girl/woman	33.10
Trans boy/man	30.93
Intersex	25.32
Non-binary	14.15
Questioning	12.58
Cis boy/man	12.38
Cis girl/woman	6.08

2.4 Needs addressed by education policies and learning materials

A majority of respondents (58.82%) feel their needs as LGBTI+ persons are "never" addressed by education or school policies. Results vary by region. For example, while 71.30% of respondents from Latin America and the Caribbean estimate their needs are not considered by educational policies, this is the case for "only" 53.89% of respondents from the Asia and Pacific region.



Graph 4. Percentage of respondents feeling their needs are addressed by education policies, by region

Opinions about educational policies are influenced by the respondents' bullying status. Indeed, respondents who report the most bullying report in higher proportions considering their needs are not addressed by education policies: that is the case for students from the Arab states (71.15%), for trans students (66.89% of trans boys/men and 66.07% of trans girls/women), to a lesser extent, for gay (60.42%), lesbian (60.99%) and queer/pansexual (59.38%) students, and for respondents who have left school.

When it comes to having one's needs as a LGBTI+ person addressed in the curriculum or learning materials, a majority of respondents (60.66%) consider that it is "never" the case for them. Regions such as Latin America and the Caribbean (74.19%), the Arab States (73.54%) and North America/Western Europe (72.29%) are over-represented in terms of the number of respondents who consider their needs were "never" addressed in the learning materials.



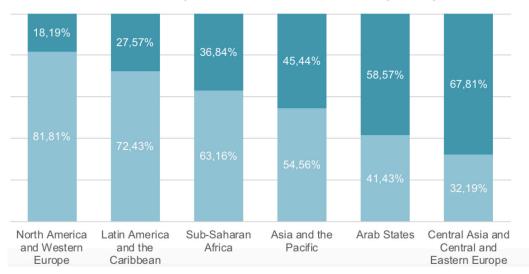
We assessed the inclusion in health of LGBTI+ youth through two questions. In the first question, they were asked whether they had received sexuality education in the school or university they were currently attending – or had most recently left – and if this education had included information on LGBTI issues or on HIV/STIs (sexually transmitted infections). The second question aimed at documenting how "open" these youth felt they could be with their medical service provider regarding their SOGIE status. Sub-questions included, for participants who had revealed their SOGIE status, whether they had felt welcomed and safe in doing so. Participants who had not revealed their SOGIE status were asked about the reason(s) they felt were preventing them from doing to.

3.1 Sexuality education

At the crossroads of education and health lies sexuality education provided at school or at university. Little more than half (54.42%) of LGBTI+ youths surveyed reported receiving some form of sexuality education during their schooling. These results vary considerably according to region: 81.81% of youth from North America/Western Europe have had sexuality education, while it is the case for only 32.19% for their Central Asia/Central and Eastern Europe counterparts (see Graph 5). Results on sexuality education also show strong consistency when it comes to SOGIE status.

Graph 5. Sexuality education by region

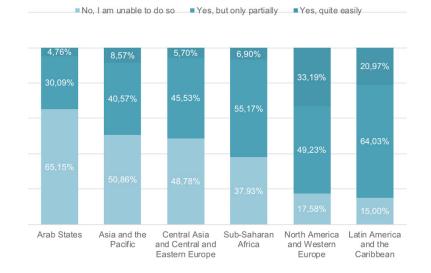
■Yes, I do/did receive sexuality education ■No, I do/did not receive any sexuality education



Survey respondents were questioned on the content of the sexuality education they had received at school. Only 13.35% of them reported it included LGBTI-related information, while 82.35% declared having received information on HIV and/or STIs. In total, 13.07% of respondents considered their sexuality education had included information both on LGBTI+ topics and on HIV/STIs.

3.2 Visibility and feeling of safety with medical service provider

Youths were asked if they had ever talked about the fact that they were LGBTI+ to a medical service provider, whether it be a doctor, a gynecologist, a urologist, a nurse, a counsellor, a psychologist, etc. Less than a fifth (18.67%) of them answered positively. Region had a major impact on the results, with almost half (47.16%) of North American and Western European youth evoking their SOGIE status with a medical service provider, while a little over a tenth of LGBTI+ youth from Asia and the Pacific (11.35%) and from Central Asia and Central and Eastern Europe (11.84%) considering that it was the case (see Graph 6).



Graph 6. Visibility of SOGIE status with a medical service provider, by region

Among respondents who had talked about their SOGIE status with a medical service provider, 27.06% felt welcomed and safe in doing so, while the other 72.94% considered the experience was not entirely positive. In fact, 61.29% of youth who had made their SOGIE status visible reported some degree of feeling unwelcomed or safe during this health encounter, with younger respondents feeling less welcomed and safe than their older peers. Furthermore, 11.65% of these "visible" LGBTI+ respondents estimated their health provider lacked knowledge on LGBTI issues.

We asked respondents who reported not having talked about the fact that they are LGBTI+ with a medical service provider why they considered it was the case. Respondents could check as many answers as needed. As shown in Table 4, three quarters (74.62%) of youths reported having no need to talk about their SOGIE status with a medical service provider. Over a third of respondents reported being afraid that their personal information would be disclosed to others (37.60%) or that they would be judged (36.24%).

A fourth (26.40%) of them estimated no specialists were available to them as LGBTI+ people, while 8.71% reported no specialists were available for anyone. One out of five respondents (21.87%) declared they feared being attacked if they were to talk about their SOGIE status with a medical service provider.

Table 4	Motives	for not	talking	about 9	SOGIE	status wi	ith medical	service	nrovider
Table 4.	MUUIVES	101 1101	laiking	avour	JOGIE	status wi	un meurcar	SCIVICE	provider

Motive	%
No need to talk about SOGIE status with a medical service provider	74.62
Afraid of personal information disclosed to others	37.60
Afraid of being judged	36.24
No specialists available for LGBTI+ people	26.40
Afraid of being attacked	21.87
No specialists available for anyone	8.71



Three questions aimed at documenting the degree to which LGBTI+ youths felt included in their society. These questions aimed at documenting their feeling of being considered by, or of mattering to, their country's authorities, their knowledge of other LGBTI+ people, and their ability to envision the future as a LGBTI+ adult in their country.

4.1 Feeling considered

Nine out of ten LGBTI+ youth surveyed (91.02%) reported feeling that LGBTI+ youths were "never" or "almost never" considered by their country's authorities when they made decisions, with a majority (57.31%) considering that it was "never" the case.

Table 5. Feeling of being considered, by region

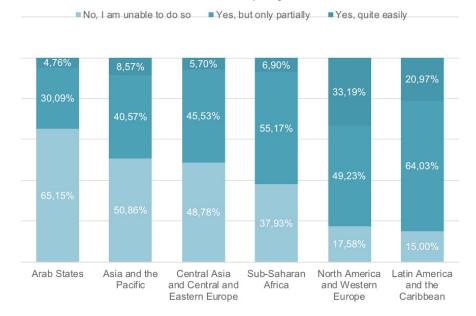
Region	Never/almost never	Sometimes	Always/most of the time
Asia and the Pacific	93.94	5.01	1.05
Central Asia and Central and Eastern	93.33	4.97	1.70
Europe			
Latin America and the Caribbean	86.61	10.36	3.03
Arab States	85.22	4.78	10.00
Sub-Saharan Africa	82.76	10.34	6.90
North America and Western Europe	75.88	20.98	3.14

4.2 Knowledge of other LGBTI+ people

We asked respondents if they knew of other people who also identified as LGBTI+ in their immediate surroundings – school, university or community. While a majority (54.83%) of them reported knowing "some" LGBTI+ people, almost one out of ten (9,47%) declared not knowing anyone who identified as such. This varies largely by region. For example, only 1.66% of respondents from Latin America and the Caribbean reported not knowing any LGBTI+ person, while this percentage is increasingly important in regions such as the Arab States (13.91%), Central Asia and Central and Eastern Europe (12.43%) or Asia and the Pacific (10.39%).

4.3 Ability to envision the future as a LGBTI+ adult in their country

Almost half (44.26%) of all youths surveyed considered they were unable to envision their future as a LGBTI+ person in the country where they lived at the time of the survey, while a similar proportion (44.01%) estimated they could, but only partially. In other terms, only one out of ten (11.73%) survey respondents reported being able to foresee their future as LGBTI+ persons in their country.



Graph 7. Ability to envision future as LGBTI+ adult, by region

Region has a major impact of youths' ability to envision an inclusive future. For example, a third (33.19%) of youth from North America and Western Europe, and a fifth (20.97%) of youth from Latin America and the Caribbean considered they could "quite easily" do so, while this concerned only a minority of their peers living in other regions (8.57% in Asia and the Pacific; 6.90% in Sub-Saharan Africa; 5.70% in Central Asia and Central and Eastern Europe; 4.76% in the Arab States). More than half of the respondents from the Arab States (65.15%) and from Asia and the Pacific (50.86%) reported being completely "unable to [envision a future as a LGBTI+ person]".

ANNEX 1: SURVEY QUESTIONNAIRE ON LGBTI+ YOUTH INCLUSION

Who is targeted?

- Youth aged 26 years or younger
- Identify as LGBTI (lesbian, gay, bisexual, transgender, intersex), queer or gender-conforming

General introduction

This survey is conducted by MAG Jeunes LGBT (France), with support from UNESCO. It is part of an international consultation on the human rights of LGBTI+ youth. By helping MAG Jeunes LGBT and UNESCO better understand LGBTI+ young people's realities when it comes to inclusion in education and in health, your answers will assist them in bringing their voices to the international stage.
This survey contains 20 questions and takes approximately 10 minutes to complete.

1. How old are you? (scroll down)

2. Which country do you live in? (fill out)

3. What is your main occupation? (scroll down: student; worker; not in education, employment or training)

4. Sexual orientation refers to the sexual and/or romantic attractions one feels. What would best describe your sexual orientation?

- I am gay or homosexual: I am a boy/man and I am sexually and/or romantically attracted mostly or only to boys/men

- I am a lesbian or homosexual: I am a girl/woman and I am sexually and/or romantically attracted mostly or only to girls/women

- I am bisexual: I am sexually and/or romantically attracted to both people who are the same gender as me and to people who are a different gender than me

- I am heterosexual: I am sexually and/or romantically attracted mostly or only to members of the opposite sex – to boys/men if I am a girl/woman, or to girls/women if I am a boy/man

- I am sexually and/or romantically attracted to people however they identify
- I don't have sexual and/or romantic attractions
- I am questioning my sexual orientation

5. Which gender was assigned to you at birth? (multiple answers possible)

- I was assigned female
- I was assigned male
- I was born with physical or biological characteristics that are not strictly female or male (intersex)

6. Gender identity refers to the way one identifies oneself. What would best describe how you identify?

- I identify as a girl/woman
- I identify as a boy/man
- I identify as neither girl/woman nor boy/man
- I identify both as girl/woman and as boy/man
- I don't know/I am questioning my gender identity

7. In this survey, we will refer to persons who identify as lesbian, gay, bisexual, transgender and intersex as LGBTI+. What proportion of your friends and relatives know that you are LGBTI+?

- All or a majority of my friends and relatives
- A few of my friends and relatives
- I have not told anyone about the fact that I am LGBTI+

8. Do you feel safe as a LGBTI+ person in the school or university you are attending? / Did you feel safe as an LGBTI+ person in the school or university you were most recently attending?

- Yes, always or most of the time
- Yes, sometimes
- Yes, but rarely
- Never

9. Have you ever been ridiculed, teased, insulted or threatened because you are LGBTI+? (multiple answers possible)

- Yes, by my peers
- Yes, by my teachers or other members of the school staff
- No, I have not

10. Have you ever been physically assaulted because you are LGBTI+? (multiple answers possible)

- Yes, by my peers
- Yes, by my teachers/by school staff
- No, I have not

11. Have you ever been sexually assaulted because you are LGBTI+? (multiple answers possible)

- Yes, by my peers
- Yes, by my teachers/by school staff
- No, I have not

12. Are you considering/have you considered leaving school because you are LGBTI+?

- Yes
- No

13. Do you feel that your needs as a LGBTI+ person are/were addressed by education or school policies?

- Yes, always or most of the time
- Yes, sometimes
- No, almost never
- No, never

14. Do you feel that your needs as a LGBTI+ person are/were addressed by your school or university's curriculum or learning materials?

- Yes, always or most of the time
- Yes, sometimes
- No, almost never
- No, never

15. Do/did you receive sexuality education in your school or university? (multiple answers possible)

- -Yes, and it includes LGBTI-related information
- -Yes, but it does not include LGBTI-related information
- -Yes, and it includes information on HIV and STIs (sexually transmitted infections)
- -Yes, but it does not include information on HIV and STIs (sexually transmitted infections)
- No, I do/did not receive any sexuality education

16. Have you ever talked about the fact that you are LGBTI+ with a medical service provider (doctor, gynecologist, urologist, nurse, counsellor, psychologist, etc.)?

- Yes

- Non

16a. (If respondent answered yes) When you talked with a medical service provider about the fact that you are LGBTI+, did you feel welcomed and safe?

- Yes, absolutely
- Sometimes I felt unwelcomed or unsafe
- No, I didn't feel welcomed or safe

16b. (If respondent answered no) Why have you not talked to a medical service provider about the fact that you are LGBTI+? (multiple answers possible)

- I was afraid of being judged
- I was afraid of being attacked
- I was afraid that my personal information would be disclosed to others
- There are no specialists available for me as an LGBTI+ person
- There are no specialists available for anyone
- I don't feel like I need to talk about the fact that I am LGBTI+ with a medical service provider

17. Do you feel that LGBTI+ youth are taken into account by your country's authorities when they make decisions?

- Yes, always or most of the time
- Yes, sometimes
- No, almost never
- No, never

18. Do you know of other people who also identify as LGBTI+ in your school, university or community?

- Yes, I have heard of them but I don't know them
- Yes, I know some LGBTI+ people
- Yes, I know one or two LGBTI+ persons
- No, I don't know anyone who identifies as LGBTI+

19. Are you able to envision your future in your country as a LGBTI+ youth?

- Yes, quite easily
- Yes, but only partially
- No, I am unable to do so

20. How could you feel better in your country as a LGBTI+ youth?

Thank you very much for your time!

ANNEX 2 : LIST OF COUNTRIES REPRESENTED IN THE SURVEY

Country	No of respondents
China	12,494
Russian Federation	3,359
France	2.001
Brazil	1,109
Ukraine	310
Belarus	238
Chile	180
Canada	166
Egypt	160
Republic of Korea	119
Saudi Arabia	90
Kazakhstan	80
Belgium	73
United States of America	71
Costa Rica	65
Lebanon	63
Mexico	55
Japan	41
Austria	38
Australia	37
Tunisia	37
Lithuania	33
Bolivia	32
Netherlands	32
Algeria	30
Italy	30
United Kingdom	30
Republic of Moldova	28
Ecuador	28
New Zealand	25
Germany	23
Kenya	23
Slovenia	18
Morocco	18
Spain	16
Latvia	16
Philippines	14

Colombia	14
Greece	13
Indonesia	13
Jordan	13
Singapore	13
Malta	11
Switzerland	11
Israel	11
China, Hong Kong	10
Zambia	10
Venezuela	10
Kuwait	10
Kyrgyzstan	10
Senegal	9
Portugal	9
Malaysia	9
Vietnam	8
Estonia	8
Armenia	8
Libya	8
United Arab Emirates	7
Denmark	7
Mali	7
Syrian Arab Republic	7
Sudan	7
Argentina	6
Azerbaijan	5
Czechia	5
India	4
Bahrain	4
Turkey	4
Mongolia	4
Peru	3
Poland	3
Malawi	3
Uzbekistan	3
Iceland	3
Thailand	3
Iraq	3

Ireland	3
Finland	3
Iran (Islamic Republic of)	2
Yemen	2
Georgia	2
Guatemala	2
Norway	2
Bosnia and Herzegovina	2
Cambodia	2
Slovakia	2
Qatar	2
Sri Lanka	2
China, Macao	2
Haiti	2
Oman	2
Romania	1
Rwanda	1
Ivory Coast	1
Uruguay	1
Myanmar	1
Burundi	1
Nepal	1
Paraguay	1
El Salvador	1
Turkmenistan	1
Mozambique	1
Mauritius	1
Cyprus	1
Honduras	1
Somalia	1
Montenegro	1
Pakistan	1
Saint Lucia	1
Total	21,528



This publication presents the main findings of a global consultation on the inclusive education and access to health of lesbian, gay, bisexual, trans, intersex, (LGBTI) as well as non-binary, queer, pansexual and questioning youth around the world.

This consultation, an initiative of French association MAG Jeunes LGBT with the support of UNESCO, represents the first time that qualitative information is collected on the inclusion and exclusion experiences of the world's LGBTI+ youth on this scale. Since they constitute an underrepresented group in both civil society and policymaking, this report will help raise awareness of their needs in relation to education and health.



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