GAY MEN AS PARENTS AND CAREGIVERS:
Information for
South African service providers

by Tracy Morison and Ingrid Lynch

GAY MEN AS PARENTS AND CAREGIVERS:

Information for
South African service providers

CONTENTS

1. WHAT THIS BOOKLET CAN TELL YOU

Changes in laws and developments in reproductive technologies make it possible to become a parent as an openly lesbian, gay, bisexual, transgender or intersex (LGBTI) person in many countries, including South Africa. Many gay men are now openly able to make choices about whether or not to have children and, if they do wish to have children, which pathways are available to them (e.g. adoption, foster care etc.). As a result, gay men's families are becoming more common, along with other diverse family forms. However, even though the law supports their family and reproductive rights, the reproductive choices and parenting of gay men are still not well supported. This poor support stems from a lack of knowledge, as well as many social and institutional barriers, which are discussed in this resource.

The purpose of this booklet is to address the lack of support and information, including some of the misconceptions related to gay men and family formation. This booklet was written for service providers to support them in delivering sensitive and professional services to gay men, as it relates to their reproductive needs and intentions. It will provide:

- information about gay men's different pathways to parenthood
- explanations of some of the barriers gay men face in making reproductive choices
- personal narratives of gay men, as they reflect on parenthood and caregiving

- up-to-date information on laws and policies in the South African context, relevant to gay men as parents
- resources for service providers to assist them in providing professional and appropriate services to gay men who are parents, wish to become parents, or are simply exploring the reproductive choices available to them

Service providers who will find this booklet helpful include those in the field of medical and **psycho-social care** (such as counsellors, psychologists, social workers) and **sexual and reproductive health service providers**. It also includes information for service providers providing **legal services** to LGBTI persons and their families, and **government officials** from a variety of departments, such as the Department of Social Development, the Department of Home Affairs, the Department of Basic Education, Department of Labour, and the Department of Justice and Constitutional Development, among others.

It is important to emphasise that much of our experience as human beings is influenced by other factors not limited to our sexuality – such as age, race, gender and economic status, amongst others. These socio-economic factors can shape the parenthood decisions and experiences of gay men; for example, in many instances access to reproductive services is more readily available to affluent people who can visit private healthcare facilities if they wish. For

involve the initial decision about whether or not to have children and, if relevant, associated decisions like, when to have children, how many to have, how far apart in age children should be. For men in same-sex relationships these decisions also involve choices around **PATHWAYS TO PARENTHOOD**, which could include: adoption, shared parenting arrangements, surrogacy, or foster care, for example.

single gay men, the availability of social support and sufficient financial means to raise a child might also impact on their choice to parent or not, and the social or religious beliefs of loved ones might further influence this choice. We attempt to unpack some of these different experiences at relevant points in this booklet. Finally, at the end of this booklet there is a glossary with helpful definitions of some of the terms we use.

2. RECOGNISING AND RESPECTING FAMILY DIVERSITY IN SOUTH AFRICA

In South Africa, like many other parts of the world, is a country with rich family diversity. Of the different family forms in our country it may be surprising to know that only about one third reflect the so-called traditional, nuclear family type[i]: a married woman and man raising their biological children together. Even though this is widely considered to be a 'normal' family and the most common type of family depicted by the media, it is actually *not* the most frequently occurring family form. Other types of families in South Africa include sole-parent households, households with cohabiting extended family members, and grandparents raising children across generations. LGBTI persons also form part of these families as children, grandchildren, siblings, godparents, uncles, and aunts. LGBTI persons also form their *own* families

- whether it is a childfree household, becoming step parents to children from a previous relationship, or through having biological children.

Family diversity, including the rights of LGBTI families, is clearly recognised by South African laws and policy. The White Paper on Families calls for us to acknowledge and "[r]espect the diverse family types and values in the country".[ii] This Policy also calls for the elimination of discrimination related to a range of social categories–including gender, sexual identity, and family composition. The National Development Plan also recognises the need for interventions to promote the constitutional values of tolerance, non-discrimination, diversity, and equity.[iii]

In addition to the idea of family diversity expressed in our legal framework, the constitution also requires service providers to offer professional and inclusive services to all citizens. It is important that those who work in services related to reproductive health, families, and children uphold these principles. This means recognising and respecting different kinds of families, regardless of one's personal views. One's own family background and values, religious beliefs, and community views on homosexuality can affect one's ability to provide professional support and services. Professionals therefore need to be aware of their own personal prejudices and assumptions when working with gay men around sexual and reproductive health or family formation.

3. SUPPORTING AND ENABLING MEN'S CARE OF CHILDREN

Part of respecting family diversity means letting go of preconceived ideas about who is 'supposed to' care for children in order to support and enable men who wish to provide a loving and supportive home to children. Researchers have increasingly noted the importance of men's involvement in childcare. There are several advantages for society as a whole, as well as for individuals, notably:

- **A more equal society:** Men's active and equal participation in childcare enables women to take part more fully in society and the labour market
- **Men's well-being:** Men are able to enjoy better relationships with children
- **Children's well-being:** Having a range of responsive and involved caregivers provides psychological and social benefits for children

Many men in today's generation of "new fathers" do provide more hands-on care than their own fathers, but such men are still seen as unusual and unsettle traditional ideas about fatherhood. To a large degree, men's full involvement in childcare is held back as a result of the myth of natural motherhood. According to this myth, since women are the ones who give birth to children, they are seen as naturally able to care for children. Parenting is commonly seen as an inborn female quality, rather than a skill that is learned and forms part of girls' socialisation. (These beliefs are unpacked in more detail later in section 5 of this booklet.)

This myth might present a special challenge for gay men because there is no female parent in the family. As a result, it may be difficult for gay men who wish to be parents to act on these intentions, or to gain recognition for the care and parenting work they do engage in. Many gay men, for example, play a central role in the lives of children in their immediate family or community–not only as parents or grandparents, but also as teachers, community leaders, mentors, coaches,

healthcare workers, social workers, and so on. Research has consistently shown that gay men "are no less equipped to care for children than their heterosexual or female counterparts". **iv**

4. GAY MEN'S REPRODUCTIVE DECISIONS & PATHWAYS TO PARENTHOOD

As discussed above, there are many different ways that gay men can be involved in caring for children, as parents or through various other social roles. The following section provides an overview of the different pathways that gay men who do want to have children may take, as well as the choice not to have children (that is, to remain 'childfree').

4.1. Gay men choosing to become parents

Gay men can form families in a range of different ways. Traditionally, it has been most common for gay men to have children within heterosexual unions. However, changes to laws, medical technologies, and social norms, have made it possible for gay men to pursue paths to parenthood outside of heterosexual relationships. The families of gay men therefore take different forms. Some families are formed by gay couples, or single gay men, who decide to foster or adopt a child. Others opt for surrogacy in order to have children that are biologically related to them. Some families are blended, involving step-parents and children, including children from a former heterosexual relationship which they raise with a same-sex partner. Some men also choose to parent through shared-parenting arrangements, in which there may be several caregivers for a child.

The sections below provide an overview of the main pathways to parenthood available to gay men under South African law. The Children's Act▾ recognises and protects the rights of children, and sets out principles on the protection of children from abuse, neglect, exploitation and discrimination. The Act also addresses the responsibility and rights of parents and other caregivers, and children's courts. Specific sections of the Act focus on parental responsibilities and rights, adoption, surrogacy, and custody.

Adoption

Adoption is a legal process whereby parental rights of birth parents are terminated and the adopting parent becomes the legal parent. There are various types of adoptions allowed in South Africa, some of which might have different financial costs involved. Adoptions may be facilitated through a state agency (e.g. Child Welfare) or a private agency. South African law places no restrictions on same-sex partners adopting children, whether as a married couple or as "partners in a permanent domestic life-partnership" (Children's Act, 2005). This makes South Africa the only

African country currently allowing for joint adoption by same-sex couples. South African law also allows for single persons - irrespective of their sexual orientation - to adopt. Note, however, that private adoption agencies may also have their own criteria and may not accept same-sex couples as applicants for adoption; they also tend to charge more than state agencies.

What is involved in the process of adopting a child?

- Consent must be given by the child's parent/s or legal guardian/s if they are known. Consent is waivered if the birth parent is mentally ill or abusive and for a child over 10 years old (or demonstrating ability to consent).
- Birth parents can withdraw consent for a period of 60 days after it has been given.
- The prospective parent/s are interviewed by a social worker who provides a report that accompanies an Application to Adopt to the Children's Court, who decides on the matter.

The Children's Court must consider these factors before deciding on whether to allow an adoption:

- the community, religious and cultural background of the child, the child's parent(s), and the prospective parent(s);
- if adoption will be in the best interest of the child; and
- the information contained in the Application to Adopt (a person may not be disqualified from adopting a child due to financial status).

In addition, the Department of Social Development's policy is also to try to 'match' children with parents from the same race category (i.e. they must have the same skin colour). If this is not possible, then a 'trans-racial' adoption will be allowed. Due to the large number of children needing to be adopted, the 'matching' policy is not always possible.

> **For further information and resources on adoption in South Africa**
> **Adoption** (Adoption assistance centre): **Telephone** 0800 864 658; www.adoption.org.za
> **Johannesburg Child Welfare:** www.jhbchildwelfare.co.za
> **Cape Town Child Welfare Society:** www.helpkids.org.za
> **Legal Wise:** www.legalwise.co.za

Foster parenting

Another avenue for contributing to the care and development of a child is through serving as a foster parent or foster family. Foster care is the temporary placement of a child, who has been removed from their parental home, in the care of a suitable adult person who is not the parent or legal guardian of the child. Children may be placed in foster care due to parental neglect or abuse or due to being abandoned or orphaned. Placing a child in foster care is done by order of the Children's Court. When fostering a child, the state remains the legal guardian; only adoption grants parents with legal recognition of their

parental rights. Many children who are in foster care are returned to their family of origin if circumstances change sufficiently for them to be safe and cared for. It may also happen that a foster child cannot be reunited with their family of origin and therefore become eligible for adoption.

What are some of the factors considered by the Children's Court, when evaluating an application to foster a child?

A social worker screens applicants through a home visit and interviews, before compiling a report for the Children's Court based on some of the following factors regarding applicants:

- ability to provide a safe and secure environment for the child's growth and development
- views on child rearing and education
- proximity to local schools and public transport
- health and the financial income
- religious, cultural and linguistic background[1]

The sexual orientation or gender identity of the applicant does **not** disqualify them from being considered for foster parenting.

Challenges related to adoption & fostering:

"We were told by child welfare that for a gay couple it's more difficult to go through open adoption. It's less likely that a parent would want to give their child to a gay couple and especially a male gay couple. So we were told by our social worker that we are at the bottom of the pile, so to speak". (Clive)

- Gay men are often considered to be at the 'bottom of the pile' when it comes to placements, because of negative views about their ability to be good parents. This means that they may have to wait a long time to have a child placed with them. While private adoption may be quicker, not all men are able to access private services. Those who can, may face obstacles related to various agencies' policies around same-sex adoption.
- Children who are more difficult to place (due to illness, disability etc.) are often placed with gay men. Many gay men therefore adopt/foster children with special needs or across racial lines and would benefit from specialized post-adoption/fostering services.
- In South Africa, adoptive parents have also highlighted inter-race adoption as a particular challenge due to societal perceptions around race and culture, as well as the controversial nature of such adoptions in South Africa. These parents report that although the skin-colour of their child is unimportant to them, many people make insensitive and discriminatory remarks. Professionals should be attuned to this potential further source of discrimination. Child Welfare's Rainbow Group (see section 7 for details) offers support and advice on this issue.

---

[1] The Court attempts to place children with foster parents who share in these aspects of a child's background, but also strongly considers other factors such as whether the child is already acquainted with and emotionally attached to the foster parent applicant.

Step-parenthood or multi-parent families

Some gay men become closely involved in parenting a child when entering a long-term relationship with a partner who already has a child. Such a stepparent might assume many of the same parental rights and responsibilities and play an important role in the life of their partner's child. The Children's Act allows for legal recognition of this parental role through stepparent adoption. The Act states that irrespective of the gender or sexual orientation of the parents involved, stepparent adoption is possible for the person who is the "permanent domestic life-partner" of the child's current parent. This is often referred to as 'co-parent' or 'second-parent' adoption and confers legal status to the other partner involved in parenting a child, without causing the initial parent to lose any parental rights.

Surrogacy

Surrogacy is the practice by which, through a carefully negotiated legal agreement, a woman - the 'surrogate mother' - becomes pregnant in order to birth a child for someone who cannot have children. Nowadays this most often

occurs through gestational surrogacy in which a fertilised embryo is inserted into a woman's uterus and the resulting child is not genetically related to her.

Surrogacy is regulated by the Children's Act. The Act allows persons of any gender, sexual orientation or relationship status to have a child through a surrogacy arrangement if their application is granted by the High Court. The court requires various stipulated assessments (of the surrogate and commissioning parent/s) and documents to be submitted. There are also certain conditions in South Africa to surrogacy agreements: only altruistic, non-commercial surrogacy is allowed; the surrogate mother must already have had children; and one may only act as a surrogate for other South African residents. After the birth of the child the commissioning parent(s) is/are the legal parents and the surrogate mother, her partner, or relatives, do not have any parental rights or responsibilities after the birth.

Challenges related to surrogacy:
Surrogacy is highly regulated and can therefore be a long process. It also involves significant medical and legal costs. This pathway may therefore not be within the average person's reach, but is often sought after because it allows for a genetic relationship between the child and parent(s).

> For further information and resources on surrogacy in South Africa visit *Surrogacy South Africa:*
> http://www.surrogacy.co.za/

4.2. Gay men choosing not to become parents

Staying 'childfree'
(voluntary childlessness)

Having discussed some of the pathways that gay men might take to parenthood, it is important to note that not all gay and bisexual men wish to be parents. The reproductive intentions of gay men are as diverse as those of heterosexual persons.

> *"I love my sisters' kids. I love little children - I just don't feel like wanting to reproduce my own DNA" (Dane)*

Some gay men might be ambivalent about having children, while others might have made a choice to be childfree. The term childfree refers to an active and deliberate decision to forego parenthood. Previously it was often for granted that gay men will not be parents, but with changes in legal systems and reproductive technologies this is no longer the case; many gay men now find themselves weighing up the decision of whether or not to have children. Many people, regardless of sexual orientation, decide to forego parenthood and experience this as a fulfilling and positive choice.

> **Resources for childfree people:**
> There are a range of online childfree communities that include people of all sexualities and genders, **The Childfree Life** (www.thechildfreelife.com) is a useful place to start.

Social parenthood

Playing an active role in a child's life is not restricted to adults claiming biological or legal parenthood. There is a wide range of parenting relationships that can all contribute meaningfully to the development of a child. In South Africa in particular several adults may be closely involved with raising a child, leading to the term "social parenthood" being coined to demonstrate the various ways a child can be connected to an adult - not only through legal ties but also "based on the emotional connection between them". [vi] For men who wish to be instrumental in the growth and nurturing of a child, this could occur through their role as mentors or role models for children in their immediate family or community.

5. BARRIERS FOR GAY MEN IN THEIR REPRODUCTIVE DECISION-MAKING

Despite the legal possibilities outlined above, gay men still face many barriers to parenthood and their ability to exercise their reproductive preferences. Gender stereotypes and commonly held ideas about what a family 'should' look like can act as obstacles for gay men who wish to be parents. Discriminatory attitudes are also still common. In some contexts, gay men may still feel pressure to marry a female partner in order to conform to social expectations. In addition to social attitudes, institutional barriers may also exist and inhibit individuals who wish to become parents.

5.1. Misconceptions about gay men as parents

Many people, including service providers and professionals, express some reservations about gay men being the primary caregivers of children. The possibility of gay men being primary caregivers still seems strange, unnatural, or even impossible to many people. Gay men are often seen as unfit parents for two reasons:

1. the myth of natural motherhood (mentioned earlier)
2. heterosexism (the belief that heterosexuality is the only 'acceptable' sexuality)

Despite evidence to the contrary, many people still believe that the best environment for child-raising is in the nuclear family where a mother acts as the main caregiver.

There has been much research on whether children will suffer negative consequences of being raised by gay and lesbian parents. Not surprisingly, the findings have been contradictory, depending on the interests of those conducting or funding the research. However, recent reviews of research do suggest that children raised in comparable situations by straight, gay, or lesbian parents have similar developmental outcomes. This work suggests that parents' gender and sexual

orientation have very little significance for children's psycho-social adjustment and social success.[vii]

It is, however, important to address some of the issues and concerns so that service providers can examine their own personal biases to make informed decisions and offer gay families the support they need to thrive. Some of the common concerns and misconceptions about gay men and parenting are discussed below.

"**Men are not naturally nurturing** - children need a mother to care for them and nurture them"

The ability to be nurturing and loving toward a child is not dependent on gender, just like it is not related to one's eye colour or height. We are, however, raised from a young age to think that some qualities are the reserve of certain genders. In general, men who are fathers in heterosexual relationships are still predominantly seen as responsible for financially providing for and disciplining their children, while mothers are mostly seen as responsible for everyday caregiving and nurturing. These beliefs limit both men and women in their parenting roles and deny men a rich emotional relationship with their children. The reality is that a parent of any gender is capable of having a tender, nurturing relationship with a child.

"**Children need to be raised by a mother and a father** in order to grow into psychologically healthy and well-adjusted adults"

Children in gay families are assumed to have a deficient family structure, because they are thought to lack gender role models. This argument is driven in part by popular perceptions of gay men: that, (1) they have faulty gender identities, and (2) they are assumed to only live and socialised with, relate to and love people of the same gender and sexuality. Ideas about how girls and boys should behave are often based on and reinforce very narrow views of gender. In reality, across time and cultures, there are a range of behaviours that women and men perform. Moreover, children do not only learn about the world from their parents only, but are also socialised by other family members, caregivers, teachers, the media and so on. In fact, research has indicated that children from lesbian and gay families tend to be more tolerant of difference and do not assume that their gender is superior.[viii]

"**Children of parents who are gay will themselves grow up to be gay**"

Aside from the fact that scientific evidence shows this assumption to be false, we need to look a little bit more closely about what this concern about 'normal' child development is saying. The argument that children should be protected from 'displays' and discussions of homosexuality recycles the belief that children are 'naturally' heterosexual and that the heterosexual nuclear family will guarantee their 'normal' development. In reality, the vast majority of gay men

were parented by heterosexuals in a heterosexual environment and the only sexual identity that is really actively imposed on children is heterosexuality. The fact is that children from any kind of family could be homosexual and, what we are really saying when we express fears about this possibility is that we are uncomfortable with the idea of more gays and lesbians. This 'concern', therefore, is actually a sign of prejudice.

"**Gay men's relationships are not stable** and therefore cannot provide a suitable home environment for a child to be raised in"

Many gay men provide loving and caring homes for children as part of a couple or as single parents. New legislation has made it possible for gay men to formalise their relationship in new ways, and many do. However, just like heterosexuals, many gay men choose not to get married and some have bad relationships. Similarly, getting divorced or ending a relationship is by no means unique to gay men. In fact, divorce rates among heterosexual people are relatively high. The distressing reality, as our crime statistics show, is that the heterosexual family is often the space where sexual and gender based violence and other forms of harm are most likely to occur.

Shared custody and sole parenting arrangements are a reality for many children, regardless of their parents' sexuality. The same kinds of support and care would need to be provided to any children whose parents' unions dissolve. The crux of the issue is that it is the quality of care that children receive that should be of concern, and not the shape that their family takes.

"**Children raised by gay parents might be bullied or teased** at school and it is unfair to expose them to this possibility"

Children may be bullied for many other reasons, such as being poor or coming from a mixed-race family. While concerns about children experiencing hardship are well-meaning, this is no reason to tell gay men that they may not have children. The responsibility for stigma that leads to bullying lies with the individuals and institutions that perpetuate it, not with gay men. In fact, gay men have themselves often been bullied, and are likely to have experienced prejudiced and discriminatory acts; they are therefore more likely to be empathic towards a child being teased or bullied. Rather than accepting homophobic bullying as inevitable, service providers should help work to change it. This might involve educating and sensitising other learners, parents and school staff about family diversity.

5.2. Institutional and structural barriers

Parental leave
South African law, through the Basic Conditions of Employment Act, allows for new fathers to take three days paid family

responsibility leave upon the birth or adoption of their child. This is in stark contrast with the period of four months of maternity leave granted for new mothers and contributes to the barriers men face in being directly involved in parenting and caregiving. For gay men who become parents, limited parental leave of course becomes even more challenging.

Internationally this imbalance is being challenged. Countries such as the UK have extended shared parental leave to a period of up to a year. In South Africa, the lack of parental leave for men has been challenged in court. Recently a gay man who became a parent through surrogacy was awarded paid parenting leave equivalent to that allowed for women. This implies that the Basic Conditions of Employment Act will likely be amended in future to ensure protection of the rights of parents irrespective of their gender, to support their involvement in care work of their children. All men (regardless of sexuality) who are caregivers of their children will benefit from such an amendment.

Economic challenges

Even in contexts where legal and social changes create a more supportive environment for gay men to become parents, there are still economic challenges in accessing various paths to parenthood. Surrogacy is expensive due to the costs involved in artificial insemination and medical care for the woman acting as surrogate. This places it out of reach for many South Africans.

Adoption services, if accessed through private agencies in particular, can also be costly.

Access to sexual and reproductive health (SRH) care

Accessing SRH care is an important aspect of sexual and reproductive decision-making. Gay men may encounter obstacles in two forms. First, service providers may lack training and information specific to their needs, mainly because of the heterosexual bias of the healthcare system. Second, many gay people report that they do not feel welcome in healthcare facilities or that they experience discrimination. This is especially problematic in public facilities, which means that gay men must either pay for private care or, if they cannot afford to do so, forfeit the care they need. As a result gay men may have many reproductive health needs that are not met and/or lack access to information regarding their reproductive choices. In section 6 we provide some suggestions of how service providers can help to address some of these barriers.

Access to affirming mental healthcare

There is still a need for mental healthcare that is affirmative of diversity and cognisant of the unique needs that gay fathers may have. For instance, research studies show that gay fathers report frequent feelings of rejection and stress related to having to defend the fact that they are gay parents - this is termed 'minority stress' and is experienced by a range of people belonging to stigmatised groups.[ix]

Mental healthcare professionals such as psychologists, counsellors, social workers and medical doctors typically receive very little training outside of a heteronormative view of human sexuality and relationships. This means that many professionals struggle with their own beliefs, which can impact on their ability to provide services to LGBTI parents or families. *A Sexual and Gender Diversity* *Position Statement* recently adopted by the Psychological Society of South Africa indicates an important step towards improving the mental healthcare that gay men and other LGBTI persons receive, but for these and other healthcare services gay men remain predominantly reliant on the resource-limited services provided by LGBTI-friendly NGOs.

"Many doctors and nurses have never learned to challenge their own attitudes towards sexual and gender minorities, nor have they received information about the health needs of this population. As a result, otherwise knowledgeable and competent health professionals are not informed about the basic issues that are essential for providing adequate care to sexual and gender minorities" (Muller, 2014, p. 558).[x]

Custody

Some gay men become parents through a relationship or marriage to a woman. Should that relationship dissolve, conflicts around custody may arise. The South African High Court has ruled that a parent's sexual orientation is not relevant in decisions regarding custody. However, gay men may still face direct and indirect discrimination in the legal system. Psychologists and social workers tasked with preparing recommendations for the court regarding placement and custody arrangements that are in the best interest of the child, have a responsibility to ensure that their recommendations do not unfairly deny the parental rights of gay fathers.

6. PROMISING PRACTICES FOR BEING INCLUSIVE OF DIVERSE FAMILIES

Service providers should strive to respect family diversity, which is protected by the constitution and South African family law. State departments should also bear in mind that the Batho Pele principles promise that 'all citizens should have equal access to the services that they are entitled' and that they should be treated with 'dignity, courtesy, and respect at all times'.[xi] There are a number of ways that institutions can incorporate family diversity into their practices.

Policies: Policies for both staff and clients should explicitly forbid discrimination and harassment based on actual or perceived sexual orientation, as well as gender identity and expression. Policies should be clear that discrimination includes actions or omissions that are regarded as

different treatment, based on a person's characteristics.

Environment: The physical space of an organization can also help create a welcoming climate. Such an environment could be signalled by including LGBTI-related brochures or media (such as newspapers or magazines); making a non-discrimination policy visible in the waiting area; or posting a rainbow or pink triangle in the reception area.

Language and forms: An institution's forms and the language staff uses with clients can be welcoming and inclusive, or create a feeling of marginalization.

Forms should allow for family diversity. For example:

- "Parent/Guardian" is more inclusive of various family structures than "Mother" and "Father."
- Recognise the committed relationships of LGBTI and other couples by using the term "relationship status" instead of "marital status" on forms, and/or including a check-box for "partnered" or "domestic partner relationship"

Staff members should also use such inclusive language in their communications with clients. They should also listen to the language a client uses to describe themselves and their family and reflect the same language back.

7. A RESOURCE LIST FOR SERVICE PROVIDERS AND LGBTI PERSONS

7.1. Training for service providers on topics of gender, sexuality and inclusivity

Triangle Project (Western Cape, Cape Town)
Offers public education and training around sexual- and gender diversity, LGBTI rights and wellbeing.

Website: www.triangle.org.za |Email: info@triangle.org.za | Tel: 021 686 1475

OUT LGBT Wellbeing (Gauteng, Pretoria)
Offers public education and training around sexual- and gender diversity, LGBTI rights and wellbeing.

Website: www.out.org.za | Email: hello@out.org.za | Tel: 012 430 3272

Gay and Lesbian Network (KwaZulu-Natal, Pietermaritzburg)
Offers education and awareness raising interventions and training on LGBTI issues.

Website: www.gaylesbian.org.za | Email: info@gaylesbian.org.za | Tel: 033 342 6165

7.2. Psycho-social, advocacy and other supportive services for LGBTI persons

Gay and Lesbian Memory in Action (GALA) (Gauteng, Johannesburg)
A centre for LGBT culture and education, with a focus on education, knowledge production and movement-building.

Website: www.gala.co.za | Tel: 011 717 4239

OUT LGBT Wellbeing (Gauteng, Pretoria)
Offers direct sexual and mental health services, and engages in advocacy to promote the health and rights of LGBT people.

Website: www.out.org.za |Email: hello@out.org.za |Tel: 012 430 3272

Triangle Project (Western Cape, Cape Town)
Offers a health clinic, helpline, support groups, outreach programmes, research, and advocacy around LGBTI health and wellbeing.

Website: www.triangle.org.za |Email: info@triangle.org.za |Tel: 021 686 1475

Gender Dynamix (Western Cape, Cape Town)
Provides resources and support for transgender people and their employers, families and partners.

Website: www.genderdynamix.org.za |Email: info@genderdynamix.org.za
Tel: 021 633 5287

Durban Lesbian and Gay Community and Health Centre (KwaZulu-Natal, Durban)
A drop-in centre providing legal, personal and health counselling for LGBT communities.

Website: www.gaycentre.org.za |Email: admin@gaycentre.org.za |Tel: 031 312 7402

Gay and Lesbian Network (KwaZulu-Natal, Pietermaritzburg)
Provides face-to-face, online or phone counselling by well-equipped and dedicated volunteers.

Website: www.gaylesbian.org.za |Email: info@gaylesbian.org.za |Tel: 033 342 6165

Legbo Northern Cape (Northern Cape, Kimberley)
A drop-in centre providing psycho-social services including individual and family counselling and support groups for LGBTI persons and their families.

Website: www.legbo.co.za |Tel: 053 831 1313

Limpopo LGBTI Proudly Out (Limpopo, Polokwane)

Offers individual and group counselling, referrals for legal advice and representation.

Website: www.limpopolgbtiproudlyout.co.za | Email: limpopolgbtiproudlyout@gmail.com
Tel: 081 791 9248

7.3. Support groups for LGBTI parents

LGBTI parents support group (Western Cape, Cape Town)

A support group for LGBTI parents.

Email: health2@triangle.org.za

Rainbow support group (Johannesburg and Cape Town)

A trans-racial adoption support group.
Find their details in the resource section on Adoption:

Website: www.adoption.org.za

7.4. Legal services and recourse

Legal Resources Centre (National office)

A public interest, human rights law clinic, with offices in Cape Town, Durban, Grahamstown and Johannesburg.

Website: www.lrc.org.za | Email: info@lrc.org.za | Tel: 011 836 9831

Equality Court (National)

The Equality Courts are found throughout the country and deal with matters related to unfair discrimination, harassment or hate speech on the basis of one or more prohibited grounds, including but not limited to, sexual orientation as well as the promotion of equality.

Website: www.justice.gov.za
(for a list of all Equality Courts, including contact details)

Commission for Gender Equality (National)

Investigates gender-related complaints, monitors compliance with gender policies and legislation, and runs public information programmes, with offices nation-wide.

Website: www.cge.org.za | Tel: 011 403 71 82 (head office)

Promotes, protects and monitors human rights in South Africa by investigating and reporting on violations, with offices nation-wide.

Website: www.sahrc.org.za | Telephone: 011 877 3600 (head office)

8. SOME HELPFUL DEFINITIONS [xii]

A.

ADOPTION: When a woman becomes pregnant, but does not want to be a mother or is unable to be a mother at that time, she may give up parental rights and the responsibility of child care to someone else who wants to and is able to be a parent. The child then legally is taken into its adoptive parents' family and is raised as their own. Adoption by same-gendered couples or by an individual person, irrespective of their gender or sexual orientation, is legal in South Africa.

ASSISTED REPRODUCTIVE TECHNOLOGIES (ART): Assisted reproductive technologies refer to a range of medical fertility treatments used to achieve pregnancy, including surrogacy.

B.

BISEXUAL: A person who is attracted to two sexes (usually male and female) or two genders (usually men and women), but not necessarily at the same time or equally. For example, someone who is bisexual may be more attracted to women most of the time, but may then be in a relationship with a man and not be attracted to anyone else during that relationship.

C.

CHILDFREE: This term refers to people who make an active and positive choice not to have children.

CHILDREN'S ACT (38 of 2005): This Act recognises and protects the rights of children, and sets out principles on the protection of children from abuse, neglect, exploitation and discrimination. The Act also addresses the responsibility and rights of parents and children's courts.

CHOSEN FAMILY: A family where there is no officially recognised legal relationships (such as through marriage or adoption) or biological relationships between members,

but where the family members nonetheless consider each other as family. For LGBTI persons, chosen family in the form of close friends, for example, may be particularly important if they have been rejected by their biological family due to their sexual orientation.

F.

FAMILY OF ORIGIN / BIO-LEGAL FAMILY: A family formed through officially recognised legal relationships (such as through marriage or adoption) or biological relationships (such as the relationship between a biological mother and child).

FOSTER PARENT: An adult who temporarily fulfils the role of parent or guardian of a child, but without legally adopting the child. Children may be placed in foster care due to parental neglect or abuse or due to being abandoned or orphaned. Placing a child in foster care is done by order of the Children's Court. When fostering a child, the state remains the legal guardian; only adoption grants parents with legal recognition of their parental rights.

G.

GAY: A label or identity that a man who is attracted to other men may choose for himself. It is possible for a man/boy to have sexual and romantic feelings for other men/boys but not consider himself gay. It is also possible for someone to consider themselves gay but never act on their feelings for other men.

GENDER: The socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for women and men based on society's conceptions of femininity and masculinity.

GENDER STEREOTYPES: The attitudes, opinions, or roles that form the widespread assumptions of how and what men and women are expected to be. For instance, the stereotype for males frequently includes being tall, muscular, and unemotional. For women it might include being weak, social, emotional and nurturing. Gender stereotypes also affect sexual minorities and gender minorities. For example, it is widely believed that all gay men are feminine, flamboyant, and dramatic. Whilst stereotypes may be at least a little true and may in part apply to some individuals within a group, they never apply to all people, or to any individual completely. Some women, for example, may be emotional but others may not; similarly those who are emotional may not be very social and so on. Stereotypes can be harmful if we force them upon people as labels or to deny them certain opportunities, or if we use them as standards for others and ourselves.

I.

INTERSEX: Someone who is born with biological sex organs that are not considered standard for either males or females. The existence of people who are intersexed, challenges the idea that there are only two sexes (sex binary). In South Africa, it is approximated that 1 in every 50 people has atypical (not typical or different from the norm) sex organs.

L.

LESBIAN: A label or identity that a woman who is attracted to other women may choose for herself. Such identities should be freely chosen and not forced onto someone by others. It is possible for a woman/ girl to have sexual and romantic feelings for other women/girls but not consider herself a lesbian. It is also possible for someone to consider herself a lesbian but never act on their feelings for other women.

O.

OUT (of the closet): The varying degrees of being open about one's sexual orientation. People may be 'out' to some people, but not to others. For example, a man may be 'out' to his close friends and family about being gay but not share this part of his identity with others at his workplace. No one has to be 'out' or completely 'out', and some may choose not to be if they feel that their safety or wellbeing may be threatened, or if they are just not ready. Some gay men may choose not to be out in all contexts of their lives since many people are still homophobic and may react with anger or violence.

R.

REPRODUCTIVE RIGHTS: The basic right of all people to decide freely if they will have children, when they will have children and how many children they will have. It also includes the right to have access to the information that helps people to make these decisions and to have access to sexual and reproductive health care. For example, access to family planning clinics is an important reproductive right. Reproductive rights also include the right to make decisions concerning reproduction free of discrimination, coercion and violence.

S.

SEXUALITY: A person's sexual feelings, desires, sexual expression, actions and preferences. It is an important part of being human, and relates to sex, gender identities and roles, sexual orientation, pleasure, intimacy and reproduction. Sexuality is as much learned as it is natural, and is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

SEXUAL ORIENTATION: A person's physical, romantic, emotional, and/or spiritual attraction to another person, which they may label as lesbian, gay, heterosexual, bisexual, or asexual. A person's sexual orientation can change, and the labels that people use do not define their sexual lives or limit their sexual expression. Instead, you can think of it as 'rounding off' to the nearest label, or choosing the label that fits best, even if it is not precise, or you choose a new label later. Just because a person considers themselves homosexual, queer, gay or lesbian, it does not mean that they may never feel attracted to the opposite sex or have sexual or romantic relationships with people of the opposite sex. Similarly, many people who label themselves as heterosexual experience same-sex attraction, and engage in same-sex sexual and romantic relationships.

SURROGACY: The practice by which, through a carefully negotiated legal agreement, a woman -referred to as the 'surrogate mother' - becomes pregnant in order to birth a child for someone who cannot have children. The person(s) requesting the surrogacy is referred to as the 'commissioning parent(s)'. Nowadays this most often occurs through gestational surrogacy in which a fertilised embryo is inserted into a woman's uterus and the resulting child is not genetically related to her. The surrogate mother undergoes artificial fertilisation with at least one of the commissioning parents' genetic material. In South Africa it is legal for a person, regardless of their sexual orientation, to enter into a surrogate agreement with a surrogate mother.

T.

TRANSGENDER: This term can refer to trans men and trans women specifically. It can also be an umbrella term for all people whose gender identity or gender expression differs from the social expectations for the sex they were born with. Such gender identities may include transgender, transsexual, transvestite, gender queer, genderless, as well as trans man and trans woman.

TRADITIONAL HETEROSEXUAL NUCLEAR FAMILY: This refers to the socially familiar family form of a heterosexual, married couple who live in one household with their biological, dependent children. This type of family is not statistically the most commonly occurring form but remains a powerful cultural ideal against which other families are compared.

REFERENCES

[i] Holborn, L., & Eddy, G. (2011). *First steps to healing the South African family.* Johannesburg: South African Institute of Race Relations.

[ii] White Paper on Families in South Africa. Available at: http://www.dsd.gov.za/index2. php?option=com_docman&task=doc_view&gid=370&Itemid=3

[iii] National Development Plan 2030. Available at: http://www.poa.gov.za/news/ Documents/NPC%20National%20Development%20Plan%20Vision%202030%20-lo-res.pdf

[iv] Berkowitz, D., & Kuvalanka, K. A. (2012). *Gay fathers' involvement in their young children's lives.* In J. Pattnaik (ed.), *Father involvement in young children's lives: A global analysis* (pp. 89 – 106). Dordrecht: Springer.

[v] Children's Act 38 of 2005. Available at: http://www.justice.gov.za/legislation/ acts/2005-038%20childrensact.pdf

[vi] Richter, L. (2006). *The importance of fathering for children.* In L. Richter and R. Morrell (eds.), *Baba: Men and fatherhood in South Africa* (pp. 53-72). Cape Town: HSRC Press.

[vii] Biblarz, T. J. & Stacey, J. (2010). How does the gender of parents matter? *Journal of Marriage and Family,* 72, 3–22. doi: 10.1111/j.1741-3737.2009.00678.x

[viii] Fulcher, M., Sutfin, E. L., & Patterson, C. J. (2008). Individual differences in gender development: Associations with parental sexual orientation, attitudes, and division of labor. *Sex Roles*, 58, 330-341.

[ix] Bos, H. M. W. (2010). Planned gay father families in kinship arrangements. *The Australian and New Zealand Journal of Family Therapy,* 31(4), 356-371.

[x] Muller, A. (2014). Professionalism is key in providing services to lesbian, gay, bisexual, transgender and intersex South Africans. *South African Medical Journal*, 104(8), 558-559.

[xi] *Gauteng Provincial Legislature.* Available at: http://www.ecodev.gpg.gov.za/AboutUs/ Documents/BATHO%20PELE%20POSTER.pdf

[xii] Adapted from:
Meer, T. (2014). All the (tricky) words: *A glossary of terms on sex, gender and violence.* Cape Town: GHJRU, University of Cape Town.
Victor, N., Nel, J. A., Lynch, I., &, Mbatha, K. (2014). The PsySSA sexual and gender diversity position statement. *South African Journal of Psychology, 44, 292-302.*