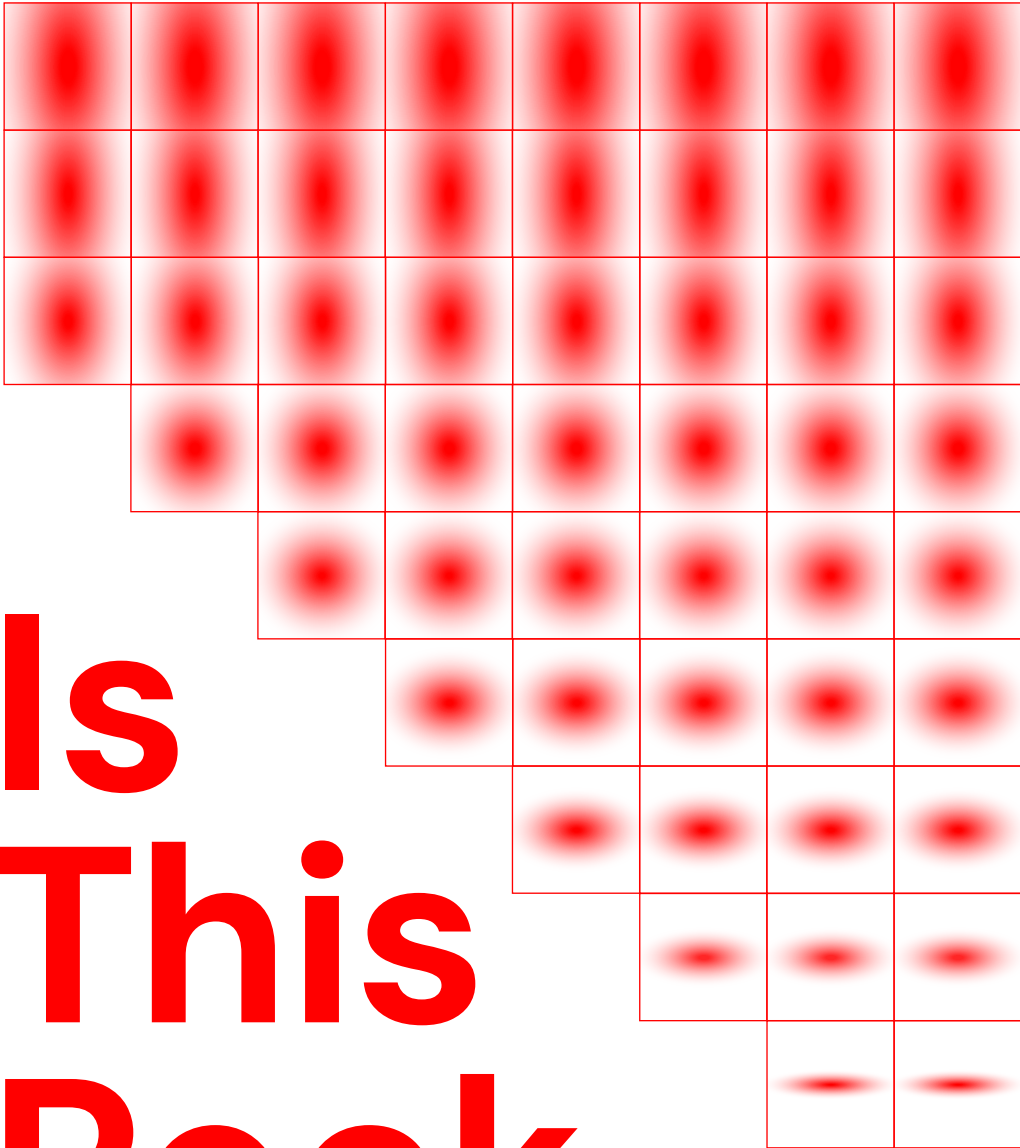
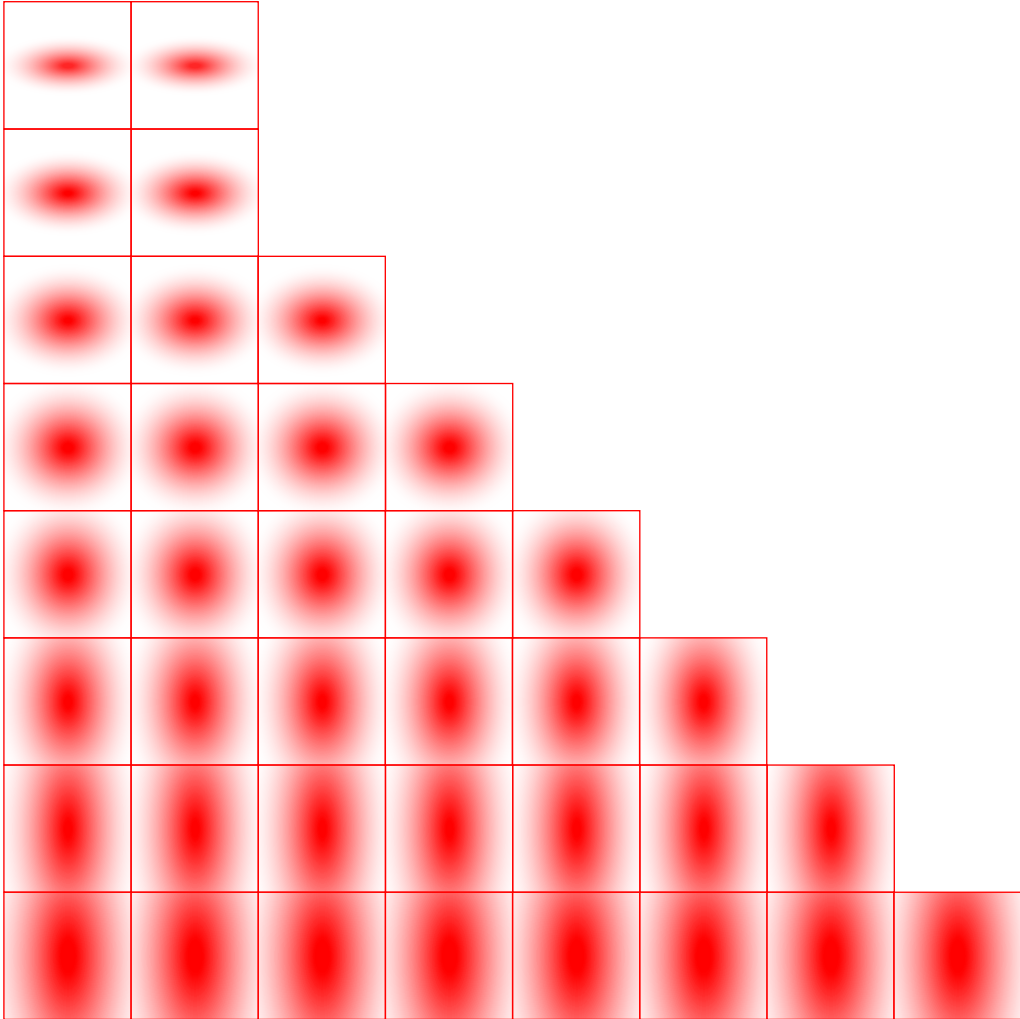


Beirut _____ 2023



Is This Rock Bottom?

Sexuality Hotline
Report _____ 2021

**Got Questions on
Sexuality, Gender,
or Sexual & Reproductive
Health and Rights?**

**Contact our Sexuality Hotline
+961 76 680 620
hotline@theaproject.org**

Open Daily Between 5pm – 11pm

Author _____ **Joy Saade**


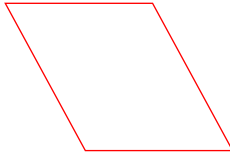

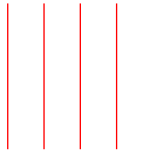
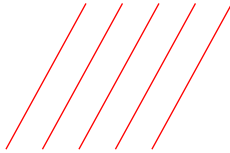

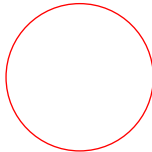
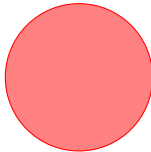
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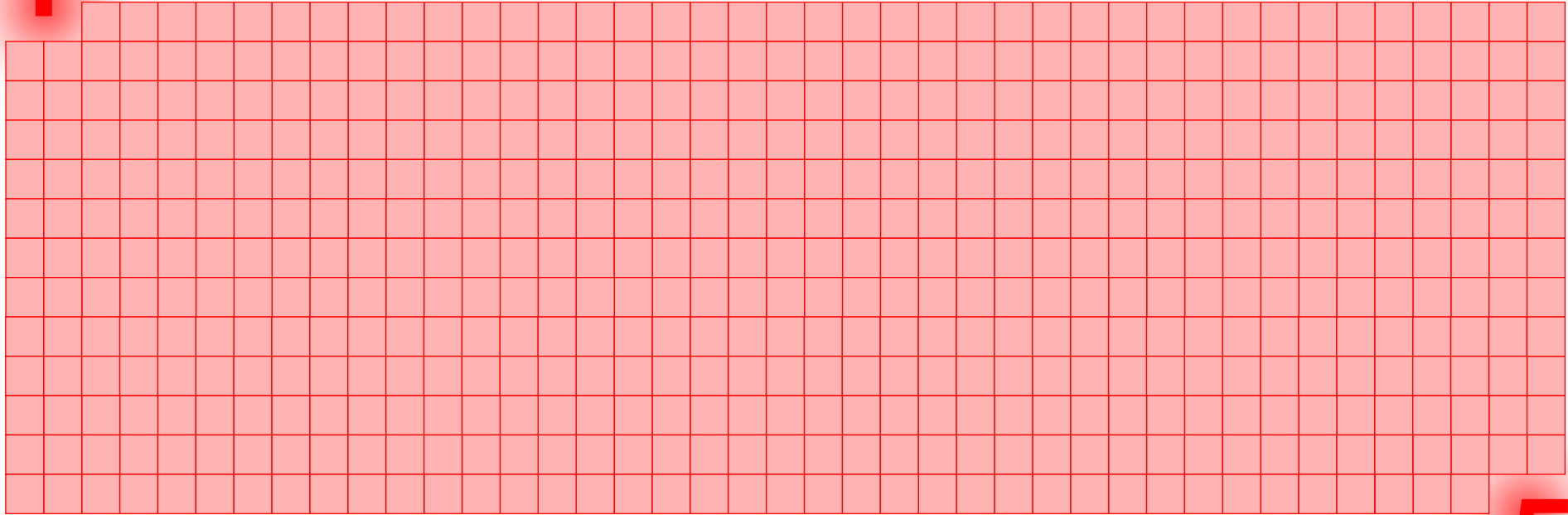
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Report Summary

This publication is the fifth edition of the sexuality hotline report. It offers an in-depth analysis of the data collected from calls made to the sexuality hotline in 2021 and contextualizes the data to the interlayered crises that continued to unfold in Lebanon that same year.

A total of 531 calls were made to the hotline between January and December 2021. Following the trend of previous years, calls this year have been mostly by people between ages 20–25, who are Lebanese, live in Beirut, and are cis women. New to this report is the emphasis placed on counsellors’ experiences and perspectives while volunteering on the hotline. Sharing counsellors’ viewpoints on how the crisis affected their roles and challenged their ability to offer counsel throughout the year offers a unique and humane perspective of the sexuality hotline counsellors. The inclusion of this perspective also introduces the sentiments of responsibility felt by counsellors when faced with calls on topics of financial need, housing, and food support.

Calls that discussed topics beyond sexuality, gender, and sexual and reproductive health and rights (SRHR) were an inevitable result of the all-encompassing economic crisis in Lebanon. Overall, we saw a total of 203 topics explored on the hotline this year. To better understand the context of these topics, all topics were reanalyzed into 29 major categories that showcase just how different and unique each call discussing a single topic may be. The most popular topics this year consisted of abortion, unwanted pregnancy, STIs, access to healthcare, and heteropatriarchy. New themes that emerged this year included affordable healthcare, access and availability of medications, housing support, and financial difficulties. These new topic themes reveal people’s overall consciousness towards the inaccessibility of healthcare and medication; reminding us that concerns of SRHR have only worsened amidst the crisis. This year’s findings also serve to remind us how difficult it can get to differentiate SRHR needs from non-SRHR needs in times where we are seeing and experiencing the direct effects of both on each other, in a way that makes the act of distinguishing concerns impractical. In other words, sexual and reproductive health concerns did not disappear amidst the other crises that emerged in 2021, but were rather exacerbated. The public need to reorient its attention to how basic needs, such as electricity and food provisions, worsen our sexual and reproductive wellbeing and make the availability of and access to healthcare services scarcer and of poorer quality.

Notes on the Visualization Process

When approached by the A project to work on this report, we contemplated their previous annual reports and couldn't help but think of the effort and dedication put into the act of collection and accumulation over the years, not to mention the effort put into the design and dissemination of the reports within which this data is enclosed and through which it is made public. The particularity of this data is that it is always the culmination of physical labor. This data is gleaned by humans rather than machines, and through methods that are essentially centered around the multiple interactions that happen within the sexuality hotline, and around which a whole infrastructure is set in place.

After different discussions with the A project's team on their yearly reports, some questions emerged related to visualization, illustration, representation, critique, momentum and dissemination. The report we were working on dates back to 2021 and includes rock bottom in its title.

Thinking from a deep rock bottom and thinking of a design process, the visualizations and works of W.E.B Dubois came to our minds as an example. We found interest in his visual language and in the process and conditions of their creation. Dubois was an African-American sociologist who is known for his numerous literary contributions to the black struggle against racism. He is also known for mobilizing and heading many collective initiatives that stood for this cause. At a certain point in his life in the late 1890s, having initiated a sociology program in the historically known black Atlanta University, he collaborated with a multidisciplinary team of students and alumni belonging to many fields to do research, collect data, and to come up with accurate communication tools for spreading this data. This was Dubois' contribution to the Exposition Universelle in the 1900s. Along with the team, Dubois carefully curated around 500 photographs showcasing what black communities' lives revolved around aside from the hegemonic representations. Additionally, they created a series of around 60 visualizations based on multiple statistics, topics and themes showing how the institution of slavery still lurks in various social aspects of everyday life across different geographies and times. Being a sociologist himself, and the group consisting mainly of students and alumni, they based themselves on initial questions and observations, then applied them in timely social surveys and statistics. **They were collecting data at a time when data collection and analysis was not very easy as a task.** These visualizations were executed collectively and were, and still are, part of many exhibitions and publications by and on Dubois. **They contributed to radical shifts in public opinion and popularized an awareness against racial discrimination at times when hegemonic convictions of supremacy reigned or were reified.** The interest in these visualizations is an interest in everything they are, from the cause they stand for to the data they reveal, the simple and genius aesthetic choices they mobilize and the way they highlight content and spatialize it.

Perhaps it is the task of visualizing data concerned with sexuality, gender, and sexual and reproductive health and rights and their social relevance that pushed us towards Dubois' world as a reference? Or maybe it was a desire to try and attempt what Dubois attempted? Or maybe it is the data with its million folds and intricacies?

Looking at Dubois' visualizations reminded us that we are in the age of an excess of data, data visualizations, mining and its immense circulation through the internet, and that to a certain

extent – this particularity contributed to the detriment of the original function. The excess of circulation acted somehow like a sense of erasure, and we felt like we stopped looking at most visualizations that we encounter throughout our days. **Visualizations shouldn't concern themselves with representations and illustrations so much so that the data ends up being rendered invisible.** On the other hand, the visualizations should be wary of dehumanizing the subjects that are behind their initial reason of existence.

While we were discussing the report, possible design directions and themes relating to sexuality at the studio, the media was circulating news about the drafting of laws which intend to criminalize homosexuality. Over the next few weeks, we watched all over the media as macho-fiasco men took air-time and space to spew speeches loaded with flat associations and explanations concerning their understanding of what gender, sexuality, and "nature" is. And through a condensation of words and images they legitimized a dimension of violence against difference through a process of othering. With a righteous claim to knowing what is "natural" versus "unnatural", these self-proclaimed "normals" hunted down actual rainbows, in school books and coloring books, on toys and balloons, they even found cakes. They went after businesses demanding their positions on sexual deviance – the absurdities of grilling those who mass produce colorful desserts over their choice of food dye, rather than their labor exploitations in a time of societal demise and financial collapse. They raided bars and attacked performance artists, and scoured virtual spaces too. They claimed to have the answer sheet to what is normal, like they are, and roamed the city seeing if "these others" pass the test. But in the words of writer and activist Shon Faye:

[... let's reflect, you and I, on how you've tortured me with the word "Why".
"Why am I like this.
Why am I here.
Why don't I just disappear."
But the question is yours.
Because it's never been about me.
It's about you.
It's always about you.]

This series of events were reminiscent of fast-spreading petrified and petrifying ideas, where the emergence of spaces and practices of violence against non-normative gender expression and sexuality in general are enforced everyday and in nearly all aspects of our daily lives. This attack against difference stigmatizes and affects many, whether in health, personal safety, mobility, opportunities, access to bodies of knowledge, and even knowledge of oneself.

More than ever, we find that people are finding comfort in resorting to violence and places of hatred against that which is different and unfamiliar. Violence against otherness, against difference, and maybe even violence for violence's sake – almost becoming its own language, a form of speech. Data-driven is a term that we imposed on ourselves while working on the project. How can we organize the pieces of data we have with all their details and arrange them within a design system? What codes will help us create the graphics? What visual organizations can particular data take? How can visualizations include many layers and texts in layouts? How can we subvert meaning or break up with existing associations? But mostly, how can we use the A project's data to create visualizations that ripple rather than stagnate? How can they show you the social and political relevance of access to sexual and reproductive health and rights of these "others" and the "supposed normals" in Lebanon? How can we visualize how these systems of violence manifest on the wellbeing and needs of migrants, refugees, cis and trans women, trans men, and queers? These were some of the leading questions that occupied our thoughts. We hope that by this work, we would present a clear visualization of the data and highlight its social relevance. We also hope that with these visualizations and the many details they entail, we are able to convey how differences are the common unit, and how every topic can be nuanced infinitely, repetitions of the same but different.

Dear Reader,

In previous years, we found it valuable to read the Sexuality Hotline data through a main theme or framework. In fact, every sexuality hotline report that came after our very first one has had a political framing that emerged from what we had been unpacking and learning about throughout that year. The theme of our 2018 report focused on our callers' mental and emotional wellbeing and how it is impacted by socio-cultural and institutional values, and in turn how that affects how we claim (or rather how we are afraid to claim) our sexual and reproductive health and rights. This came following the year we introduced our Politics of Mental Health reading retreat to develop a more nuanced view of mental illness and reclaim it from the reductionist trend of medicalization of the other. In the following year, our 2019 sexuality hotline report's theme was "Against Normality" which was inspired by our Politics of Sexuality reading retreat and the numerous conversations on the hotline with callers who were looking to deconstruct why their non-normative sexualities, gender identities and expressions, sexual preferences, and (non) reproductive choices are perceived as threats to society, and illicit confusion, judgment, and even violence. Following this, we piloted our Reproductive Justice reading retreat for the first time in 2020, a tumultuous year that brought on the Covid-19 global pandemic and its ensuing panic and restrictions, a worsening financial freefall that continues until today, and a port explosion that destroyed half of the capital and left thousands of homes in ruins and over 300,000 people displaced. Analyzing our 2020 data through a Reproductive Justice framework allowed us to not only understand the structural and systemic barriers that shape our sexualities and relationships, restrict our access to healthcare services, and deny us our right to live safe and secure lives, but also allows us to see how all these issues & the fight to secure them are intertwined.

When the time came for us to name and politically frame our 2021 report, we were stumped – the theme almost always presents itself to us. But this was not a year of theorizing; it was a year of doing and passing time while trying to stay functional, even though we need not be. So much has happened in 2021 that we found it inevitable to hit pause, slow down, and ask ourselves (with squinting scared eyes) is this rock bottom? This year's report won't have a theoretical framework, it will be just as we were that year; observing, attempting to patch-up grand wounds with a band-aid, reporting what happened, and waiting to see how the pieces continue to fall.

→ This report presents the data collected from The A Project's sexuality hotline in the year 2021 and contextualizes it to the social, political, environmental, and economic crises that emerged in Lebanon that year. It is divided into three major Cs:

(1) The Crises (2) The Callers (3) The Counsellors

- **The first section** is a spiraling contextualization and observation of the events that had occurred in 2021 in Lebanon, largely focused on the impact of the economic crisis on the availability of food, medication, and gasoline. This segment paints a rough image of the context in which many callers and counsellors were living through as they sought support and the lending of support on matters of sexual and reproductive health and rights.
- **The second section** focuses on presenting experiences of crises from the perspective of hotline callers. Within this section you will find demographic information, such as the age, gender, location, and nationality of callers, as well as their relationship to the hotline, and their take on the crises as analysed through the quantitative and qualitative data collected from the sexuality hotline calls. This section also offers a breakdown of hotline call topics with an emphasis placed on the most popular topics discussed this year, and the new topics that emerged in response to the deteriorating living conditions in Lebanon. Topics were analysed under a method of coding that involved parent and child code processes.
- **The final section** of the report looks into counsellors' perspectives on the year, focusing on their relationship to the hotline, the callers, and their roles as counsellors during the crisis. For the first time we gain counsellor insights by zooming out of their post-call reflections and holding space for a focus group discussion where they paint a big picture analysis on the behind-the-scenes events of the hotline.

→ **Overall, we hope this report encourages you to reflect with us on how cis-heteropatriarchal values have made the already unlivable conditions of an economic collapse even worse for migrants, refugees, queers, and cis and trans women, trans men, and gender nonconforming people.**

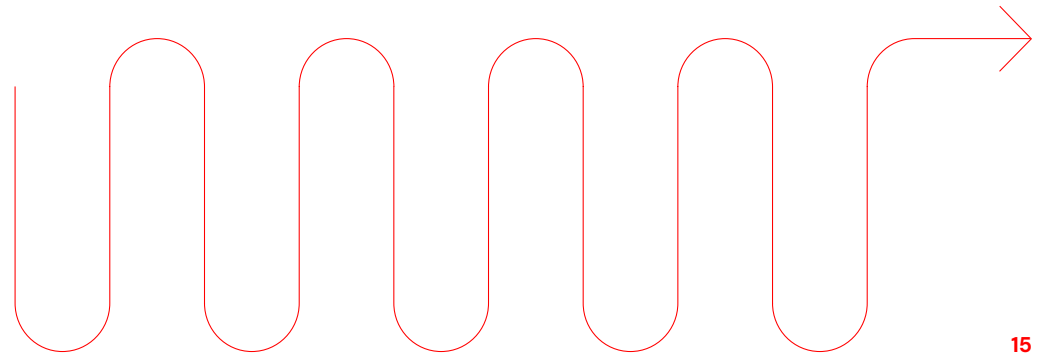
Crisis Unfolding

This timeline offers a brief look at the events and incidents detailing the crumbling of infrastructure and deterioration of living conditions in Lebanon in 2021; from electrical shortages, internet cuts, medication, food and fuel scarcities, unremitting Lira devaluation, and not to forget the Covid-19 lockdowns.

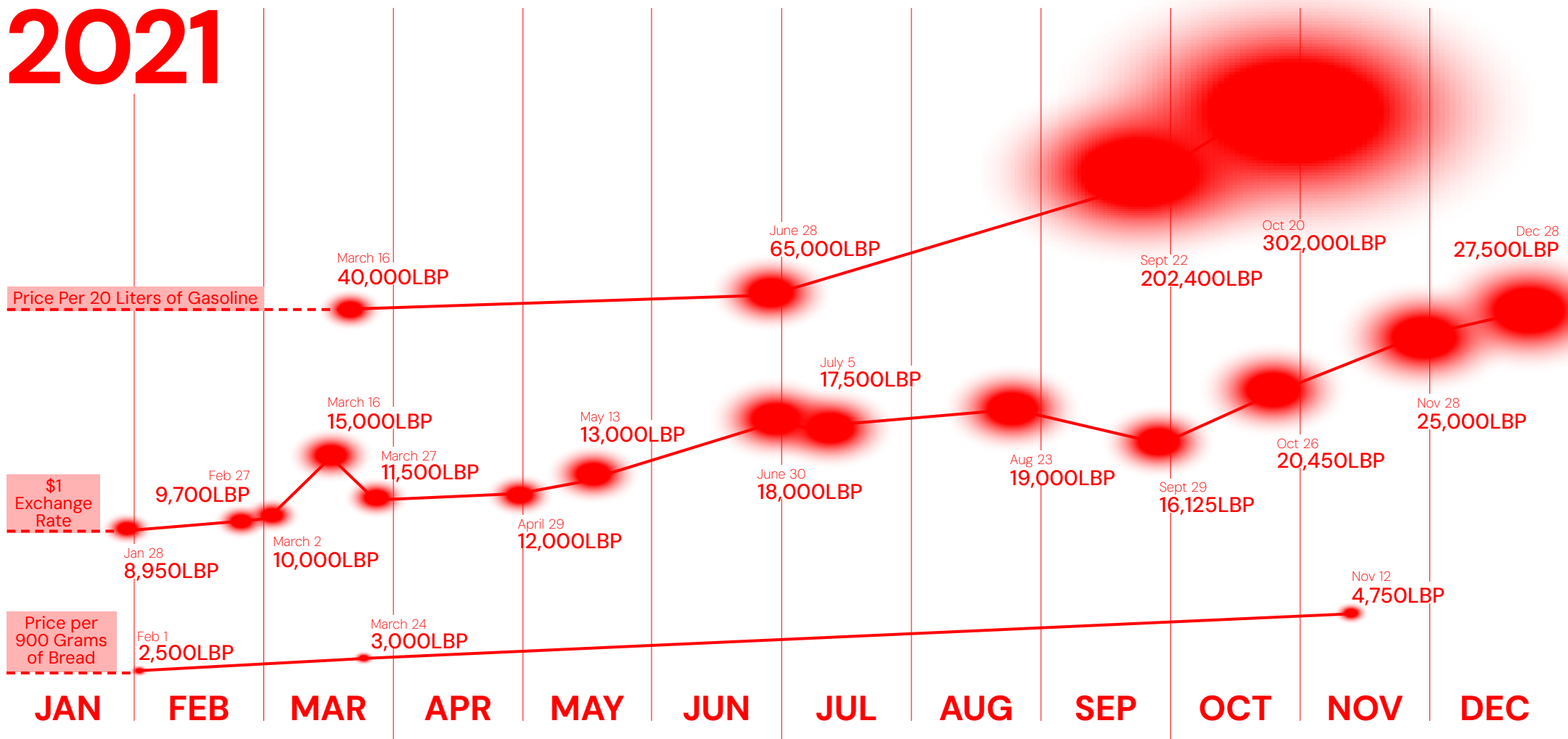
The timeline reminds us of the ongoing protests that surfaced across the country in objection to the lack of accountability by the Lebanese government and ultimately the dire living conditions resulting from lifting of subsidies of basic living costs and needs.

Moreover, it is a reminder that the economic crash directly affected our access to SRHR services and care. It is common to hear how natural disasters and war create humanitarian crises that impact our access to SRHR.

Conditions of economic crises create similar vacuums of access and availability to SRHR that often go ignored despite the continued relevance of sexual and reproductive health to our everyday lives.



2021



Jan 7 until Feb 8: Covid-19 full lockdown, curfew from 6PM to 5AM

Jan 13: Protests at Social Affairs Ministry in Badaro "Death by Covid-19 or of hunger"

Protests against curfew & deteriorating living conditions

5 women killed by domestic violence in January 2021

Feb 22: AUB threatens to expel students who do not pay their dollarized tuition payments by the deadline on March 2

March 18: Pharmacists protest in front of the Ministry of Health and go on strike denouncing the difficulties threatening access to medications

April 3: Food subsidies are lifted; several outbursts in supermarkets between shoppers over subsidized food items

May 1: Monthly minimum wage: 450\$ ↘ 54\$

May 27: Central Bank announces it will not be able to subsidize the import of medical supplies without the use of reserves

June 3: Électricité du Liban (EDL) confirms blackouts will continue

June 18: Ogero (state official telecom provider) halts internet provision

June 21: Employees of Beirut's biggest public hospital, Rafik Hariri University Hospital, protest in demand of higher wages

July 2: First cases of Covid-19 Delta variant appear

July 9: Zgharta-Ehden impose curfew on foreign workers and make threats of deportation

July 10: Pfizer Covid-19 vaccination marathon cancelled due to rationing of electricity

July 17: Government subsidies on medications are lifted

Aug 4: First annual memorial march in remembrance of the Beirut Port Explosion

Aug 27: Cancer patients stage a sit in front of the grand serial to protest lack of cancer medication

Aug 30: Approx. 270 Syrian refugee families residing in Kawkaba-Rachaya were expelled from their homes after a fight between local men in the town

World Health Organization announces that 40% of doctors & nurses have left Lebanon since the start of the economic crisis in Oct. 2019

Oct 9: EDL: "no possibility of rebuilding [the electricity supply] for the time being"; country falls into total blackout

Oct 19: Private hospitals shift to dollarization of services for non-Lebanese patients

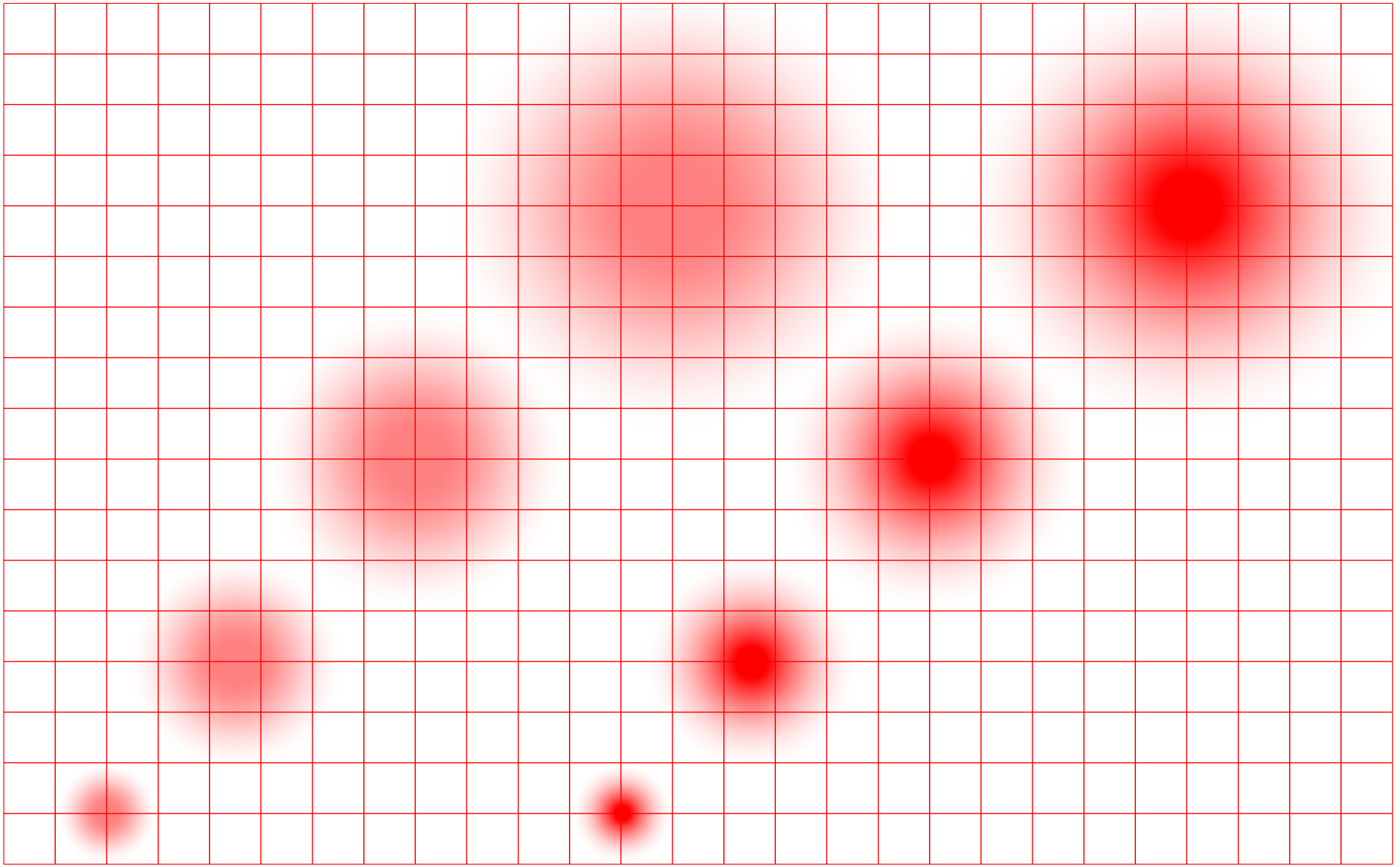
UN refugee agency says at least 1,570 people, 186 Lebanese, left/tried to leave Lebanon by sea b/w Jan. & Nov.

Wildfires in Wady Al-Aziah, Zibqin, Al-Henya, Majdel Zoun, Jeb Suwaid, and Bchamoun

Nov 11: Restrictive measures taken against Syrian workers: nightly curfews, prohibiting those living in Ras Baalbak from receiving out-of-town guests, & bringing down their daily wages to 40,000LBP & to 10,000LBP per hour.

Nov 19: Protest at the health ministry against the rationing of medicine subsidies. PM Mikati accuses residents of hoarding meds in their homes.

Dec 7: Maternal mortality rises from 12 to 30 per every 100,000 births. Minister of Health warned the decline of maternal healthcare ranging from the lack of availability of medicines required during pregnancy to a shortage of contraceptives.



The Callers & The Crisis

Calls to the sexuality hotline began shifting as the Covid-19 restrictions began to loosen and the economic crisis began to worsen. Callers were no longer contacting the hotline to just discuss topics of sexuality, gender, and sexual and reproductive health and rights (SRHR). Rather, callers sought to unpack their current living conditions and their fears that the condition in the country would only worsen. By the end of the year, the hotline was receiving calls asking for financial support, housing support, and donations of medication, food, and other in-kind offerings that may supplement callers' imminent needs. While these aren't services that the sexuality hotline is set to provide, some counselors went out of their way to crowdsource for callers' needs, as they continued to provide resources, referrals, information, and conversations that unpack the events unfolding.

Much of the warnings about medical shortages that persisted throughout the year were reflected in the calls made to the hotline. Especially during the summer season, the hotline saw an increase of calls on topics of access and availability of medications, from contraceptives, to emergency contraceptives, abortifacients, post-exposure prophylaxis, anti-depressants and anti-anxiety medications – many medications were out of stock across the country. These are medications sought out by misfits, people falling from grace within society; whether that's because of their non-normative sexual activities (queer or straight and unmarried alike) or their mental health struggles, these two fields are not legitimate struggles to society in normal times, so how about in a financial crisis? Many of these medications were not on a priority list to restock, and much of them lost government subsidy. **What happens to us in sickness and health has always been up to us to figure out our ways through.**

A shift in the direction of calls was also evident in conversations about doctor visits. Before 2021, callers used to ask about consultation appointments, details about clinic locations, pricing, and the differences in services offered. However, in 2021, the question of whether to even visit a doctor or not was centered around a conversation about price and expenses. Many callers attempted circumventing seeing physicians all together by getting quick medical advice from the hotline, as the hotline does not diagnose and provide this type of service the second question was about the cost of seeing a physician, hoping that one visit is enough and no follow-ups or second opinions would be needed (this is why we place so much weight and hope in our crowdsourced doctors' referral survey). This sense of urgency related to expenses was also reflected in conversations about medication and treatments, as well as the spike of rent and food prices. **Overall, the fear of resource shortages altered the utilization of the hotline, and what was once a space for thought-out conversation increasingly became a space accommodating of quick information related to the spikes in the economy.**

Nevertheless, callers continued to contact the hotline to discuss doctor mistreatment and to vent about their poor experiences in clinics. A review of the qualitative data shows that there has been an increase of doctors giving wrong protocols to their patients in efforts to draw them back in for a second appointment. Despite The A Project's online referrals campaign that was carried out in 2020 to grow our Healthcare Providers Referral Database, efforts to maintain a diverse and comprehensive list of doctors became increasingly difficult with the high rate of immigration amongst doctors fleeing due to the economic crisis. This not only means

that the number of doctors in Lebanon has shrunk, but the quality of doctors has also diminished. Callers therefore began contacting the hotline to report a worsening quality in services (i.e., patience, pricing, reliability, comfort, etc.) of doctors they had once recommended. One caller, for example, contacted the hotline to share that her doctor had suddenly began charging 500 fresh US Dollars for a procedure that used to cost half that amount before the crisis. Other callers complained that pharmacies would either refrain from selling medication in Lebanese Liras or do so by charging triple the price. **Overall, callers who contacted the hotline to unpack their experiences with clinics and pharmacies and share the difficulties of procuring medicines and medical services, spoke in a tone of frustration – and reasonably so, considering they were forced to withstand their pains and illnesses indefinitely.**

Although the age demographic of callers shows majority of callers were between the ages of 20-25, the topics and concerns discussed on the hotline suggested that caller's demographics had shifted to an older audience. Primary concerns of callers had moved from discussions about pleasure, sexual exploration, and identity to conversations about housing and financial concerns, affording medication or even food. This year, we even received a couple calls from students raising concerns about how they will be able to afford their upcoming years in university. The sentiment that hotline callers have become "above their age," was also mentioned by a few counsellors, who recognized a shift in the priority of concerns from sexual and reproductive health needs to everyday concerns of affordability and housing security.

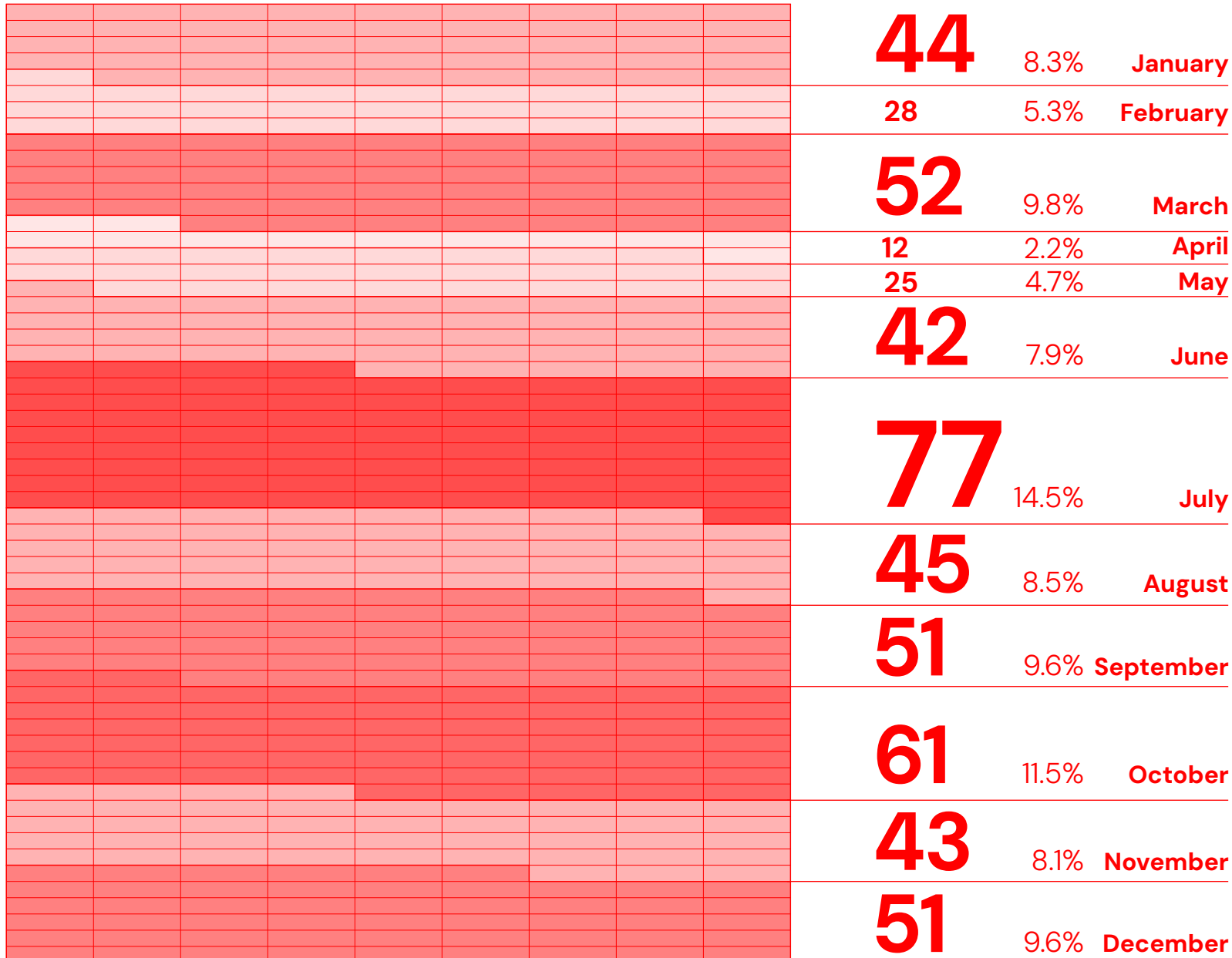
—————→ **If there is anything to take away from this year, it is that sexual and reproductive health and rights (SRHR) concerns did not disappear amidst the other crises that emerged in 2021. Rather, the various crises that overtook Lebanon served to exasperate concerns related to gender, sexuality, and SRHR. The public need to reorient our attention to basic needs such as electricity and food provisions frankly worsened our sexual and reproductive health statuses and made our access and availability to healthcare services scarcer and of poorer quality.**

Total Calls in 2021

Total Calls in 2021: **531**

Total Calls in 2020: 406

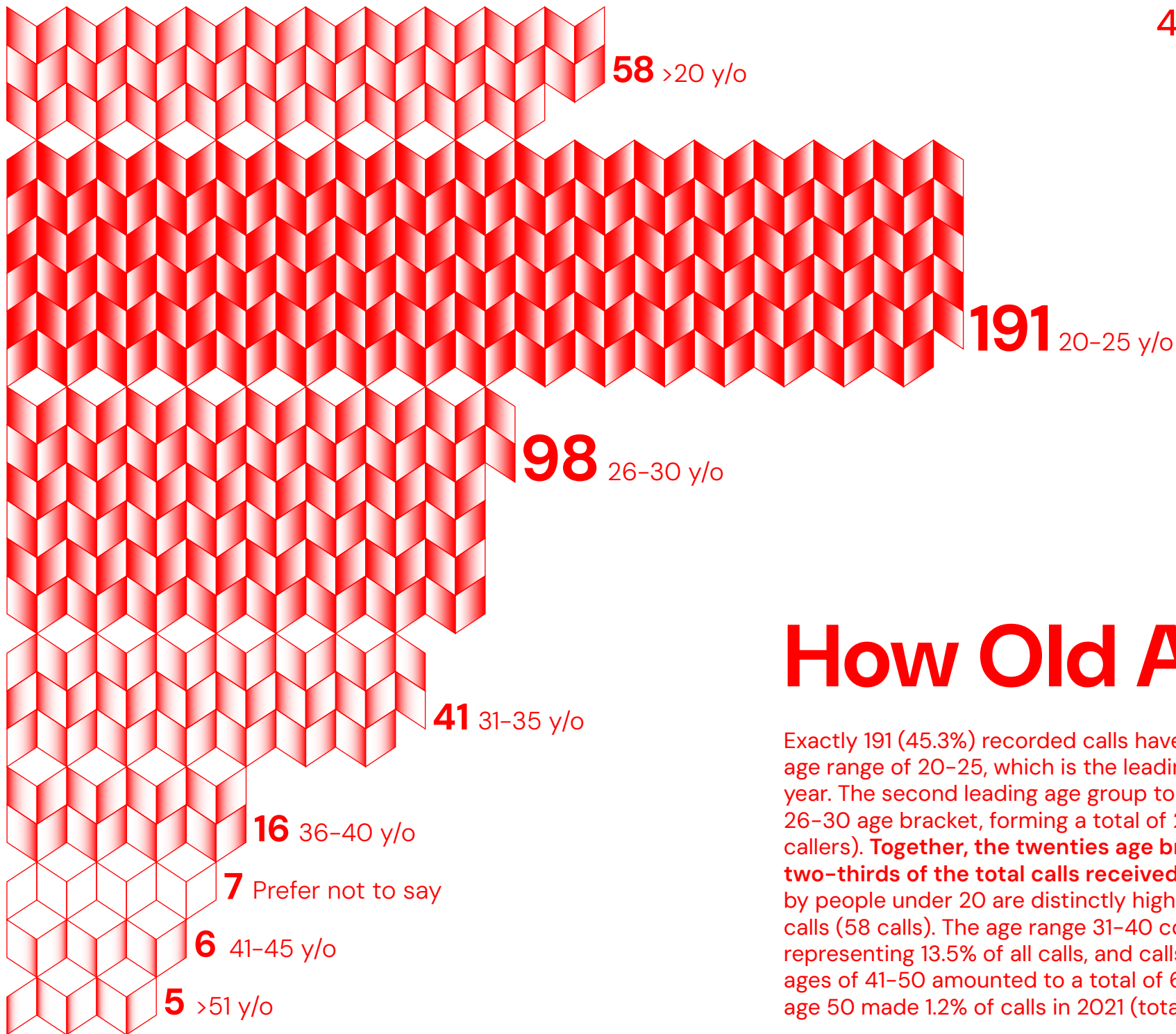
Calls Broken Down by Month



In 2021, the sexuality hotline documented 531 total calls. **This is a 31% increase from the 406 calls documented in 2020 and the largest number of calls we've received on the hotline in a single year to date!** On average we received 44 calls per month, with July witnessing the largest number of calls (77) in and April the lowest (12) from the whole year.

→ **DISCLAIMER:** It is important to note that the statistical figures available in this report do not always reflect the conclusive reality of all 531 calls. This includes the statistics on calls-per-month. Each call is unique, and counselors are not always able to capture the demographic information of all calls made to the hotline. This may be because the caller refuses to share their information, or because there is no appropriate moment to ask for details that may seem trivial in the context of the discussions being had. Counselors know to prioritize the conversation and interest of the caller, and this dedication is what sometimes leaves us short on data.

422/531 Responses

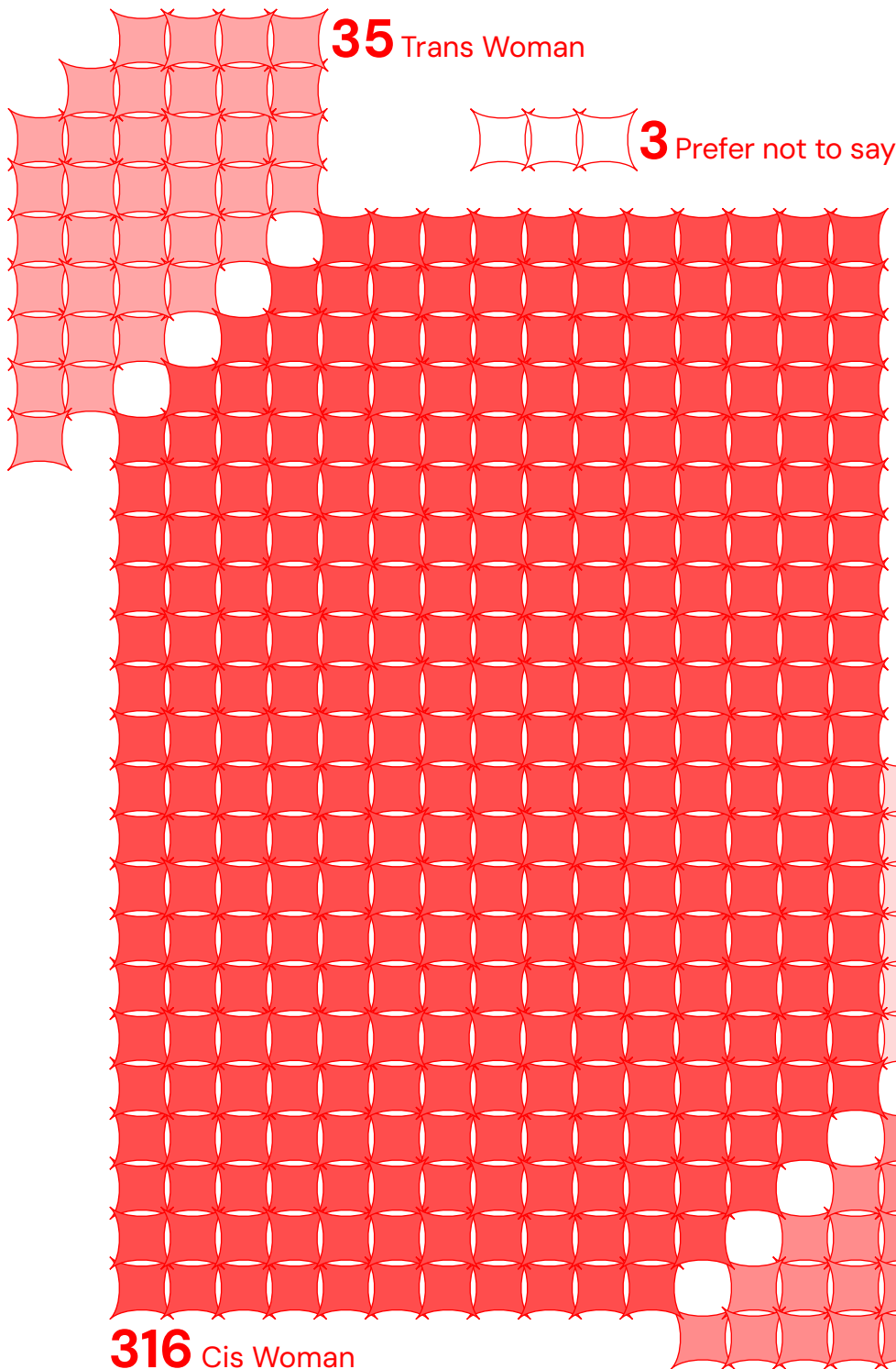


How Old Are You?

Exactly 191 (45.3%) recorded calls have been made by people in the age range of 20-25, which is the leading age bracket of callers this year. The second leading age group to contact the hotline is the 26-30 age bracket, forming a total of 23.2% of this year's calls (98 callers). **Together, the twenties age brackets amount to about two-thirds of the total calls received to the hotline.** Calls made by people under 20 are distinctly high, making up 13.7% of all total calls (58 calls). The age range 31-40 consisted of a total of 57 calls, representing 13.5% of all calls, and calls made by callers between the ages of 41-50 amounted to a total of 6 calls this year. Callers above age 50 made 1.2% of calls in 2021 (total of 5 calls).

What's Your Gender?

The majority of calls this year have been made by cis women, who consist of 316 out of the 453 calls where gender was recorded (69.8%). The second highest percentage (14.1%) of callers is made by cis men who make up 64 total calls of 2021. A total of 35 calls (7.7%) were made by trans women, and 20 calls (4.5%) were made by trans men. Gender nonconforming callers made up 4.5% (11 calls) of total recorded calls, and the remaining 1.5% of this year's calls are made by non-binary people, callers who chose not to identify with the gender titles above, and callers who preferred not to share their gender.

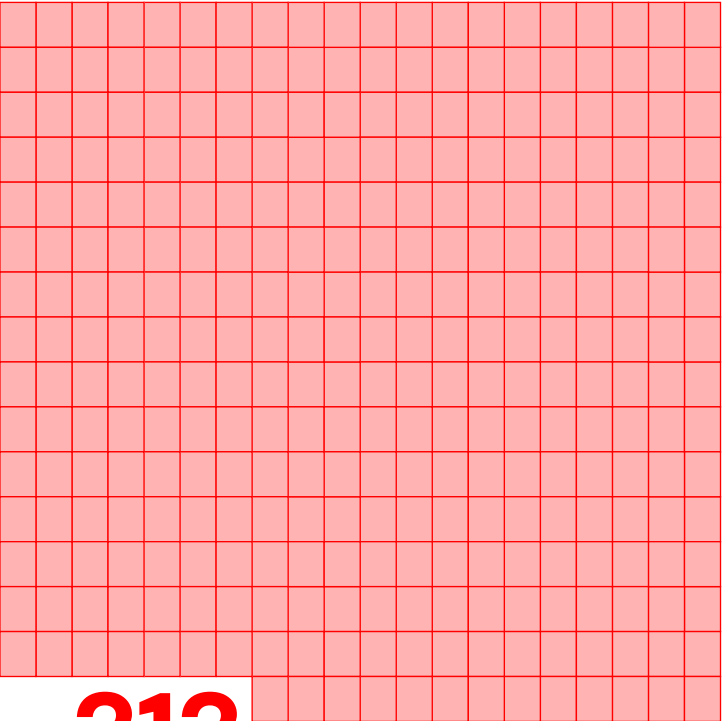


Why do counsellors ask callers for the gender demographics?

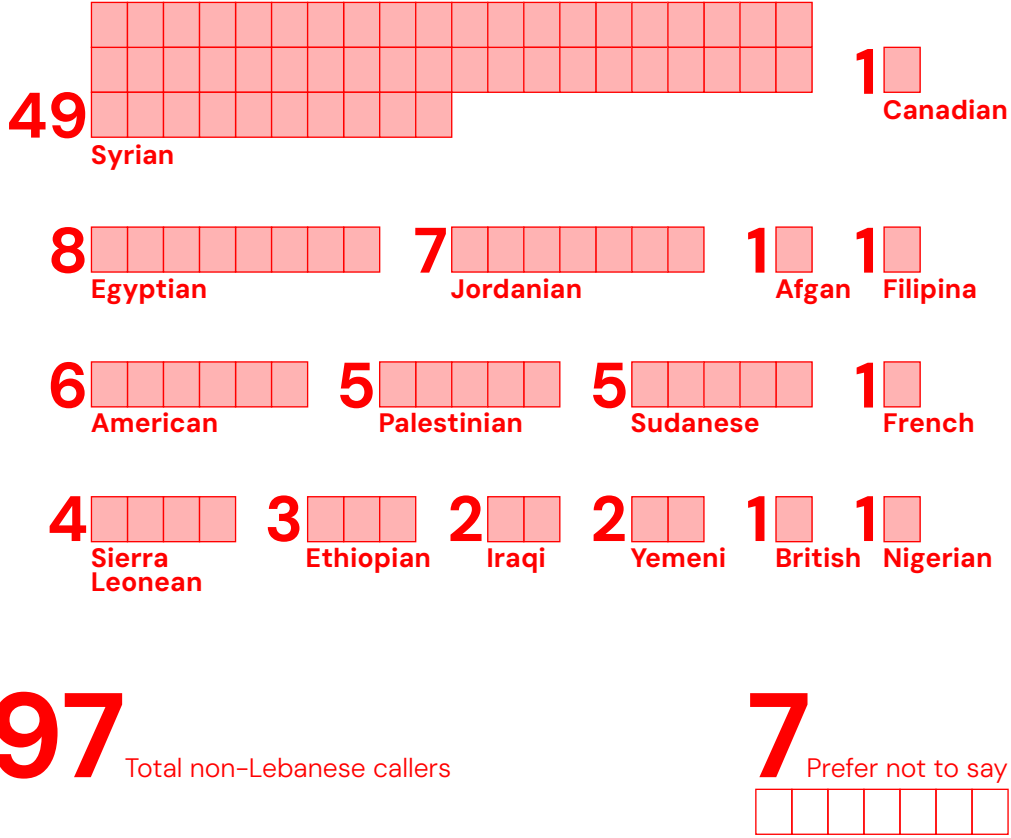
Hotline counsellors are only concerned with knowing the gender of the caller if their gender plays a role in the topic discussed during the call or if it can better help counsellors provide referrals that suite the needs of the caller. For example, a caller contacting the hotline for a referral to a sensitive dentist may want to share that they're looking for someone who isn't transphobic. In doing so, the topic of gender may arise as part of the discussion but will most certainly serve the purpose of directing the hotline counsellor through the referrals database to find a dentist suitable for the caller's request.

What's Your Nationality or Place of Origin?

427/531 Responses

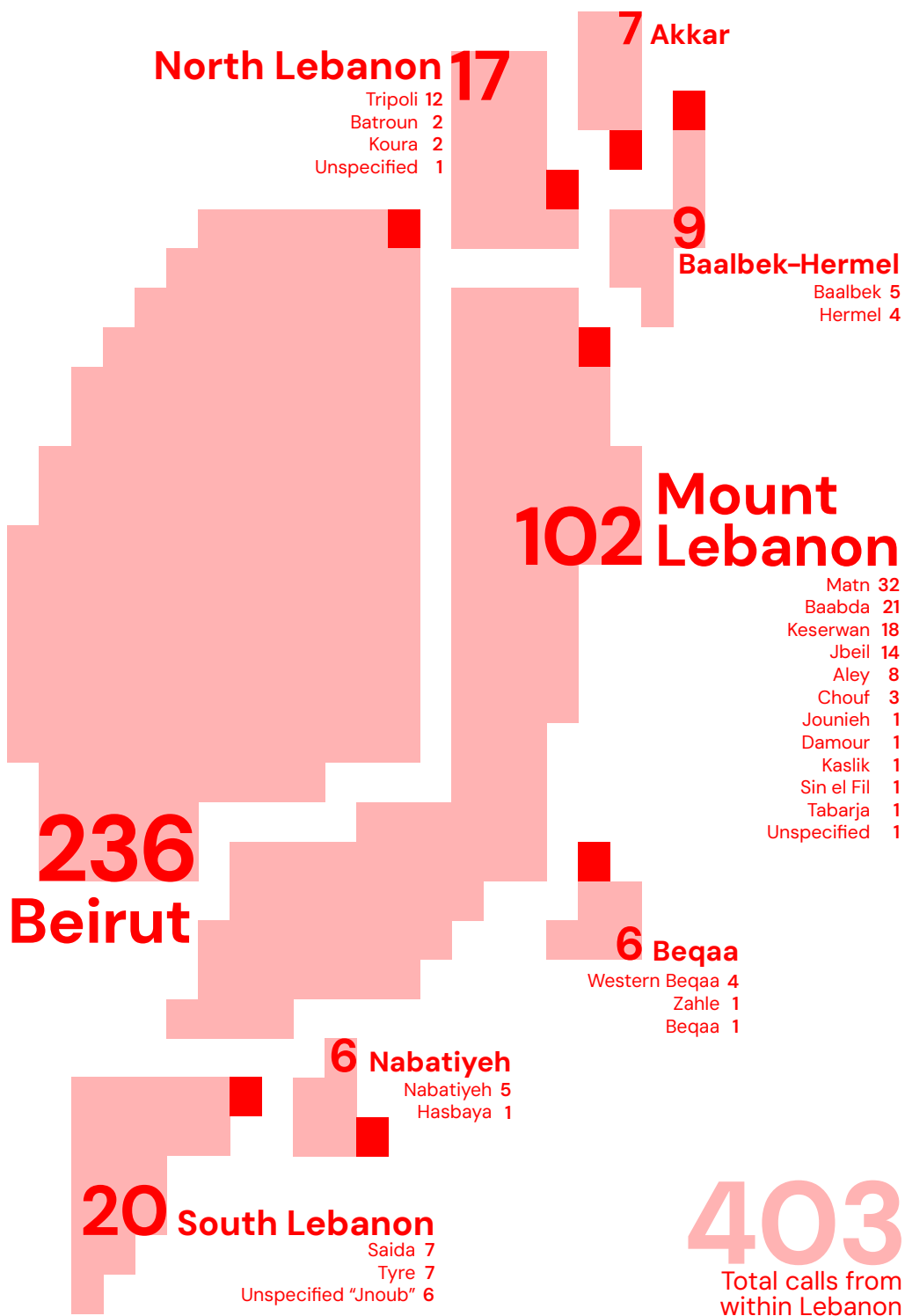


313 Lebanese

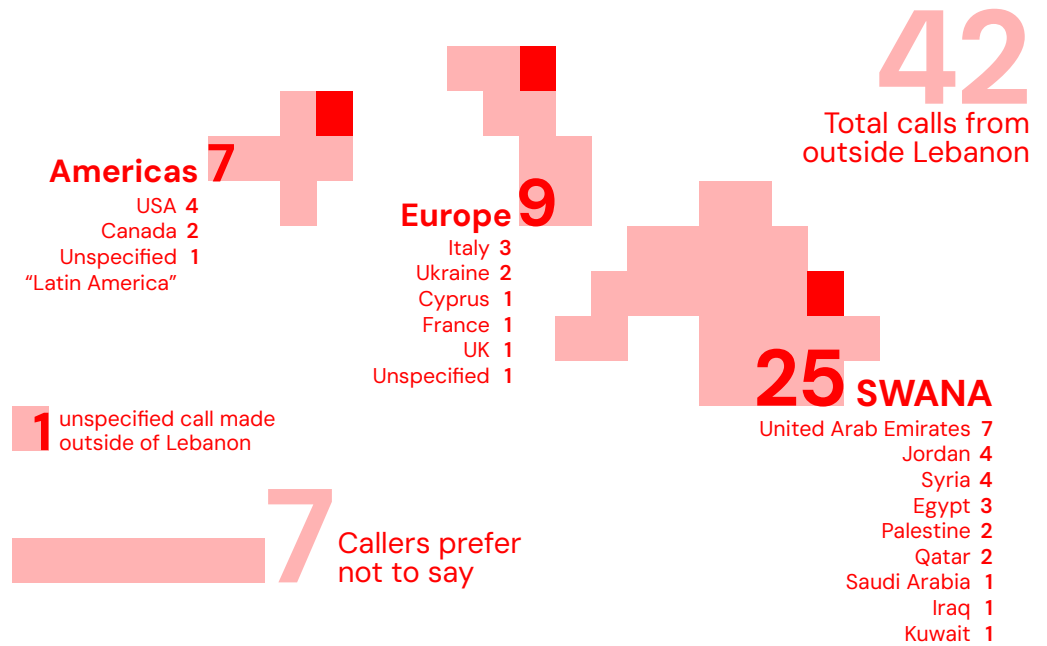


Almost 75% of all recorded calls made in 2021 have been by Lebanese nationality holders. Despite this percentage, there is still a total of 16 other nationalities that contacted the hotline this year. The second biggest nationality represented through the calls to the hotline is Syrian callers with a percentage of 11.7% (or a total of 49 calls). Following this is Egyptians (who made a total of 8 calls/1.9%), Jordanians (with 7 calls/1.8%), Palestinians and Sudanese callers (5 calls/1.4% each). Other nationalities that contacted the hotline this year include people from Sierra Leon, Ethiopia, Iraq, Yemen, Afghanistan, England, America, Canada, Philippines, France, and Nigeria. Together, the total non-Lebanese callers to contact the hotline amount to 24.8% of all calls, with 1.8% of callers preferring not to share any information about their nationality.

→ NOTE: The nationality of caller's does not imply the location of callers. Many Lebanese expats contact the hotline from countries abroad, while many migrants, refugees, and non-Lebanese residents contact the hotline from within Lebanon.



452/531 Responses



Where Are You Calling From?

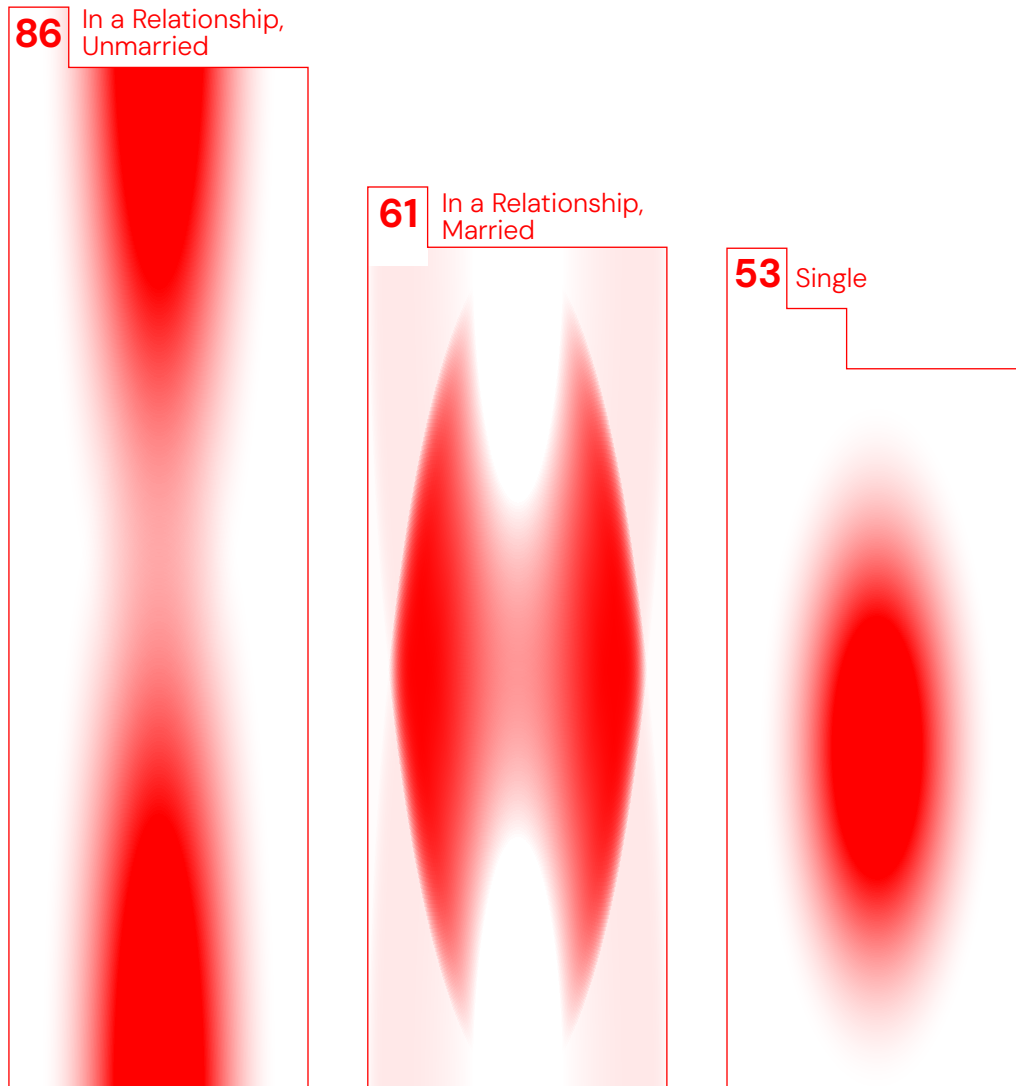
Callers contact the sexuality hotline from all over the world, however most calls do tend to take place from within Lebanon. This year, 403 calls / 89.1% of all recorded calls are made from Lebanon, and 42 calls / 9.3% are made in the Middle East and African continent (with a total of 25 calls), the Americas (7 total calls), within Europe (9 calls), and one call from someone who didn't specify anything more than "I'm abroad." Of these 42 global calls, Middle Eastern and African callers make 59.9% of all calls made outside of Lebanon. This includes calls from countries such as Jordan, Syria, Palestine, Iraq, Kuwait, United Arab Emirates, Saudi Arabia, Qatar, and Egypt.

In Lebanon, 52.2% of all calls are made from within Beirut, amounting to a total of 236 out of the 403 local calls made. Callers from Mount Lebanon make up the second highest percentage of calls with a total of 102 calls (22.6%). Following Mount Lebanon is the South of Lebanon, which consists of Saida (7 calls), Tyre (7 calls) and the "Jnoub" in general with 6 calls. Calls from North Lebanon include the regions of Tripoli (12 calls), Koura (2 calls), Batroun (2 calls), and the "Shmeil" in general (1 call). The district of Akkar generated 7 total calls, while all the way in the south in Nabatiyeh a total of 6 calls are made. 6 calls were also made from the Beqaa region, and from Baalbek-Hermel there is a total of 9 calls in 2021.

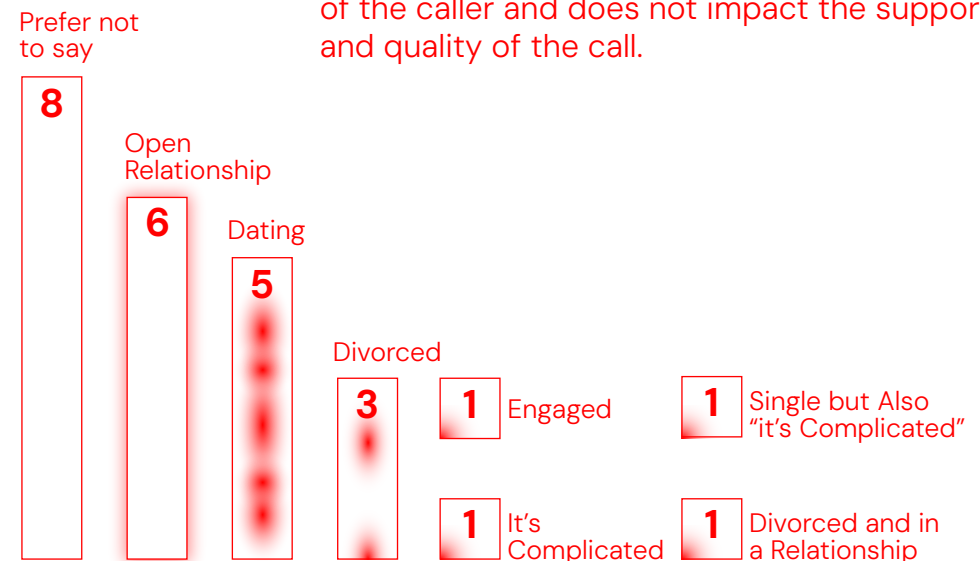
What is Your Relationship Status?

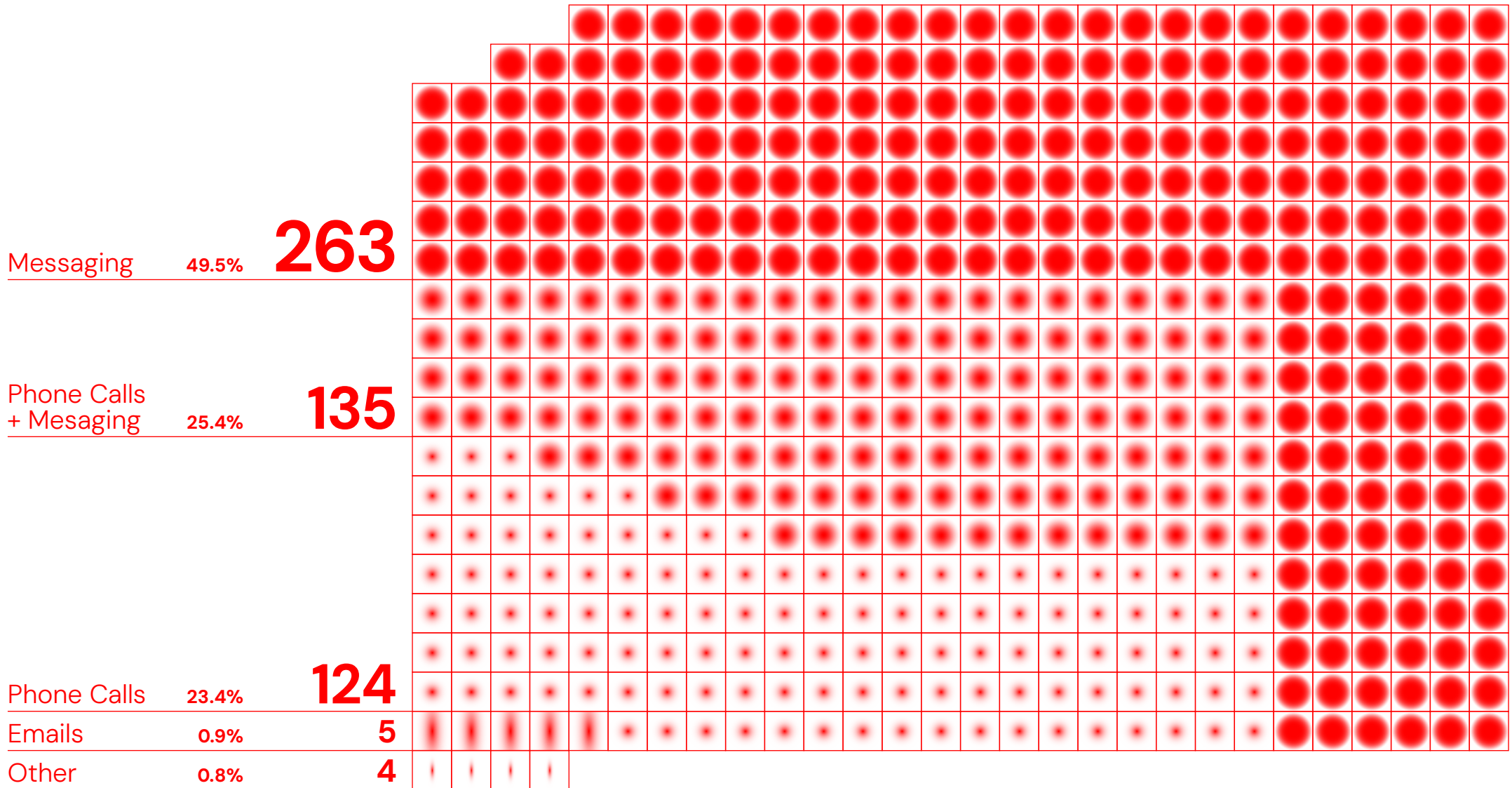
226/531 Responses

This year, similarly to previous years, callers who are in non-marital relationships make up a total of 86 calls in 2021 (38.1%). A total of 61 callers who stated that they were married make up the second highest percentage of callers at 27.0%, and following that, callers who shared that they are single amounted to 23.5%, offering a total of 53 calls this year. In addition to these substantial categories, the hotline saw callers who identified as dating (5 calls), divorced (3 calls), "it's complicated" (1 call), engaged (1 call), and "other" (2 calls).



—→ DISCLAIMER: Hotline counsellors do not ask for the relationship status of the caller unless it is necessary or relevant to the conversation, and the decision to withhold this information (like all other information) is at the complete discretion of the caller and does not impact the support and quality of the call.





How Did You Contact the Hotline?

Messaging continues to be the preferred method of contact for most callers amounting to almost 50% (263 calls) of this year's total calls (not including the hybrid method of **messaging and phone calling**, which covers another 25.4%/ 135 calls). **Emails** continue to be the least popular option with a total of just 5 calls this year.

———> You can ask your questions, get referrals to services and resources, or just have a casual chat with a hotline counsellor by giving us a phone call, emailing us, or creating a hybrid of those options!

531/531 Responses

What Language Did You Speak During Your Call?

Arabic

194

Arabic
+ English

173

French

1

Arabic
+ French

1

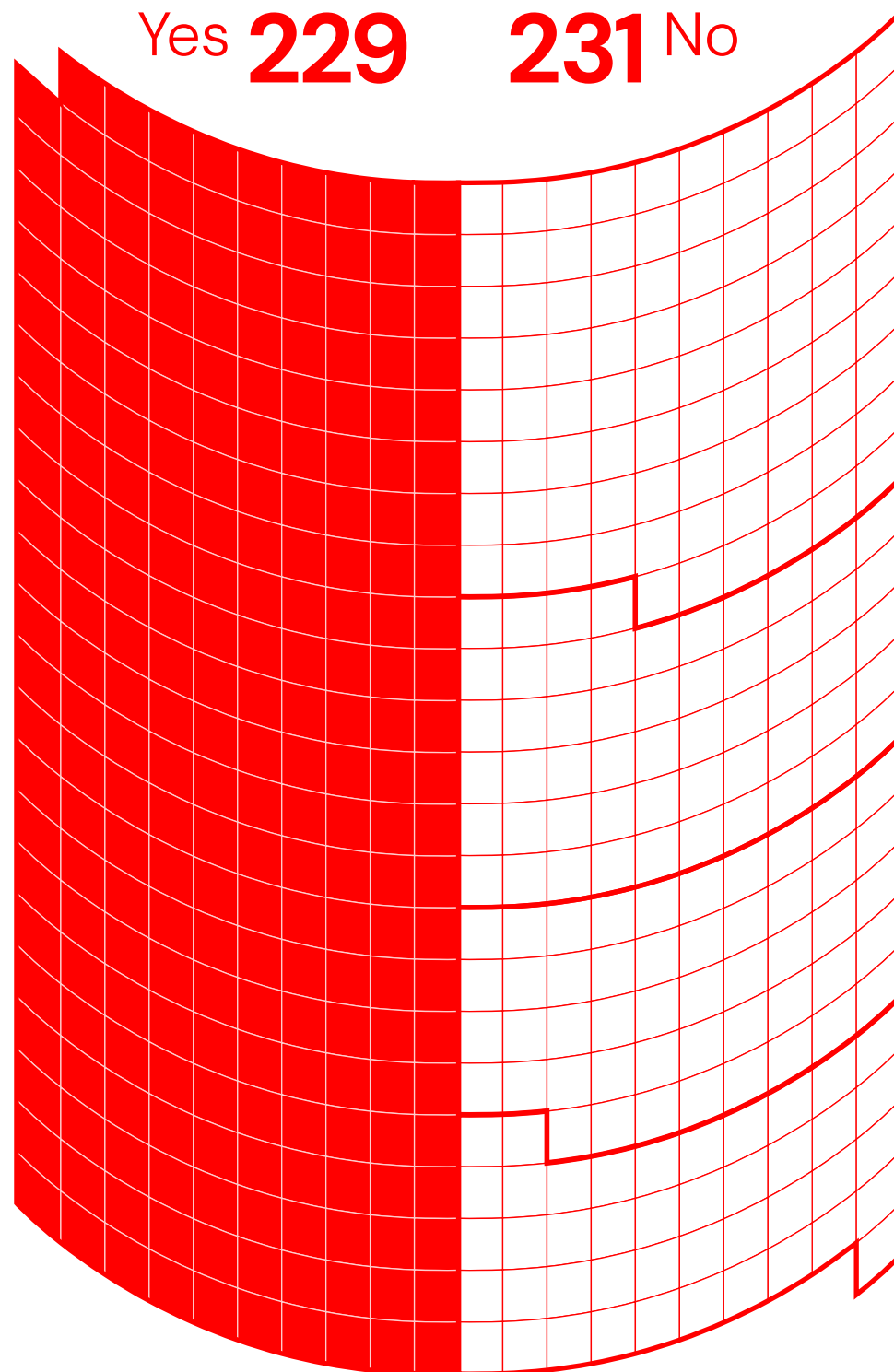
English

162

Arabic, English, and a hybrid of both languages have been the most popularly used languages for discussion on the hotline. This year, 194 callers (36.5%) contacted the hotline in Arabic, 162 callers (30.5%) called in English, and 173 callers (32.6%) alternated between both English & Arabic during their calls.

Are You a First Time Caller?

There are always new callers contacting the hotline. Almost 50% of this year's recorded calls (a total of 229 out of 460), mention they are contacting the hotline for the first time. The other 50% (231 out of 460 calls recorded) have said that this is not their first time contacting us. Callers who mention they've called before also let us know if they're calling to discuss a new topic or re-visit an issue previously discussed on the hotline.



460/531 Responses

Are You Calling for the Same Issue?

37.3%
86
Calling about the same issue

23.4%
54
Absolutely different issue

20.7%
48
Kind of, but not really talking about the same issue

18.6%
43
Not mentioned or the counsellor did not ask

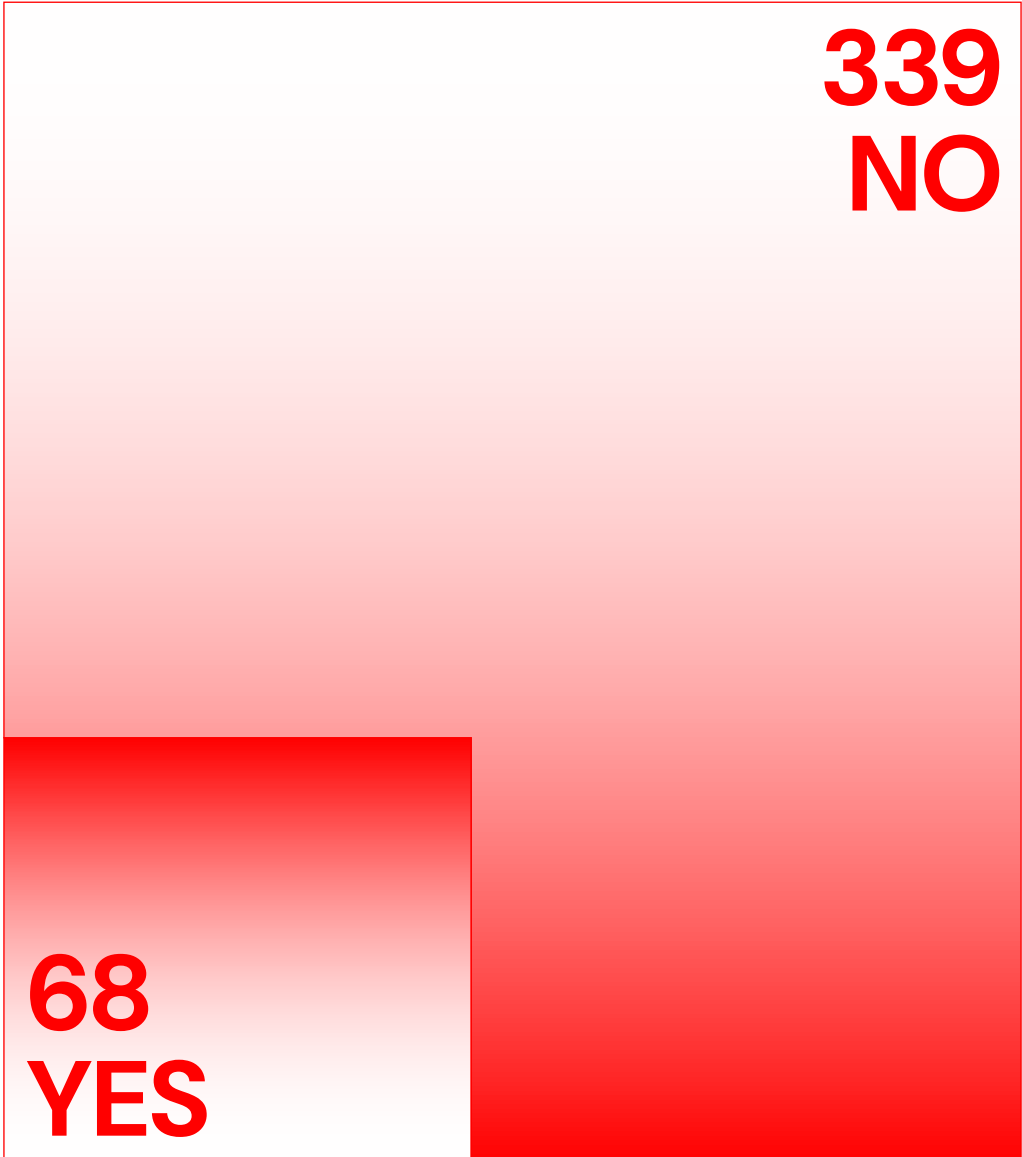
Out of the 231 callers that said they are not first time callers:

The 86 (out of 231) callers who were calling again wanted to discuss the same issue, while 54 wished to discuss something completely new. Callers that fall in the gray zone of 'kind of discussing the same issue but also not really', amounted to 48 of the total 231 calls from repeated callers.

407/531 Responses

Out of 407 documented calls, 68 required follow up. This means that approximately 16.7% of all calls required further discussion or support to make sure the caller's concerns were best addressed.

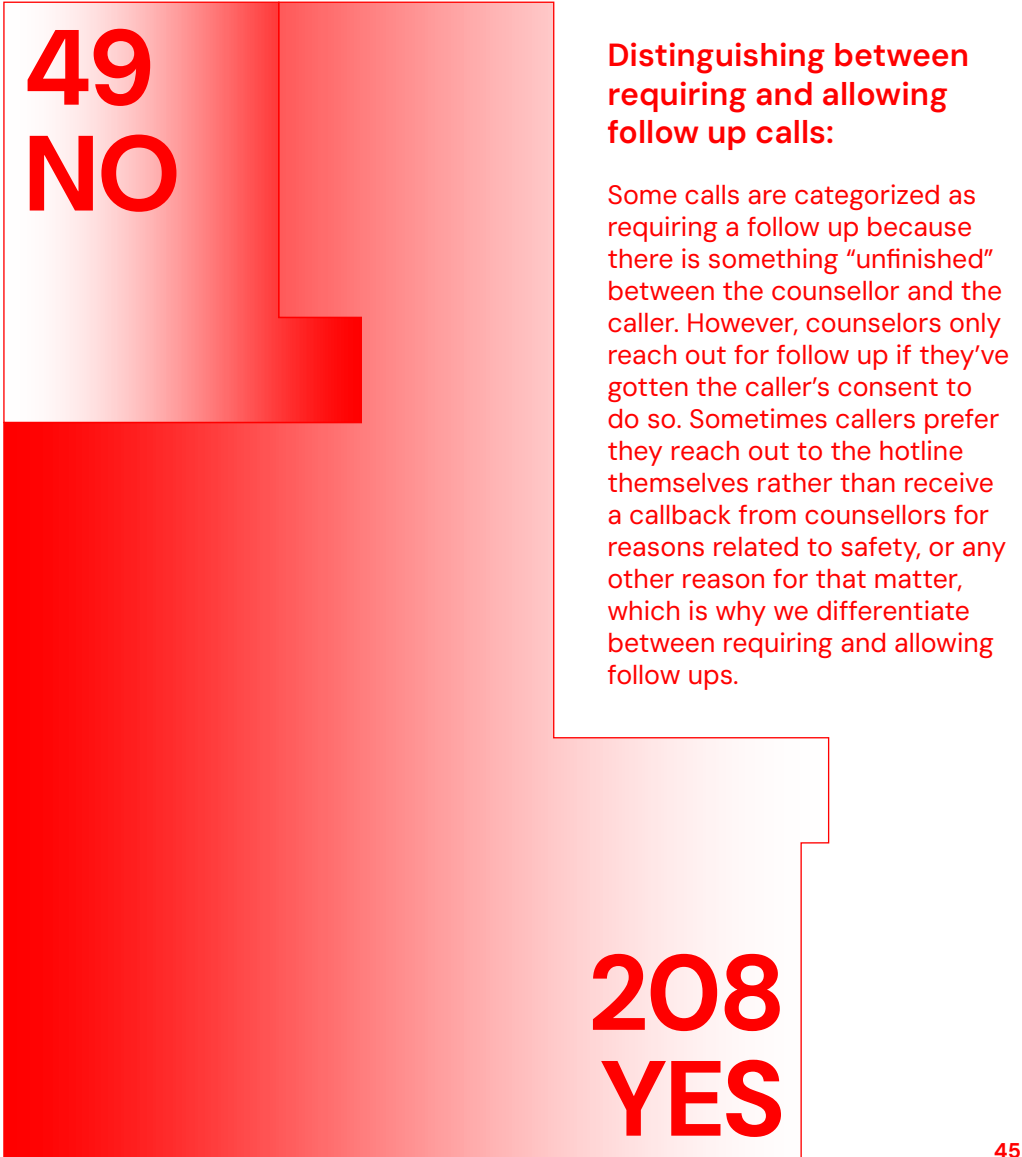
Do You Require Follow Up?



257/531 Responses

Despite requiring follow up, some callers do not allow follow up. Those who said no to allowing follow up consisted of 19.1% of the total 257 documented responses.

Do You Allow Follow Up?



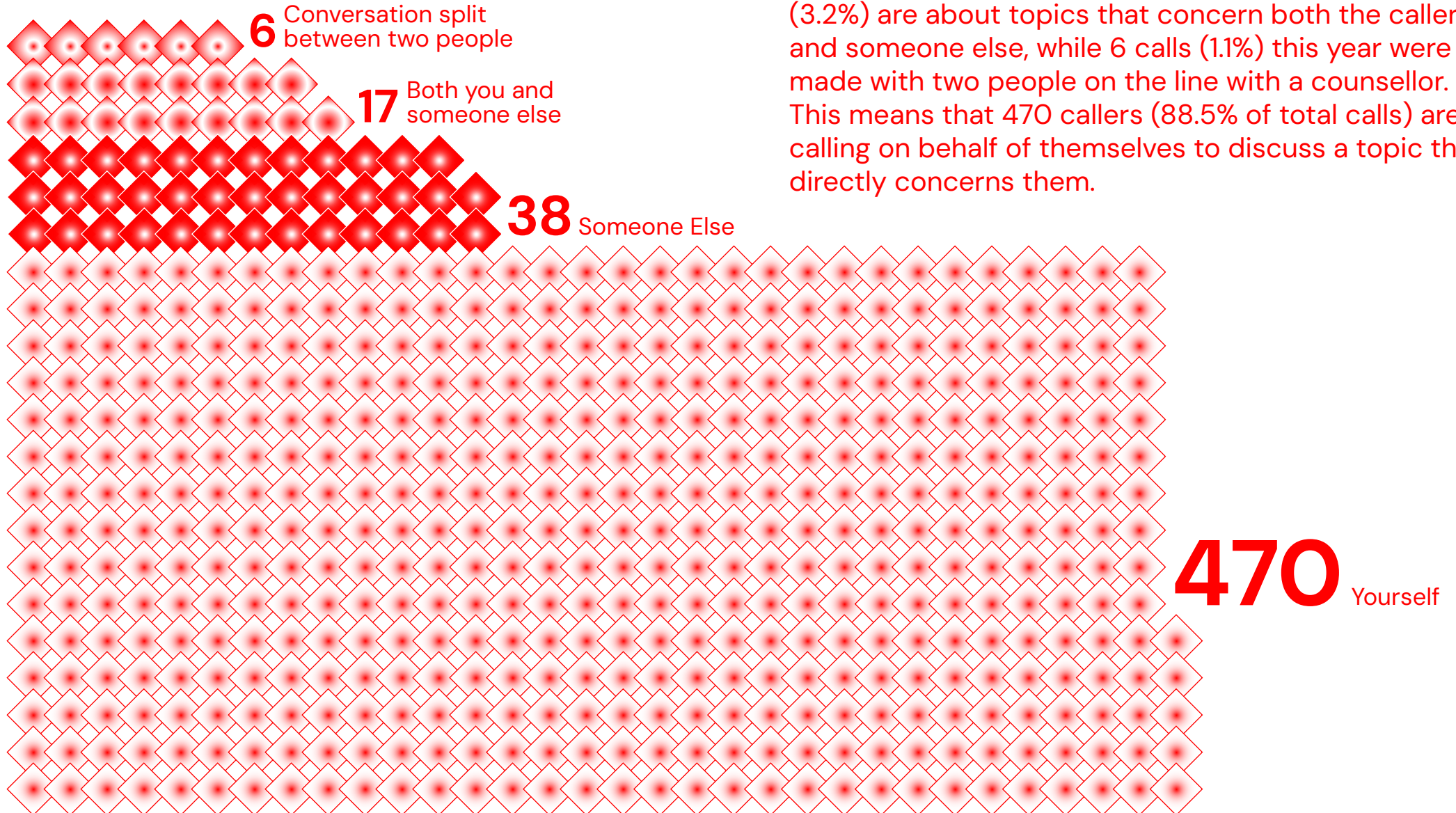
Distinguishing between requiring and allowing follow up calls:

Some calls are categorized as requiring a follow up because there is something "unfinished" between the counsellor and the caller. However, counsellors only reach out for follow up if they've gotten the caller's consent to do so. Sometimes callers prefer they reach out to the hotline themselves rather than receive a callback from counsellors for reasons related to safety, or any other reason for that matter, which is why we differentiate between requiring and allowing follow ups.

Are You Calling on Behalf of Yourself or on Behalf of Someone Else?

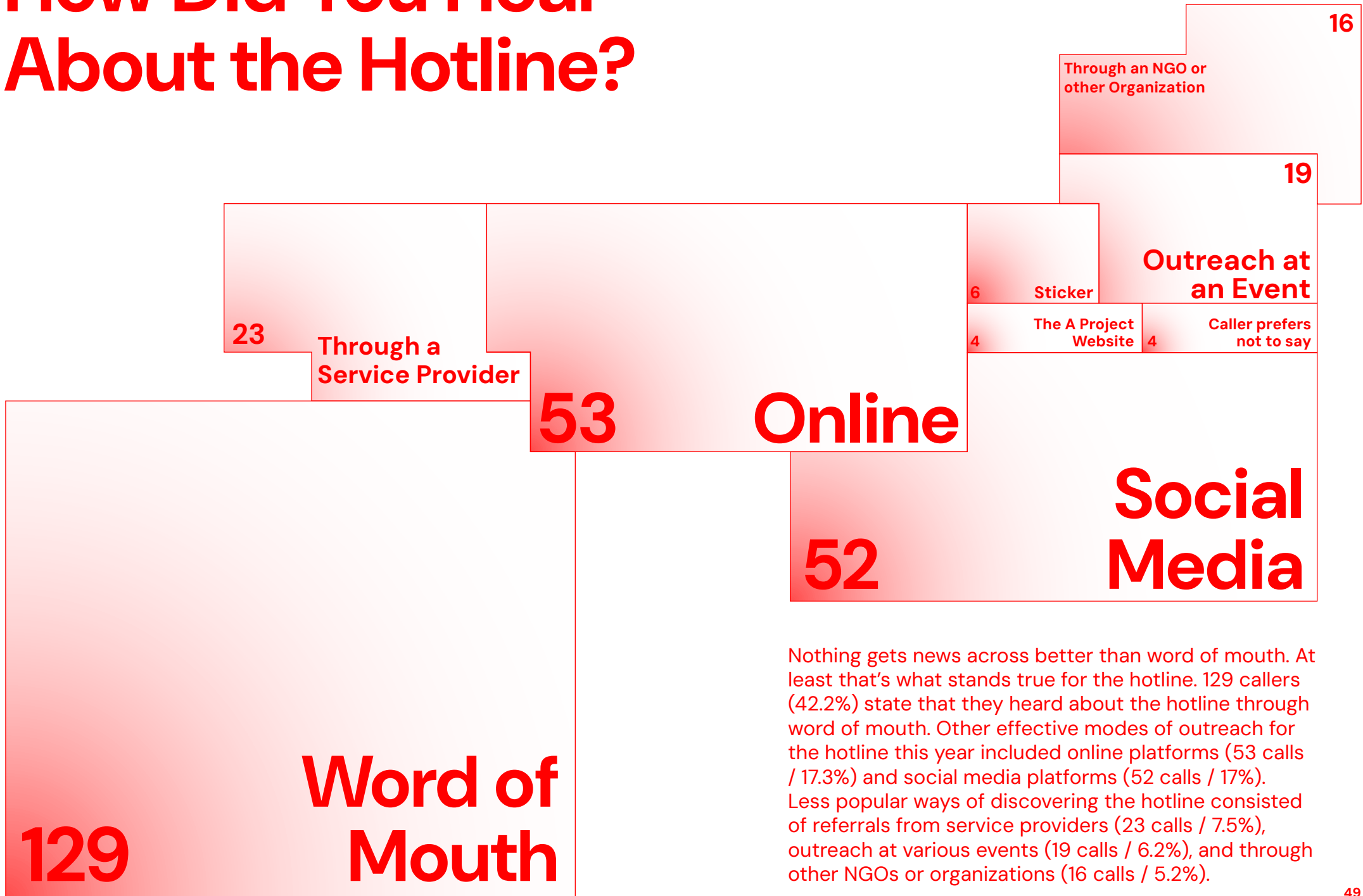
531/531 Responses

Sometimes callers contact the hotline on behalf of a friend, family member, partner, etc. This year, that only happened 7.2% of the time (38 calls out of the total 531 calls in the year). Some conversations (3.2%) are about topics that concern both the caller and someone else, while 6 calls (1.1%) this year were made with two people on the line with a counsellor. This means that 470 callers (88.5% of total calls) are calling on behalf of themselves to discuss a topic that directly concerns them.



How Did You Hear About the Hotline?

306/531 Responses



Nothing gets news across better than word of mouth. At least that's what stands true for the hotline. 129 callers (42.2%) state that they heard about the hotline through word of mouth. Other effective modes of outreach for the hotline this year included online platforms (53 calls / 17.3%) and social media platforms (52 calls / 17%). Less popular ways of discovering the hotline consisted of referrals from service providers (23 calls / 7.5%), outreach at various events (19 calls / 6.2%), and through other NGOs or organizations (16 calls / 5.2%).

No
516
97.2%

2.8%
15
Yes

1 Eviction

1 Mental Health

5 Violence

8 Physical Health

531/531 Responses

Was There an Emergency?

This year, 15 calls (2.8%) out of 531 recorded are emergency calls, with physical health and violence being the top types of emergencies amounting to 13 out of the 15 total emergency calls.

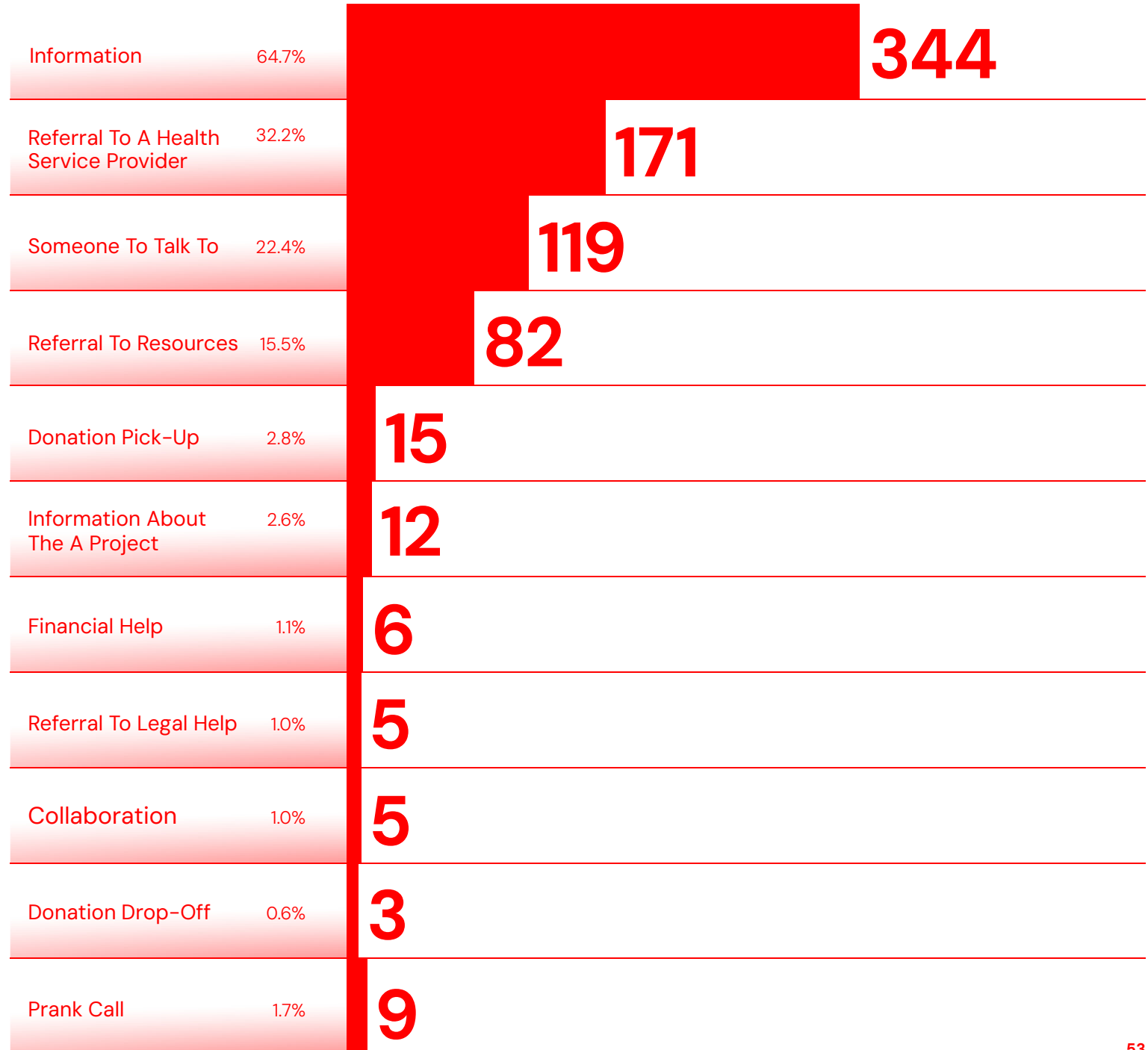
→ What is classified as an “emergency call”?

The conditions of whether a call is considered an emergency depends on the element of time and if there is a component of urgency that must be addressed during the call and/or the relativity of the caller’s physical wellbeing in the moment of contacting the hotline. Calls related to rape and other forms of violence, as well as housing evictions, pregnancy complications, & suicide, are some examples of calls that fall under this category of emergency.

What Was the Caller Looking For?

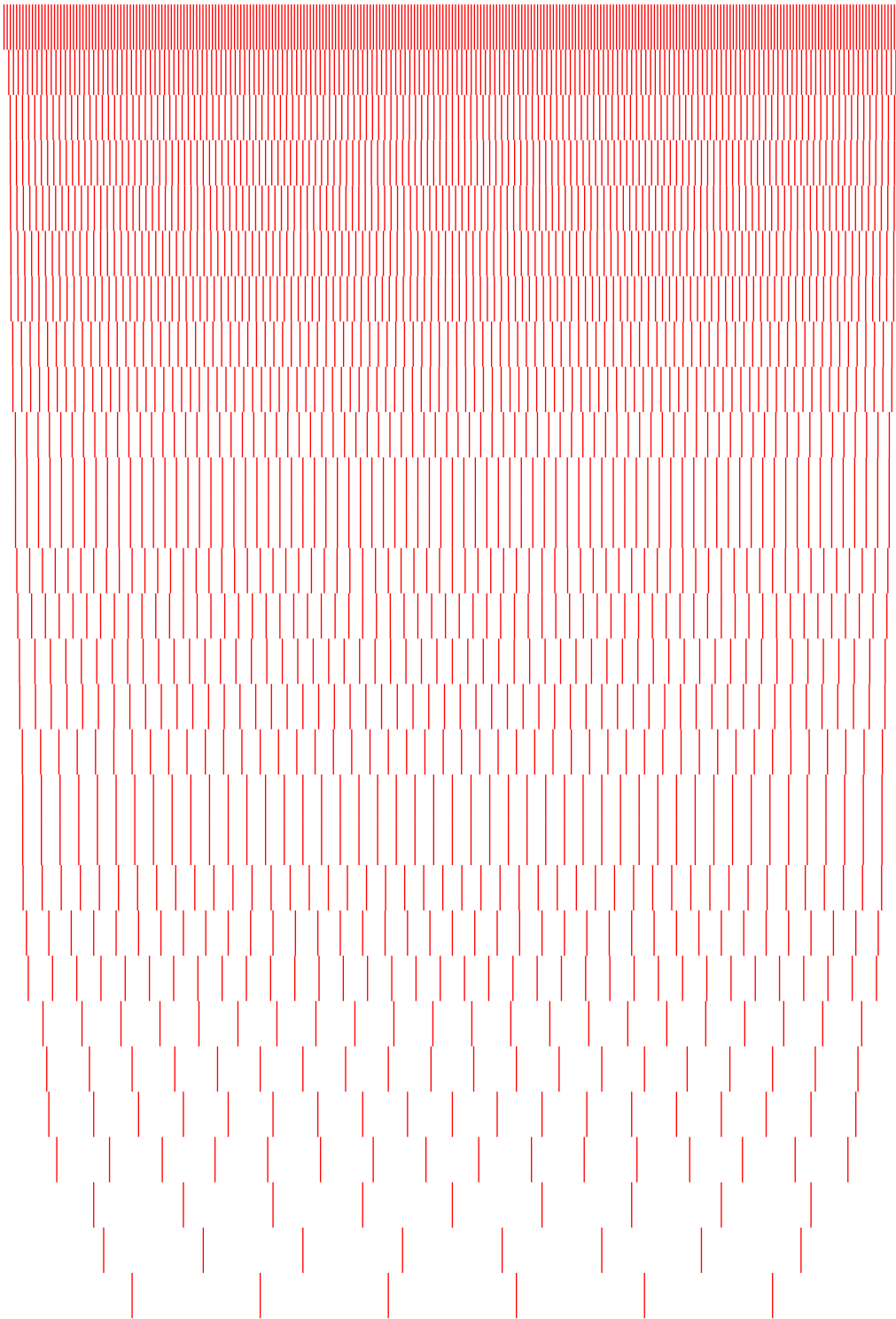
531/531 Responses

Callers tend to contact the hotline for more than one reason, which is why the statistics relating the purpose of the call (771 responses total) exceeds the number of total calls (531) received in the year. As per hotline tradition, most callers contact the hotline to receive information. This year, callers looking for information amounted to 344 total calls, or 64.7% of calls received in 2021. The second most popular reason for calling the hotline this year was to receive referrals to health service providers (171 / 32.2% of total calls). Amidst the crises of this year, it is no surprise that information and referrals to a health service provider are the top reasons for contacting the hotline. Other popular reasons to contact the hotline included just calling to have someone to talk to (119 / 22.4%) and to receive referral to resources (82 / 15.5%).



What's new this year?

This year callers contacted the hotline for needs that are not offered by the hotline or The A Project. These calls included callers who were looking for financial and in-kind support as well as callers who were looking to donate items such as extra medication, binders, and even blankets.




285	53.7%	Abortion
189	35.6%	Unwanted Pregnancy
145	27.3%	STI
143	26.9%	Access to Healthcare
138	26.0%	Heteropatriarchy
129	24.3%	Access & Availability of Meds
127	23.9%	Pleasure
102	19.2%	Contraception
100	18.8%	Menstrual Cycle
79	14.9%	Relationships
77	14.5%	Managing One's Own Health
77	14.5%	Violence
69	13.0%	Post-Abortion Care
64	12.0%	Affordable Healthcare
57	10.7%	Sexual Violence
56	10.5%	Discovering One's Own Body
48	9.0%	Financial Difficulties
47	8.8%	Emergency Contraception
47	8.8%	Mental Health
46	8.6%	Sexual Orientation
39	7.3%	Family
36	6.8%	Involvement in One's Own Health
22	4.1%	Housing Support
20	3.8%	Solidarity
19	3.6%	Gender Affirming Healthcare
16	3.0%	Consent
9	1.7%	Coming of Age
8	1.5%	Wanted Pregnancy
6	1.1%	Education

Call Topics

Persistent Struggles and Emerging Needs

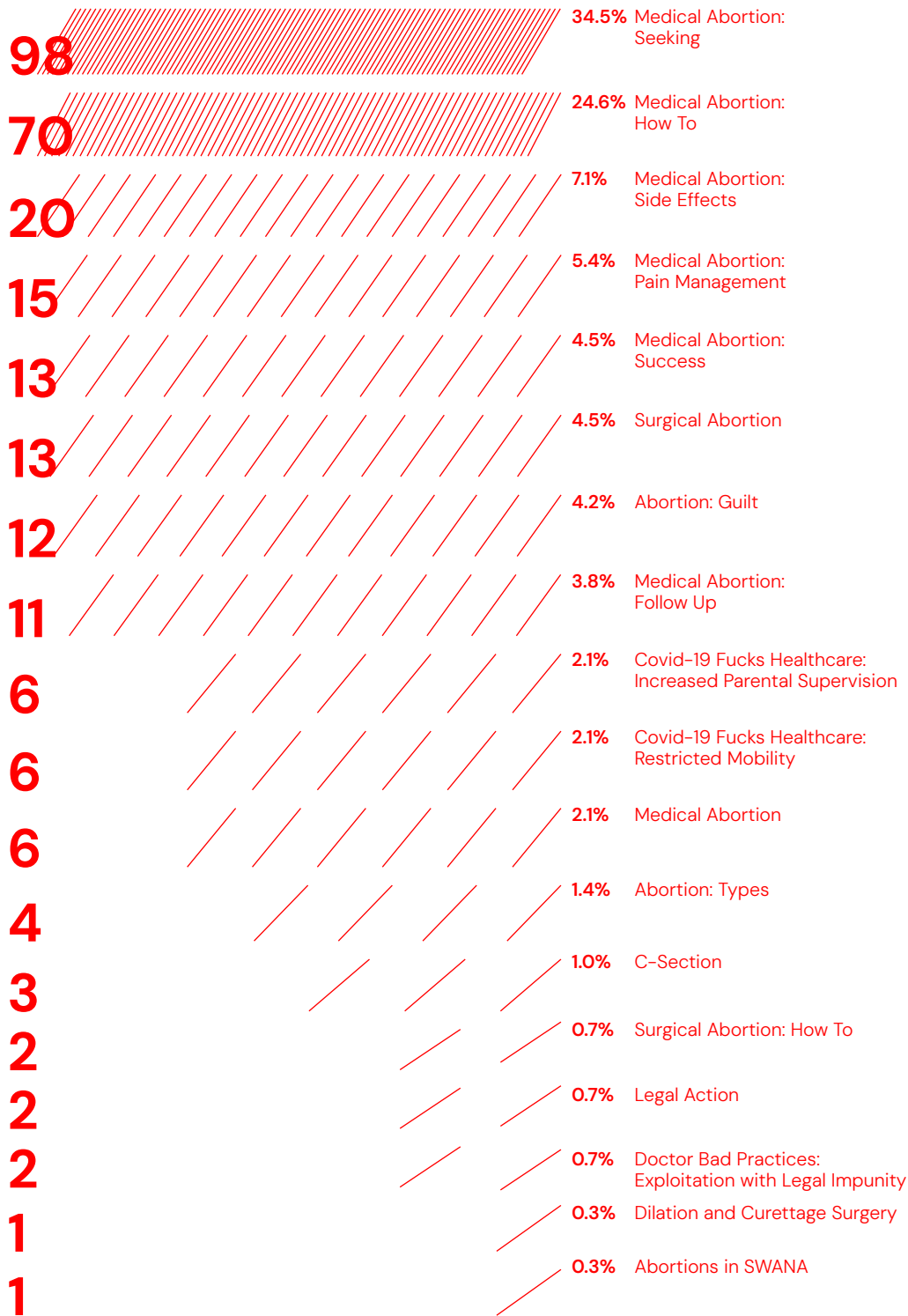
We analyzed this year's hotline calls by breaking down each call into a detailed category (i.e., child-codes) that summarized the topic(s) explored during the call. After this process, we reconfigured those detailed categories into larger themes (i.e., parent-codes) to better understand what conversations took place on the hotline.

Under this system, we have identified a total of 203 topics discussed over the hotline [for full list of topics see Annex C] that have been categorized under a total of 29 larger themes. Calls have multiple themes at times, and therefore do not add up to 100%.



Out of the **29** call topics categories, we'll be focusing on **3** recurring large topics discussed on the hotline: abortion, heteropatriarchy, and pleasure; and **4** emerging large topics: access and availability of medications, affordable healthcare, financial difficulties and housing support.

The former reflects topics we've always discussed on the hotline, with both existing and new complexities that emerged due to the multiple crises we face while the latter reflects new issues that we had not been trained for and that have required a different level of attention from our counsellors.



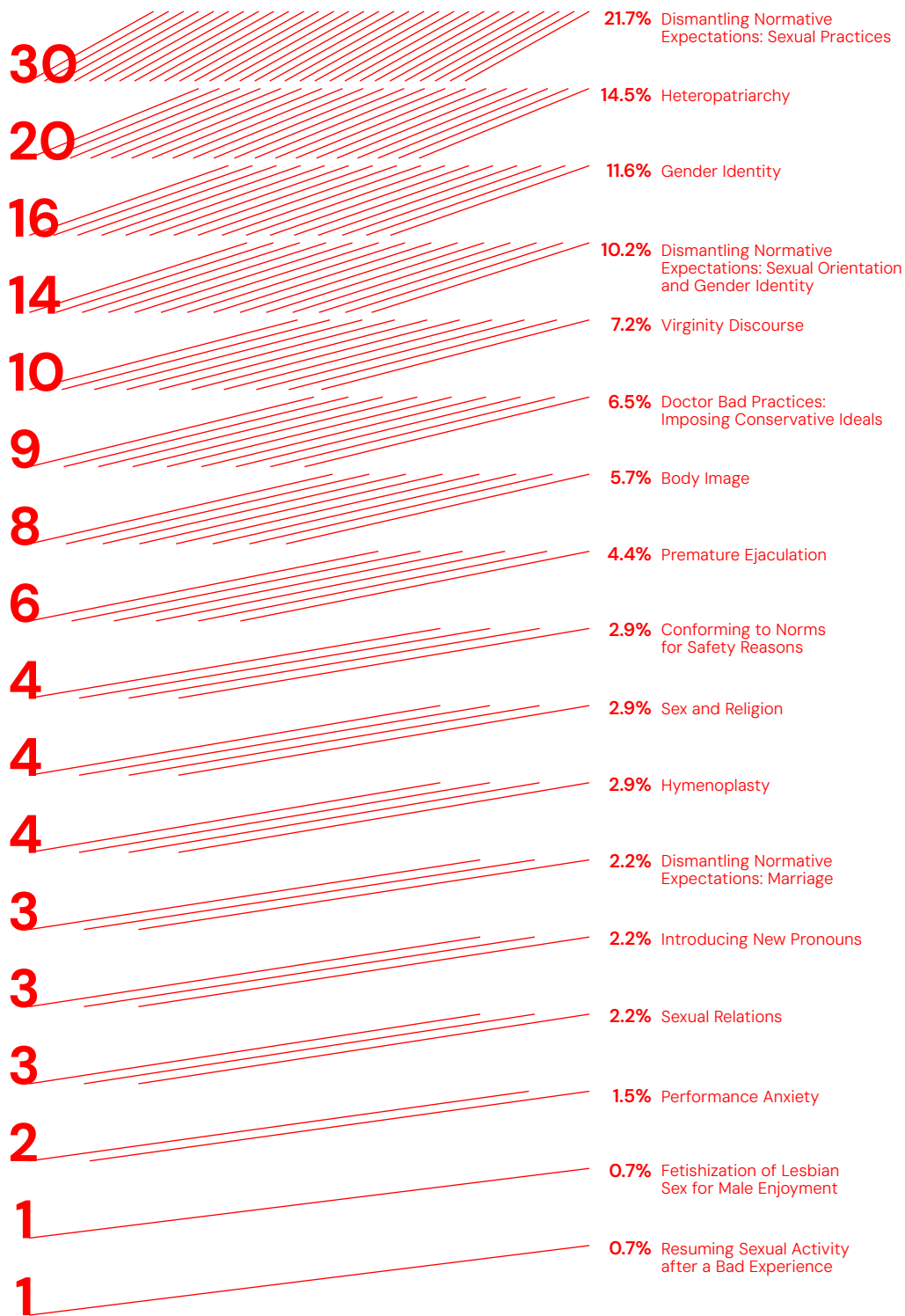
Unpacking 3 Recurring Topics

Abortion

285 Total Conversations

A conversation about abortion is never just about abortion. Often, it is a conversation that unpacks the sentiments and logistics of maneuvering and managing having an unwanted pregnancy. This may include understanding the difference between surgical and medical abortions, post-abortion care, as well as discussing the social, economic, and legal barriers restrict access to safe abortions in the region.

For individuals seeking abortions in Lebanon, the Covid-19 pandemic created an additional challenge to the already-existing barriers. This year, we received 12 calls from people expressing the limitations the pandemic placed on their access to sexual and reproductive health services. Half of these callers had restricted mobility resulting from the nationwide lockdown, while the other half faced an increase in parental supervision at home. As many were unable to afford to keep paying rent in the pandemic, they moved back in with family which took away their privacy, reduced their ability to seek abortions, and increased their anxieties on having to discretely have a medical abortion at home while not drawing the attention of family members they live with.



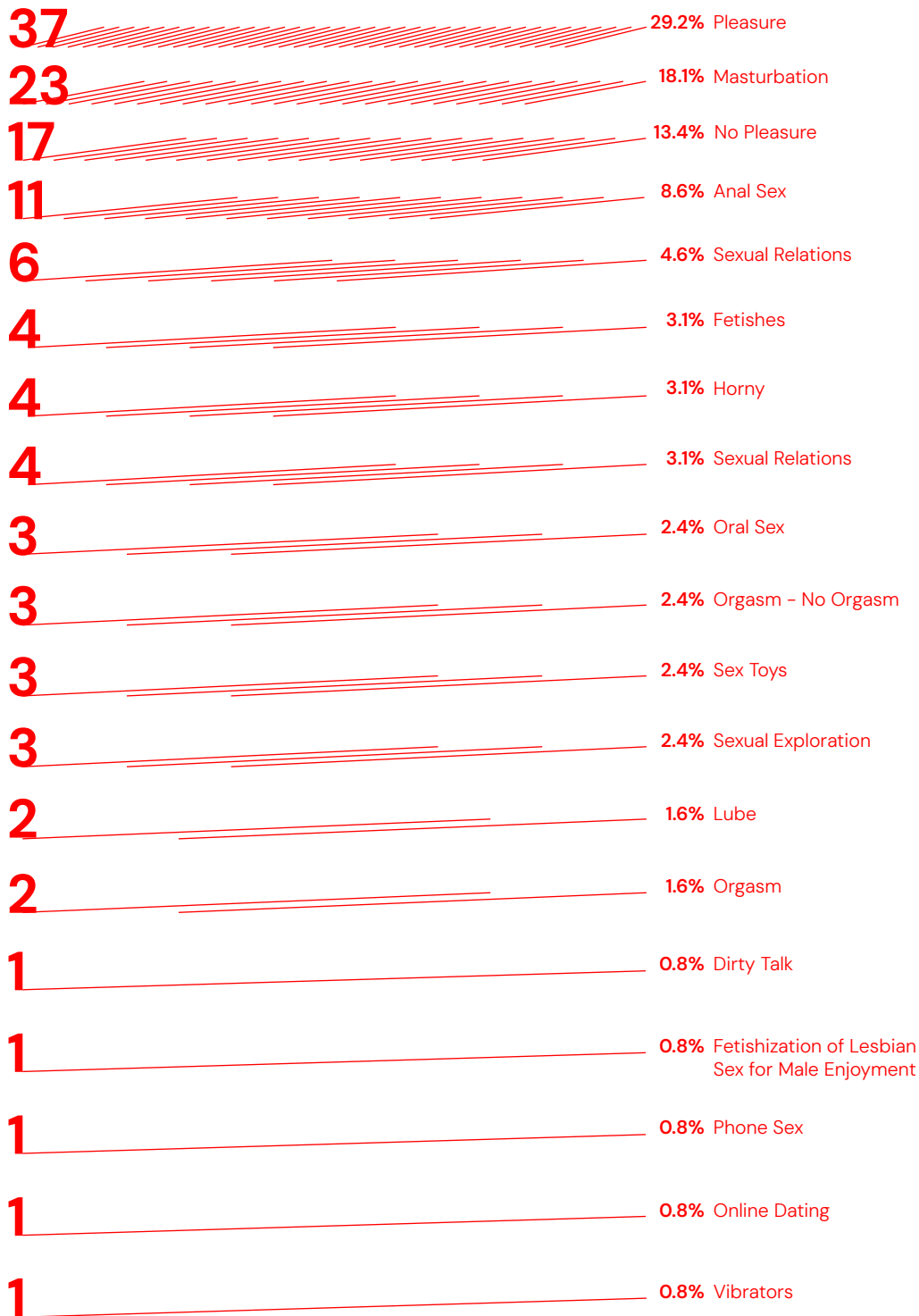
Unpacking 3 Recurring Topics

Heteropatriarchy

138 Total Conversations

The sexuality hotline received a total of 138 calls (6.4%) discussing topics of heteropatriarchy, making this topic the fifth most recurrent topic discussed on the hotline following abortion, unwanted pregnancy, STIs, and access to healthcare. In one way or another, all calls on the hotline are about the restrictions of heteropatriarchy. However, the subcategories identified under this theme are specific to calls that directly challenge heteropatriarchal norms. These topics include the dismantling of normative sexual practices, conversations about non-normative gender identities and sexual orientations, as well as conversations on virginity, the imposition of conservative ideals, sex and religion, and pleasure.

While we do see a rise in calls related to economic hardship and concerns about finances in 2021, concerns and questions regarding heteropatriarchal norms and expectations did not go away, nor did they become less burdensome to live with. In fact, concerns about food security, health, shelter, and other necessities are often exacerbated for those of us who do not conform to heteropatriarchal values and ideals. We see this most clearly in the discrimination and normalized violence against trans and gender non-conforming people who struggle to find employment, housing, and gender affirming care. We also recognize this with unmarried sexually active cis women who up against the discrimination, judgments, and shame of providers.



Unpacking 3 Recurring Topics

Pleasure

127 Total Conversations

The Covid-19 lockdown shifted conversations about pleasure away from relationships and popularized conversations about individual pleasure. The topic of masturbation, for example, received a total of 23 calls this year.

Many callers also contacted the hotline to discuss their inability to find pleasure amidst the crises. While some sought advice on how to accept their current state and move beyond their frustration, others contacted the hotline to explore suggestions of how to reignite their sense of pleasure through sexual exploration of fetishes, the use of toys, dirty talk, and other example of what society usually considers to be non-normative sexual practices.

Seeking pleasure in times of economic crisis and Covid-19 lockdown meant also recognizing the impact mental distress and social and environmental burn out have had on our desire to seek and ability to enjoy sexual relations. For this reason, and unlike previous years, the hotline received a significant number of calls on the topic of “no pleasure” that covered conversations about the difficulties and complete absence of pleasure in sexual experiences whether they were alone or with others.

Unpacking 4 Emerging Topics

Access & Availability of Medications

129 Total Conversations

Not only was it difficult to find the medications we needed this year, but when they were found, they were almost impossible to access due to the hike in their price, and/or closures of pharmacies in protest against the lifting of subsidies. Accessing medication also became difficult as a result of pharmacists' hoarding medications and reserving them for clients willing to pay above asking price.

Many callers contacted the hotline seeking emergency contraceptives (EC) and stating their nearest pharmacy was sold out and no longer supplying. The added duress of being unable to find or afford EC, in a context where pre-marital sex is demonized and pregnancy out of wedlock has severe social consequences, created an additional stressor for many who had to visit several pharmacies before finding one that had the medication available.

The process of visiting multiple pharmacies in search of medication isn't an experience specific to EC. In fact, only 10.1% of all calls made on the topic of access and availability of medications was about difficulties getting emergency contraceptives. Rather, this was the case for many medications of sexual and reproductive health purposes as well as other more general prescriptions that range from diabetes medications to medication for migraines. For this reason, access and availability of medications was a prevalent topic on the hotline in 2021, making it the fourth most discussed topic following abortion, unwanted pregnancies, and STIs.

99

Access & Availability of Medications 76.7%

17

Seeking - Binders 13.2%

13

Difficulties Getting Emergency Contraceptives 10.1%

Affordable Healthcare

64 Total Conversations

Access to Affordable Healthcare 87.5%

56

Access to Healthcare - Subsidized Mental Health Facilities 10.9%

7

Covid-19 - Access to Covid-19 Emergency Healthcare 1.6%

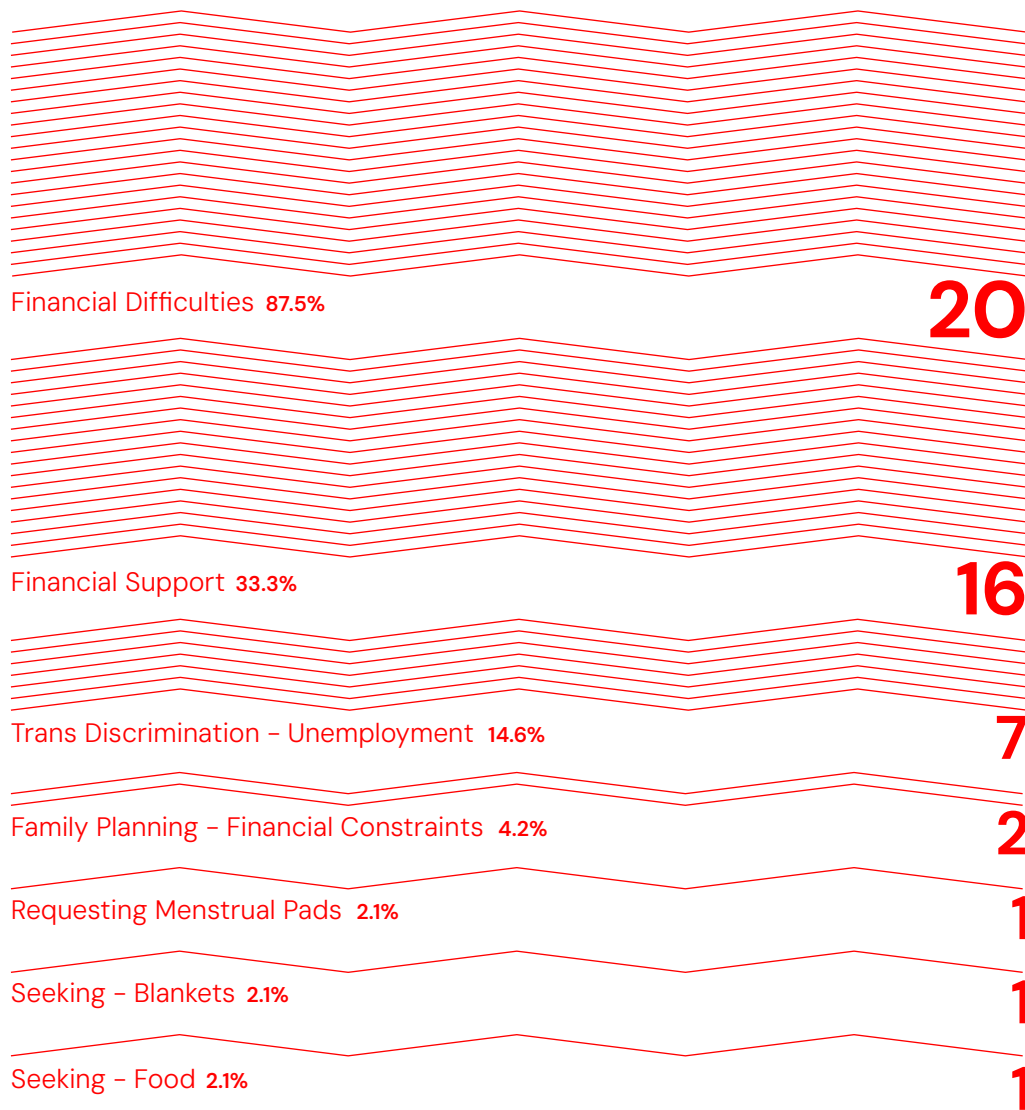
1

Previous to 2021, callers already used to contact the hotline in search of affordable healthcare services. Amidst the crises of 2021 this demand became exacerbated. The slow dollarization of medical services excluded anyone who continued to receive their salaries in Lebanese Lira from accessing quality healthcare. In addition, the emphasis placed in the beginning of the year on Covid-19 emergency healthcare complicated access to other healthcare services that at the time were deemed "less urgent." This included sexual and reproductive health services.

As the year went on, the rationing of electricity in hospitals meant that critical cases were prioritized and everyday testing and "non-emergency care" needs were regularly rescheduled for later dates, unless patients were able to pay the dollars needed to sustain the clinic. As a result, the hotline received many callers seeking financial support for healthcare services or for referrals to NGOs and clinics that offer free or subsidized medical and mental health services.

Financial Difficulties

48 Total Conversations

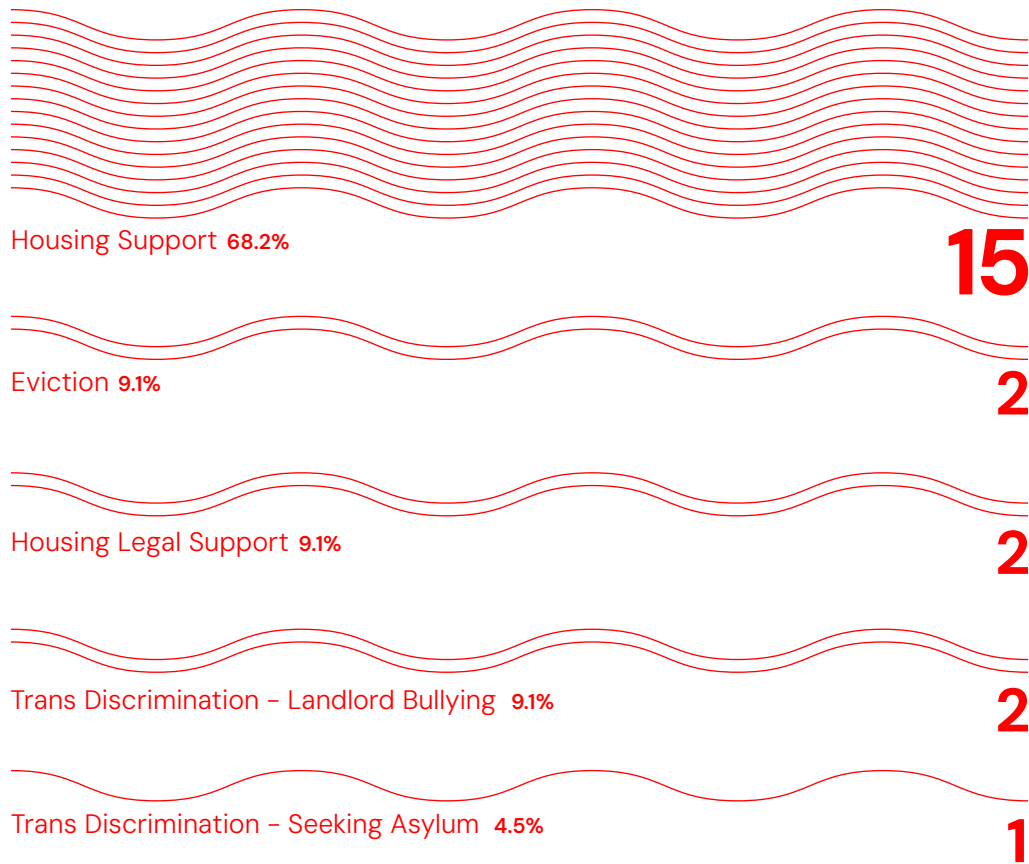


Financial difficulties were a general concern from callers of all backgrounds who found themselves unable to support themselves. For some callers this meant calling the hotline in search of basic needs such as food, warmth, and sanitation products such as menstrual pads. Other callers requested monetary aid or support raising funds. Despite having conversations on the hotline about our values and political views on charity work and the unsustainable and condescending intervention of cash assistance, more callers continued to contact us for financial support. In fact, a total of 33.3% of all calls on financial difficulties was specifically about raising funds. This suggested the increase in demand of financial support among the people in Lebanon and their overall desperation for help.

In addition to in-kind donations and financial support, callers also discussed the impact of the economic crisis on their ability to find jobs as well as how the economic decline of the country has impacted their family planning. One caller even shared that they are less inclined to start a family unless they move to another country, thereby implying that the layers of financial, social, and environmental instability prevalent this year in Lebanon have deterred them from building their family

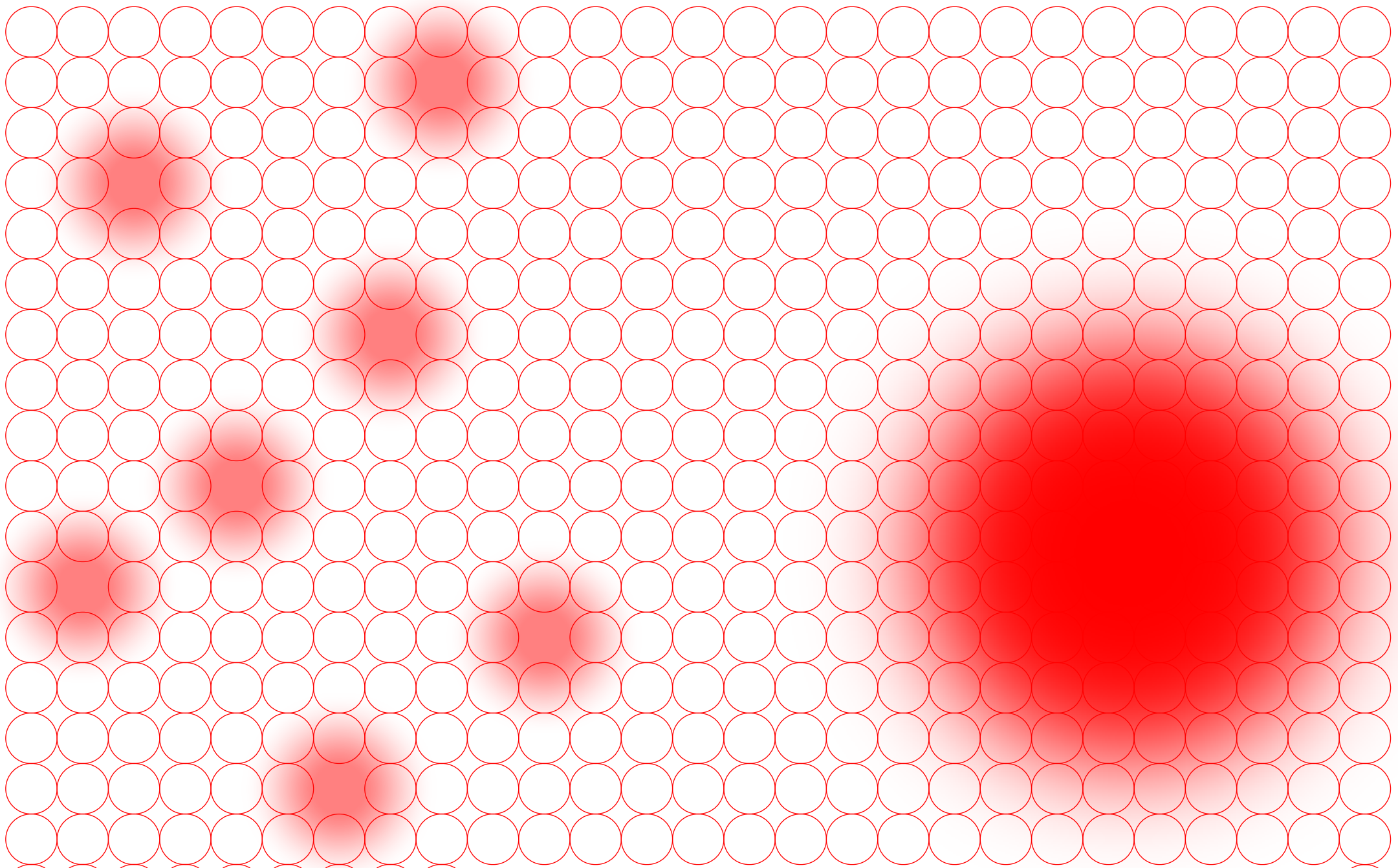
Housing Support

22 Total Conversations



For the first time, callers were contacting the hotline in search of housing support. These calls were largely made by young trans people in Beirut who sought immediate support after receiving eviction notices or forceful removal from their homes. Unfortunately, landlords in Lebanon are not held to any standards of accountability to their tenants, and so the mistreatment of already vulnerable individuals was a result of the worsening economic conditions in 2021. For this reason, callers also sought emergency help after being mistreated and threatened by their landlords.

Calls on the topic of housing support were the most challenging types of calls we received on the hotline this year – partially because this was a topic the counsellors were not prepared to handle, but also because each case was unique to the caller and required a different approach to be effectively supportive. Moreover, housing support was never a service that the hotline has offered and continues to be beyond the sexuality hotline’s scope of work. So, when we receiving such calls, the method or approach in which these calls were dealt with varied in accordance to the capacity of the hotline counsellor who answered the call. For example, some counsellors facilitated fundraising initiatives to help rally enough money for rent, others ran campaigns to locate available and affordable housing, and others tried to find affordable rooms for rent in queer households.

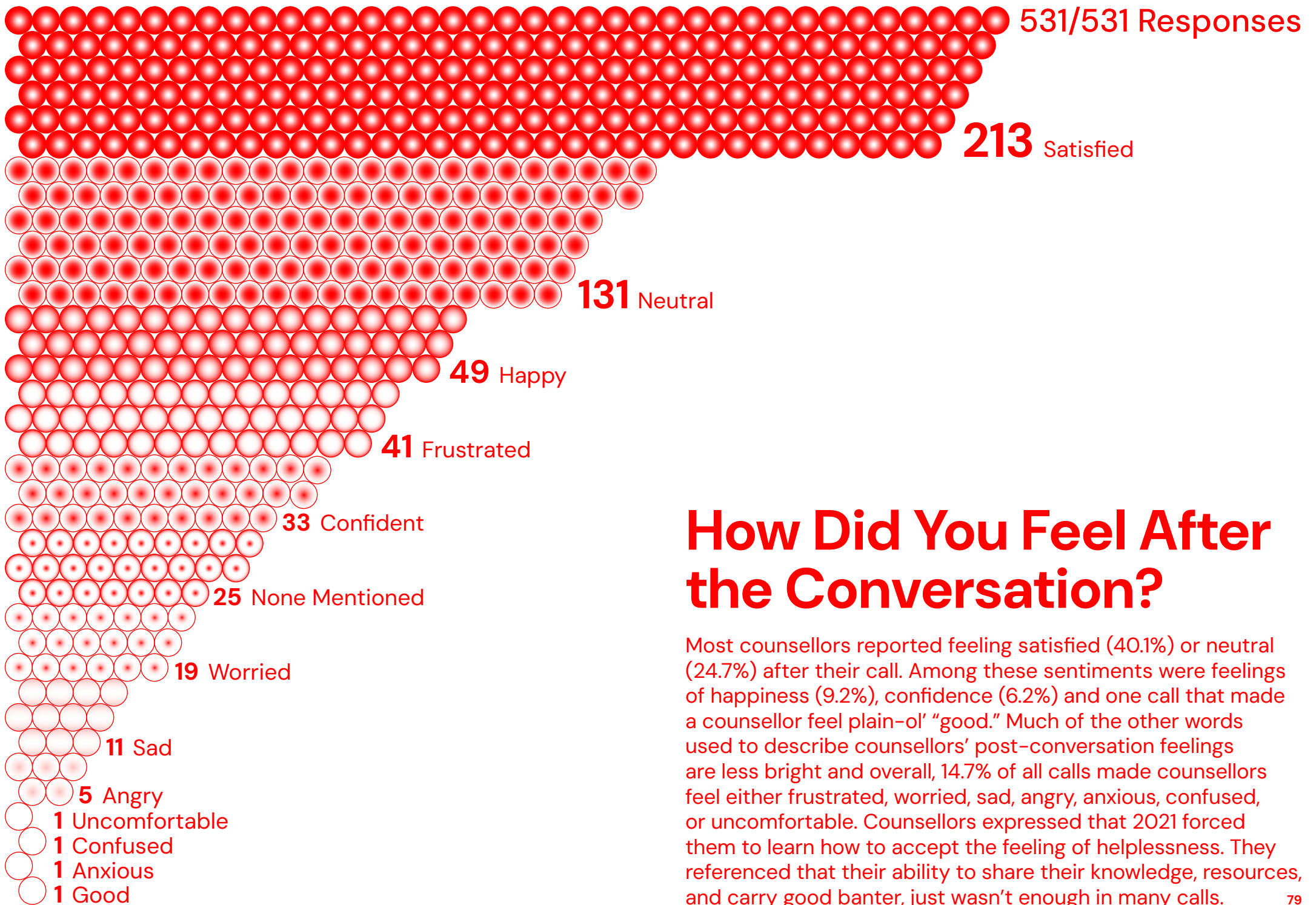


The Counsellors

**The sexuality
hotline would
not exist if not
for the people
who voluntarily
step up to listen,
learn, and
accompany
our callers.**

Counsellors undergo a six-day rigorous training, followed by a six-week role-play training, that tests their knowledge/ political approach/ tonality/ language and framing on matters related to sexuality, anatomy, physiology, puberty, contraception, sexually transmitted infections (STIs), pregnancy, unwanted pregnancies, sexual violence, gender, and trans health. These subjects are explored within a reproductive justice framework that challenges normative social expectations and encourages counsellors-in-training to think outside of the box all the while calculating the context that callers are in and the general context of the country.

Despite The A Project's training program, counsellors found themselves sometimes unprepared to handle the calls received this year. This is in account of the various unfolding crises that complicated counsellor's ability to support caller's needs unrelated to SRHR topics. Providing callers with the appropriate referrals or resources also became a challenge as doctors began to leave the country, clinics cut down on their services, and resources detailing the price and location of medication and services became outdated. While the hotline training did prepare counsellors for political discussions that helped unpack the crises' impact on our SRHR needs, it unfortunately couldn't have prepared them to handle the limitations that arose as a result of 2021's social, political, and economic conditions.



How Did You Feel After the Conversation?

Most counsellors reported feeling satisfied (40.1%) or neutral (24.7%) after their call. Among these sentiments were feelings of happiness (9.2%), confidence (6.2%) and one call that made a counsellor feel plain-ol' "good." Much of the other words used to describe counsellors' post-conversation feelings are less bright and overall, 14.7% of all calls made counsellors feel either frustrated, worried, sad, angry, anxious, confused, or uncomfortable. Counsellors expressed that 2021 forced them to learn how to accept the feeling of helplessness. They referenced that their ability to share their knowledge, resources, and carry good banter, just wasn't enough in many calls.

531/531 Responses

Better than Before **257**

Satisfied **112**

I'm not Sure **77**

Same as Before **40**

None mentioned **31**

Frustrated **9**

Worse than Before **2**

Thankful **2**

Neutral **1**

How Did the Caller Feel After Talking to You?

Counsellors stated that almost 50% of callers felt better than they had before contacting the hotline and 21.1% were satisfied with the call. However, counsellors also shared that they were uncertain of how callers felt after 14.5% of the calls and that some callers may have just felt the same after the call as they did before it. **Of course, these statistics are based solely on the counsellors' perspective of how the call seemed to go, and therefore are subjective to their understanding of these categories.**

2021 Counsellors and the Crisis: A Focus Group

Our Sexuality Hotline counsellors live in Lebanon and the crisis had also impacted them. To gather a better perspective on how the crisis impacted the counsellors' role on the hotline as well as their overall wellbeing throughout the year, we held a focus group discussion with counsellors interested in sharing their perspective and experiences throughout 2021.

The focus group discussion took place at our space and included five hotline counsellors. Of the five participants, four actively took the hotline and one had stepped away from counselling mid-year in 2021. The discussion was structured around a total of six semi-structured questions broken down according to the following themes: preparedness, support, relationship to the hotline, and responsibilities and benefits of being a counsellor. The duration of the focus group discussion was approximately an hour and a half and was facilitated by the Lead Researcher at The A Project.

During our discussion, counsellors were asked if they felt prepared to take calls on the hotline throughout the year. While all agreed that their sense of preparedness to answer calls on topics of sexual and reproductive health and rights and sexuality did not falter, many felt a growing anxiety to sign up for shifts as the events of the year deteriorated. Counsellors shared how conversations became “tricky” as topics shifted from the hotline’s purpose and moved into topics of money, food, and housing assistance. Not all counsellors experienced having such calls, however the knowledge that these topics were being discussed on the hotline made many counsellors feel the need to complement the hotline’s work by embarking on personal initiatives of hosting fundraisers and crowdsourcing funds to fulfill the needs of specific callers. This additional responsibility fulfilled some counsellors, but it deterred others from taking the hotline, and even lead some counsellors to step away and take a break from the hotline.

One of the largest challenges shared among the hotline counsellors was the process and implementation of setting boundaries with callers and overcoming burnout.

Counsellors spoke of feelings of guilt when prompted to clarify the boundaries of the hotline and its intended purpose to callers who asked for in-kind donations or financial assistance. One counsellor unpacked this further by saying: “there’s a guilty feeling that comes with someone needing something that I can’t provide, and I think about these things even when I’m out with my friends, and it’s tiring.” According to counsellors, feelings of guilt sometimes transpired into feelings of frustration towards callers for appearing to abuse the purpose of the hotline by demanding financial support.

As a result, this left counsellors in situations that often made them feel both helpless and exhausted. Setting boundaries therefore became an essential part of their role, firstly to reaffirm the purpose of the hotline and secondly to avoid any burnout that came with harboring sentiments of guilt or resentment.

Despite the difficulties of the year, many counsellors found solace in working on the hotline knowing they would be engaged in conversations that build political consciousness of our dire living conditions. The hotline has always been a place where political discussions that challenge normative expectations take place. In 2021, this meant not only exploring concerns familiar to the hotline’s area of work, but exploring topics such as housing security, financial stability, general health matters, solidarity and resistance, among other topics less discussed on the hotline in previous years. Counsellors agreed that despite not always fulfilling the imminent needs of hotline callers, the sexuality hotline continued to offer a service difficult to find elsewhere, and that is a space to learn through conversations about how to interpret, deal with, and maneuver our experiences living under oppressive systems. This continues to be very important, if not more important, in the context of compounding crises. In other words, **“having the chance to just talk with people who are experiencing similar struggles was nice.”**

Heavy topics are not always discussed with somber attitudes and sometimes calls took the shape of joke-making, sharing of experiences, and researching side-by-side. For many counsellors, not always having the answers to everything was humbling. One counsellor shared: “We are allowed saying ‘I don’t know’ to the things we weren’t trained on, [and in these cases, we] do research together and involve the caller in the process of learning together.” In such moments, counsellors are participating in an honest representation of how we come to solve our problems through solidarity.

Counsellors all agreed that their “political eyes” have been opened through their experiences on the hotline; and out of the 531 total calls on the hotline, counsellors revealed feeling generally satisfied for a total of 213 calls (40%). One counsellor shared, **“having the information we do, thanks to the trainings, means that I can help people around me even if I am not working on the hotline and this is a perk in itself.”** This counsellor’s comment brings to the forefront our tendency to underestimate the value of knowledge in times of crisis. However, just as they said, the pursuit of knowledge and power of conversations especially during times of crisis can serve to remind us that crises are not experienced in a bubble and that there is solidarity in sharing your knowledge, resources, and experiences of struggle with others.

Your Data & Our Documentation

When we ask callers to specify personal information for our documentation, whether it is age, gender identity, location, relationship status, or nationality, this information remains confidential and anonymous, and callers are free to refrain from sharing with us.

We ask because it allows us to gain a deeper understanding of how different norms and structures affect people in their varying contexts. Through this understanding, we are able to identify which systems and structures put people's bodies, sexual and reproductive health, and mental wellbeing at risk, and how they do so. We also ask because we understand that sexual and reproductive health and rights do not exist in a vacuum, and our counseling, referrals, and conversations must account for callers' situations, capacities, and realities. We do not ask out of curiosity.

We ask for preferred names/aliases only to know how to refer to someone throughout the call, and in case another counselor will follow up with them — and again, callers do not have to tell us. We never document callers' contact details unless they give us permission to follow up, or because they are interested in joining a solidarity group gathering. We document callers' concerns and conversation topics in order to keep track of the most prominent needs, common experiences, questions, and issues that they face. It also gives us insight into what issues we need to address, study up on, and learn to tackle better. **Callers are notified that we document this data and are free to refuse this.**

Callers should know that all call logs, texts, WhatsApp chats, and emails are deleted between shifts unless consent to keep a conversation was given by the caller for the purpose of follow up in the next shift. Counselors do not have access to the database of hotline calls; access is given only to staff members who need the data for various aspects of our work — overseeing and evaluating counselors, understanding the pressing issues on the hotline so we may address them, evaluating the hotline's reach and shortcomings, and producing this report.

Counsellors in Training

Before becoming a counsellor, interested applicants must first undergo a rigorous training that begins with six full days of intensive (and extensive) trainings on matters related to sexuality, anatomy, physiology, puberty, contraception, sexually transmitted infections (STIs), pregnancy, unwanted pregnancies, sexual violence, gender, and trans health. These subjects are explored within a political framework that challenges normative social expectations and encourages counsellors-in-training to think beyond what we have been taught by our parents, doctors, schools, etc.

Following this six-day training, counsellors spend six weeks exercising their knowledge in role play trainings. Every week, counsellors are broken into groups and tasked with studying a specific topic in preparation to role play a hotline call on that topic. Trainers play the role of concerned callers, who put the counselors-in-training to the test and evaluate their communication skills, ability to provide information, and how well they manage to share the politics of the topic with the caller. The objective of these sessions is to practice speaking and exercising the language of these topics before becoming a counsellor. It is also an opportunity to ask questions, learn from others, and receive constructive feedback from the trainers and peers within the group.

After these six weeks have passed, counsellors-in-training have a study period before they are asked to sit for a final exam. The final exam includes a written component of all the material covered as well as an oral exam where they are tested on their engagement, communication, and ability to share information in a role play call. Those who successfully pass both written and oral exams become hotline counselors!

Following a full year, and every year after that, all counsellors are expected to take a full re-evaluation to make sure their knowledge is up to date. To ensure that everyone's knowledge stays fresh and relevant, topic-trainings are scheduled monthly to address topics that arise frequently on the hotline. These trainings are opportunities for counsellors to take the lead on creating and sharing information.

All Call Topics

Take a look at our Topics Index to see the full list of topics discussed on the hotline this year. Here you will find a cohesive list of all 203 call topics and the number of times they were discussed.

A Abortion – guilt **12** Abortion – types **4**
Access and availability of medications **99**
Access to affordable healthcare **56** Access to
healthcare – couples therapy **1** Access to healthcare
– endocrinologist **21** Access to healthcare – female
doctor **11** Access to healthcare – OBGYN **73** Access
to healthcare – psychiatrist **15** Access to healthcare
– subsidized mental health facilities **7** Access to
healthcare – queer friendly **5** Access to abortions
in SWANA **1** Accompaniment **3** AIDS **2** Anal sex **11**
Anxiety **1**

B Blackmail **6** Bleeding after penetrative sex **2**
Body image **8** Body hair **2** Breast pain **2**

C C-section **3** Condom – information **4**
Condom (latex) allergies **2** Condom
malfunction **8** Conforming to norms for safety
reasons **4** Consent **13** Contraception – IUD **6**
Contraception – types **4** Contraception **27** Covid-19
– access to Covid-19 emergency healthcare **1**
Covid-19 fucks healthcare – can't find a doctor **1**
Covid-19 fucks healthcare – increased parental
supervision **6** Covid-19 fucks healthcare – restricted
mobility **6** Covid-19 vaccine – period delay **2**

D Depression **2** Difficulties getting a pregnancy
test **3** Difficulties getting emergency
contraceptives **13** Dilation and curettage
surgery **1** Dirty talk **1** Discovering one's own body **20**
Dismantling normative expectations – marriage **3**
Dismantling normative expectations – sexual
orientation & gender identity **14** Dismantling normative
expectations – sexual practices **30** Doctor bad
practices – exploitation with legal impunity **2** Doctor
bad practices – imposing conservative ideals **9**
Doctor bad practices – MIA doctor/unresponsive **2**
Doctor bad practices – racism **2** Doctor bad
practices – refusing to help **9** Doctor bad practices –
unethical treatment/surgery without consent **5** Doctor
bad practices – wrong information **12** Domestic abuse **5**
Donation **6**

E Education **6** Emergency contraception – side
effects **3** Emergency contraception **44** Erectile
dysfunction **2** Eviction **2** Extra-marital sex **3**

F Failed contraceptive **5** Family – lack of privacy
and space **7** Family – lack of support **7** Family
abuse **6** Family planning – financial constraints **2**
Family planning **4** Family support **4** Family trauma **2**
Fear of pregnancy **33** Female genital mutilation **2**
Femininity **1** Fertility cycle **3** Fertility period **6** Fetishes **4**
Fetishization of lesbian sex for male enjoyment **1**
Financial difficulties **20** Financial support **16** First
time sex **7**

G Gender affirming surgeries – double
mastectomy **4** Gender affirming surgeries
– barriers to **4** Gender dysphoria **4** Gender
identity **16** "Girlhood" **2**

H Harassment **5** Heteropatriarchy **20** HIV –
transmission **4** Hormone therapy **24** Hormone
therapy – barriers to **2** Hormone therapy
– information **3** Hormone therapy – side effects **1**
Horny **4** Housing support **15** HPV vaccine **3** HPV **16**
Hymenoplasty **9** Hymen **2**

I Introducing new pronouns **3** Involvement in
one's own health **36** Irregular menstruation **1**

J Joining The A Project **7**

L Learning about one's own anatomy **12** Legal
action **2** LGBT community **7** Living with HIV/AIDS **1**
Living with HPV **2** Lube **2**

M Managing one's own healthcare **50** Marriage **1**
Masturbation **23** Medical abortion – follow
up **11** Medical abortion – how to **70** Medical
abortion – pain management **15** Medical abortion
– seeking **98** Medical abortion – side effects **20**
Medical abortion – success **13** Medical abortion **6**
Menstrual cycle **38** Menstruation – irregular bleeding **4**
Menstruation **44** Mental health **41**

N Negotiating healthcare **3**
Nightmares/night terrors **3**

O Online harassment **1** Online dating **1** Open
relationships **1** Oral contraception – how to **7**
Oral contraceptives – side effects **15** Oral
contraceptives – types **19** Oral sex **3** Orgasm – no
orgasm **3** Orgasm **2** Ovarian cysts **1**

P Pain during vaginal sex **4** Pap smear **5** PEP **1**
Performance anxiety **2** Phone sex **1** Pinkwashing **1**
Pleasure – no pleasure **17** Pleasure **37** Post-
abortion care – confirmation of success **21** Post-
abortion care – emotional wellbeing **3** Post-abortion
care – follow up **26** Post-abortion care – pain
management **5** Post-abortion care – persistent
bleeding **5** Post-abortion care – resuming sexual
activity **5** Post-abortion care – side effects **4**
Pregnancy scare **40** Pregnancy without penetration **1**
Premature ejaculation **6** Pressure to have sex **3**
Puberty **1**

R Rape **16** Relationships **40** Relationships
– unsafe **10** Relationships – unwanted **1**
Requesting menstrual pads **1** Resuming sexual
activity after a bad experience **1** Relationships –
supportive **3**

S Seeking – binders **17** Seeking – blankets **2**
Seeking – food **1** Settler violence **1** Sex and
religion **4** Sex toys **3** Sexual exploration **5**
Sexual fluidity **4** Sexual frustration **4** Sexual harassment **8**
Sexual orientation **35** Sexual relations **29** Sexual trauma
8 Sexual violence **18** Seeking legal help **4** STI **68** STI
– myths **8** STI – symptoms **7** STI – testing **25** STI –
transmission **4** Suicide **8** Supporting the A Project **4**
Surgical abortion **13** Surgical abortion – how to **2**
Surgical abortion – seeking **6** Seeking housing legal
support **2** Stalking – being stalked **2**

T Trans discrimination – seeking asylum **1** Trans
discrimination – lack of family support **8**
Trans discrimination – landlord bullying **2**
Trans discrimination – street harassment **5** Trans
discrimination – unemployment **7**

U Unhappy marriage **1** Unwanted pregnancy **115**
UTIs **6**

V Vaginal discharge **7** Vaginismus **2** Vaginoplasty
and orchiectomy **1** Vibrators **1** Violence **22**
Virginity discourse **10** Voice feminizing
techniques **1**

W Wanted pregnancy **6**

Y Yeast infection **9**

About

The A Project is a non-profit non-governmental organization based in Beirut, working on issues of sexuality and sexual and reproductive health and rights (SRHR).

We envision a society where cis and trans women, trans men, and gender non-conforming people's sexuality and mental health are not utilized against us, but reclaimed, cared for, respected, and recognized in their diversities. From expressing gender, sexual preference, and desires, to rejecting or accepting marriage, to having/not having children—the list is long! We know that sexuality and reproductive justice are core battles in reclaiming bodily autonomy and political agency, and we believe that everyone has the right to decide the journey their body goes through in a harm-free, consensual, and affirming space.

We aim to advance—through practice and theory—a political discourse around sexual, reproductive, and mental health, and to find alternatives counteracting all restrictive and reductive measures often used against the bodies of women and gender non-conforming people in Lebanon.

The A Project

About the Sexuality Hotline

Established in November 2016, The A Project's sexuality hotline provides counseling, support, information, and referrals to cis and trans women, trans men and gender non-conforming people on sexual and reproductive health (SRH) issues. The hotline also provides an outlet for people to talk to an engaging, well-informed, and understanding person who isn't set out to give unsolicited advice, to diagnose, or categorize the fluidities of one's life experiences. On the contrary, the hotline is founded on the belief that cis and trans women, trans men, and gender non-conforming people—whether queer or not—are often given moralistic and socially tainted information about our bodies, lifestyles, and health, and we deserve better than that. We know that the socio-political, cultural, and economic contexts we live in enforce sexism, ageism, racism, classism, and ableism and heavily influence our experiences with sexuality, gender, relationships, and sexual and reproductive health.

Our sexuality hotline counselors are trained by medical professionals, researchers, social scientists, and activists on the social, medical, psychological, and political contexts of SRHR. We ourselves are not medical doctors or sexologists, so while we do provide up-to-date information on a range of medical issues and procedures, we do not diagnose medical conditions, and do refer callers to healthcare providers if need be.

Our main aim is to support cis and trans women, trans men, and gender non-conforming people with knowledge, access, and comradery so that they reclaim their place at the forefront of body politics discourse and be the first and foremost experts on their bodies and lives.

To answer some questions you may have about the hotline:

• Why A Hotline?

Because it's free, accessible, confidential, anonymous, and judgment free! You don't need an appointment, can be located anywhere, and can even write (email, WhatsApp, SMS) us.

• What Do People Call The Hotline About?

So many topics, such as: **intimacy • health • virginity • transitioning • motherhood • puberty • relationships • disability • asexuality • violence • masturbation • body shaming • sexually transmitted infections • emergency contraception • gender affirming procedures • pleasure • unplanned pregnancies • living with HIV • sexual orientation • safety • contraception • gender identities**

• Who Picks Up The Phone?

We train cis and trans women, trans men, and gender non-conforming people from diverse educational backgrounds to become sexuality hotline counselors. They undergo weeks of intensive training and are assessed on their knowledge, approach, openness and comfort on these topics before being allowed to be on the hotline. While all are trained on the same issues, some may have more insight and passion regarding particular body/gender/relationship/sexuality politics.

You can get to know more about counselors, what languages they speak, what their interest-topics are, and when their next shift is by logging on to: [Our website](#) > [The Sexuality Hotline](#) > [About the Hotline](#) > [Hotline Schedule](#)

• Who Can Call?

Anyone can call, and we especially invite cis and trans women, trans men, and gender non-conforming callers of any age, nationality, sexual orientation, or socio-economic background.

• Besides a Hotline, are there other Sources of Information of Support?

Occasionally, we host solidarity groups, which take the shape of intimate and private discussions, whereby callers who have similar questions and struggles can meet to process and support one another. We've also been told that our podcast, Fasleh, feels like listening to friends thinking out loud about cool topics. Check it out!

Our Work & Community Engagement

Beyond the hotline, The A Project works on achieving our vision through the following projects:

• Reading Retreats

Inspired by CREA, The A Project hosts 3 reading retreats (The Politics of Sexuality, The Politics of Mental Health, and Reproductive Justice). At these retreats, we delve into the theory and practice of topics at hand, through a series of articles and collective discussions.

• Multimedia & Research

To contribute in diverse and accessible ways to the body of knowledge on sexuality and reproductive justice in Lebanon, we: write articles; publish blog posts; create videos; translate works we love to Arabic; present on various panels; and produce a (super cool) podcast, Fasleh, on which we invite people to talk about a number of topics concerning body politics and sexual and reproductive health, rights, and justice.

• Expanding Our Research and Knowledge Base

As a team of staff and members, we are always exchanging ideas for all the things we'd love to write, learn, publish, make, and do—together, and with you. We want to concretize some of these ideas and put ourselves to work to make content that produces knowledge in accessible, playful, and interactive ways. We have some plans in the making, including a creative writing retreat, some research-based zines, and—as always—some new podcasts and blog posts. We're always thinking about new projects to take on and new topics to delve into, so please do get in touch if you'd like to get involved!

• Trainings & Workshops

We do workshops in schools, universities, and community centers to discuss SRHR, and we particularly try to host these with groups who have less access to SRH information and care.

• Events

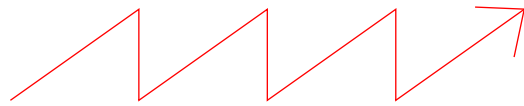
We host events such as film screenings and discussions where we can expand the conversation on sexuality issues, and the social and political aspects of the work we do and learn from each other and from other resources and knowledge out there.

• Solidarity Groups

We are working to develop, confidential and as-safe-as-possible, solidarity groups wherein people with similar experiences can come together, share stories, find solidarity, and feel less isolated. These would take the form of intimate and private discussions, led and defined by those who attend them, and serve as a space for asking questions and exploring issues without judgment.

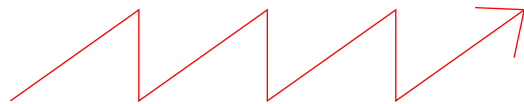
• Building on Our Referral Database

We receive countless requests for competent, decent, affordable, and accessible health services on the hotline. It is very clear to us that cis and trans women, trans men, and gender non-conforming people —especially those who are young, poor, queer, migrants, or refugees—urgently need this care. But too many times, we have found ourselves at a loss as to where to guide folks for safe and decent healthcare. **We are building a reliable and accessible collective referral database, where we crowdsource information on healthcare providers from you. We are asking people throughout the country to fill out surveys that give an overview of their experiences with certain healthcare providers – whether good or bad – so that we can grow this database.** This is not a research study! The data will not be used for research purposes or end up in a publication. The survey is anonymous and will feed into an ever-growing database of trusted (and not-so-trusted) healthcare providers, whose practice align with our politics and values.



Join Us!

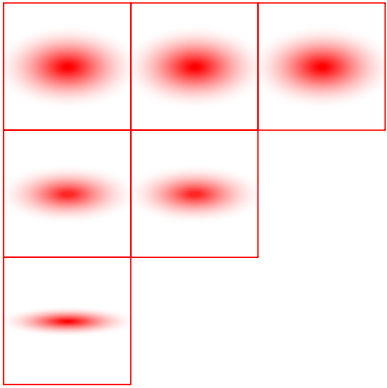
We love meeting new people! If you're interested, fill out this volunteer/member form. The form gives us an idea of who you are and what you're interested in doing with us :) After we have a look at it, we'll get in touch, find a way to meet you, and see where/how/when you can get involved. The faster ways of joining us though would be to apply and join us in one of our reading retreats or at our annual sexuality hotline counsellors training!



Apply For Our Sexuality Hotline Training!

Each year we host a 6-day intensive sexuality hotline training to train new counselors. We train you on SRH issues, counseling skills, and the political and social aspects of sex, gender, and sexuality. We share the call on our social media platforms, newsletter, and website - so keep an eye out for the next one!

Join one of our reading retreats! In our retreats, we discuss a series of texts that you will have read in advance, and delve into the topics at hand in depth. Like our other calls, we post the application form for the retreats on social media, newsletter, and the website, so stay tuned if you're interested!



Keep Up With Us!

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🎧 Fasleh Podcast

