



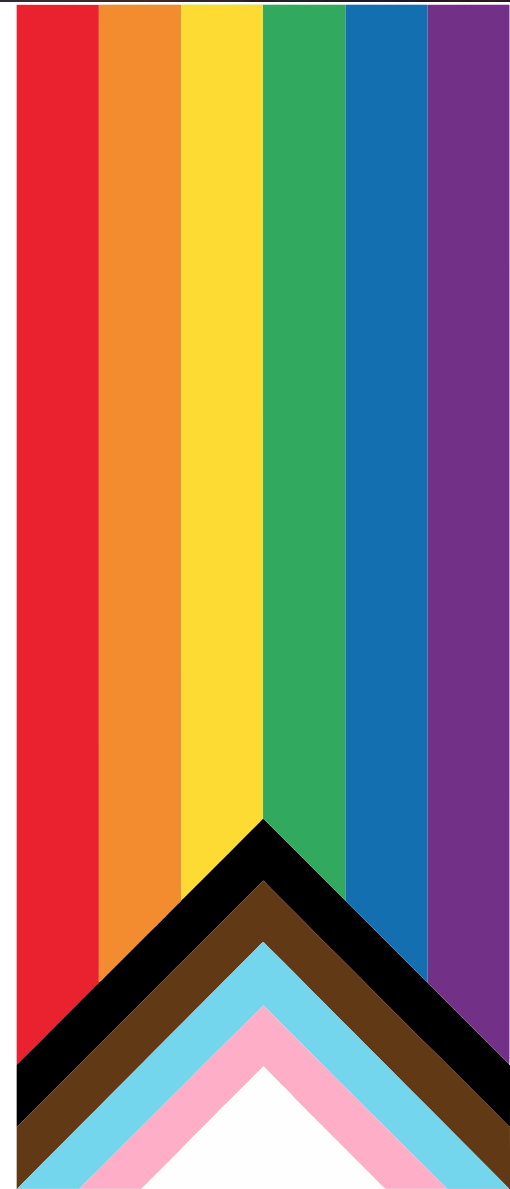
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FIELD ASSESSMENT REPORT:

Sexual Health Services for Queer Africans in
Berlin and Brandenburg

Report By: Abdul-wadud Mohammed
December, 2024



This report was prepared under the leadership of Abdul-Wadud Mohammed (Principal Investigator), a Ghanaian researcher and advocate with eight years of expertise in LGBTQ+ rights and an MA in Human Rights. His work in community mobilization, policy advocacy, and intersectional research informs the study's nuanced examination of sexual health access for queer African communities in Germany.

The research was conducted in collaboration with Sidekicks.Berlin, with strategic guidance from Stephan Jäkel and Rolf de Witt. Their partnership was instrumental in survey dissemination, data collection, and creative communications (including graphics and video production).

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This study stands as a testament to collective action toward equity for marginalized populations.

Impressum:

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Executive Summary

Purpose and Scope

This report presents findings from a comprehensive field assessment investigating the accessibility, inclusivity, and cultural competency of sexual health services for queer African communities in Berlin and Brandenburg. Combining quantitative surveys with community insights, the study identifies systemic barriers to care and proposes targeted solutions to address health disparities faced by this intersectional population.

Key Findings

Cultural Competency Gaps:

- Only 32.7% of participants were aware of LGBTQIA+-specific sexual health resources.
- 44.9% struggled to find providers trained in both LGBTQIA+ and African cultural needs.

Structural Barriers

- Language: 26.5% faced language obstacles; 61.3% preferred materials in English or French.
- Discrimination: 18.4% reported bias based on sexual orientation/gender identity.
- Affordability: 22.4% cited unaffordable medication costs (e.g., PrEP/PEP).

Trust and Confidentiality

- While 65.3% prioritized confidentiality, only 55.1% trusted providers to maintain privacy.

Critical Recommendations

Institutional Reforms

Cultural Competency Gaps:

- Mandate intersectional cultural competency training for healthcare providers.
- Expand multilingual resources (e.g., translated materials, interpreter services).

Community-Centered Solutions

- Partner with queer African organizations for tailored outreach and education.
- Fund subsidized medication programs and sliding-scale fees.

Policy Advocacy

- Address systemic discrimination through healthcare policy revisions.
- Improve data collection on queer African health needs.

Call to Action

These findings highlight an urgent need to transform sexual health services into inclusive, equitable systems. Success requires collaboration between policymakers, healthcare institutions, and queer African communities. By implementing these recommendations, Berlin and Brandenburg can model progressive care for marginalized populations globally.

1. INTRODUCTION

Sexual health services constitute a fundamental component of comprehensive healthcare, yet marginalized populations frequently encounter systemic barriers that limit their access to culturally competent and inclusive care. This field assessment report presents a rigorous examination of sexual health service provision for queer African communities in Berlin and Brandenburg, Germany—a population situated at the intersection of multiple marginalized identities. The study emerges against a backdrop of documented healthcare disparities affecting both LGBTQIA+ individuals and African diaspora communities across Europe, with particular attention to the compounded challenges faced by those navigating migration status, racial identity, and non-heteronormative sexual or gender expressions.

The research was designed to address critical gaps in current understanding regarding: (1) the intersectional experiences of queer Africans when accessing sexual health services, (2) systemic barriers perpetuating healthcare inequities, and (3) evidence-based strategies for improving service delivery. By focusing on the Berlin-Brandenburg metropolitan region—home to Germany's largest African diaspora community—this study provides localized insights with potential implications for improving sexual health equity in similar urban contexts across Europe.

This investigation is particularly timely given Germany's progressive healthcare policies that nonetheless show persistent implementation gaps for marginalized groups. Recent studies by the Robert Koch Institute (2022) and Magnus Hirschfeld Foundation (2023) have highlighted disparities in PrEP access and culturally competent care among LGBTQIA+ populations and migrant communities, though none have specifically examined the intersectional experiences of queer African individuals. Our findings aim to inform policymakers, healthcare providers, and community organizations working at the nexus of migration, sexual health, and LGBTQIA+ rights.

2. OBJECTIVES

The study had four primary objectives:

1. Assess the current level of cultural competency and inclusivity in sexual health services.
2. Identify specific challenges and barriers faced by queer African individuals in accessing sexual health services.
3. Examine how cultural competency impacts service utilization, patient satisfaction, and health outcomes.
4. Develop recommendations for healthcare providers to improve inclusivity and cultural responsiveness.

3.METHODOLOGY

This study employed a mixed-methods approach to comprehensively evaluate the accessibility and inclusivity of sexual health services for queer African communities in Berlin and Brandenburg. The research design integrated quantitative surveys with contextual qualitative insights, guided by intersectionality theory and the socio-ecological model of health. This dual approach enabled both statistical analysis of service barriers and deeper examination of systemic factors influencing care experiences.

Participant recruitment prioritized culturally sensitive engagement strategies to ensure representation of this marginalized population. A total of 49 participants were enrolled through partnerships with LGBTQIA+ African and BIPOC diaspora organizations, supplemented by snowball sampling and targeted outreach at queer-friendly health clinics and cultural events. Strict inclusion criteria required participants to self-identify as both African diaspora (first or second generation) and LGBTQIA+, with recent experience accessing local sexual health services. This selective sampling framework strengthened the study's ability to capture authentic community perspectives while addressing potential cultural and linguistic barriers to participation.

Data collection utilized a 45-item structured survey as the primary instrument, organized across five key domains: demographic characteristics, service accessibility, cultural competency evaluations, barrier identification, and satisfaction metrics. Supplementary field notes documented observational data and unsolicited participant comments during survey administration, providing valuable qualitative context to complement quantitative findings.

Analytical procedures employed a tiered approach to maximize data utility. Quantitative analysis progressed through descriptive statistics, bivariate examinations of variable relationships, and geospatial mapping of service access patterns. Qualitative data underwent thematic coding to identify emergent patterns and contextualize statistical outliers. This multidimensional analytical framework allowed for both measurement of prevalent issues and deeper exploration of their systemic roots.

The study maintained rigorous ethical standards throughout implementation.

While the methodology yielded robust local insights, the researcher acknowledged limitations including sample size constraints for subgroup analysis and potential selection bias toward more health-literate community members. These methodological considerations create a foundation for future longitudinal studies while providing immediately actionable data for improving service delivery to this underserved population.

This innovative methodology advances sexual health equity research through its development of the first queer African-specific assessment tool for the German context and its demonstration of effective community-engaged research practices. The approach balances scientific rigor with cultural responsiveness, offering a replicable model for intersectional health services research with marginalized populations.

4. KEY DEMOGRAPHIC PROFILE OF PARTICIPANTS

Table 1: Gender Identity Distribution of Participants

Category	Percentage (%)	Participants
Cis-men	32.7	16
Cis-women	18.4	9
Transwomen	14.3	7
Non-Binary	26.5	13
Inter	2.0	1
Other	6.1	3

(Source: Field Assessment Survey, 2024)

Table 2: Sexual Orientation Distribution of Participants

Category	Percentage (%)	Participants
Gay	24.5	12
Lesbian	6.1	3
Bisexual	14.3	7
Queer	12.2	6
Pansexual	8.2	4
Other	24.5	12
Unspecified	10.2	5

(Source: Field Assessment Survey, 2024)

Table 3: Educational Background of Participants

Category	Percentage (%)	Participants
Abitur	46.9	23
General or specialized university entrance qualification	4.1	2
Other Qualifications	49.0	24

(Source: Field Assessment Survey, 2024)

Table 4: Country of origin

Country of Origin	Percentage (%)	Participants
Ghana	36.7	18
Germany	14.3	7
Ugandy	10.2	5
Cameroon	10.2	5
Tanzania	12.2	6
Other	16.3	8

(Source: Field Assessment Survey, 2024)

Table 5: Health Insurance

Category	Percentage (%)	Participants
Statutory health Insurance	57.2	28
Private health Insurance	6.1	3
Uninsured	36.7	18

(Source: Field Assessment Survey, 2024)

5.ASSESSMENT OF CULTURAL COMPETENCY AND INCLUSIVITY IN SEXUAL HEALTH SERVICES FOR QUEER AFRICANS IN BERLIN AND BRANDENBURG

This chapter critically examines the cultural competency and inclusivity of sexual health services for queer African communities in Berlin and Brandenburg, revealing significant gaps between policy intentions and lived experiences. Through an intersectional lens, the assessment analyzes four key dimensions: awareness of LGBTQIA+ resources, linguistic accessibility, provider sensitivity, and quality of care.

The analysis provides both a rigorous evaluation framework and actionable insights for transforming sexual health service delivery. By documenting the convergence of cultural insensitivity, language barriers, and institutional blind spots, the chapter establishes clear benchmarks for improvement while challenging conventional approaches to cultural competency measurement.

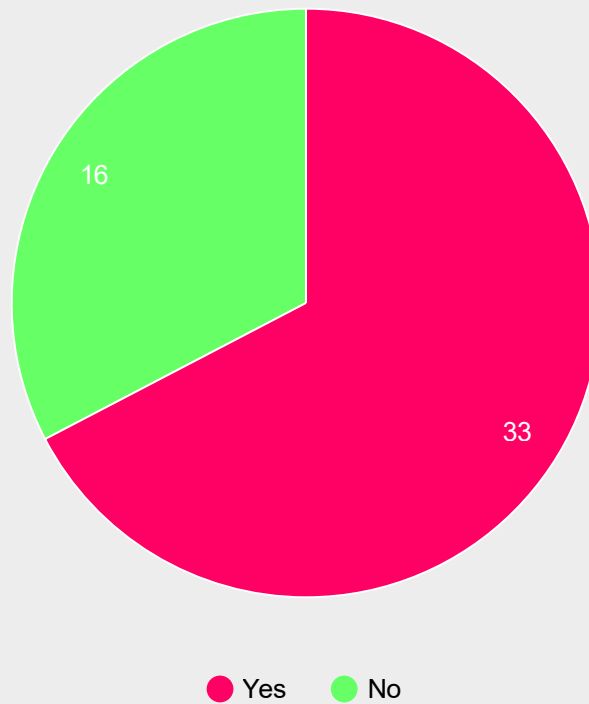
5.1. Awareness and Accessibility of LGBTQIA+ Resources

The study revealed that only 32.7% of participants were aware of LGBTQIA+ specific sexual health resources, leaving a significant majority of 67.3% uninformed about these critical services. Additionally, 44.9% of participants reported difficulty finding healthcare providers who are trained in LGBTQIA+ and African cultural issues, highlighting a gap in culturally competent care. Furthermore, 32.7% of participants felt that healthcare providers were not sensitive to the specific needs of queer African communities.

The low awareness of LGBTQIA+ resources highlights a significant lack of outreach and visibility of available services, making it difficult for queer Africans to access the care they need. Additionally, the limited access to trained healthcare providers reveals a gap in cultural competency training, which can lead to inadequate support and exclusionary healthcare experiences. Without targeted awareness campaigns, queer Africans may remain underserved in the healthcare system, further exacerbating health disparities and reducing trust in medical institutions.

Figure 1: Awareness of LGBTQIA+ Resources (n=49)

Are you aware of any LGBTQIA+ specific sexual health resources in Berlin/Brandenburg?



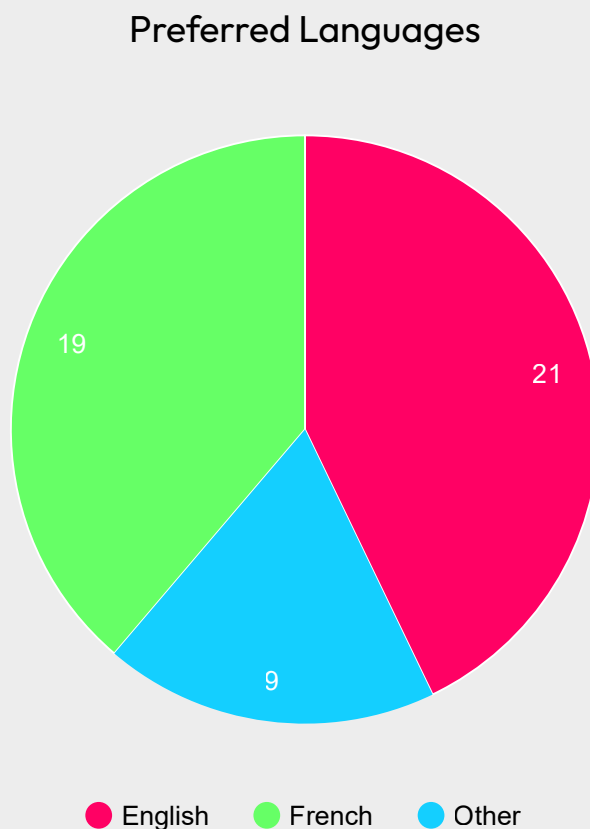
Source: Prepared by Investigator

5.2. Cultural and Linguistic Accessibility of Health Information

55.1% of participants felt that the information provided by sexual health services was culturally and linguistically accessible, indicating that a little over half of the respondents found the resources suitable for their needs. However, 61.3% of participants expressed a preference for materials in languages other than German, with English (42.9%) and French (18.4%) being the most requested.

Language remains a critical barrier to healthcare access, especially for migrants and diasporic communities, making it difficult for them to navigate services effectively. The lack of multilingual resources further compounds this issue, leading to miscommunication, misinformation, and reduced service utilization. Without accessible health information in languages spoken by the community, many individuals may struggle to make informed decisions about their sexual and reproductive health.

Figure 2: Preferred Languages (n=49)



Source: Prepared by Investigator

5.3. Clarity of Sexual Health Information

Participants indicated a need for better explanations of sexual health topics, particularly concerning HIV, PrEP/PEP, and harm reduction.

Existing health education materials often fail to adequately address the specific needs of queer Africans, resulting in gaps in knowledge and limited engagement with preventive healthcare measures. To improve awareness and uptake of sexual health services, a more tailored approach is necessary—one that considers the unique cultural, linguistic, and social contexts of this community.

5.4. Sensitivity and Inclusivity of Healthcare Providers

The lack of cultural competency among healthcare providers can create unwelcoming or insensitive environments, deterring queer Africans from seeking necessary care. As stated above, 44.9% of participants reported difficulty finding healthcare providers who are trained in LGBTQIA+ and African cultural issues, highlighting a significant gap in culturally competent care. Additionally, 55.1% of participants felt that healthcare providers were not sensitive to the specific needs of queer African communities, indicating a lack of understanding and inclusivity in service delivery.

Without proper understanding of intersectionality, cultural nuances, and LGBTQIA+ health concerns, providers may inadvertently contribute to healthcare disparities. To address this, there is an urgent need for comprehensive training that focuses on cultural awareness, intersectionality, and the specific health challenges faced by queer African communities.

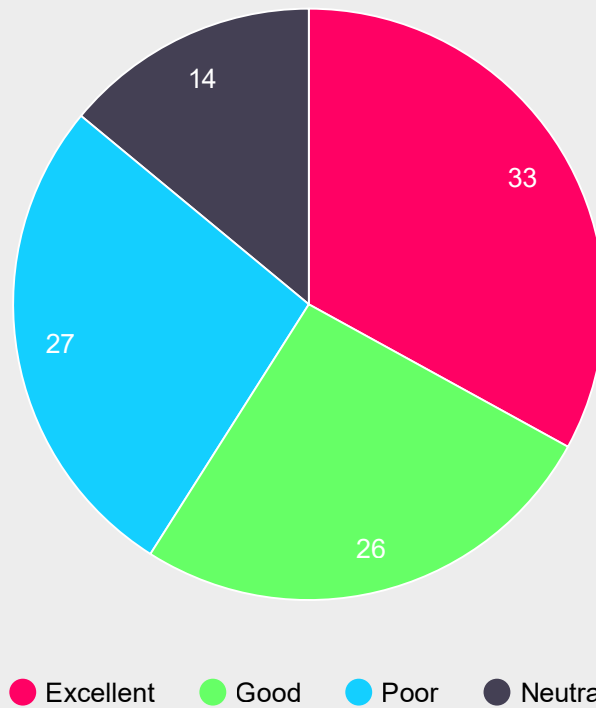
5.5. Overall Rating of Healthcare Quality

The participants indicated inconsistencies in experiences as 32.7% rated healthcare as excellent, while 26.5% rated it as poor.

The polarized responses indicate that while some healthcare providers demonstrate strong inclusivity, others fail to meet cultural competency standards, leading to inconsistent care experiences for queer Africans.

Figure 3: Quality of Care (n=49)

How would you rate the quality of care you receive in terms of understanding your cultural background and sexuality?



Source: Prepared by Investigator

6. ANALYSIS OF BARRIERS TO ACCESSING SEXUAL HEALTH SERVICES FOR QUEER AFRICANS IN BERLIN AND BRANDENBURG

Access to comprehensive sexual health services remains an unmet need for many queer African individuals in Berlin and Brandenburg, where intersecting structural, cultural, and socioeconomic barriers create disproportionate challenges to care. This chapter systematically examines the multifaceted obstacles that hinder equitable service utilization, drawing on empirical data to illuminate how systemic inequities manifest in this unique population. The investigation identifies three primary dimensions of exclusion: (1) institutional barriers including language disparities and provider shortages, (2) financial constraints exacerbated by insurance gaps, and (3) psychosocial challenges rooted in discrimination and confidentiality concerns.

This analysis advances current understanding by demonstrating how these barriers compound for queer Africans through the intersection of migration status, racial identity, and LGBTQIA+ marginalization. The chapter not only documents these challenges but establishes an evidence base for targeted interventions to dismantle systemic obstacles and reimagine service delivery frameworks that prioritize intersectional equity.

6.1. Awareness and Initial Access to Sexual Health Services

The study revealed that 30.61% of participants learned about sexual health services through friends, indicating a strong reliance on informal networks for information. In contrast, more formal sources such as websites (8.16%) and referrals (6.12%) were significantly less common. Traditional outreach methods like posters and events were found to be minimally effective, further highlighting the limited reach of conventional awareness campaigns.

The heavy reliance on informal networks suggests a lack of formal outreach and visibility of sexual health services within the queer African community. To address this gap, healthcare providers should prioritize enhancing digital and community-based awareness campaigns, leveraging platforms and strategies that resonate with the target audience. This could include social media outreach, partnerships with community organizations, and culturally tailored messaging to improve access to and awareness of sexual health resources.

6.2. Systemic Barriers to Sexual Health Service Access

The study reveals that 67.8% of participants encounter significant barriers when attempting to access sexual health services, with the most prevalent challenges being language barriers (26.5%), discrimination (18.4%), and affordability issues (22.4%). Furthermore, 65.3% of respondents identified confidentiality as a critical concern, underscoring the importance of trust and privacy in healthcare interactions. These findings illustrate how linguistic and cultural obstacles complicate healthcare navigation for queer Africans, while experiences of discrimination exacerbate service avoidance. Financial constraints, particularly for uninsured individuals, further restrict access to essential treatments, highlighting systemic inequities in service provision. Addressing these challenges requires a multifaceted approach, including the implementation of multilingual resources, robust anti-discrimination policies, and subsidized medication programs. Strengthening confidentiality protocols is equally vital to foster trust and encourage consistent engagement with healthcare services.

6.3. Structural Limitations in Medication Access

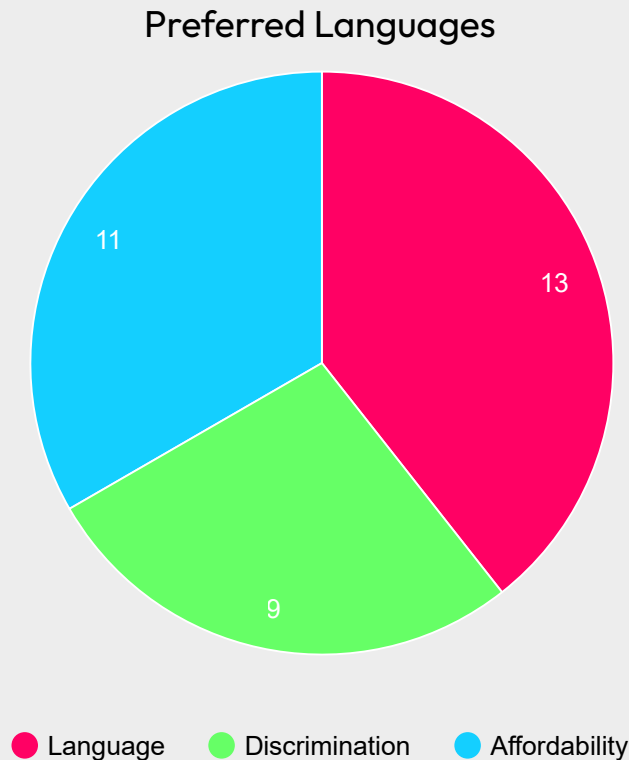
The data underscores persistent difficulties in obtaining critical sexual health medications, with 22.4% of participants citing cost as a prohibitive factor. Structural barriers—such as limited provider availability, geographic disparities, and supply chain disruptions—further complicate access to PrEP and PEP. Compounding these challenges, only 36.7% of respondents were aware of where to access these medications, revealing significant gaps in public health education. These findings highlight how financial and logistical hurdles perpetuate healthcare disparities, disproportionately affecting marginalized communities. To mitigate these issues, policymakers and healthcare providers must prioritize expanding affordable medication programs, improving provider networks, and enhancing public awareness campaigns to ensure equitable access to preventive care.

6.4. Toward Equitable Healthcare Solutions

The intersection of financial, geographic, and informational barriers creates a compounded disadvantage for queer Africans seeking sexual health services. The high prevalence of cost-related obstacles, coupled with low awareness of available resources, reflects systemic failures in healthcare delivery. To advance

equity, interventions must address these gaps through targeted funding for low-cost medications, decentralized service distribution, and culturally tailored outreach initiatives. Stakeholders can empower marginalized communities to overcome these challenges and achieve better health outcomes by dismantling structural barriers and fostering inclusive healthcare environments.

Figure 4: Barriers to Access (n=33)



Source: Prepared by Investigator

6.5. Challenges Unique to Queer African Individuals

The lack of culturally competent providers contributes to feelings of exclusion and mistrust among queer Africans, discouraging them from seeking care. The data indicates that 55.1% of participants felt that healthcare providers were not sensitive to the specific needs of queer African communities, while 67.3% reported difficulty finding providers trained in LGBTQIA+ and African cultural issues. Additionally, confidentiality emerged as a major concern, with only 55.1% of participants trusting healthcare providers to keep their information private.

To address this, there is a critical need for increased provider training in LGBTQIA+ and African cultural health needs. Furthermore, ensuring strict confidentiality policies and building trust through transparent practices could significantly improve service uptake and overall satisfaction with sexual health services.

7.IMPACT OF CULTURAL COMPETENCY ON SERVICE UTILIZATION, PATIENT SATISFACTION, AND HEALTH OUTCOMES

The provision of culturally competent healthcare services is a critical determinant in achieving equitable health outcomes for marginalized populations. This chapter examines the measurable effects of cultural competency—or the lack thereof—on three key dimensions of care for queer African communities in Berlin and Brandenburg: service utilization patterns, patient satisfaction levels, and ultimate health outcomes. Drawing upon robust survey data and comparative analysis, the assessment reveals how gaps in provider training and systemic inclusivity directly correlate with diminished healthcare engagement and suboptimal health indicators among this intersectional population.

The analysis employs a socio-ecological framework to trace how micro-level provider interactions accumulate into macro-level health disparities, particularly evident in the 18.4% of participants who avoided care due to substance use stigma. These insights provide policymakers and healthcare institutions with empirical evidence linking cultural competency investments to tangible improvements across the entire care continuum for queer African communities.

7.1. Confidence and Comfort with Services

The survey reveals mixed patient experiences in discussing sexual health with providers as participants express discomfort due to fears of judgment, cultural insensitivity, or past negative encounters. Findings indicate that while 44.9% of participants reported feeling comfortable discussing sexual health with providers, 22.4% expressed discomfort. Similarly, 32.7% rated the quality of care as excellent, but 26.5% rated it as poor, suggesting significant disparities in service quality and provider competency.

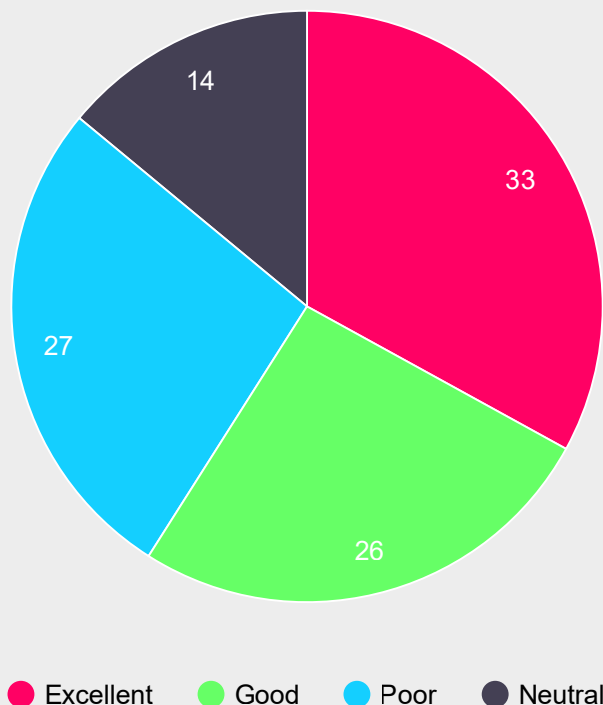
The variability in patient experiences indicates inconsistent cultural sensitivity among healthcare providers, leading to disparities in the perceived quality of care. This inconsistency may stem from a lack of standardized training, which affects how well providers address the specific needs of queer African patients.

These findings highlight a critical divide in care environments: while some providers foster open dialogue, others inadvertently create barriers through

perceived bias or lack of cultural competence. The moderate comfort levels underscore the need for systemic improvements, particularly in training healthcare professionals to deliver culturally responsive care.

Figure 5: Comfort discussing Sexual Health (n=49)

How comfortable do you feel discussing sexual health with healthcare providers here?



Source: Prepared by Investigator

7.2. Awareness of PrEP and PEP Access

The study found that only 36.7% of respondents knew where or how to access PrEP/PEP—a stark indicator of systemic gaps in HIV prevention awareness. With 63.3% lacking this vital knowledge, the data underscores persistent challenges in public health outreach and education. Comparative studies show similarly concerning trends, with PrEP awareness ranging from 18.9% to 61.4% across marginalized populations. These findings highlight an urgent need for targeted interventions to bridge awareness disparities and ensure equitable access to life-saving prevention tools.

7.3. Awareness and Accessibility of Harm Reduction Resources

The study reveals profound disparities in awareness and access to harm reduction resources among LGBTQ+ Africans in Berlin and Brandenburg, with only 14.3% of respondents familiar with available services and 18.4% reporting stigma when discussing substance use with healthcare providers. These findings point to systemic deficiencies in culturally competent care, where insufficient program visibility and persistent provider biases create compounded barriers to support. The alarmingly low awareness rates reflect a failure in outreach strategies to effectively engage this community, while experiences of stigma further entrench healthcare avoidance, deterring individuals from seeking vital interventions. Critically, the absence of tailored harm reduction programs exacerbates these challenges, as generic services frequently overlook the intersecting cultural, social, and identity-related complexities faced by queer African populations. This mismatch between service design and community needs perpetuates exclusionary healthcare environments, leaving marginalized groups without access to critical resources and deepening existing health inequities. To address these gaps, interventions must prioritize culturally grounded initiatives that not only increase awareness but also actively dismantle stigma through provider training, community-led outreach, and policies that affirm the unique needs of LGBTQ+ Africans. Without such measures, systemic barriers will continue to undermine public health efforts, leaving vulnerable populations at heightened risk.

8. SUMMARY OF KEY INSIGHTS

- **Diverse Demographics:** The sample included a wide range of gender identities, sexual orientations, and countries of origin, reflecting the diversity of the queer African community in Berlin and Brandenburg.
- **Low Awareness of LGBTQIA+ Resources:** Only 32.7% of participants were aware of LGBTQIA+ specific sexual health resources, indicating a need for better outreach.
- **Language Barriers:** Language was a significant barrier for participants, with English and French being the most preferred languages for materials.
- **Discrimination and Confidentiality Concerns:** Discrimination (18.4%) and lack of trust in healthcare providers (44.9%) were notable issues.
- **Variable Satisfaction with Care:** While 32.7% rated the quality of care as excellent, 26.5% of the participants rated it as poor, suggesting inconsistent service delivery.

9. RECOMMENDATIONS FOR IMPROVING SEXUAL HEALTH SERVICES FOR QUEER AFRICANS IN BERLIN AND BRANDENBURG

9.1. Cultural Competency and Inclusivity

- Implement mandatory cultural competency training: Develop and implement comprehensive training programs for all healthcare providers that focus on LGBTQIA+ issues, African cultural nuances, intersectionality, and anti-discrimination practices. This training should be ongoing and regularly updated.
- Increase LGBTQIA+ specific resource awareness: Launch targeted outreach campaigns to raise awareness of LGBTQIA+ specific sexual health resources in Berlin/Brandenburg. Use social media, community events, and partnerships with queer black and African LGBTQIA+ organizations to disseminate information.
- Improve sensitivity among healthcare providers: Establish mechanisms for patient feedback on provider sensitivity and cultural competency. Use this feedback to refine training programs and address individual provider needs.
- Promote cultural humility: Encourage healthcare providers to adopt a stance of cultural humility, recognizing the limits of their own knowledge and demonstrating openness to learning from patients' experiences.

9.2. Linguistic Accessibility

- Provide multilingual resources: Offer sexual health information and materials in multiple languages, including English, French, and other languages spoken by the queer African community. Translate websites, brochures, and consent forms.
- Employ interpreters: Ensure access to qualified interpreters during healthcare appointments. Offer both in-person and remote interpretation services.
- Train bilingual staff: Recruit and train bilingual healthcare professionals who can communicate effectively with patients in their preferred language.

9.3. Access to Services

- Address affordability: Advocate for subsidized medication programs and financial support to reduce the financial burden of sexual health medications, especially PrEP and PEP. Explore options for sliding scale fees or partnerships with pharmaceutical companies.
- Improve PrEP/PEP awareness and access: Develop targeted campaigns to educate the queer African community about PrEP/PEP availability and access points. Collaborate with healthcare providers to integrate PrEP/PEP discussions into routine consultations.
- Increase the visibility of services: Enhance digital and community-based awareness campaigns, utilizing platforms and strategies that resonate with the queer African community. Partner with community organizations to improve access to and awareness of sexual health resources.

9.4. Confidentiality and Trust

- Reinforce confidentiality policies: Ensure strict confidentiality policies are in place and clearly communicated to patients. Reassure patients that their information will be kept private and protected.
- Build trust through transparency: Maintain open and transparent communication practices. Explain privacy policies and data security measures to patients.
- Offer anonymous testing options: Provide anonymous testing options for HIV and other sexually transmitted infections. This can encourage individuals who are concerned about confidentiality to seek testing.

9.5. Substance Use and Harm Reduction

- Integrate harm reduction education: Incorporate harm reduction education into sexual health consultations. Normalize discussions about substance use and provide information on safer drug use practices.
- Develop culturally specific harm reduction programs: Create tailored harm reduction programs specifically for the LGBTQ+ African community. These programs should address unique needs and challenges.
- Establish safe spaces: Create safe spaces and peer-led harm reduction initiatives to improve service utilization. These spaces should be welcoming, non-judgmental, and community-driven.

- Address stigma: Actively work to reduce stigma around substance use within healthcare settings. Train healthcare providers to approach substance use with empathy and understanding.

9.6. Community Engagement and Partnerships

- Establish partnerships with community organizations: Collaborate with community organizations and leaders to build trust and improve service delivery.
- Involve community members in program design: Involve queer African community members in the design and implementation of sexual health programs and services. Ensure that programs are culturally relevant and meet the needs of the community.
- Create peer support programs: Establish peer support programs where individuals can connect with others who have similar experiences. Peer support can provide emotional support, information, and practical assistance.

10. CONCLUSION

This comprehensive field assessment has documented the systemic barriers and institutional gaps that hinder equitable access to sexual health services for queer African communities in Berlin and Brandenburg. The findings present a compelling case for urgent, multidimensional interventions to address the intersecting challenges of cultural insensitivity, linguistic barriers, financial constraints, and structural discrimination that collectively perpetuate health disparities in this population.

The data reveals critical opportunities for transformation: from implementing mandatory cultural competency training for healthcare providers to developing targeted outreach programs that meet the community's unique linguistic and cultural needs. The demonstrated correlation between culturally responsive care and improved health outcomes underscores that these recommendations are not merely aspirational, but essential for achieving health equity.

While the data sheds light on key challenges faced by this underserved community, it is essential to acknowledge the limitations of this study. The short timeframe and limited number of participants restrict the generalizability of the findings and underscore the need for more comprehensive research in this understudied area. Further investigation is warranted to explore the nuances of healthcare experiences among queer Africans, identify best practices for culturally responsive care, and ultimately, improve health outcomes for this marginalized population. Longitudinal studies with larger sample sizes and qualitative research methods are crucial to deepen our understanding and inform targeted interventions that promote health equity within this community.

As Berlin and Brandenburg continue to evolve as multicultural hubs, this report provides both an evidence-based roadmap for immediate action and a framework for ongoing evaluation of progress toward truly inclusive sexual health services. The findings call for sustained commitment from policymakers, healthcare institutions, and community organizations to translate these insights into meaningful systemic change that respects and serves the diverse needs of all residents, regardless of their intersecting identities.