



*TEARING DOWN WALLS,  
BUILDING UP HOPE*

*A LGBTQ HIV AND AIDS  
YOUTH EMPOWERMENT  
TOOLKIT*



## ACKNOWLEDGEMENT

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**Tearing Down Walls, Building Up Hope: A LGBTQ Youth Empowerment Toolkit**

Editor and Co-ordinator: George Reginald Freeman  
 Designers and Illustrators: David Cowan  
 Graphic Designer: Albert Richards and David Cowan

**Editorial Team: Dr. Sullay Lakoh, James Mohamed Fofanah, George Reginald Freeman, Ephraim Bernard Wilson, Denzil Morlai Kargbo, Kristiana and Kristina Del Pace**

### LGBTQ HIV/AIDS Project Team:

Project Coordinator: George Reginald Freeman  
 Research & Development: George Reginald Freeman, Nathaniel John, Ephraim Bernard Wilson, Janet Jah, Isha Sesay and Denzil Morlai Kargbo  
 Training & Toolkit Development: James Fofanah, Dr. Sullay Lakoh & George Reginald Freeman  
 Expert & Editorial Advisor: Dr. Sullay Lakoh, Kristiana Del Pace, James Mohamed Fofanah, Sara Piot, Louise Ashley and Henrietta Regina Johnson  
 Media Officer: David J. Manley  
 Medical Doctor: Dr. Sullay Lakoh  
 Proof Readers: Dr. Sullay Lakoh, George Reginald Freeman, Ephraim Bernard Wilson and James Fofanah,

Photo credits: Photo consent forms were signed with all the people who volunteered to publish their pictures on this book. WhyCantWeGetMarried.Com Staff and Contributing partners took all Photographs.

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## FOREWORD

Young Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) people in Sierra Leone have produced this book. It is the result of much hard work – from workshops, meetings in different communities, and discussions in the day and late into the night. I have been privileged to be part of this transformative process. What struck me most as someone who has worked on LGBTQ human rights issues for most of my life is the enthusiasm and interest shown by all the young LGBTQ people on this project as we struggled to make the issues real and relevant to our lives and those of our generation.

It was not an easy task. HIV/AIDS means so many things to so many people. The world's most precious resources LGBTQ young people: the workshop hosted 100 of us – the most talented and energetic youths from impressive communities across Sierra Leone united to discuss how to access HIV Counselling and Testing (HCT) services and mapped out strategies to combat homophobia, trans-phobia, stigmatization and neglect in the lives of young LGBTQ people.

And yet the origin of this project was a very practical one – to discover why so many LGBTQ young people face homophobia, trans-phobia, discrimination and stigmatization to healthcare facilities in their communities. WhyCantWeGetMarried.Com also wanted to find more ways to empower young LGBTQ people to engage in safer sex practices and encourage them to go for HCT services.

In the cause of producing this book, LGBTQ young people were able to share their very different stories on the challenges encountered; what they felt about being LGBTQ and how this had affected their culture and society. LGBTQ people were able to recognize and celebrate the differences between us and to share in each other's struggles. We tested out ideas for different activities on each other; we laughed a lot, argued and debated.

It is easy though to see why this book is called **“Tearing Down Walls, Building Up Hope”**. It truly has been a journey for us involved; from confusion to understanding, from disagreement to consensus (sometimes!) and from a group of strangers who became a group of friends. I hope this book will take readers on a similar roller coaster. And I hope that by taking this same journey, we will be able to grapple with what it is to be a Lesbian, Gay, Bisexual, Transgender and Queer in today's world. This book is filled with the wisdom and advice on how we LGBTQ people can engage in safer sex practices and have access to HCT Services. This is our time to **“Be the Change!”** Thank you Musical Television (MTV) Staying Alive Foundation – we hope the actions of those who use this toolkit will repay your investment in LGBTQ young people many times over!



**George Reginald Freeman**  
**Author, Editor and LGBTQ Youth Expert**



## PARTNERS AND CONTRIBUTORS



I am proud to be George Reginald Freeman, the founder and West African Regional Director for WhyCantWeGetMarried.Com. A Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) human rights and youth led development activist who strives for the attainment of full equal rights and the eradication of all forms of violence and discrimination against LGBTQ people in Africa. I am a reliable, trustworthy and meticulous young person. A 25 years old patriotic young man who aims to contribute earnestly to the development of Sierra Leone, passionate about Africa and willing to offer self service towards the improvement and sustainability of development, nation

building and human rights for the enhancement of the socio-economic status. Love and able to work on his initiatives or as part of a team in making a positive change for a world fit for everyone



My name is Denzil Morlai Kargbo, an active member, Finance Officer and Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) human rights activist working for WhyCantWeGetMarried.Com. I am 23 years old. I am a board member for LGBTQ Student Network - the student campaign for LGBT rights – for the past two years. I believe in grass-root development, volunteerism and member-led activism, and I have been active in WhyCantWeGetMarried.Com since 2008. I am passionate about human rights and love to offer self service for the attainment of LGBTQ equality and tolerance. .



I am Dr. Sullay Lakoh, 28 years old; a Medical Practitioner in the Ministry of Health and Sanitation (MOHS). My department of practice is the National AIDS Control Programme (NACP) and I am currently the Medical Coordinator for WhyCantWeGetMarried.Com West Africa Chapter for the past 2 years. I love to work on youth led initiatives in the medical world and found great pleasure in working with community based youth led development initiatives.



My name is Isha Sesay, 29 Years old; I am a counsellor nurse who works with WhyCantWeGetMarried.Com for the past one year. I have been helping with HIV Counselling and Testing services for Lesbian, Gay, Bisexual and Transgender (LGBT) young people in schools, colleges and vocational institutions in Freetown and Makeni.

## PARTNERS AND CONTRIBUTORS



Ephraim Bernard Wilson, 22 years old; I was born in Freetown, Sierra Leone. I am a studying Accounting and Administration. I serve in the capacity as the Administrative Officer for the past three (3) years. I am passionate about Lesbian, Gay, Bisexual and Transgender human rights.



Nathaniel Christian Roberts, 23 years; a student of the Fourah Bay College University of Sierra Leone currently reading English and Politics. I am presently working for WhyCantWeGetMarried.Com occupying the office as the Lesbian, Gay, Bisexual and Transgender (LGBT) Student Officer for the past one year. I want to improve the quality of life for LGBT young people who are disadvantages to stand up and speak for their human rights.

**James Fofanah – Monitoring and Evaluation Manager Restless Development Sierra Leone and Mentor WhyCantWeGetMarried.Com West Africa Chapter** within the sphere of development such as training, strategic planning, community/institutional service delivery and monitoring and evaluation, are core to what I do now. My principal interest lies in these areas of work that I have had 5 years experience in. My focus for now is in the design, monitoring and evaluation of systems that effectively track progress made in achieving programme objectives. Additionally I have participated in and facilitated M&E workshops and conferences in Sierra Leone, Uganda, Zambia, Paris and London contributing to development thinking that support young people lead in the development of their lives, communities and nations. My background education is in Agriculture and Development Training and Education.



I'm Janet Jah 30 years old; I have worked with WhyCantWeGetMarried.Com as the Lesbian, Bisexual and Transgender (LBT) Women's Project Coordinator for the past two years. I studied human resources development. My passion is to empower more LBT women to stand up for their human rights so that they can become agent of sustainable change.

## SEXUALITY, SEXUAL ORIENTATION & GENDER IDENTITY

Here at WhyCantWeGetMarried.Com we think that you find practical ways to tackle difficulties, but we realise that to think, talk and act about LGBTQ we have to do a little explaining...

**SEX** The biological difference between male and female. "Sex" can also be referred to as the biological and physiological characteristics that define men and women.

**Sexuality** Refers to the cultural notions of pleasures, social and bodily interchanges ranging from eroticism, desire and affection, to notions relating to health, reproduction, the use of technologies and the exercising of power in society. Within the social sciences the current definitions of sexuality cover meanings, ideas, desires, sensations, emotions, experiences, behaviours prohibitions, models and fantasies that are configured in diverse manners in different social contexts and periods in history. It is, therefore, a dynamic concept in evolution and subject to diverse uses, multiple and contradictory interpretations, as well as being subject to debates and political disputes.

**Sexual Orientation** Refers to each person's capacity for profound emotional, affectionate and sexual attraction to intimate, and sexual relations with, individual of a different sex/gender or the same sex/gender or more than one sex/gender. Basically there are three predominant sexual orientations: towards the same sex/gender (homosexuality), towards the opposite sex/gender (heterosexuality) or towards both sexes/genders (bisexuality). Studies show that the characteristics of sexual orientation vary from person to person.

**Gender** refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women. "Masculine" and "feminine" are gender categories.

**Gender Identity** refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms. Gender identity is the perception people have of themselves as being of the male or female gender or some combination of two, regardless of their biological sex. It is a person's inner conviction that they are of the male gender (man) or the female gender (woman).

**Lesbian** refers to a woman who is attracted emotionally and/or sexually to people of the same sex/gender. A woman does not necessarily need to have sexual experiences with other women in order to identify as a lesbian.

**Gay** refers to a man who is attracted emotionally and/or sexually to people of the same sex/gender. A man does not necessarily need to have sexual experiences with other men in order to identify as a gay.



**Bisexual** refers to a person who relates affectionately and sexually with people of both sexes/genders. “Bi” is an abbreviated way of referring to bisexual people.

**Transgender/Transsexual/Trans** terminology used to describe people who transit between genders. Their gender identity transcends the conventional definitions of sexuality.

Trans is an umbrella term. It includes cross-dressers, transgender and transsexual people as well as anyone else who is in any way gender variant. Before we start it's important to understand that sex is between the legs and gender is between the ears. Sex is male, female, and intersex, and has to do with your chromosomes, genitalia, hormones, etc. Gender is man, woman, boy, girl, androgynous (gender-neutral), and has to do with your internal sense of self and how you choose to express yourself.

A cross-dresser is someone who likes to wear clothes usually associated with the “opposite” gender. They can identify as their birth sex or as gender-queer and can dress as another gender occasionally or permanently. Some people feel this lets them express another aspect of their personality whilst others just feel more comfortable in these clothes. Cross-dressing is usually quite fun for everyone to try occasionally. Most people try it for fancy dress or similar at some point in their lives.

Transsexual people are those whose physical and psychological gender is conflicted. This can be quite hard and most transsexual people struggle with questions about the best way to live their lives. Some may decide to live as their biological sex; most however take hormones and/or undergo surgical procedures so they can be seen socially as their preferred gender. Other gender variant people can identify as both sexes and may present themselves in a way that's unusual for most people of their biological sex. They could be androgynous or enjoy being a masculine female or feminine male. Trans people can come from all different types of ethnic and faith backgrounds.

Different cultural understandings of Trans vary and legal statuses differ between countries.

**Queer** the word **queer** was first used to mean ‘homosexual’ in the early 20th century: it was originally, and often still is, a deliberately offensive and aggressive term when used by heterosexual people. In recent years, however, many gay people have taken the word **queer** and deliberately used it in place of **gay** or **homosexual**, in an attempt, by using the word positively, to deprive it of its negative power. This use of **queer** is now well established and widely used among gay people. The words **fag** and **faggot** are occasionally used in the same way.

**Intersex** relating to people's condition of being intermediate between male and female. An intersex person possesses both male and female genital organs. The other name for intersex is hermaphrodite.

## **FACTS ABOUT HIV AND AIDS**

### **What is HIV?**

HIV stands for Human Immunodeficiency Virus. The virus that causes AIDS

### **What is AIDS?**

AIDS stands for Acquired Immune Deficiency Syndrome. It happens when the HIV weakens the body's defence system, so a person has trouble fighting off illness.

About 33.2 million people worldwide are living with HIV and over twenty-five million have died of AIDS.

In Sierra Leone, the first HIV case was discovered 1987 in Bo Southern Sierra Leone. Since then, there are about 48,000 people living with HIV today. Over 500 people have died of AIDS related diseases. According to the Demographic Health Survey (DHS) it was estimated 1.5 percent of Sierra Leone's population are living with HIV.

When the epidemic first began to be studied, AIDS was referred to as "Gay Cancer" (because it only appeared to affect gay men) and it was only after there had been millions of victims of all sexual orientations that the disease stopped being associated only with homosexuals.

The human body is normally protected by white blood cells (WBC). When HIV enters our body it attacks and weakens the WBC that protects us from diseases. Without the WBC, the disease attacks our bodies and eventually causes death.

## **HIV MEANS OF TRANSMISION AMONGST LGBTQ**

HIV is passed from person to person when body fluids from a person with HIV get into the blood stream of another person. The part that causes the infection may be just a small particle, not visible to the eye. It does not look like a fluid.

The usual ways in which HIV infection can be transmitted are:

- Through unprotected sexual intercourse. The most common being semen or vaginal fluid from an infected person into the body of another person through vagina or anal sex.
- Through blood. This happens when the infected blood comes into contact with non-infected blood through blood transfusions, or through non-sterilize surgical instruments or through unclean syringes and other sharps. Sometimes using the same toothbrushes could be a problem, because blood particles may adhere to them.
- From an infected mother to her child.
- Organ or tissue transplant.

## **CAN I GET HIV FROM ORAL SEX?**

If there are sores, cuts or open wound in your mouth, his penis, her vagina or his/her anus the chances of getting STI or HIV are much higher.

The risk is also increased if you have been drinking alcohol or if he releases seminal fluid in your mouth.

## **HOW HIV IS NOT SPREAD TO LGBTQ YOUNG PEOPLE?**

You cannot get HIV, the virus that causes AIDS from any of the following:

- From insects. Mosquito bites can transmit malaria not HIV.
- From using the same toilet with an infected person.
- From shaking hands and hugging.
- From living in the same household with an HIV infected person.
- From sharing food, eating together or using the same cups, plates and spoons.
- From clothing or towel
- From any other casual contact.
- By working with or being around someone who has HIV.
- From sweat, spits, tears, drinking fountains, phones, toilet seats
- From closed-mouth kiss.

But remember that normal hygiene should, of course, always be respected. For example: Cups and plates should be washed before use, and you should always wash your hands before eating.

## **WHAT HAPPENS WHEN YOU BECOME INFECTED WITH HIV?**

HIV is not like malaria or meningitis. Those diseases have distinctive symptoms for which treatment is available. HIV gradually destroys the body's immune system and makes a person progressively more and more vulnerable to other infections. A person with HIV may be well for many years, but then begin to suffer from skin complaints, chest infections, diarrhoea and other problems. Eventually, illnesses become more and more frequent, weight loss becomes impossible to ignore and it becomes increasingly difficult for the infected person to live a normal life without treatment.

## **HOW CAN LGBTQ YOUNG PEOPLE PROTECT THEMSELVES?**

Preventing HIV/AIDS can only be done by stopping the actions that put young LGBTQ young people at risk.

Here are some good and important pieces of advice for LGBTQ youngsters:

- The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse.
- Be in a long-term mutually monogamous relationship with a partner who has been tested and **YOU KNOW** is uninfected and faithful to you.

## CONDOM



- Correct and consistent use of condoms for every sexual intercourse. Condoms must be used correctly and consistently to be effective and protective. Incorrect use can lead to condom slippage or breakage, thus diminishing the protective effect. Inconsistent use, e.g., failure to use condoms with every act of intercourse, can result to HIV and STI transmission because transmission can occur even with a single act of intercourse.

### How Effective Are condoms at Preventing HIV transmission?

When correctly and consistently used, the female and male latex condom are the most effective available tools to reduce the sexual transmission of HIV and other sexually transmitted infections for people having sexual intercourse. At the same time condoms are a very safe means of contraception.

Condoms are most likely to fail when they are not used as directed. Opening a condom packet with your teeth, a knife or scissors, for example, can cause the condom to puncture or tear. It is important to use condoms from the beginning of a sexual act, rather than immediately before ejaculation, to prevent exposure to potentially infectious pre-ejaculation or vaginal fluids. The more often you use condoms, the easier it will be and the more comfortable it will feel for you and your partner. Because sexual intercourse is often unplanned, it is a good idea to always have a condom with you.

Condoms that are out of date, poorly manufactured, or inappropriately stored at high temperature are especially susceptible to breakage. Oil-based products (such as hand lotion, or petroleum jelly) will damage male latex condoms, so use only water-based lubricants with a latex condom. Condoms do occasionally slip or break.

If you have a steady partner, discuss how you as a couple intend to avoid the risk of HIV transmission. Ideally, a couple's decision to use a male or female condom results from a process of negotiation. The couple discusses the benefits of using a condom, addresses any concerns or resistance, and agrees on a mutually satisfactory approach. Sometimes one member of the couple may lack the power to negotiate condom use. Many women, for example, report having difficulty asking their partners to use a condom. Therefore, it is important that men advocate for consistent condom use among their (male) peers, becoming proactive models for their sons, nephews, etc., and advocate for condom use in their community.

### How to use a Male Condom

- First, always check the expiry date on the package. Don't use an expired condom!
- Handle condoms gently. Open the package carefully, but never use scissors, a knife or your teeth!
- Remove the condom from the packet, being particularly careful if you are wearing rings and/or have long or jagged fingernails so as not to rip the condom.
- Check that you have the condom with the correct side facing up, so that it can easily be rolled down. If you accidentally put the condom on upside down, you need to throw it away and use a new one to avoid transferring any pre-ejaculation fluid (semen) to your partner.

- Pinch the air from the tip of the condom (this makes room for the semen and is key to avoiding breakage) and place the condom on the end of the penis. Some people like to put one or two drops of water-based lubricant inside the tip of the condom to increase sensitivity.
- Carefully roll the condom down over the **ERECT** penis until it is completely unrolled and/or the entire penis is covered. Ensure that there is no air in the condom (the tip of the condom should be 'slack' or 'empty-looking'). If additional lubrication is desired, lubricate the outside of the condom using a water-based lubricant or K.Y. gel.
- Put on the condom **BEFORE** any penile contact is made with the vagina or anus. (As far as infection is concerned, any unprotected penetration increases risk.)
- Wear the condom from the beginning of penetration through the climax to withdrawal after sexual relations, while the penis is still hard.
- Once the sexual act has ended, remove the condom by holding the base of the condom and sliding it off, being very careful not to allow the semen to leak onto your hands.
- Wrap the used condom and dispose of it in an appropriate manner— for example, in a rubbish or garbage bin. Never flush a condom down the toilet, as it will block the plumbing system! Always think of the '3 Bs'; Bin, Burn or Bury.
- Always use one condom per sexual act.

### What is a Female Condom (FC)?

Whereas the male condom is placed on the penis, the female condom is positioned inside the vagina. The female condom is a loose-fitting sheath, made of either nitrile or polyurethane, with a flexible ring at either end. The inner ring at the closed end of the female condom is positioned inside the vagina, while the outer ring at the open end of the condom covers the area around the opening of the vagina. The female condom can be inserted up to eight hours before sex, including immediately before sex. Both oil-based and water-based lubricants can be used with female condom.

The most commonly available female condom is the FC2 made of nitrile polymer, a synthetic latex. FC2 has the same physical design, specifications, safety and efficacy profile as the earlier female condom and was developed to make female condoms more available, as nitrile polymer is less expensive than polyurethane. The nitrile polymer is also a more comfortable material and more user-friendly. The female condom will not be damaged by high temperature or humidity, while the male condom can be. The use of a female condom is ideal for those allergic to latex. ***Note that the female condom is intended for vaginal intercourse and has not been clinically tested for use in anal intercourse.***

Use of female condom is increasing, with studies showing that it is acceptable to both male and female partners. Like the male condom, the female condom prevents HIV transmission by helping avoid exposure to semen or vaginal fluids. The FC is more expensive than the male condom and is not as readily available for purchase in many parts of the world.

### How To Use a Female Condom

- Always check the expiry date on the packet; if the date marked has passed, the condom should not be used. The female condom comes pre-lubricated with a non-spermicidal silicone-based lubricant. While the FC is still in the unopened packet, spread the lubrication around with your fingers by squeezing or rubbing the packet to ensure even coverage. Open the packet carefully with clean hands, and avoid use of sharp objects.



- The FC has a ring at each end. Pinch the inner ring (at the closed end of the condom) with your thumb and middle finger so that it becomes long and narrow in order for you to insert it a bit.
- You should find a comfortable position for insertion, such as squatting or sitting with one leg raised or lying down. Next, insert the female condom into the vagina. The vaginal opening should be relaxed.
- Then, place your finger inside the female condom and push the inner ring as far as it will go up into the vagina, ensuring that the pouch does not get twisted during insertion. The inner ring should be at the cervix, and the outer ring (at the closed end of the condom) should remain on the outside of the vagina, covering part of the genitalia. The female condom will line the inside of the vagina, whose natural shape, along with the inner ring which sits against the cervix when inserted properly, holds the condom in place.
- It is now safe to have penetrative sex. Note that the man's penis need not be fully erect for penetration with use of the FC. Be sure that the penis goes inside the female condom in order that the surface of the genitals of the male and female are protected. You are not protected if the penis goes between the outside of the female condom and the wall of the vagina.
- After sexual intercourse, squeeze and twist the outer ring and gently pull the condom out to remove (you don't have to remove it immediately after the act).
- Do this before standing up, to prevent ejaculate from leaking out. Like the male condom, the female condom is a one-time use only product; it should not be reused. Wrap the used condom in a tissue and dispose of it in a responsible and appropriate, remembering the '3 Bs': Bin, Burn or Bury. Never flush it down the toilet, as it will block the plumbing system!

### Sharp Instruments

- Don't share razors, needles and syringes used to inject drugs, vitamins, or for tattooing or body piercing. Virus from an infected person can stay in a needle and then be injected directly into the next person who uses the needle. Any instrument used for circumcision, shaving, finger nail cutting or for any practice which causes bleeding should not be used. Do not share anything that touches blood. If you must share, disinfect by boiling for 20 minutes at a high temperature.

### Blood Transfusion

- Have all blood products used for transfusions checked for HIV. Transfusions should only be given if the blood is HIV negative and hepatitis free.
- If one of the partners is infected, pregnancy should be planned. There is a high risk of the baby becoming infected, either during pregnancy, at birth or breastfeeding.
- Keep all wounds covered. Even simple cuts should be covered with a plaster.

## **HIV COUNSELLING AND TESTING (HCT) SERVICES FOR LGBTQ YOUTHS**

### **HOW DO I KNOW MY HIV STATUS?**

The only way you can know your HIV status is to do the HIV test. HIV Counselling and Testing (HCT) will help you know and cope with your HIV status.

### **WHAT IS HCT?**

HCT is a process by which a person willingly offers him/herself to be tested after a confidential process of counselling that:

- Enables LGBTQ young people to examine their knowledge and behaviour in relation to their personal risk of acquiring or transmitting their HIV.
- Helps LGBTQ young people to decide whether or not they should be tested.
- Provides support to an individual when he/she receives his/her HIV test result. HCT is undertaken with informed consent of the individual.

### **WHO SHOULD VOLUNTEER FOR HIV TEST?**

Anybody can volunteer. Nobody should be coerced. Even with minors consent has to be sought with the parent, especially the mother.

### **WHY SHOULD LGBTQ YOUNGSTERS GO FOR HCT?**

HCT is a confidential process that offers the client several benefits whatever the status of the result.

- It respects your human dignity and right to be tested only with your consent.
- After testing your result is only known to the counsellor who talks to you not even your parents except if you wish to tell them.
- It offers you the opportunity to know better about HIV/AIDS, especially during the pre-test counselling stage, that is before going for the HIV test.

A blood test is conducted to see whether the body has developed antibodies against HIV. If a blood test reveals the presence of such antibodies, it means the person is HIV positive, but the person does not necessarily have full blown AIDS. It takes up to six weeks for the body to develop antibodies and even up to ten years before someone develops full-blown AIDS. Within this time one can unknowingly pass the HIV infection on to other people through any of the ways described above.

### **WHAT ARE THE ADVANTAGES OF TESTING FOR HIV?**

Testing for HIV helps you to plan your life better after the result. If result is negative you are informed on how you can live a healthy life and remain negative. If the result is positive you will be counselled and given the required support to live longer, and advice on how you can avoid re-infecting or transmitting HIV to someone else. You can also be able to plan your life better. Remember, knowing your HIV status helps you and other people live and fight HIV/AIDS better.

## **HOW IS THE TEST DONE?**

In Sierra Leone, most of the tests used are the simple rapid test which can be done in any suitable environment. The person opting for HIV test is first counselled to get his/her informed consent and prepared to receive the test result. A drop of blood is taken from the thumb of individual to small tile where the testing chemical applied on the blood. This procedure takes few minutes before the HIV test result is ready. If the HIV test result is showing negative it is always advisable to repeat it after six weeks. You do not need to see a Doctor and no payment is required for HIV test; you just need to go to any of these places at your own time

## **Should I get tested for HIV?**

Yes , in a world with HIV it is important to get tested as this is the only way to know your status. If you test positive for HIV, you can take the necessary measures to adapt your lifestyle while your doctor monitors your health so that you begin therapy when it will be most effective. If you test negative, the result might help to reduce anxiety and provide an opportunity to personalize your own HIV prevention plan with a trained counselor. Remember that HIV prevention is a life-long undertaking and that you should get tested regularly for HIV if there is any possibility you may have been exposed.

## **I am not sure if I am at Risk, Can I get tested for HIV?**

Only you can assess your risk of infection. Studies among people living with HIV, however consistently show that a large number of people living with HIV were un aware of their risk prior to their diagnosis. Knowing your HIV status is an important way of protecting and maintaining your health and others.

## **I am afraid to get tested for HIV. If I test positive I will be so worried**

HIV test can be scary. Always choose a HIV testing facility where a trained counselor is available to provide you with support and to answer any questions before the test and when you receive your results.

Depending on the level of your anxiety about receiving your HIV test results, you might consider having a friend or loved one on standby to talk with. While your post-test counselor will be available to calm your fears and offer you relevant information, it also helps to have a support network to help you work through your emotions.

## **How long do I wait to get tested for HIV after possible exposure?**

It is important that you get tested for HIV immediately after potential exposure. The first test will serve as a baseline. If you knew you are negative before the possible exposure, a positive result will be an indication that you have been exposed since your last test. If the test is negative, it does not mean that you have not been exposed. You will need to wait three weeks for a second test for HIV.

Although HIV antibody tests are very sensitive, there is a 'window period' of 6 weeks, which is the period between infection with HIV and the appearance of detectable antibodies to the virus. In the case of the most sensitive HIV tests currently recommended, the window period is about 4 weeks. This period may be longer if less-sensitive tests are used.

During the window period, people infected with HIV have no antibodies in their blood that can be detected by an HIV antibody test. However, the person does have very high levels of HIV in body fluids such as blood, semen, vaginal fluids and breast milk. HIV can be passed on to another person much more readily during the window period even though an HIV test may show that you are infected with HIV.

## **ANTIRETROVIRAL TREATMENT FOR LGBTQ YOUNG PEOPLE**

There is no cure for HIV, but there is a treatment available that can help you live positively with HIV for many years. Antiretroviral (ARV) drugs are the treatment available for AIDS. ARVs are very powerful medicines that are given to people with HIV to help slow the progression from HIV to AIDS, and which can keep some people healthy for many years. In other cases people can recover from AIDS and live with HIV for a very long time when taking ARVs. It has been observed in developed countries that the availability of ARV treatment has contributed to 70% reduction of AIDS.

### **CAN ARVs DESTROY HIV COMPLETELY?**

ARVs do not completely destroy HIV, but they can significantly reduce the multiplication of the virus in the blood, which slows down the rapid progress of the disease to AIDS.

### **HOW EFFECTIVE ARE ARVs?**

ARVs are very effective in slowing down the progression from HIV to AIDS. Each type of ARV is active at different stages of the viral multiplication cycle, combining two or more ARV enhances drug efficacy.

### **ARE ARV DRUGS PRESCRIBED IN THE EARLY STAGES OF HIV INFECTION?**

Antiretroviral treatment is not required at all stages of HIV generally. The treatment commences when the HIV virus has begun to significantly damage the body's ability to fight infections.

HIV treatment with antiretroviral drugs is available in Sierra Leone. People living with AIDS who are eligible, do receive antiretroviral treatment free of charge within the treatment program of the National AIDS Control Programme (NACP). Once treatment with antiretroviral drugs has started, you have to continue with it for life. If not, the virus will start to reproduce again leading to faster progression to AIDS.

### **LIVING HEALTHILY WITH HIV/AIDS**

A healthy life style and eating nutritious food can help prolong the life of a person living with HIV. This process is known as living positively with HIV.

### **LINK BETWEEN NUTRITION AND HIV**

Any danger in the ability of the body to fight off infection as a result of HIV/AIDS can contribute to malnutrition. Malnutrition can also lead to immune impairment, worsens the effects of HIV leading to the rapid progression to AIDS.

## HOW CAN LGBTQ YOUTHS LIVE POSITIVELY WITH HIV?

- The first step is to accept your HIV status.
- Avoid infecting others and re-infecting yourself by using condoms consistently, correctly and effectively.
- Practice good personal hygiene.
- Eat balance diet always.
- Get medical attention when feeling sick.
- Perform your normal duties.
- Exercise moderately.
- Have sufficient rest.
- Try at all times to free your mind from stress.

## HOMOPHOBIA & TRANSPHOBIA



Homophobia can be defined as the fear, aversion or irrational hatred of homosexuals and, consequently, all those whose sexual orientation or gender identity is seen to be different from heteronormative standards. It is a particularly serious social and political problem, although it varies in intensity and frequency depending on the society in question. The concept of homophobia has become widely used by activists, academics and also by the media, even though it does not describe with great precision the ample spectrum of phenomena to which it refers.

Homophobia has also been an umbrella concept used to describe a varied range of social phenomena related with prejudice, discrimination and violence against homosexuals. In the majority of cases, rather than being treated with therapy and antidepressant drugs, the phenomena of intolerance, prejudice and discrimination against gay men, lesbians (lesbophobia) and the transgendered (transphobia) should be treated with punishment established by law and with education. Homophobia is also responsible for prejudice and discrimination, for example, at work, at school, at church, in the street, at health centres, as well as for the lack of affirmative public policies contemplating the LGBTQ community. Homophobia can also be manifested in countless different ways by the media.

The rejection and/or aversion to any expression of sexuality different to heteronormative standards. Homophobia is frequently manifested through all kinds of discriminatory actions, often violent, arising from hatred in relation to someone's sexual orientation

### Hate crimes

Within the LGBTQ context this expression is used to describe crimes motivated by homophobic reactions.



***Lesbophobia***

Refers to the rejection and/or aversion to lesbians. It is an expression that relates more to the differentiated political actions of the LGBTQ movement.

***Transphobia***

Refers to the rejection and/or aversion to transgendered persons. It is an expression that relates more to the differentiated political actions of the LGBTQ movement.

***Internalized homophobia***

Refers to an LGBTQ person's fear of their sexual orientation being disclosed publically, whereby they themselves adopt prejudiced attitudes towards other LGBTQ people.

***State homophobia***

A term used to refer to the posture of the State, through legislation, omission or the acts of its authorities in promoting discrimination or inciting hate, hostility or condemnation of homosexuals. In May 2009, 80 countries still criminalize homosexuality and in seven of them it is punished with the *death penalty*.

***Rape***

Is the practice of un-consented sex, imposed using violence or serious threats of any nature, or imposed on people incapable of consenting to the sex act (such as children). Rape is the penetration of the penis in the vagina or anus forcefully or violently without the victims consent. All other forms of sexual violence, including sexual violence against men, are classified as indecent assault, despite sometimes being commonly referred to as rape. In this case, gay men and lesbians, especially the former, have very little or no chance of suing those who attack

***Indecent Assault***

A criminal offence based on the principle that indecent actions must be repressed. In some cases this argument is used to restrain LGBTQ from demonstrating affection between themselves in public.

***Phobias***

Psychiatric disturbances expressed in the form of morbid, irrational, disproportional, persistent and repugnant aversion and fear, which can and should be treated.

***Promiscuity***

Given that LGBTQ people are singularized by characteristics relating to sex, a stereotype exists associating them with promiscuity. Care should be taken to avoid this oversimplified view.

## **WHAT IS HOMOPHOBIA AND TRANS-PHOBIA AND HOW DOES IT CONTRIBUTES TO HIV-RELATED STIGMA AND DISCRIMINATION**

Homophobia and trans-phobia is the term used to describe a fear or aversion to, or discrimination against homosexual people, who are often known as Lesbians, Gays, Bisexual and Transgender people. In a number of countries, other terms are used, since not all people who have same-sex relationships self identify as gay or lesbian. Many international organizations use the abbreviations MSM –men who have sex with men—or WSW– women who have sex with women.

With spread homophobia and trans-phobia is posing a critical challenge to the AIDS response in many countries around the world. In 2006 no fewer than 80 Member States of the United Nations criminalized consensual same-sex acts between adults, thus institutionally promoting a culture of hatred. Among these, seven had legal provisions with the death penalty as punishment. Where homosexual acts are illegal the law instigates widespread fear and shame, often forcing people to hide their sexuality, making them live in heterosexual partnerships and, especially in the case of men who fear prosecution, leading to their having unsafe sex in secret. Where people cannot live openly and disclose their sexuality, the risk of HIV infection may be greatly enhanced, as individuals are too afraid to access HIV prevention services for fear of the negative consequences that might result. Therefore, the decriminalization of same-sex relationships and the eradication of violence against sexual minorities have been underlined as fundamental steps that need to be taken for progress to be made within the AIDS response.

In addition, HIV is frequently misused as a pretext to discriminated against men who have sex with men, even though globally the main means of HIV infection is via unprotected heterosexual intercourse.

### **What Impact Does Stigma and Discrimination Have on the Spread of HIV?**

Stigma and discrimination may mean that people who are HIV-positive decide not to access care, treatment or counseling services or other entitlements, for fear of being ostracized. Stigma and discrimination may also increase physical, psychological and social stress and may sometimes cause depression.

For people who are HIV-negative, stigma and discrimination can affect their ability to protect themselves and their families from HIV transmission by encouraging them from seeking information, prevention services, or HIV Counseling and Testing (HCT). The stigma of HIV is especially strong for members of a particular groups such as men who have sex with men, sex workers, and people who use drugs.

Of particular importance HIV-related stigma and discrimination violates fundamental human rights, such as the right to be free from discrimination, the right to privacy, the right to health, and the right to information and education.

If you hear someone make discriminatory statements or derogatory comments about someone thought to be living with HIV, intervene and explain why these comments are not acceptable. Some of us may not be aware that we are using stigmatizing language or that we are inadvertently contributing to stigma and discrimination. Everyone should avoid discriminatory language in their day-to-day lives, for example, we should all avoid using the terms ‘victim’ or ‘sufferer’ to describe someone living with HIV. Make an effort to use and encourage suitable and accurate language and terminology—what you say and how you speak is critical to modeling appropriate behavior in your community. Avoid negative terms. Instead of saying, for example, that someone is “an AIDS victim”, say instead that he or she is “living with HIV “.

Make sure that your knowledge of HIV is based on facts rather than rumors. Be open to discussing HIV with your colleagues and be prepared to listen to the concern of others.

Here are a few questions for personal reflection:

- ◆ “How would I feel if my best friend were to disclose that he or she had HIV?”
- ◆ “How would I feel if I fell in love with a person who was living with HIV– would I still pursue the relationship?”
- ◆ “How would I feel if someone in my family, perhaps my own child, became involved with someone living with HIV-would I be supportive of his or her relationship?”

Regardless of HIV status, we as people all have the same needs and the same rights to love and relationships.

## LIVES TESTIMONIES AND STATEMENTS OF HOPE FROM LGBTQ YOUNG PEOPLE

"I have being a cross dresser for the past two years. Most times I engage in unprotected sex with different sex partners as it is difficult for me to have a stagnant love relationship in Sierra Leone. I was kicked out of my family house and disowned by my parents, because I am a transgender person who enjoys dressing like a woman. In Sierra Leone, there is no access to healthcare facilities and information on HIV/AIDS for us transgender people as we are seen as outcast in the society. I am pleading to the government to make LGBTQ right to healthcare possible". From Winnie a Transgender woman in Freetown

"Since I was born I thought I was the only gay in Makeni, this is my first time to hear about lesbian and gay HIV/AIDS project. I was not at the workshop, but I read the first newsletters and listen to the radio program which creates the link for me to go for HCT services to Dr. Lakoh in Freetown" Mike in Makeni

"Due to the illegal situation in Sierra Leone, it is still a problem for us LGBTQ young people to have access to tangible information about safer sex practices. We still have to hide our same sex relationships as the government and community people are still homophobic and trans-phobic" A young Lesbian in Makeni

"I want to kiss my boy friend in public without the fear of ridicule. I want to marry the man of my choice without the fear of being stoned. All this I will achieve in a country where homosexuality is legal" A young gay man in Freetown

"For the past 5 years I have been engage in unprotected sexual intercourse with men and women in Freetown as that is my only means of survival. Since I was born, I have never used a condom and I do not believe that HIV is real" A Bisexual man in Makeni

"I am a trans sex worker, HIV positive and I wanted to committed suicide. since I came in contact with Dr. Lakoh, I was motivated to see young LGBTQ people who are living positively with HIV in WhyCantWeGetMarried.Com support group. I am now taking my treatment and going for HIV counseling sessions and currently sensitizing my fellow LGBTQ youngsters with my testimony to build lost hopes in the lives of others. I am proud to be a member of WhyCantWeGetMarried.Com LGBTQ support group on HIV. I am appealing to all LGBTQ young people who are HIV positive like me to keep the candle burning and know that life is worth living; let's join hands and together we can save lives and those of our generation to come". ***A trans woman in the closet.***

"I am a gay man with several sex partner who engaged in unprotected sexual intercourse, I came in contact with WhyCantWeGetMarried.Com in Makeni during their street theatre session, I had an opportunity to talk with George and he sensitized me personally and I went home and give it a thought. I called George the next morning that I am willing to get tested for HIV and he linked me with Dr. Lakoh , who counseled and tested me for HIV and asked me to come the next day for my HIV result. That night I was restless and thought I was HIV positive, because of my unprotected sexual life. I called George that night who encouraged and built up my confidence to accept whatever result I have.. The next day I went to Dr. Lakoh for my result with a doubtful heart and he told me that I was HIV negative and couns-

led me to practice safer sex and keep the promise of being negative. I felt so relieved and happy for my HIV result. I have never gone for HIV test before, but what I love about WhyCantWeGetMarried.Com family was that they build up my confidence and have a strong support systems to motivate young LGBTQ people to go for HIV Counseling and Testing (HCT) services.

Thank you WhyCantWeGetMarried.Com family”!

***From Mohamed a Gay man in Makeni***

I was so impressed with WhyCantWeGetMarried.Com LGBTQ young people HIV AIDS Innovative and transforming project in Sierra Leone. I have been following their updates and activities on their website and I have started mobilizing LGBTQ youths in my community and college in the Gambia.

WhyCantWeGetMarried.Com have been given moral support and vital advice. We have just started a WhyCantWeGetMarried.Com group in the Gambia. WhyCantWeGetMarried.Com have created a platform for LGBTQ youths to share ideas, interact and network with each other through interactive sessions and posting updates and comments. I am so happy about this wonderful project as it is my first time to meet with LGBTQ young people on social networking. I am delightfully motivated to actively participate and I believe that, together we can break the chains of homophobia, trans-phobia and promote peace, respect and understanding for us LGBTQ young people across the globe.

***From Ajami a Lesbian in Banjul, the Gambia***



## **COMMON HIV- RELATED CONDITION PICTURES**

### **APTHOUS ULCERS AND HSV ORAL ULCKERATION**



### **GENITAL HSV**



### **PENILE WART CAUSED BY HPV**



### **ORAL CANDIDIASIS**



## DAMAGE TO THE GUMS



## KAPOSI SARCOMA



## AGGRESSIVE PENILE FUNGAL INFECTION



## KAPOSI SARCOMA CAUSING SWELLING



**ON HIS DEATH BED**



**8 MONTHS AFTER STARTING ARVs**



**AGGRESSIVE FUNGAL INFECTIONS**



**Information on Commonly Sexually Transmitted Infections (STIs)**

	Male Symptoms	Female Symptoms	Treatment	Prevention	Comments
<b>GONORRHOEA</b>	Burning sensation when urinating and yellow or white discharge from penis or rectum	Can occur without symptoms. Burning sensation when urinating and Yellow or white discharge from vagina	Antibiotics	Safer sex, including correct condom use	Can result in long-term complications such as infertility, urethral stricture, etc.
<b>CHLAMYDIA</b>	Can occur without symptoms. Discharge from the penis, burning sensation when urinating	Can occur without symptoms. Vaginal discharge, burning sensation when urinating, and lower abdominal pain	Antibiotics	Safer sex, including correct condom use, periodic screening	Can result in long-term complications such as infertility, etc.
<b>SYPHILIS</b>	Genital ulcer	Genital ulcer	Antibiotics	Safer sex, including correct condom use, screening during pregnancy	Can lead to secondary and tertiary syphilis, which can damage other organs, such as the brain, heart, etc.
<b>CHANCROID</b>	Genital ulcer	Genital ulcer	Antibiotics	Safer sex, including correct condom use	Note that if ulcers are not fully covered by condoms transmission can still occur.
<b>HERPES</b>	Genital and oral lesions	Genital and oral lesions	Antiviral medicines	Safer sex, including correct condom use	Note that if ulcers are not fully covered by condoms transmission can still occur.
<b>HUMAN PAPILLOMAVIRUS (HPV)</b>	Genital wart	Genital wart, cervical cancer	Local treatment	Vaccination (for young women), safer sex including correct condom use	Note that if ulcers are not fully covered by condoms transmission can still occur.
<b>TRICHOMONIASIS</b>	Can occur without symptoms. Temporary irritation inside the penis, mild discharge, or slight burning after urination or ejaculation	Frothy, yellow-green vaginal discharge with strong odor; discomfort during intercourse/urination; and irritation/itching of the female genital area. Symptoms appear within 5 to 28 days of exposure	Antibiotics	Safer sex, including correct condom use, screening during pregnancy	More common in women. The genital inflammation can increase a woman's susceptibility to HIV infection. May also increase the chance that an HIV-infected woman passes HIV to her sexual partner/s. May have babies who are born early or with low birth weight.

## Symptoms of Sexually Transmitted Infections (STIs)

Ulcer, rash or swelling around vagina, penis or anus

Discharge from the vagina or penis

Pain or burning on passing urine

Pain or bleeding during and after sexual intercourse

Pain and swelling in the groin, testicles or lower abdomen

Please note: never use self medication or go to a traditional healers to prepare local medicines for you; always go for proper medication to a qualified medical doctor recognized in your country for proper medication and treatment



## *STATEMENT BY PRESIDENT BARACK OBAMA*

We are all sick because of AIDS – and we are all tested by this crisis. It is a test not only of our willingness to respond, but of our ability to look past the artificial divisions and debates that have often shaped that response. When you go to places like Africa and you see this problem up close, you realize that it's not a question of either treatment or prevention – or even what kind of prevention – it is all of the above. It is not an issue of either science or values – it is both. Yes, there must be more money spent on this disease. But there must also be a change in hearts and minds; in cultures and attitudes. Neither philanthropist nor scientist; neither government nor Church, can solve this problem on their own – AIDS must be an all-hands-on-deck effort.

***Barrack Obama Race Against Time – World  
AIDS Day Speech  
Friday, December 1 2009***



## SYMBOLS OF THE LGBTQ MOVEMENT

*Throughout the world several different symbols represent the LGBTQ population.*

### ***Rainbow***

Created for the 1978 San Francisco Gay Freedom Day Parade, the rainbow has become the main symbol of LGBT pride worldwide. Representing human diversity, it is used mainly on flags, although it is also possible to find it on a variety of objects. There are also shops specialized in selling rainbow products.

### ***Meaning of the Colours***

The LGBT flag is formed of six different coloured stripes, each one with its own meaning. No one stripe is the flag's "first stripe", but rather can it begin with red or with violet.

**Red: Life**

**Orange: Healing**

**Yellow: Sunlight**

**Green: Nature**

**Blue: Harmony**

**Violet: Spirit**

In addition to the six stripe version, currently other versions of the rainbow flag can be seen in LGBTQ manifestations. Some also have a black stripe, symbolizing homosexuals who have died from AIDS, whilst others mix the colours of the rainbow with national or regional symbols, thus representing the LGBT population of the country or region.

## **YOU ARE NEVER ALONE**

**When the walls that surround you are silent  
And solitude ways like a stone  
As you are looking for a shoulder to lean on  
Remember You are Never Alone  
HIV Care and Support is Always there**

**When Each Face in the Street is a stranger  
And the path that you trod is in danger  
Be guided by faith and conviction  
Remember you are never alone  
HIV Care and Support is always there**

**When you are talking to yourself in the mirror  
The voice that you hear is your own  
When nobody seems to be listening  
Remember you are never alone  
HIV Care and Support is Always there**

**Written by: George Reginald Freeman**

## **JARGON BUSTERS**

<b>HIV</b>	<b>Human Immunodeficiency Virus</b>
<b>AIDS</b>	<b>Acquired Immune Deficiency Syndrome</b>
<b>LGBTIQ</b>	<b>Lesbian, Gay, Bisexual, Transgender, Intersex and Queer</b>
<b>HSV</b>	<b>Herpes Simplex Virus</b>
<b>HCT</b>	<b>HIV Counseling and Testing</b>
<b>ARV</b>	<b>Antiretroviral</b>
<b>NAS</b>	<b>National AIDS Secretariat</b>
<b>PLHIV</b>	<b>People Living with HIV</b>
<b>WBC</b>	<b>White Blood Cells</b>
<b>DHS</b>	<b>Demographic Health Survey</b>
<b>STD</b>	<b>Sexually Transmitted Diseases</b>
<b>STI</b>	<b>Sexual Transmitted Infections</b>
<b>WCWGM</b>	<b>WhyCantWeGetMarried.Com</b>
<b>NACP</b>	<b>National AIDS Control Programme</b>
<b>HPV</b>	<b>Human Papilloma Virus</b>
<b>UNAIDS</b>	<b>Joint United Nations Programme on HIV/AIDS</b>
<b>MSM</b>	<b>Men who have sex with Men</b>
<b>WSW</b>	<b>Women who have sex with Women</b>

## **RESOURCES**

***Dr. Sullay Lakoh, a Medical Doctor working at HIV/AIDS Unit Connaught Hospital Free-town  
Sierra Leone***

***Ministry of Health and Sanitation National AIDS Control Program fact sheet on Men Having Sex with Men (MSM) Situation Assessment in Sierra Leone conducted 2010 - 2011.***

***National AIDS Secretariat***

***UNAIDS website: [www.unaids.org](http://www.unaids.org)***

***Staying Alive Website: [www.stayingalivefoundation.org](http://www.stayingalivefoundation.org)***

***Freedom and Roam of Uganda (FARUG)***

***IGLYO website: [www.iglyo.com](http://www.iglyo.com)***

***National Survey of HIV and Sexual Behavior among 15-24 year olds young South African conducted in 2003***

***WhyCantWeGetMarried.Com survey with LGBTQ youths conducted in 2010***

***Gender Dynamix South Africa website***

***Sister Namibia***

***Gays and Lesbian of Zimbabwe (GALZ)***

***Peace Child International UK : [www.peacechild.org](http://www.peacechild.org)***

***International Lesbian, Gay, Bisexual, Transgender, Queer Association (ILGA) :  
[www.ilga.org](http://www.ilga.org)***

***Yogyakarta Principles on Sexual Orientation and Gender Identity***



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