

Your Know Much More Booklet

**FREQUENTLY ASKED QUESTIONS
AND COMMON MYTHS**

*About Lesbian, Gay, Bisexual, Transgender
and Intersex People!*



SAHAIDS

Southern Africa
HIV and AIDS Information
Dissemination Service

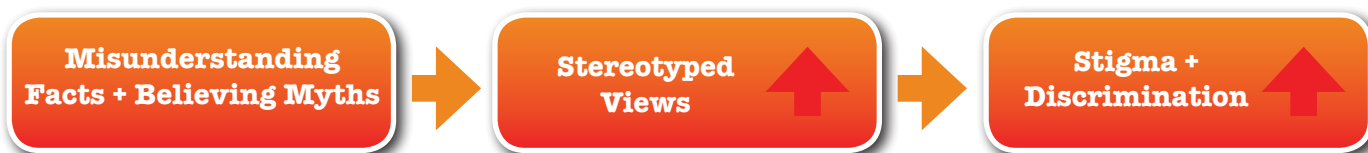


Content

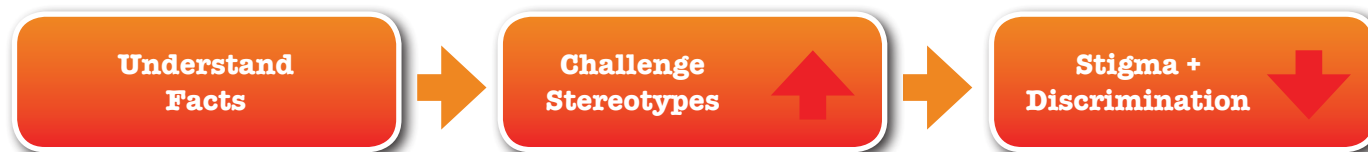
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1. Why is this booklet important?

Sexual orientation and **gender identity** are some of the most misunderstood arenas within broader African sexualities. The following section will explore some of the **frequently asked questions** (FAQs) and **common myths and misconceptions** with regard to individuals of different sexual orientations (that is lesbians, gays, bisexual, transgender, transsexual and intersex people). Misunderstanding certain realities and believing in myths about LGBTI's increases the deeply stereotypical views about them and this booklet will assist the reader to deconstruct and debunk problematic constructions associated with sexuality and prevent stigmatising and discriminatory attitudes



While, as soon as people are provided with correct information, and when they are supported to internalise the content provided, stereotypes are challenged and high levels of stigma and discrimination are decreased.



2. Important terms used in this booklet

The word “terminology” refers to the use of a specific term to describe a specific theme within a given context. The terminology around issues of gender and sexual identity continuously evolve. We are aware that some people are very sensitive about certain terminologies and words. This booklet has been designed to be culturally sensitive. Therefore terms and statements used are commonly accepted by many people in the widely varied gender and sexual identity communities.

AIDS

Acquired Immune Deficiency Syndrome, a disease in which there is a severe loss of the body’s cellular immunity, greatly lowering the resistance to infection and malignancy. The cause is a virus (the human immunodeficiency virus, or HIV) transmitted in blood and in sexual fluids

Androgyny

Not having clear masculine or feminine physical characteristics or appearance

Asexual

Lack of (interest in and desire for sex) sexual attraction

Bisexual

A sexual orientation and identity. Bisexual people have an attraction to people of the same and opposite sex on various levels (emotionally, physically, intellectually, spiritually, and sexually). Not necessarily at the same time and not necessarily an equal amount of attraction.

Cisgender

People whose gender identity matches their sex at birth. The Latin prefix *cis* stands for ‘on the same side,’ while the prefix *trans* stands for ‘on the opposite side.’ This term has a more positive connotation than ‘normal’ or ‘non-transgender.’

Coming out

A term describing the complex process where an individual realises they are not heterosexual and the process of resolving related conflicts due to heteronormativity (where heterosexuality is being internalised and viewed as the norm). Coming out is a process of how one wants to be identified. The coming out process includes telling other people about one’s sexual orientation.

Condom-compatible lubricants

Water and silicon-based lubrications which do not increase the risk of a condom tearing.

Conversion therapy

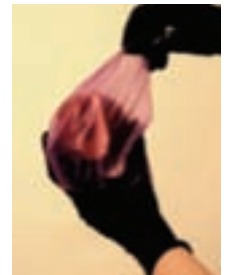
Also known as reparative therapy. To change the sexual orientation of an individual from homosexual or bisexual to heterosexual through a specific form of therapy. It is a homophobic act.

Curative rape

Also called corrective or hate rape, is a heinous criminal practice where men rape lesbian women intentionally, or those individuals challenging the notions of masculinity, femininity and patriarchy, in order to “correct” or “cure” them, or force them to conform to a heteronormative gender and presentation thereof. Please read more on <http://www.ngopulse.org/article/perpetrators-corrective-rape-uncertainty-and-gender-21st-century>

Dental dams

A latex sheath (square) that serves as a barrier of protection against the transmission of sexually transmitted infections (STIs) during oral sex or tribadism (where genitals rub directly against each other) For more information about and how to use dental dams, follow the following link: <http://www.myspace.com/safersexsatisfaction/blog/233327588>



Discrimination

The unjust or prejudicial treatment of different categories of people on the grounds of race, age, sex, sexual orientation, gender and gender identity and presentation

Female condom (Femidom or Woman's condom)

A device that is used during sexual intercourse (worn inside the woman's vagina) as a barrier contraceptive and to reduce the risk of sexually transmitted infections.

FTM/Trans man

A transman, or female-to-male, starts his life with a female body, but his gender identity is male. Always use male pronouns in reference.

Gay

A male same sexual identity and orientation. Attraction between two males on various levels (emotionally, physically, intellectually, spiritually, and sexually).

Gender

Socially constructed characteristics assigned that may vary according to the times and the society or group one belongs to, and which are learned or assigned to women and men. It is a broader concept than the mere biological differences between men and women, and includes masculine and feminine traits. Unequal power is afforded to males.

Gender-based violence

GBV encompasses various forms of violence directed at women, because they are women, and men, because they are men, depending on the expectations of each in a given community. For LGBTIs the violence is directed towards them because of them challenging notions of sexuality and gender identity and presentation.

Gender dysphoria

The medical diagnosis for someone who experiences a disconnection between their assigned and preferred gender. Some transgender people disagree with the categorisation of gender dysphoria as a medical condition because it relies on an understanding of what “normal” gender is.

Gender identity

Refers to a person’s persistent and consistent sense of being male, female or androgynous. An internalised representation of gender roles and an awareness from infancy which is reinforced during adolescence.

Genderqueer

An umbrella term for gender identities other than man and woman that are outside of the gender binary (male and female) and heteronormativity. Genderqueer people may think of themselves as both man and woman (bigender), neither man nor woman (agender), moving between genders (genderfluid), and/or third gendered.

Gender role

Socially constructed or learned behaviours that condition activities, tasks, and responsibilities viewed within a given society as “masculine” or “feminine”.

Hegemonic masculinity

This is the ‘normative’ ideal of masculinity to which men are supposed to aim. It is not necessarily the most prevalent, but rather the most socially endorsed. It is supported by the heteronormative model.

Heteronormative

A social construct that views all human beings as either male or female with the associated behaviour and gender roles assigned, both in sex and gender, and that sexual and romantic thoughts and relations are normal only between people of opposite sexes and all other behaviours is viewed as “abnormal”.

Heteronormative model

The typical heteronormative family consisting of a father (male bodied person), mother (female bodied person) and offspring.

Heterosexual/Straight

Attraction between two people of the opposite sex on various levels (emotionally, physically, intellectually, spiritually, and sexually) where the sex of the attracted person is the key to the attraction.

Homophobia

Irrational fear of homosexual feelings, thoughts, behaviours, or people and an undervaluing of homosexual identities resulting in prejudice, discrimination and bias against homosexual individuals.

Homo-prejudice

Prejudice against people of diverse sexual identities.

Homosexual

Attraction between two people of the same sex on various levels (emotionally, physically, intellectually, spiritually, and sexually) where the sex of the attracted person is the key to the attraction.

Human rights

The basic rights and freedoms that all people are entitled to regardless of nationality, sex, age, nationality or ethnic origin, race, religion, language, or other status. The other status refers to e.g. a person's HIV status. Sexual orientation and gender identity are also basic human rights.

HIV Human Immunodeficiency Virus

A retrovirus that causes AIDS by infecting helper T cells of the immune system. The most common serotype, HIV-1, is distributed worldwide, while HIV-2 is primarily confined to West Africa. It is one of many sexually transmitted infections.

Internalised homophobia

When a homosexual individual internalises (make it their own) the shame and hatred projected onto gays and lesbians by a homophobic society.

Intersex

Born with ambiguous genitalia, or sex organs that are not clearly distinguished as female or male.

Lesbian

A female sexual identity and orientation which is an attraction between two females on various levels (emotionally, physically, intellectually, spiritually, and sexually).

MTF / Trans woman

A transwoman, or male-to-female, starts her life with a male body, but her gender identity is female. Always use female pronouns in reference.

MSM

Men who have sex with men. A sexual practice irrespective of sexual orientation or gender identity. An MSM can be hetero-, bi- or homosexual or trans. This term is more technical and is not necessarily an identity.

Patriarchy

A system of society in which the father or eldest male is head of the family and descent is traced through the male line. The wives/females are viewed as dependant. Roles assigned to men are considered superior and valued above females' roles. Patriarchy forms the basis for discrimination against minorities like LGBTI people.

Serodiscordant couples

Refers to an intimate couple where one partner is HIV positive and the other HIV negative.

Service providers

In this handbook, service providers refer to anyone who could come into contact with sexual minorities accessing services for prevention, treatment and care. This could include nurses, doctors, and counsellors providing voluntary counselling and testing (VCT) and/or HIV counselling and testing (HCT) or supportive services. It also includes the management staff responsible for designing and monitoring the services. It could also include those who provide an indirect service, e.g. secretary, whom the LGBTI client will have contact with.

Sex

A biological construct of a human being. *“What’s in the pants?”* Male genitals - penis, testes, testosterone and genetic make-up and females – breasts, vagina, oestrogen, progesterone and genetic make-up.

Sexuality

How people experience and express themselves as sexual beings, within the concepts of biological sex, gender identity and presentation, attractions and practices. Culture and religion have a huge impact on how individuals see themselves as sexual beings, especially within relations of power.

Sexual fluidity

Sexuality varying across time and situation, particularly for women. Fluidity offers a more inclusive definition than the more limiting conventional labels we have become accustomed to using to define sexual identity. Sexual fluidity, quite simply, means situation-dependent flexibility in women's sexual responsiveness. This flexibility makes it possible for some women to experience desires for either men or women under certain circumstances, regardless of their overall sexual orientation. In other words, although women—like men—appear to be born with distinct sexual orientations, these orientations do not provide the last word on their sexual attractions and experiences.

Sexual identity

The overall sexual self identity which includes how the person identifies as male, female, masculine, feminine, or some combination, and the person's sexual orientation.

Sexual minority

A group whose sexual identity, orientation or practices differ from the majority of the surrounding society.

Sexual orientation

Attraction between any two people on various levels (emotionally, physically, intellectually, spiritually, and sexually). Attraction to the other person's sex and or gender presentation is the point of departure.

Sexual practices

All behaviour that creates sexual pleasure, practiced by one or more than one person, individually, or together.

Stigma

This is when a certain individual, with certain characteristics, e.g. HIV positive individual or trans woman, is rejected by their community or society because of that characteristic which might be considered as "abnormal". These individuals' lives might be at risk, possibly being threatened and abused.

Transgender

An umbrella term which is often used to describe a wide range of identities and experiences, including transsexuals, FTMs, MTFs, transvestites, cross-dressers, drag queens and kings, two-spirits, gender-queers, and many more

Transphobia

The irrational fear of, and/or hostility towards people who are transgender or who otherwise transgress traditional gender norms. The most direct victims of transphobia are people who are transsexual. Because our culture is often very transphobic, transgender people can often have internalised transphobia and experience feelings of insignificance and self-prejudice.

Transsexual

A transgender person in the process of seeking or undergoing some form of medical treatment to bring their body and gender identity into closer alignment. Not all transgender people undergo reassignment surgery.

Transitioning

The process of changing one's gender presentation to align with one's internal sense of one's gender. For transgender people this may sometimes include sexual reassignment surgery, but not always.

Transvestite

An individual who dresses in the clothing of the opposite sex for a variety of reasons and who has no desire to change or modify their body

WSW

Women who have sex with women. A sexual practice irrespective of sexual orientation or gender identity. A WSW can be hetero-, bi- or homosexual. This term is more technical and is not necessarily an identity.

3. How you can use this booklet

This booklet can be used creatively during the following:

- Training when the sections on stereotypes and stigma and discriminations are covered
- Support group meetings for LGBTI people and their loved ones
- Peer educator mentorship and training sessions
- Skills and knowledge building sessions in the workplace
- Community building discussions
- Youth group meetings
- Men's group meetings
- Women's group meetings
- PLHIV support group meetings

4. Frequently asked questions

Q1. What causes homosexuality?

A1. This is perhaps the first and most common question about homosexuality. In order to understand the phenomenon of same-sex sexual relations, perhaps a better question is “What determines sexual orientation e.g. heterosexuality, bisexuality, and homosexuality?” One argument is that a homosexual person is born (if it is genetic) that way or that it is something that they change into (if it is learned behaviour). It is also called the ‘Nature versus Nurture’ debate. In reality, what determines sexual orientation, is complex. According to research, sexual orientation is determined by a mixture of genes and social influences, which is a theory that has become the more acceptable one. There is a growing understanding that human beings have a basic sexuality that can be expressed in a variety of relationships: homosexual, bisexual, and heterosexual. The distinctions between these categories are fluid and may overlap. Although the origins are not known, some researchers believe that one’s basic sexual orientation is predisposed at birth. While someone’s sexual orientation may not be recognised or acknowledged for many years, once established, they tend not to change.

For many years, even up to today, heterosexuality has been seen as the only socially accepted sexual orientation. Any other orientation, like homosexuality, was not understood and has been seen as foreign and therefore not accepted. It is quite understandable that when something is experienced as foreign, it needs to be explained and then the question of ‘where does it come from?’ or ‘what causes it?’ will inevitably be asked.

Q2. Is being lesbian or gay against religion?

A2. Most religions, especially the Christian faith, started a long time ago, when having as many children as possible was important for people to survive, as quoted in the Old Testament of the Bible. The Qur’an contains the command to “procreate and abound in number.” These holy books mention sex only to have children (for procreation). Interestingly, sex between men is often strongly condemned in religious teachings, while sex between women is rarely, if ever, mentioned.

At the same time, the holy books mention compassion as a state that should be strived for. It is important to read any religious writing with this in mind. Not so long ago Bible texts were used to justify apartheid. Some people read and interpret the holy books literally, and are therefore against lesbian and gay people. Others use the texts as a source of inspiration, but in daily life they accept lesbian and gay people as human beings. There are many lesbian or gay and bisexual people who find ways to keep their faith and be who they are. It usually takes time to get to that point, but it is possible. Some prominent religious leaders in South Africa support gay and lesbian people. Archbishop Desmond Tutu and Reverend Alan Boesak have publicly apologised for the persecution of lesbian and gay people by the church.

Q3. Is there something wrong with being gay, lesbian, bisexual or transgender?

A3. No. There have been people in all cultures and times throughout human history who have identified themselves as gay, lesbian, bisexual or transgender. Homosexuality is not an illness or a disorder, a fact that is agreed upon by both the American Psychological Association (APA) and the American Psychiatric Association. Homosexuality was removed from the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association in 1973. Being transgender or gender variant is not a disorder either, although Gender Identity Dysphoria (GID) is included in the DSM of the American Psychiatric Association.

Q4. Can lesbian and gay people be cured?

A4. Again, let's have a look at why the question is even asked. It suggests that lesbian and gay people are pathologised, which is untrue. As from 1973, being lesbian, gay or bisexual is no longer described as an "illness" by the medical profession. Unfortunately, some uninformed parents still send their gay sons or lesbian daughters to professionals to be "cured". If being lesbian or gay was accepted by everyone, no one would feel the need to "cure" it.

Q5. Is being LGBTI normal?

A5. Each culture defines what is "natural" or "normal" to fit its own context. Definitions differ. Historians have determined that homosexuality has existed since the beginning of humanity. Anthropologists report

that LGBTI people have been part of every culture. LGBT people are represented in every socio-economic class, educational level, and race. Homosexual behaviour is often criticised because it does not result in procreation. In reality, most heterosexual encounters don't result in births either, and relationships of all sexual orientations may have children.

Q6. When do LGBT people first know?

A6. There is no set age at which a person becomes aware that they are LGBT. Some gay, lesbian, transgender, and bisexual people become aware of their identity during adolescence or earlier. Some transgender people become aware of being trapped in the wrong body from a very early age. People can realise their sexual orientation and gender identity at any point during their lives. Due to the strong pressures from a heteronormative society to be heterosexual and fit into established gender norms, some people do not identify as gay, lesbian, transgender or bisexual until much later in life.

Q7. How do people know they are LGBTI?

A7. Some people say that they have “felt different” or knew they were attracted to people of the same sex from the time they were very young. Some transgender people express feeling that their gender identity did not match parental and social expectations. They report that they are aware of these feelings from an early age. Others do not figure out their sexual orientation or gender identity until they are adolescents or adults. Often it can take a while for people to understand their feelings, or people's feelings may change over time. What can make the coming out process more complicated is the level of homophobia experienced in families, communities and society.. Understanding our own sexuality and gender can be a life-long process, and people should not worry about labelling themselves right away. People do not have to be sexually active to know their sexual orientation - feelings and emotions are as much a part of one's identity. The short answer is that you will know when you know.

Q8. Can LGBT people change their sexual orientation or gender identity?

A8. There are religious organisations that sponsor campaigns and studies that say LGBT people can change their sexual orientation or gender identity. For instance a well known Dutch Reformed Church

based in Pretoria, South Africa, has started an outreach to homosexuals, called “Homosexuality to Overcome (H2O)” (Christians for Truth). Their assertions assume that there is something wrong with being LGBT. It is however, the anti-LGBT attitudes, laws and policies that need to change, not LGBTs.

Many of the studies and campaigns are based on ideological bias rather than solid science. Claims of conversion from gay to straight tend to be poorly documented, full of flawed research with a lack of follow-up. No studies show proven long-term changes in LGBT people, and many reported changes are based solely on behaviour and not a person’s actual self-identity. The American Psychological Association has stated that scientific evidence does not show that conversion therapy works and that it can actually do more harm than good.

Q9. Can you tell if people are lesbian, gay and bisexual by their appearance?

A9. Lesbian, gay, and bisexual people are as varied in their dress, mannerisms, and lifestyles as are heterosexuals. Despite this diversity, many stereotypes persist about the effeminate man or masculine woman. Although some gay people reflect these characteristics, the overwhelming majority of lesbians and gay men do not conform to these stereotypes, and their sexual orientation is invisible to the general public. Often the notion of heteronormativity (man sexually, emotionally, etc involved with woman only model), is internalised by gays and lesbians, thus the apparent ‘butch’ and ‘femme’ appearance and behaviour.

Q10. Why are LGBT people so blatant or ‘exhibitionistic’?

A10. LGBT people are often accused of being blatant (wearing t-shirts, marching in gay rights marches, talking and writing about homosexuality, holding hands in public, etc.) Our culture teaches that the only acceptable way to be gay is to be silent or invisible (“in the closet”). Any openness about LGBT identity is labelled “blatant” or as “flaunting it”. “Blatant” heterosexuality is rarely questioned (media, entertainment, and other institutional practices such as asking for spousal benefits and hospital visiting rights, something simple as wearing a wedding ring). In society, the assumption of heterosexuality is so strong that unless one proclaims lesbianism, gayness, or bisexuality, heterosexuality is assumed. To avoid being perceived as heterosexual, “coming out” is often a necessity.

Q11. Is homosexuality healthy?

A11. Various studies have shown that people's sexual orientation has no bearing on their mental health and emotional stability. However, because of the high levels of homophobia and its accompanied prejudice and discrimination, many lesbians and gays are predisposed to mental health challenges.

Q12. What is it like to be gay or lesbian?

A12. There's no right way or wrong way to be gay or lesbian. Because of society's stereotypes, some gays and lesbians think that they have to be a certain way to identify as gay and lesbian. But lesbian, gay, bisexual and transgender people come in all shapes and sizes, and are from all occupations, with all levels of education, and from all cultures.

Homophobia and prejudice, the irrational fear for lesbian, gay, bisexual, or transgender people are some of the causes of discrimination and violence experienced by LGBT people. As a result, to claim back their human rights, many gay, lesbian, bisexual, transgender and intersex individuals, organisations, academic and advocacy institutions are in place to redress discriminatory laws.

Q13. Is being lesbian or gay only about who you have sex with?

A13. For many years, people believed that only heterosexuals have relationships and homosexuals just have sex. However, in reality being lesbian or gay is about being attracted to a person of the same sex on various levels. It includes sexual, emotional, physical and intellectual attraction and building a life and family together (if allowed to!). Like heterosexual couples, lesbian and gay couples can live happy, loving and fulfilled lives.

Q14. Is being lesbian or gay un-African?

A14. Many years of research have shown that up to 10% of people in every community are lesbian or gay. Yet, sometimes people think that in Africa lesbian and gay people do not exist and that it is the negative influences from Europe or America which cause people to identify as gay or lesbian.

This is not true. It is believed that it is colonialism that brought homophobia and other negative social constructs to the continent. Colonisation is the invading and taking over of sovereignty of another area, which then becomes known as a colony. “Colonies” are then established by one or more settlements. They are inhabited by emigrants who are the colonising power. Being lesbian or gay has nothing to do with being African. All throughout Africa today, lesbian, gay, bisexual, transgender and intersex people live in every community and are from different cultures and religions.

The South African Constitution is currently the only one on the African continent which does not allow discrimination against anyone based on their sexual orientation. However, religious intolerance and negative attitudes from others still force people to hide their sexuality, even more so in countries where homosexuality is criminalised. As a result, some lesbian or gay people, including those living in African communities, do not disclose or openly show who they really are in public.

Q15. Do gay men want to be women and do lesbian women want to be men?

A15. The heteronormative notion suggests that a man must be or should be a “woman” to love another man. If one thinks like this then it seems logical that a man who loves another man must wish to change his sex. But this is not true. There is a big difference between being a gay man and wanting to be a woman. A man can love another man and still look like a man, dress like a man, and talk like a man.

For lesbian women and gay men, traditional male and female roles often need to be abandoned to survive/live. Some lesbians enjoy gardening and taking care of their cars themselves, but others have to learn these skills as there is no husband around to perform these tasks on their behalf. Similarly, gay men need to learn how to cook and clean, as there is no wife to depend on to get these things done. The heteronormative outlook on life, yes even by gay and lesbians, forces people to do certain tasks traditionally seen as those of the “wife” or “husband”, but societal perceptions of gender roles are changing, and more and more individuals are doing what they like in life, no matter ‘what other people say’ or ‘what’s in their pants’. For example nowadays it is much more acceptable for men to stay at home and take care of the children and for women to make a success in business, a traditionally “man’s world”.

Q16. What is the difference between the terms “transsexual” and “transgendered”?

A16. “Transsexual” refers to people who are undergoing or have undergone gender transition (“sex change”). “Transgendered” is an umbrella term, generally used to include any person who feels their assigned gender does not completely or adequately reflect their internal gender. Transgendered people may or may not take steps to live as a different gender/sex.

Q17. What is the difference between “sex” and “gender”?

A17. Social scientists make careful distinctions between these two terms. “Sex” generally refers to biology, to the actual form of the human body (what’s in the pants), including such factors as chromosomes, genital configuration, and secondary sex characteristics, while “gender” refers to the social constructions, meanings and characteristics associated with expectations of men and women.

Q18. Is transsexual the same as homosexual?

A18. No. Transsexualism is about a person’s core sense of their gender. This is a separate issue from the sex or gender of the people they are attracted to.

Just like any other individual, a transsexual person may identify as heterosexual, gay, lesbian, or bisexual. For example, a person raised as a man who transitions to living as a woman may identify as heterosexual, in which case she would seek or continue relationships with men, or as lesbian, in which case she would seek or continue relationships with other women. Or she may not feel that it is necessary or meaningful to label herself with regard to sexual orientation at all.

Q19. Do gay men sexually abuse children?

A19. Child sexual abuse is deviant and criminal behaviour and is not restricted to any specific group of people. Studies have shown that the ‘average’ child sex offender is a heterosexual male who is known to the child. The adult male who does sexually abuse boys is often a man who is attracted to children regardless of their sex. Child sexual abuse has nothing to do with being gay. Being gay involves two same-sex individuals having sex with consent.

Q20. How do lesbians have sex?

A20. Sexual intercourse is often described as a process where a penis penetrates a vagina, based on the heteronormative model. However it is known that most people engage in various sexual practices for various reasons, using and sharing various body parts in order to experience sexual pleasure and climax. There are wide variations of sex, pleasure and desire, and the ways in which lesbians engage in sexual activities are no different from anyone else.

Q21. Do only gay men engage in anal sex?

A21. No. It is not only gay men who engage in anal sex. According to the *Durex Sexual Wellbeing Survey* of the sexual practices of 26,028 participants, 11% of heterosexual males and 18% of heterosexual females acknowledged receiving anal sex and only 67% of the homosexual male respondents seem to have receptive anal sex. Anal sex has also been used as an option in situations where young women and girls are preserving their virginity and preventing pregnancy.

Q22. What is bisexuality?

A22. Bisexuality is the potential of an individual to feel sexually attracted to and to engage in loving, caring relationships with people who are either male or female. A bisexual person may not be equally attracted to both sexes, and degrees of attraction may vary over time. Self-perception is the key to a bisexual identity. Many people engage in sexual activity with people of both sexes, yet do not identify as bisexual, because there is a difference between sexual identity and sexual practices. There is no behavioural “test” to determine whether or not one is bisexual.

Q23. How common is bisexuality?

A23. It is not easy to say how common bisexuality is, since little research has been done on this subject. Most studies on sexuality have focused on heterosexuality or homosexuality. Studies conducted by Kinsey in the 1940s and 1950s hypothesised that as many as 15-25% of women and 33-46% of men may be bisexual, based on their activities or attractions.

Bisexuals are in many ways a ‘hidden’ population. In our culture, it is generally assumed that a person is either heterosexual (most frequently) or homosexual (based on appearance or behavioural clues). Because bisexuality does not fit into these standard categories, it tends to be denied or ignored. When it is recognised, bisexuality is often viewed as being “part heterosexual and part homosexual”, rather than being a unique identity. Bisexuality threatens the accepted way of looking at the world by calling into question the validity of rigid sexual categorisation, and encourages acknowledgment of the existence of a diverse range of sexuality. Since there is not a stereotypical bisexual appearance or way of acting, bisexuals are usually assumed to be either heterosexual or homosexual. In order to increase awareness, bisexuals have begun to create their own visible communities.

Q24. What is intersex?

A24. Technically, intersex is defined as “congenital anomaly of the reproductive and sexual system.” Sax (2002), in Karkazis, argues that the clinical definition should be restricted to ‘conditions in which the phenotype (outward physical characteristics) is not classifiable as either male or female or in which the chromosomal type is inconsistent with the phenotype. Intersex people are born with external genitalia, internal reproductive organs, and/or endocrine system that are different from most other people. There is no single “intersex body”; it encompasses a wide variety of conditions that do not have anything in common except that they are deemed “abnormal” by the society. What makes intersex people similar is their experiences of medicalisation, not biology.

Generally speaking, intersex is not an identity category. While some intersex people do reclaim “intersex” as part of their identity, most regard it as a medical condition, or just a unique physical state. Most intersex people identify and live as ordinary men and women, and are gay, lesbian, bisexual, or straight.

Q25. Are intersex conditions harmful?

A25. In general, intersex conditions do not cause the person to feel sick or in pain. However, some intersex conditions are associated with serious health issues, which need to be treated medically. However, surgically “correcting” the appearance of intersex genitals will not change these underlying medical needs.

Q26. Are intersex people “third sex”?

A26. Many people with intersex conditions identify solidly as a man or as a woman, like many non-intersex people. There are some who identify as a member of an alternative gender, like some non-intersex people do. While we support everyone’s right to define her or his own identities, we do not believe that people with intersex conditions should be expected to be gender-transgressive just because of their physical condition.

Q27. Are intersex people part of the transgender community?

A27. While some people with intersex conditions also identify as transgender, intersex people as a group have a unique set of needs and priorities beyond those shared with trans people. Too often, these unique needs are made invisible or secondary when “intersex” becomes a subcategory of “transgender.” For example, people who talk about intersex in the context of transgender often stress the risk of assigning a “wrong” gender as an argument against intersex genital surgeries. While this is a valid concern, it overlooks the fact that intersex medical treatment is painful and traumatic whether or not one’s gender identity happens to match her or his assigned gender.

It is for this reason that we prefer to have “intersex” spelled out explicitly rather than have it “included” in “transgender” umbrella.

Q28. Intersex or hermaphrodite?

A28. In biology, “hermaphrodite” means an organism that has both “male” and “female” sets of reproductive organs (like snails and earthworms). In humans, there are no actual “hermaphrodites” in this sense, although doctors have called people with intersex conditions “hermaphrodites” because intersex bodies do not neatly conform to what doctors define as the “normal” male or female bodies. We find the word “hermaphrodite” misleading, mythologising, and stigmatising. Although some intersex activists do reclaim and use this term to describe themselves, it is an inappropriate term to refer to intersex people in general. In short, snails are hermaphrodites; humans are not. Also, please avoid using the word “intersexual” as a noun; we prefer “intersex people” or “people with intersex conditions/experiences.”

Q29. What do I do if someone comes out to me? How can I support my LGBTI loved one?

A29. Learning that a loved one is gay, lesbian, bisexual, transgender or intersex is a journey of self-discovery for you. It can send you on an emotional roller coaster ride. You may feel like you have lost a loved one. Remember that this person is the same one that you loved before they came out to you - they have just shared another part of themselves with you. Feelings of grief, guilt and denial are common. Whatever your reaction, try to reassure your loved one that they still have your love. Make contact with a local support group to help with your process of acceptance.

Q30. Is it the parent's fault if their child is gay?

A30. It is never anyone's "fault" if they or their loved one grows up to be gay, lesbian, bisexual or transgender. If you are asking yourself why you or your loved one is LGBT, consider asking yourself another question: Why ask why? Does your response to a LGBT person depend on knowing why they are LGBT? Regardless of cause, LGBT people deserve equal rights and to be treated fairly.

Q31. How can I reconcile my own or my loved one's sexual orientation with my faith?

A31. This is a difficult question for many people. Learning that a loved one is gay, lesbian, bisexual or transgender can be a challenge if you feel it is at odds with your faith tradition. However, being LGBT does not impact a person's ability to be moral and spiritual any more than being heterosexual does. Many LGBT people are religious and active in their own faith communities, where they are accepted. It is up to you to explore, question and make choices in order to reconcile religion with homosexuality and gender variance. There are some LGBTI religious organisations that can assist you in the process.

Q32. Can LGBTI people have families?

A32. Lesbian, gay, bisexual, transgender and intersex people can have families. Same-sex couples do form committed and loving relationships. More and more LGBTI couples are also raising children together, although different African countries' national laws on adoption and foster parenting vary. Also, of course

many LGBTI people have the support of the loving families they were born into, or the families that they have created with their other friends and loved ones.

Q33. Won't homosexual and bisexual parents make their kids gay?

A33. Research has shown that children of lesbian or gay parents are *no more* likely to become gay or lesbian than children of heterosexual parents. Gays, lesbians and bisexuals are just as likely to be good parents as heterosexuals. Of course, children growing up in non-traditional families may face a certain amount of social prejudice. Fewer and fewer children are growing up in two-parent, heterosexual, nuclear families and lesbian and gay families are one of the many forms of diverse families that exist.

Q34. Why should people be informed about LGBTI issues?

A34. Becoming informed about LGBTI issues helps reduce heterosexism, homophobia and transphobia. This makes it easier for one to live a more open and productive life in their work and home communities. The culture as a whole is therefore enriched. For LGBTI youth, who are more likely to experience depression and rejection by friends and/or family, acceptance and understanding could be a matter of life or death. The risk of suicide in LGBTI adolescents is two to three times greater than that of their straight counterparts. According to a meta-analysis conducted by the University of Pittsburgh, on average, 28% of gay teens reported a history of suicidality, compared to 12% of heterosexual teens. Suicidality is the tendency of a person to commit suicide (Marshal et al 2011).

Q35. Why do LGBTI people need gay rights laws? Isn't that asking for special privileges?

A35. Currently, except for South Africa, in African countries there are no federal protections for LGBTI people who are subject to discrimination. Gay rights laws do not give LGBTI people special privileges. They are civil/human rights laws consistent with the beliefs that all people are entitled to such necessities as employment, housing, health care and business services without fear of discrimination. Unfortunately, in African countries, LGBTI people can be (and are) fired from their jobs, denied housing, health care, or insurance solely because of their sexual orientation and gender identity.

These beliefs, like those used to discriminate against people on the basis of race, ethnicity, religion, age, physical ability, or gender, are based on prejudice and ignorance, rather than accurate information.

Q36. Why should people support LGBTI issues?

A36. As a collective, supporting LGBTI initiatives people and LGBTI encourages positive changes towards the acknowledgement, acceptance and protection of the civil and human rights, as well as sexual and reproductive health and rights, of all people, and their advancement.



5. Common myths and misconceptions

Myth 1. Gayness is contagious. Being with gay people and sharing spaces or even cups and cutlery with them will make others gay too.

Reality 1. For many years most people thought that homosexuality was contagious. Homosexuality is not an illness; it is just part of the whole sphere of human sexuality, like heterosexuality is. If a person has a heterosexual orientation, and he/she is comfortable and informed as a sexual being, they would not suffer from this form of homophobia (fear of homosexual people).

Myth 2. People choose to be lesbian, gay, bisexual, transgender and intersex.

Reality 2. Sexual orientation, be it heterosexual, homosexual or bisexual, is determined by a mixture of genes and social influences. The same way we cannot choose the colour of our eyes, in essence, we cannot choose our sexual orientation. At this point it is worth noting that a small number of people might choose to be gay or lesbian, just proving how layered human sexuality is. We do know one thing for sure, though, being lesbian or gay is not contagious (in other words, you cannot catch it from someone else) and people cannot be talked into a sexual orientation that is not their own. On the other hand, who would “choose” something, which if caught out in most African countries, could make them end up in prison?

Myth 3. Gay and lesbian relationships are short lived.

Reality 3. Longstanding gay and lesbian relationships are common. However, because of the social stigma expressed against LGBT people, these partnerships are often invisible.

Myth 4. Bisexuality is just a phase

Reality 4. Many people assume that bisexuality is just a phase people go through. Humans are diverse, and individual sexual feelings and behaviours develop over a person’s lifetime. The creation and consolidation of a sexual identity is an ongoing process. Since we are generally socialised as heterosexuals, bisexuality

could be a stage that many people may experience as part of the process of acknowledging their homosexuality. Many others come to identify as bisexual after a considerable period of identification as gay men or lesbians. Bisexuality, like homosexuality and heterosexuality, may be either a transitional step in the process of sexual discovery, or a long-term identity.

Myth 5. Bisexuals are promiscuous

Reality 5. Promiscuity, or having multiple concurrent partners, is something that is prevalent in all relationships, no matter the sexual orientation. Bisexuals, like all people of hetero- and homosexual orientation, have a wide variety of relationship styles. Contrary to common myth, a bisexual person does not need to be sexually involved with both a man and a woman. As is the case for heterosexuals and homosexuals, attraction does not involve acting on every desire. Like heterosexuals and homosexuals, many bisexuals choose to be sexually active with one partner only, and have long term, monogamous relationships. Some bisexuals may have open relationships, just as some heterosexuals and homosexuals are sexually active with more than one partner.

Myth 6. LGBTI people do not have a higher risk of HIV transmission than the heterosexual population.

Reality 6. Because of their sexual and gender identity and expression, LGBTI people are all challenged by an increased risk of HIV transmission for various reasons.

One of the biggest barriers is access to affirmative and appropriate health care for a variety of reasons, which include:

- The fact that homosexuality and same-sex practices are illegal in most African countries
- Sexual violence directed towards individuals who challenge the notion of what a man should look and act like, and what a woman should look and act like (e.g hate crimes through rape of 'butch' lesbians, transmen or transwomen in South African townships)
- Assumptions by health care providers of LGBTI individuals' sexual identities and practices
- Judgmental and discriminatory behaviour by health care providers

- Heteronormative messaging in places where services are provided
- Lapses in treating personal information as confidential by health care providers
- Inappropriate information given during consultations (e.g. use of water based lubrication during anal sex)
- Lack of support to LGBTI survivors of sexual violence

Myth 7. Lesbians don't have sex; therefore they are not at risk for HIV.

Reality 7. The fact that there is no penis involved (thinking of the heteronormative model discussed previously) does not mean that a woman having sex with another woman can not transmit HIV. Although for many years it has been believed that lesbian women are not at risk at all, risk is risk, even if it is low risk. Let us consider frottage or tribadism or scissor-sex as it is sometimes called. This is when the vulvas of two women rub directly against each other. There is a high possibility for HIV transmission since vaginal fluids are exchanged and because of possible chaffing (when genitals rub against each other and result in broken skin), an entry point for the virus could be created. Other risky practices include:

- Use of sex toys (dildos) that are shared by partners and that have not been properly sterilised between uses
- Cunnilingus (licking of the vulva), especially during menstruation
- Sharing of needles by intravenous drug users (IDUs)
- Some lesbian women have sex with men for various reasons, then various practices could be risky, but anal intercourse with internal ejaculation without a condom poses the highest risk

Myth 8. MSM are gay men who are the receiving partner during anal sex and therefore at high risk for HIV transmission

Reality 8. Men who have sex with men (MSM) could be of any sexual orientation. MSM are not a homogenous group. An MSM, although married to a woman, could be both the receptive or penetrative partner when it comes to same sex practices. His risk could be increased if he is uninformed about the HIV risks in anal sex. Some MSM still perceive anal sex as not risky, since there is no “pregnancy” involved. Although this may sound a bit absurd, remember that for many years, condoms were used to prevent pregnancy and the HIV prevention messaging was only directed at those practicing penile-vaginal sex. Many uninformed men do not see anal sex as sex, but rather as something like “playing around with the boys”. Thus

when asked about having sex with men, they will answer no. There is a strong 'Anal Taboo', the general avoidance of referring to the anus because of years of very complex social constructs which associate the anus with shame, guilt and dirt. Some gay identified MSM do not practice receiving anal sex at all.

Myth 9. Masculine MSM, gay and bisexual men are always the 'top', in other words anal penetrative partner, and therefore are not at risk of HIV infection.

Reality 9. Being a top or bottom is not related to a masculine (butch) or feminine (femme) gender presentation, but again, the heteronormative model influences this thought process negatively. Most men experience sexual pleasure in different ways, with various forms of physical and mental stimulation. Although being the penetrative partner is less risky than being the receptive partner, risk is risk, and even tops should be encouraged to always use condoms and water-based lubrication as protection. Some MSM are more at risk than others, they include:

- Intravenous drug users
- Male sex workers
- MSM who have unprotected sex with multiple sex partners
- Serodiscordant couples
- Recreational drug users
- Individuals with a history of depression and anxiety and self mutilation behaviour

Myth 10. Transgender and intersex people cannot have sex and therefore are not at risk of HIV transmission.

Reality 10. Although talking about genitals and sexual practices is a very difficult area for many trans and intersex people (and this should be respected), they might have certain sexual practices that could increase their vulnerability and risk. Both transmen and transwomen can have sex, including penile-vaginal as well as penile-anal penetrative and receptive sex, depending on their level of acceptance of their own genitals and levels of physical and emotional comfort. Transmen can have any sexual orientation, as well as can

transwomen. Some are more vulnerable to sexual violence and HIV transmission, because of their gender presentation and the perpetrator's ignorance. Because health care providers are generally uninformed, they lack the knowledge to give appropriate safer sex information to transgender individuals.

Myth 11. Two gay men who are both HIV positive can have unprotected anal sex, since they are both positive anyway.

Reality 11. This is a risky practice. Re-infection can occur with a different strain of HIV and could end up complicating the treatment for both later when it becomes necessary to start antiretroviral therapy (ART). Continuous re-infection speeds up the progression of HIV to AIDS. Also, when one partner is being treated with ARV's already, there is the potential for the other partner to develop resistance towards ARV's, especially when HIV progresses to AIDS and they are in need of ART.

Myth 12. It really is not violence when a lesbian or gay couple fights. It is just a lover's quarrel, a fair fight between equals.

Reality 12. This is based on the false assumption that two people of the same sex have no power differences. It also ignores the fact that in domestic violence, it is the choice of one partner to take advantage of his or her power in abusive ways. There is nothing 'fair' about being knocked against a wall, being threatened, or enduring endless criticism from an angry lover. Dismissing domestic violence as 'just a lover's quarrel' trivialises and excuses violence that is just as real, and dangerous, as any in a heterosexual relationship.

Myth 13. The abuser is always bigger, stronger, and more 'butch'. Survivors will always be smaller, weaker, and more feminine.

Reality 13. Experience with heterosexual battering and attitudes about traditional sex roles lead many people to fall into accepting stereotypes of how abusers and victims, respectively, should look and act. Unfortunately, such stereotypes are of little use in helping us to identify who the abuser is in a lesbian relationship. A person who is small, but prone to violence and rage can do a lot of damage to someone

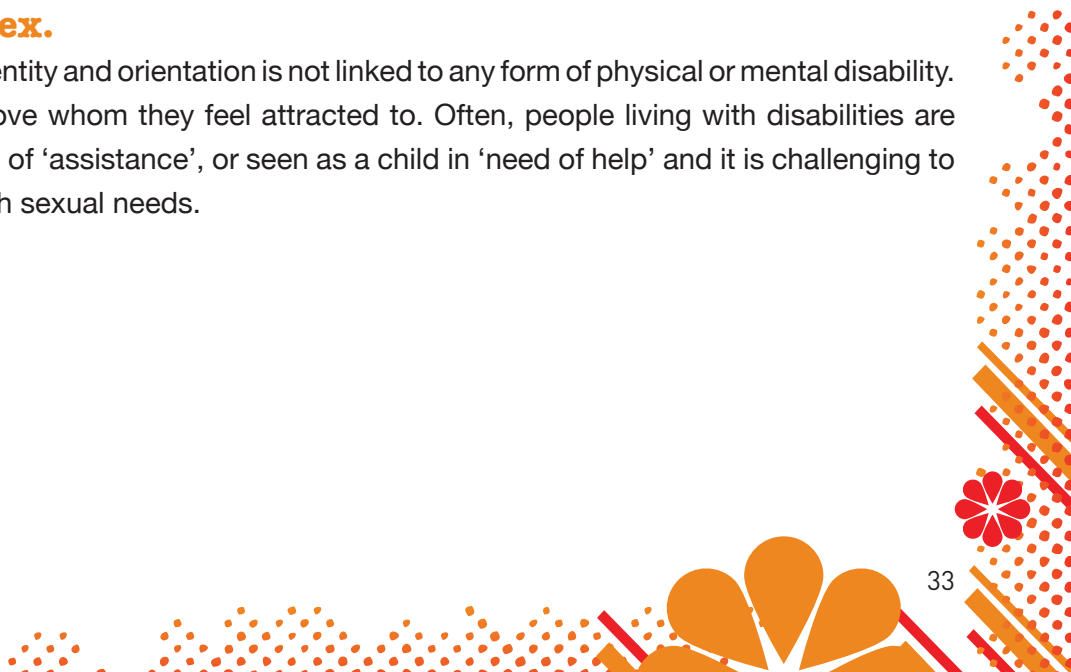
who may be taller, heavier, stronger, and non-violent. Size, weight, ‘masculinity’, ‘femininity’ or any other physical attribute or role is not a good indicator of whether a person will be a victim or an abuser. An abuser does not need to be tall and broad shouldered to use a weapon, or to smash belongings, to cut up clothing, or tell everyone at work about (to “out”) their partner.

Myth 14. It is easier for lesbian survivors of domestic violence to leave the abusive relationship than it is for straight abused women who are married.

Reality 14. Same-sex couples are just as involved in each other’s lives as straight couples and intimate violence has the same affect on anyone irrespective of sexual orientation. There is no evidence that the absence of children makes leaving a violent partner easier, and most same-sex couples do have children. The invisibility and relatively limited support available to survivors of same-sex domestic violence may compound barriers to leaving. Many lesbian women lack support from their families and communities, and may not be able to rely on them for help. Survivors may also be convinced by the abuser that potential helpers will be homophobic and unhelpful.

Myth 15. A person with a disability cannot be lesbian, gay, bisexual, transgender or intersex.

Reality 15. A person’s sexual identity and orientation is not linked to any form of physical or mental disability. All human beings deserve to love whom they feel attracted to. Often, people living with disabilities are wrongly assumed to be in need of ‘assistance’, or seen as a child in ‘need of help’ and it is challenging to see that person as an adult with sexual needs.



6. Test yourself!

Quick quiz – let's see how much you know now?

True or False

1. Intersex and bisexuality are the same.
2. Being homosexual is a choice made by all gay and lesbian people.
3. A lesbian woman can get pregnant.
4. Two HIV positive gay men can have sex without protection without increasing their HIV risk.
5. MSM is just an acronym for homosexual men.
6. Masculine lesbian women want to be men.
7. Transgender people cannot have sex.
8. Transsexuality and homosexuality are not the same.
9. Bisexuals are known to have multiple concurrent partners.
10. All gay men have anal sex.
11. Heterosexual men only have sex with woman.
12. Butch lesbians might abuse their partners.
13. Intersex people are born that way.
14. Bisexuality is not just a temporary phase.
15. Lesbians will never have sex with a man.

What does your result say?

- 1-5/15 We suggest you read the booklet again
- 6-10/15 You have some knowledge, but need to read more
- 11-15/15 You have very good knowledge and it is time to share it with others!

- Answers:**
- | | |
|-----|-------|
| 1. | False |
| 2. | False |
| 3. | True |
| 4. | False |
| 5. | False |
| 6. | False |
| 7. | False |
| 8. | True |
| 9. | False |
| 10. | False |
| 11. | False |
| 12. | True |
| 13. | True |
| 14. | True |
| 15. | False |

7. Resources

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