The Sweetest Taboo:

Exploring the Knowledge and Experiences of Lesbian, Bisexual, Trans, and Queer Female-Identified Guyanese around Sex Education and Sexual Health

Research and Report by Sherlina Nageer, MPH
For Tamùkke Feminist Rising

June 2024

Table Of Contents

Definition of Terms

Asexual: refers to low/no interest in sexual activity or lack of sexual attraction to others. Other types of attraction may still be experienced however.

Bisexual: being romantically and physically attracted to persons from more than one sex or gender, not necessarily equally or in the same way all the time.

Bodily Autonomy: is a fundamental human right- the right to make decisions about one's own body and life, without fear, coercion, violence, or interference from others.

Cis- short for cisgender: someone whose gender identity aligns with the biological sex they were assigned at birth.

Consent: a clear and affirmative expression of permission to do something, to touch and be touched in a certain way, at a specific point in time. It can be withdrawn at any time and needs to be obtained before contact is initiated, each and every time, regardless of if it had previously been received. Silence does not equal consent.

Fluid: refers to shifting/changing sexual orientation over time, instead of something that's permanently fixed or the same throughout one's life.

Gender: a concept created and established over time by various societies and cultures that links biological aspects of individuals with certain behaviors, roles, and activities.

Gender Identity: someone's personal, internal sense of self and their gender. May not be outwardly visible to others and may not match the traditional societal norms.

Heteronormative: the assumption/belief that the "normal"/ "natural" sexual orientation is heterosexuality- ie between persons of the opposite sex

Lesbian: a sexual orientation describing women who are romantically and physically attracted to other women.

Masculine-presenting: describes masculine gender expression- i.e. aspects of someone's gender identity that's shown externally via their style, clothing, appearance, mannerisms, etc.

Monogamous: an exclusive intimate partnership between two people at a time.

Non-binary: refers to people who do not describe themselves or their gender with the traditional terms of male or female.

Pansexual: being romantically and physically attracted to people of any/all sex or gender.

Polygamous: intimate relationships between more than two people at a time.

Queer: an umbrella terms referring to persons who reject narrow socially constructed labels of sex, gender, sexual orientation, and gender identity.

Safe Sex: generally refers to using precautionary measures during sexual activity in order to lower the risk of sexually transmitted infections and/or pregnancy. This is more accurately termed 'safer sex' however, since there is always some risk when engaging in sexual activity of any type with another individual and the only way to achieve safe sex is not to have sex at all.

Sexual Health: is the state of physical, emotional, mental, and social-well being related to sexuality*. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having safe and pleasurable sexual experiences, free of coercion, discrimination, stigma, and violence. *World Health Organization definition. Source: https://www.who.int/health-topics/sexual-health#tab=tab_1

Sexuality: the way people experience and express themselves sexually. This involves biological, psychological, physical, emotional, social, and spiritual feelings and behaviors.

Sexual Orientation: the physical, emotional, and romantic attraction felt by persons for others.

Trans, short for transgender: someone whose gender identity differs from the biological sex they were assigned at birth.

Trans-masculine: a transgender person who was assigned female at birth but whose gender identity is masculine.

Acronyms

BDSM	Bondage, Discipline/Domination, Sadism, and Masochism
GPHC	Guyana Public Hospital Corporation
GRPA	Guyana Responsible Parenthood Association
GuyBow	Guyana Rainbow Foundation
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
MOH	Ministry of Health
NGO	Non Governmental Organization
PSA	Public Service Announcement
SOGI	Sexual Orientation and Gender Identity
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection

EXECUTIVE SUMMARY

Although sexual health remains a generally taboo subject in most circles in Guyana, it's an essential part of overall health and wellbeing. When accurate and unbiased sexual health information is not available to lesbian, bisexual, trans, and queer female-identified Guyanese in their homes or educational settings, individuals are left critically uninformed and dependent on sometimes unreliable alternate sources for advice- often resulting in poor sexual decision-making, increased risk-taking behavior, and unsafe sexual practices.

This lack of sexual health education for individuals is further compounded by a healthcare system and healthcare providers who are often ill-informed about queer sexual health and who hold oppressive beliefs that lead them to provide disrespectful, discriminatory, and inappropriate healthcare to queer persons. This intersectional oppression results in many queer Guyanese adults still not being able to express themselves fully in all spheres of life, still fearful of or dealing with familial and societal judgment, and still unable to obtain the supportive and necessary physical and mental healthcare they require and deserve.

While over half the research participants did receive some sex education during their childhood from their families and schools, the education provided was overwhelmingly heteronormative in nature and focused primarily on traditional biological and reproductive health systems and practices, with little to no mention of alternative sexual orientations or non-binary gender identities. The majority of research participants reported not having anyone to talk with about sex or sexuality while they were growing up. This sad state of affairs transcended age, geographical location, ethnic group, and socioeconomic status; there was no more enlightened or comprehensive sexuality education available to participants who grew up in Georgetown compared to those from more rural, out of town, or hinterland regions.

Apart from formal sex ed in school and from their parents/families, persons also obtained some information about sexual health while they were growing up from their peers, romantic partners, books, TV, movies, a few non-governmental organizations, and some healthcare professionals.

As persons grew older, they engaged more with non-profit and non-governmental organizations (such as Youth Challenge, Guyana Responsible Parenthood Association, Volunteer Youth Corps, the Women and Gender Commission, GuyBow, SASOD, Caribbean Vulnerable Communities Coalition), as well as health facilities and professionals. However, the main source of sexual health information for most research participants is currently the internet- not healthcare providers or facilities.

To note is that respectful and non-discriminatory healthcare is available in Guyana, albeit for a price- i.e. at private facilities and practitioners. While most research participants reported having good experiences in the public healthcare sector, they were generally not seeking sexual health services that required disclosure of their sexual orientation, or they had sought care from queer-

accepting friends/relatives working in the health sector and were thus 'protected' from overt discrimination related to their sexual orientation or gender identity. Sometimes though, persons were simply not being asked questions related to their sexual orientation/practices even though that could have better informed the care they needed/received.

Most participants' definition of sexual health focused on ensuring their physical body parts were cared for and functioning properly, as well as ensuring they were protected against sexually transmitted infections (STIs). More than half the study participants reported low levels of concern about their sexual health. The majority had been screened for STIs at least once in their lifetime and almost half reported getting screened for STIs regularly. In contrast, the majority of study participants- over three quarters- had never been screened for cervical cancer. Fear and lack of information about the procedure and its relevance to themselves were the main reasons persons hadn't sought cancer screening.

The majority of research participants had accessed mental health care at some point in time in their lives. This was a largely positive experience for most, but there was a notable difference in the quality and satisfaction with mental health care they received, by sector; more positive experiences were reported in the private sector and more negative ones in the public sector.

Overall, research participants sought STI screening three times as much as cancer screening, and twice as much as mental health care. Clearly, the same awareness that exists around the importance of screening for sexually transmitted infections doesn't currently exist around screening for cancer.

While STIs was the sexual health topic that research participants were most familiar with, it remained the #1 topic that persons wished to learn more about. Curiosity about sexual health wasn't great among research participants overall- almost 40% of persons surveyed said there wasn't any particular sexual health topic they wished to learn more about. This lack of inherent curiosity needn't deter educational or advocacy activities however as it may not indicate true disinterest but a lack of understanding of the importance and relevance of the topic- paradoxically providing just the motivation needed to undertake this task.

These findings- particularly the vague and 'disease-focused' understanding of sexual health and the correspondingly low prioritization of sexual health in the lives of queer Guyanese women-identified persons- illuminate some important areas for intervention, both for the queer community as well as for healthcare providers. There is an urgent need for specific and comprehensive education focused on sexual diversity- for youth in and out of school, adults generally, along with mental and physical healthcare providers. Also crucial and paradigm shifting would be work that increases understanding of sexual health as not just the absense of disease, but as defined by the World Health Organization to be a state of physical, emotional, mental, and social well-being related to sexuality, and the right of all persons to safe and pleasurable sexual experiences, free of coercion, discrimination, stigma, and violence.

BACKGROUND

The imperative for this research comes from a study done by the Guyana Responsible Parenthood Association in 2016 which revealed that over half the youth they surveyed had contracted sexually transmitted infections (STIs) due to a lack of knowledge about safe health practices[1]. Another recent report from the National Aids Programme Secretariat in 2022 indicates rising rates of STIs such as HIV, Hepatitis, Gonorrhea, and Chlamydia among persons aged 19-30[2]. Clearly many Guyanese youth are engaging in unsafe sexual practices. This is due in large part to the woeful lack of sexual health education in Guyana.

Compounding this situation is the fact that Guyanese society remains highly conservative and traditionally religious, with simplistic binary gender roles and heteronormative sexuality still dominating cultural norms and beliefs. While some efforts have been made over the years by governmental and non-governmental bodies to introduce comprehensive sexuality education, this has still not been fully implemented nationwide. What remains in some schools is a largely outmoded 'Health and Family Life' curriculum which does not even acknowledge the true spectrum of gender and sexuality that exists in nature. Queer Guyanese youth face hostile home, school, and community environments, forcing the majority to remain closeted and without the sexual health education that's essential for physical and psychological wellbeing. Not surprisingly, this leads to less than optimal sexual decision-making and queer adults who often replicate toxic heteronormative behaviours- albeit in queer relationships.

This qualitative research study explores the sex education and sexual healthcare experiences received by a select group of lesbian, bisexual, and queer Guyanese women (both cis and trans gendered) under age 35. One research goal was to gain a better understanding of queer Guyanese adults' sense of their sexual self and sexual health decision-making, by unpacking childhood lessons around sex and sexuality. Other research objectives are to document lesbian, bisexual, and queer women-identified persons' experiences accessing sexual healthcare in Guyana, and to identify knowledge and service gaps related to sexual health practices.

This research aims to identify issues while also helping to shape solutions such as more comprehensive public sexuality education, and policy, advocacy, and other community interventions to improve the sexual health and wellness of lesbian, bisexual, trans, and queer Guyanese. This research highlights and centers the voices and experiences of queer Guyanese who are often ignored or invisibilized by mainstream sexual health research, and strives to make a useful contribution to the field.

[1] https://www.inewsguyana.com/56-of-guyanese-youths-contracted-stis-grpa-study/
[2] https://newsroom.gy/2022/12/19/93-of-persons-living-with-hiv-in-guyana-know-their-status/

METHODOLOGY

This research consisted of one-on-one interviews conducted either in-person or using an online platform, depending on participant's preference. A quarter of the 28 interviews which were conducted ended up being done in-person, while three quarters were done virtually.

A 30-question interview tool was developed by this researcher, with review and input from a research committee assembled by Tamùkke Feminist Rising - the convenor of this project. The interview tool went through a total of three drafts, with both verbal and written feedback being solicited and received from the committee before it was finalized. A consent document was also developed and reviewed by the research committee. This consent form was shared with all participants before they were interviewed; it was also verbally reviewed by this researcher and participant consent obtained and recorded prior to the beginning of each interview.

Interviews lasted approximately one hour, depending on individual verbosity, and were recorded (with participant permission) and stored on this researcher's personal, password-protected computer. Typed notes were also taken by this researcher at each interview. All persons received a small monetary stipend post-interview, as appreciation for their time and participation in the research. This stipend was delivered in the form of phone/internet credit via MMG or Digicel 'Top Up', with receipts obtained for every transaction.

A Mental Health Resource Document listing queer-friendly counseling and therapeutic services was also developed by this researcher, described to all participants, and disseminated to those who requested this information.

Research participants were recruited in a variety of ways- first by communicating with existing non-profit/governmental organizations that serve lesbian, bisexual, and queer Guyanese women in order to reach their networks, then by purposive snowball sampling over the course of approximately six weeks in order to achieve a final sample that could be deemed "representative-enough" for the research topic.

The goal was to obtain a sample that was as geographically and ethnically diverse as possible, to reflect the diversity of Guyana. Special effort was made to reach out to Indigenous Guyanese and persons living in the interior/hinterland of Guyana.

While this type of research and methodology means that fully generalizable claims cannot be made, it does yield experience-rich data which can provide valuable in-depth understanding of the issue and help with the development of more effective, respectful, and population-specific policies, programs, and initiatives.

Recruiting of participants for this research study occurred concurrently with the interviews/data collection and ended when thematic saturation was reached- i.e.- when no particularly new

information was being gleaned and when this researcher began noticing recurring themes in the raw data, as well as when continuous outreach to under-represented groups failed to yield fruit.

Study Limitations

The biggest limitation of this research is the fact that it may not fully capture the experiences of Indigenous Guyanese and persons from the interior/hinterland regions of Guyana. While specific, concerted outreach efforts to these populations were made- such as reaching out to trusted elders in several indigenous communities, those who work with women's groups- including on issues of gender and sexuality, as well as to popular and progressively-minded Indigenous youth with large groups of friends and followers on social media- Indigenous and hinterland representation in this research remains unfortunately low still.

Two interior regions- Regions 8 and 9- are completely un-represented, and there's only one research participant who identifies as fully Indigenous. Unfortunately, a great deal of stigma against queer sexuality clearly still exists within these communities, preventing lesbian, bisexual, trans and queer Indigenous Guyanese and other hinterland residents from feeling safe and comfortable enough to identify themselves and participate in research like this.

However, a fair amount of geographic diversity was achieved in the research sample, with more than half of the participants (15/28; 54%) growing up outside of Region 4 -the most populated region, and several participants claiming partial Indigenous heritage.

Another potential limitation of this research is that only three trans persons participated in this study- two transwomen and a transman. While some representation is often better than none, and while these persons' contributions to the understanding of this topic are helpful, it is this researcher's considered opinion that trans sexual health and education deserves its own dedicated research as these persons' experiences are often substantively different from that of other queer persons.

A note on participatory research

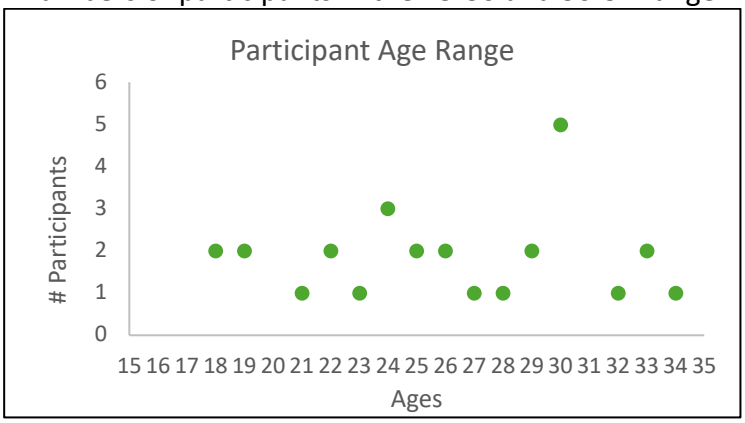
This research can be fairly and accurately characterized as semi-participatory. Members of the target group were consulted and involved in multiple stages of the research design via the research committee that was convened, providing feedback on the survey tool and consent form especially. Members of the research committee were also instrumental in getting word about the research project out to their networks in the queer community and soliciting participants.

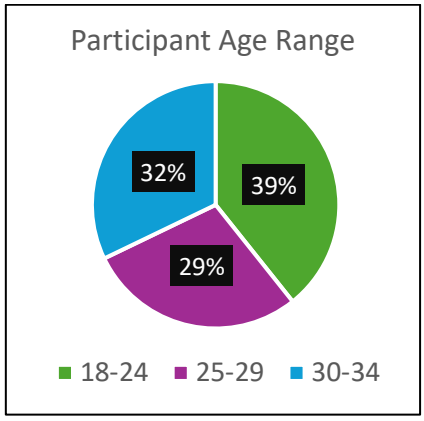
However, the project could have been more participatory especially in the analysis phase. Specifically, this researcher would have appreciated and welcomed more engagement and guidance from the research committee to identify themes worthy of scrutiny and other areas of interest for the larger group. This researcher remains open to dialoguing more with members of Tamùkke and the larger queer Guyanese community about ways the data collected in this research project could be further examined and utilized to inform future initiatives.

More participatory research sometimes also involves the research subjects in the data collection process as well, with subjects sometimes acting as both researcher and participant. If there is interest, this could be explored in future projects.

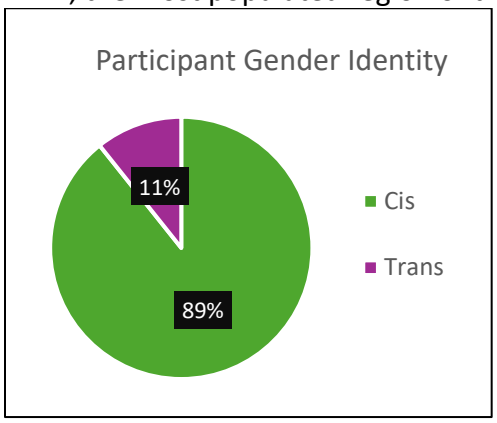
DEMOGRAPHICS

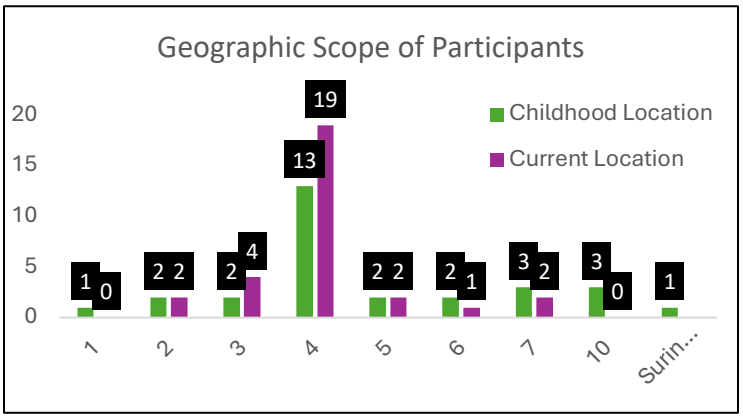
- A total of 28 persons were interviewed for this research project, ranging in age from 18 – 34.
- There were slightly more participants in the under 25 age range, and approximately equal numbers of participants in the 25-30 and 30-34 range.



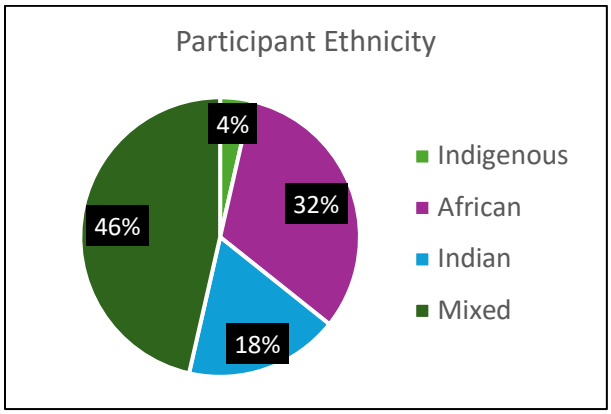


- There were 25 cis-gendered individuals and three trans-gendered individuals in the participant pool- one transman and two transwomen.
- There was representation from eight of the ten geographic regions of Guyana, with regions 8 and 9 being un-represented. Unsurprisingly, the majority of participants hailed from Region 4, the most populated region of the nation.



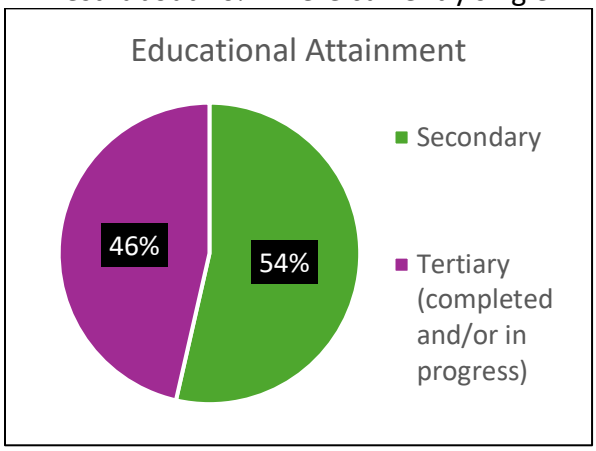


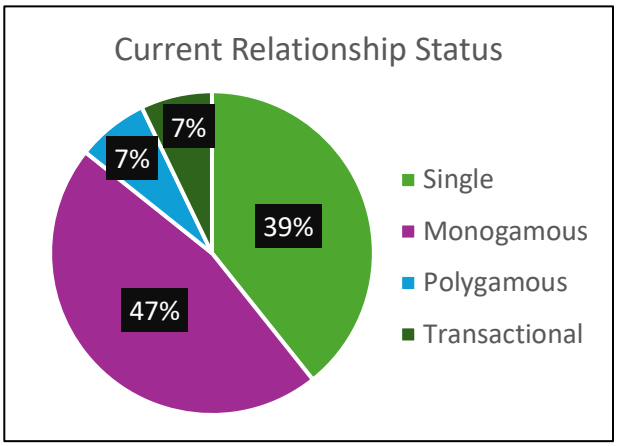
* Two people currently live in both Reg 4 and Reg 7. One person grew up in both Reg 3 and Reg 10.



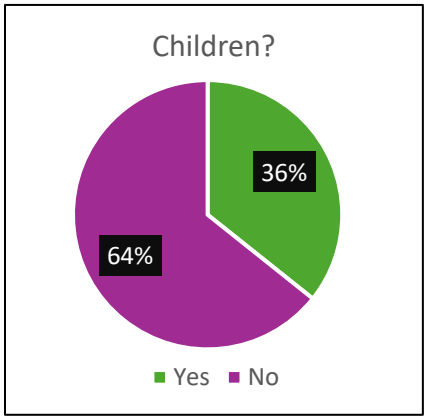
- Persons who self-identified as 'Mixed" comprised almost half the research sample.
- About a third of participants identified as Afro-Guyanese and about a fifth as Indo-Guyanese.
- Indigenous Guyanese were the least represented group in the sample. However, several participants who self-identified as 'Mixed' cited partial Indigenous heritage.

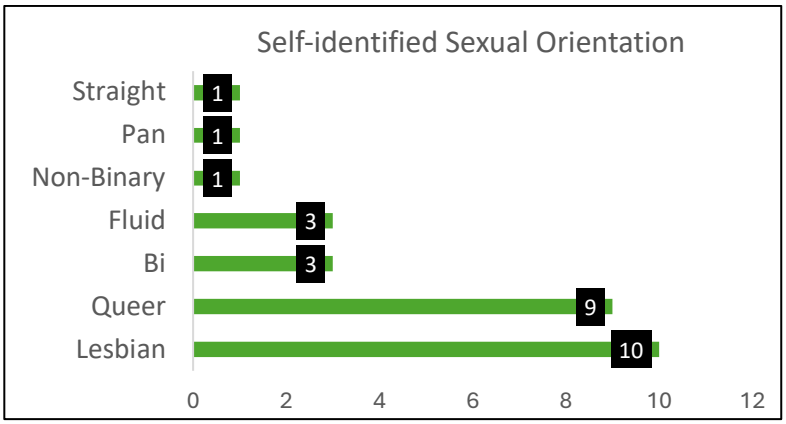
- Participant educational attainment was almost evenly split between secondary and tertiary; two persons hadn't completed secondary school while five were currently in the process of completing a tertiary degree.
- About half the participants said that they were in monogamous unions. Two said their relationships were polygamous in nature, and two engaged in transactional relationships. The rest- about 40%- were currently single.

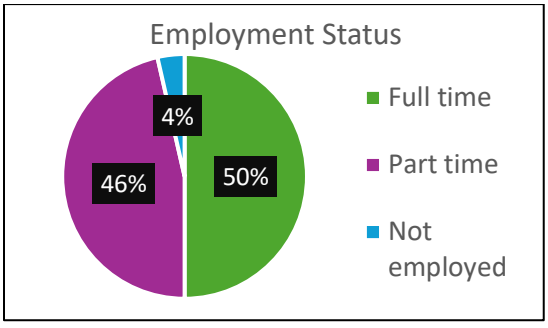




- Over a third of participants were parenting- either biological children of their own or non-biological children they had informally adopted.
- Over a third of research participants identified as lesbian (36%), eleven percent identified as bi, and the transmasculine individual identified as straight. The rest- half of the total sample- used terms such as queer, fluid, pan, and non-binary to describe themselves and their sexual attraction.





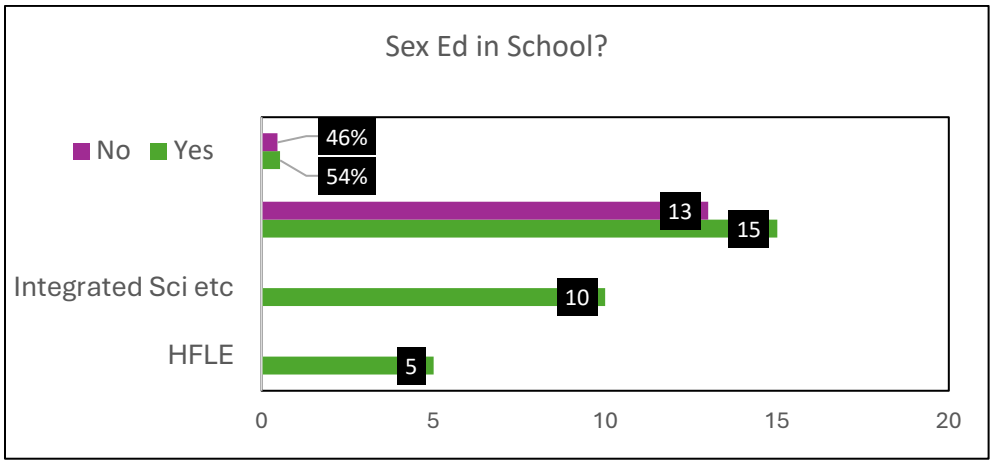


- With one exception, research participants were all employed, with almost an even split between full and part-time employment.
- Several persons were working in the health field, while some were self-employed/entrepreneurs

FINDINGS

Sex Education- In School

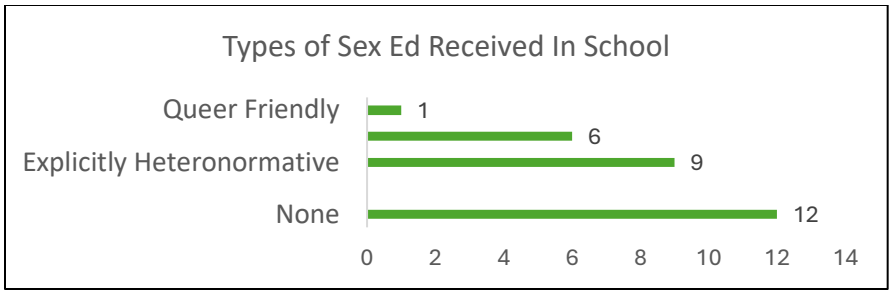
Just over half of persons surveyed did report receiving some sex ed in school, via HFLE classes (a third; 33%) or Integrated Science/Human Biology/other courses.



The sex education provided in school to most persons was overwhelmingly heteronormative in nature (14/16; 88%), focusing primarily on traditional biological and reproductive health systems and practices, with absolutely no mention of alternative sexual orientations or non-binary gender identities. Not only was non-heterosexuality ignored and invisibilized, there also existed strong taboos against even raising the issue which deterred all questions and discussion.

- *In schools, we were only taught about straight sex; there was no mention of queer anything in HFLE- just this is penis and vagina. You don't know anything about queer sex- there's some sort of taboo around it; people make jokes about it. And god forbid you go up to the teacher and ask- they would not answer, would just stare you down. You could just feel that they just don't want to talk about it.*
- *If I had asked any questions, I would have gotten a beating out of this world.*
- *I went to a private school- there was no sexual health education.*
- *We were taught the only kind of sex was between boy and girl.*
- *Zero mention of it in school; it didn't exist in the curriculum.*
- *In school when we did sex ed, it was mostly promoting abstinence and showing about the STDs. Nobody ever went into that you could like the same sex.*
- *In school they only spoke about the physical changes that you would go through- puberty. Homosexuality was never mentioned, as if never existed; I really didn't know it was a thing.*
- *They talked about consent, use protection if not ready to have child etc. All heteronormative; didn't mention any same sex stuff.*
- *learnt about the body parts, the reproductive system*
- *Talked more about how to use condoms, STIs etc- all in context of a straight relationship.*

- ***Positively talked about gender and sexuality- esp when talking about HIV. At the time, there was a lot of stigma against gay people so they spent time talking about it.***



- Only a single person received any educational messages that spoke specifically and positively about the spectrum of gender and sexuality.
  ** Notably- this occurred in a hinterland region of Guyana (Region 7), not in the capital city of Georgetown nor in the most populated region (Region 4).*
- Only two people had teachers who accepted their non-heterosexuality. One teacher taught the HFLE class and the other led the Peer Education program.
  ** Again, both these interactions occurred outside of Georgetown/ Region Four.*
- In these two instances, interacting with these adults was a positive experience as non-judgmental support was received.

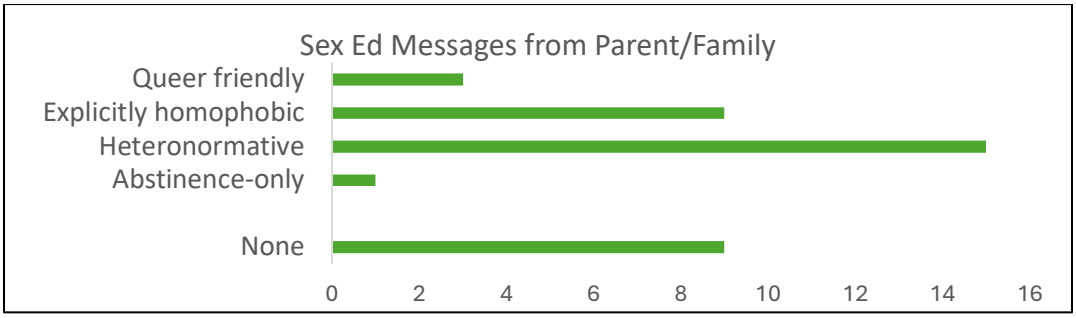
"I spoke to the head of the peer ed program. We talked about me, sex, kind of sex. Felt comfortable with her to have these conversations."

"In 5th form, I showed myself out- I told my teacher, I'm gay. I don't think I could go out in public, but I wanted them to know. I skipped school for 2 days straight after telling her. She told me to protect myself, go to the health center, use condoms, get tested. She offered to go with me as well."

Sex Education- from Parents/Family

Over two-thirds of all research participants (19/28; 68%) reported receiving some kind of sex education from their parents/family members. However, the messages transmitted were overwhelming heteronormative (15/19; 79%); sex was presented as something between cis-males and cis-females only and messages focused primarily on marriage, pregnancy, and condom use.

- About a third of those surveyed (9/28; 32%) received no sex education at all from their parents/family members; in these homes, sex was a taboo subject. However, two of these persons along with another seven people did receive messages which were explicitly homophobic.
- Abstinence was the predominant message that one person received from their home and community.
- Only three persons – including the two transwomen- reported getting positive messages about sex and sexuality from their families although this did not come immediately but after some time of "them getting used to it".



- *The one thing I heard was that sex was something you shouldn't have until you're older/meet a certain age; for now, that shouldn't be on your mind. Heard that from school, home, elders in the village- they would all say that; share out that advice like a handshake.*
- *Sex was taboo in my family- no open discussions were had. Even saying boyfriend, husband, and wife- were considered 'bad words.'*
- *It was taboo to discuss sex around my family- they would shut down the topic if it came up, change the subject.*
- *Talking about sex was a whole taboo- was hard for my parents; they didn't really know themselves. I didn't get that guidance from anybody.*
- *That was a taboo topic in the house, my parents never talked about it. Even when I turned a young lady, my mother didn't know how to explain what was happening.*
- *My parents weren't comfortable speaking to me about sex in general because when I was growing up they were separating and having their own things to deal with.*
- *Sex was not something that was discussed. The most I heard was just about marriage- when you get married (to a guy), you have to do this and that. My mother would talk about when I get older I would want a boyfriend, want to have sex.*
- *You have to wait until you get married to have sex; could only marry the opposite gender.*
- *When I got my period, my mother told me not to let anybody touch me because I would get pregnant.*
- *When I got my period, my aunt said: you're a young lady now, this is going to happen to you monthly, your body is maturing. She also told me to tell her if any male touched me.*
- *My father told me I could get pregnant when I first got my period. He told me not to trust males, that they like talking/lying, expect women to believe them.*
- *My cousin is a health worker; she tells me I should be with one person because of diseases.*
- *Have protected sex- that was the #1 thing I used to hear; know who I'm laying with.*
- *My mother said it resulted in painful things, like pregnancy. Whenever she talked, she meant to scare me.*
- *Always use protection/condoms, about HIV- get tested before having sex.*
- *I did get a talk about sex around age 6 but it didn't include anything about gay people; I didn't know there was a thing such as that.*
- *Women were raised to carry themselves in a way to get male attention; some man must see you and want you because what else is your purpose on Earth? But you were also told not to laugh a certain way, not to wear too much short clothes because you'd be seen as 'common'.*
- *All I heard was that sex was "wickedness".*
- *I have a very conservative family and growing up they pressure me to find a husband.*

Role of Religion

Several people cited the religiosity of their families as the reason they received homophobic, non-affirming sex education.

* Most of the persons interviewed came from Christian backgrounds. Three mentioned being from Muslim backgrounds. However, religious identity was not an explicit survey question.

- Only one person mentioned experiencing completely queer-friendly religion. Two others mentioned receiving some amount of acceptance from individual priests and Church sisters.

- *The first part of my life, I lived in a house that was Christian based, never learned anything.*
- *Persons used to talk about Sodom and Gomorrah- say you're going to hell if you were gay.*
- *The church taught that it was a sin to be gay- used the word abomination, fire, demon possessed.*
- *I grew up in a very religious home. The messages that were discussed at church were around blessings, sowing seed.*
- *I grew up very Christian. It was written in stone that you were not supposed to be with the same sex. Wasn't said explicitly but if you saw a guy dressed differently- more feminine- my dad would normally tease them, make a joke.*
- *My mother had a lot of negative things to say like if you're gay you'll go straight to hell, she wouldn't claim me as her child, God will turn his back on me. She used to say it was a curse on the family, a demon.*
- *In masjid the majee said something about abomination; yes there were people like this on the earth but it's not accepted for the religion.*
- *I had a relationship with a girl. A big person from the masjid came and talked to us, told us that wasn't acceptable. She had a breakdown and I had to go back to my original family; my adoptive Muslim family disowned me.*
- *I was raised in a C-gang household (Christian). They say man-man and woman-woman is an abomination.*
- *I don't know how it got around to the rest of the church but my close friend (who used to serve in church with me) got up and moved away because her mother said it wasn't right.*

- ***The pastor was very accepting (of lesbian friend); said they didn't discriminate. It's a Lutheran church- they believe in gay rights and gay marriage in the US and are very accommodating towards people who are trans, respect their pronouns.***
- ***Two priests stated publicly that homosexuality wasn't ok, but there was one who said during sermon one time that you had to accept people.***
- ***I asked my 'big sister' at church if she ever had feelings for women. She never said it was wrong or don't do it; she said not to put myself in a situation where anybody could take advantage.***

General Sexuality Conversations

The majority of research participants reported having nobody to talk about sex or sexuality while they were growing up. This is worth noting and relevant to sexual health because it illustrates an overall oppressive societal environment that doesn't allow people to engage in self exploration- a normal part of human development, doesn't acknowledge the diversity that is reality, encourages repression, and limits people psychologically. This can lead to dysfunction in physical and mental health and affect sexual decision-making, practices, and experiences. While this is harmful for everyone, the negative effects are amplified for queer people because these messages shame, deny and condemn their very existence.

This is information is useful for those interested in effecting change for it provides insight which can be used to better understand the lived realities of individuals and communities, help assess barriers to programming, and guide the design of more effective interventions.

- *Never had any conversations about any of that. Parents-wise was a no; other elders in the community would go back to my parents. It would just be kind of awkward to have that kind of conversation with a friend, knowing they might go back and tell their parent, who would then tell my parent- word spread very fast. Growing up we were never told to ask about those kind of things. Whatever you're going through, you basically keep to yourself.*
- *Growing up in a religious Indian home, you're taught that these things are wrong. You want to be able to be comfortable with yourself but you have to think about the family, so tend to suppress the feelings.*
- *I didn't know that we had queer people in the village until you go out to parties etc and you see them. People tend to keep their lifestyles secret.*
- *I know several persons in the community- both male and female- who are like that but they're not able to bring it out because they'll get judged. Everybody knows everybody here.*
- *In our community- an Amerindian village- it's very hard to be this kind of way. Honestly, I think I'm the only girl in the village who's open about her sexuality.*
- *When I talked to my mom, she told me straight to my face then if I ever brought something up like that, she would kick me out the house, abandon me. As a young kid hearing your own mom say that, you can't go against them, keep that to myself.*
- *I wanted to intentionally die when I was younger. Just to get out of it.*
- *My mom and dad are accepting of my cousin is a trans woman. But when it comes to her children, my mother says she doesn't want a daughter who grinds. I don't want to cause that upheaval in my household; they're going to think they did something wrong. I just don't want to hear any negative comments. I already get that about other things; I'm not emotionally ready for that.*
- *I couldn't be seen as defying my mother in any way possible.*
- *They've heard rumors but I haven't said to them directly. They would see me as different. Up to yesterday, mommy was saying she want see her son-in-law. It's like a daily thing- her telling me that I should get somebody and settle down.*
- *My aunt forced me to go into a relationship with a guy even though she knew I liked girls.*
- *I did inherit some internal homophobic because of what I grew up hearing.*

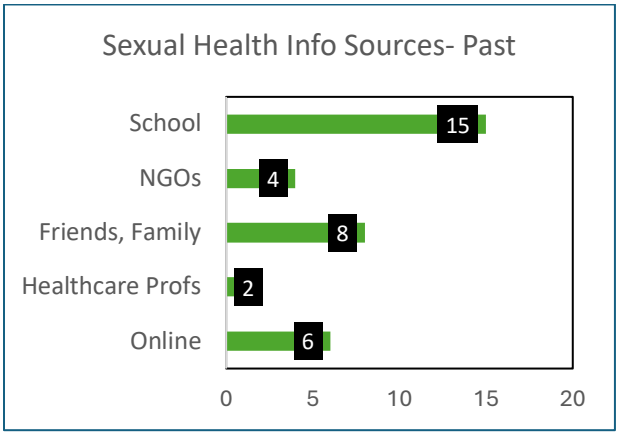
- Only one person was able to speak openly about their non-heterosexuality to their parents/family members when they were young. A few others mentioned family members eventually 'getting used' to their queerness, after many years. Others maintain a "don't ask, don't tell" policy to maintain familial harmony, some answer direct questions but don't volunteer information, while others deflect with hints, and yet others are biding the time until they can be more independent.
- Althought one person reported having frank conversations with her mother about sex, she was still not able to have a conversation with her about her sexuality.

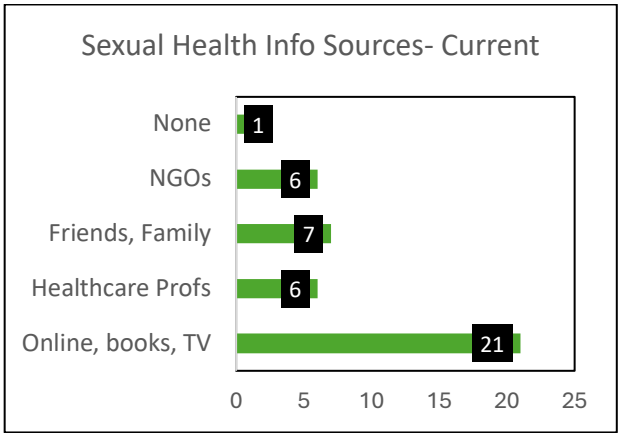
- *Our parents used to support me and my older brother who's gay. Around age 15 I told my mom I was having such feelings. She said she made me but not my mind and whatever decision I made was my own. Father said he can't live my life; I have to do whatever I feel comfortable with.*
- *They had a hard time at first, but over time, they see what makes me happy and they accept me. I'm living with my mother right now.*
- *I had family and teachers who would tell me don't be afraid of being who you are, we're living in modern day now, people should accept the fact. Most of them- family- were upset but they got used to it now. Teachers were telling me to be free.*

- *All of my first conversations about sex and taking care of my body were with my mother. She would share and if I didn't know, we would go to the library together and get a book. Even when my friends were listening to other people, I would go ask my mother. She heard things about me and out right asked me several times; I out right denied it. She was the only person whose acceptance mattered to me; I was afraid.*

Sexual Health Information Sources- Past and Present

Apart from formal sex ed in school and from their parents/families, persons also reported learning about sexual health while they were growing up from their friends, people they were intimately involved with, media (books, TV, movies), some NGOs, and some healthcare professionals.





- While school was previously the place where most people received information about sexual health, currently the internet is the source of information for the majority of persons (21/28; 75%). This very significant change reflects the increased availability and accessibility of technology such as personal smartphones and other internet-enabled devices in modern life as a whole; persons no longer have to depend solely on shared computers, worry about parents accessing their search history, etc.

- *There was only one internet café in my community; the owner was a pastor. He would check search histories and tell parents.*
- *The computer at home had parental controls. I didn't want them to see my search history.*
- *I still wasn't going to take the chance to do certain research at home. When I got my first big girl job, I spent hours online, reading up. I joined every single queer group on FB, trying to meet people, learn from their experiences.*
- *As a late high schooler, I started to really ask myself questions. Was now having access to the internet; looked up the Kinsey scale- that opened up a whole new world for me.*
- *I discovered a lot of queer people, and queer spaces overseas online.*
- *I got into fan fiction/smut online. Some of them described same-gender sex, coming out, etc. I didn't have a lot of people to talk to in real life, was kind of isolated. I found it helpful to read those stories, found acceptance.*

- Engaging with non-profit and non-governmental organizations (such as Youth Challenge, GRPA, Volunteer Youth Corps, the Women and Gender Commission, GuyBow, SASOD, Caribbean Vulnerable Communities Coalition) was a source of sexual health information for persons surveyed that increased over time.
- Significantly, the formal health sector is not a huge source of sexual health information for persons. Most persons who engage there are actually going directly to friends, family members, or acquaintances they have established relationships with.

- A few people mentioned speaking with and learning valuable information from other family members who they knew to also be queer.

Sexual Health Information Sources- Past:

- *There used to be people from various organizations on the radio and tv- giving advice, PSAs, talk shows, call in programs etc.*
- *An ad used to come up on the Learning Channel about contraceptives and how babies are made.*
- *Hearing people talking about it on the road, plus in groups with other gay people.*
- *From friends and attending workshops/support groups etc.*
- *Murundoi taught me a lot.*
- *There was a women's empowerment group at church that showed how to use condoms etc*
- *I learnt a lot from my cousin who was trans.*
- *I ended up volunteering at a children's center when I was in my late teens. The head person used to talk to them a lot about sexual health- that's how I started learning.*
- *Looked stuff up online for hw and presentation purposes. They showed those pictures of STDs- scared me.*
- *talking to other females*
- *Other people's experience that they shared with me- friends, family members, strangers who meet while drinking and gyaffing.*
- *The school system doesn't do a really good job educating girls about their own body. Most of what I know is from my own research tbh.*
- *I went to a few workshops on SRHR last year with an NGO.*
- *I always found myself dating older women, so they would teach me.*

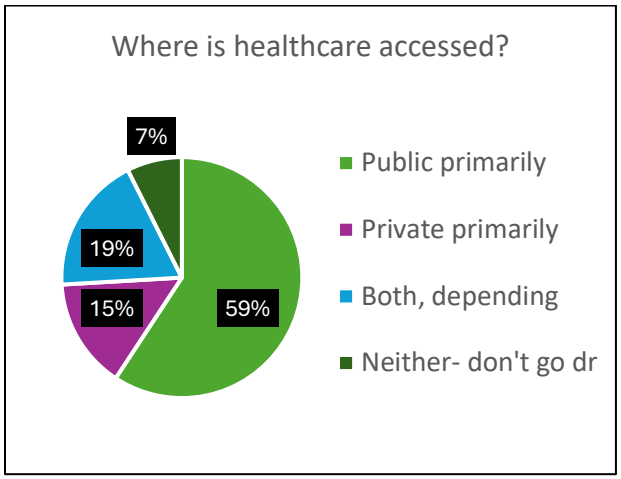
Sexual Health Information Sources- Present:

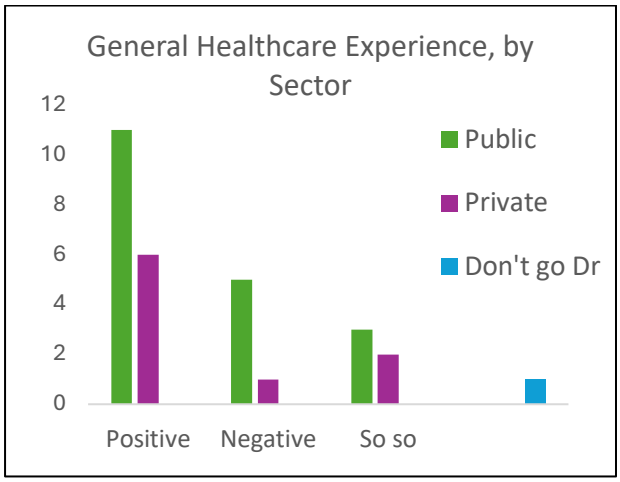
- *Dr. Google!*
- *Online. Sex education show on Netflix- a gay character brought up the same thing I had been thinking about for years. Or you have to read for yourself, and always verify.*
- *Me does look all dem website. I look government place #s to call, to find out information. You have to go out and meet people, especially bigger ones.*
- *I have several friends who are doctors so I talk to them and get advice. Also Google and WebMD.*
- *I would reach out to my colleagues- female doctor friends.*
- *If it's something I feel really scared or ashamed about, I would check online or call the ministry/health center and speak to them anonymously.*
- *I do my research- have friends/cousins who are in the health field.*
- *I follow a lot of online sources- queer, sex positive.*
- *I try to talk to a lot of people about their experiences.*
- *Coworkers. I know what to ask, how to parse credible sources etc. Talk to Drs I know personally.*
- *I know where to direct persons- GRPA, the MOH, health centers.*
- *From friends that are older than I am. I would normally ask them if they've experienced anything similar, or heard of others experiencing it.*
- *Google. Don't usually talk to others unless I'm really really stuck.*

Several persons reflected that as they 'grew up', they started to question the heteronormative notions they had been raised with, and to do their own research; this inevitably led to a growth of awareness and increased knowledge of self, sexuality, sexual health etc. Some persons also referenced getting exposed to new/different environments and peer groups as they grew up- such as the university setting, or moving from a rural/hinterland location closer to Georgetown, away from their families, obtaining more independence and autonomy over themselves, becoming more accepting of themselves, taking more initiative to explore their sexual identity, etc.

General Healthcare

Over half of all people surveyed accessed healthcare in the public sector primarily. Price was cited as a factor, with several persons saying they couldn't afford private care.





- The majority of respondents (17/28; 61%) had generally ok experiences accessing healthcare, in both the public (11/17; 65%) and private sectors (6/17; 35%).
  - To note is that almost half the persons who reported having good experiences (8/17; 47%) were deliberately 'passing as straight', were not asked questions related to their sexual orientation/practices, had sought care from persons they were acquainted with, weren't bothered by, or were choosing to ignore provider ignorance related to sexual orientation and/or gender identity (SOGI).
- For those who had primarily negative experiences overall, or some negative experiences in some places (11/28; 39%), those were overwhelmingly in the public sector (8/11; 73%).
  - Of these negative experiences, four were explicitly discriminatory on SOGI grounds, two were generally sexist, and five were due to fear/discomfort/poor provider rapport.

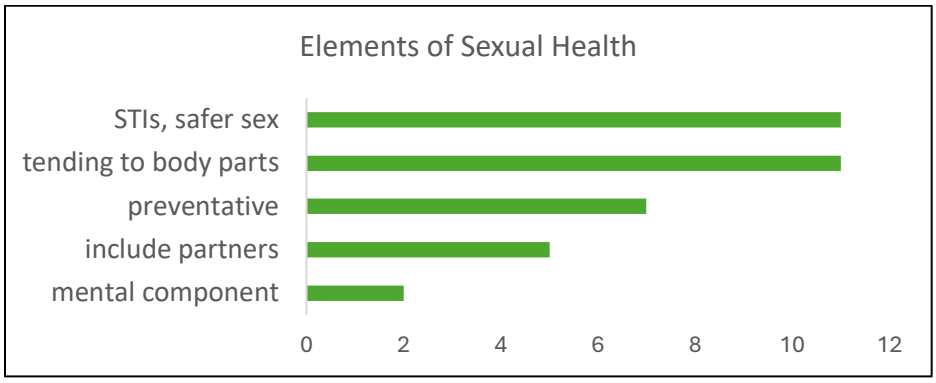
- *Most of these doctors and nurses say you have to have children- that when you have your first child, you won't have these issues; you need to use this body, you need a husband.*
- *The nurses would watch me and treat me different; they wouldn't give me something when I asked for it, took long to assist me.*
- *When the doctor asked about using protection, I said there's no chance I could get pregnant. A strange look came over his face; he said he didn't understand. The tone, his face changed; he asked if I go to church. I had to tell him that I didn't come to see a pastor. I didn't go back for the results.*
- *They don't ask about same-sex experiences, so my bisexuality hasn't come up.*
- *When I was pregnant, I got a lot of verbal discrimination. I was masculine presenting; the doctor told me I couldn't be looked after unless I came back with a dress, that I couldn't wear pants to get maternal care.*
- *My sexuality doesn't come up in that setting; I don't dress a particular way- I "pass" as straight.*
- *At one time, I had to tell a doctor to her face: "listen to me- this is a public place and you are required to look at me. I ent come here for you to look at my gender and judge it because you're not God." She watched me from top to bottom- hit me up and lash me down with her eye, then she start talking about God burning the city of Sodom and Gomorrah. She sent another dr to look me.*
- *I does have to correct them sometimes, for statistics- the gender marker- they only have M or F.*

Sexual Healthcare

Defining Sexual Health

Most people's definition of sexual health focused on ensuring their physical body parts were cared for and functioning properly, as well as ensuring they were protected against sexually transmitted infections.

- Rights were mentioned twice, along with a mental/emotional component. A handful of persons also mentioned ensuring that the persons they engaged in sexual activity with were taking care of themselves as well.

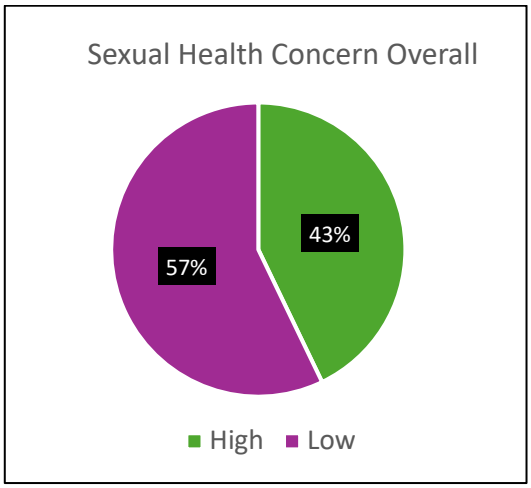


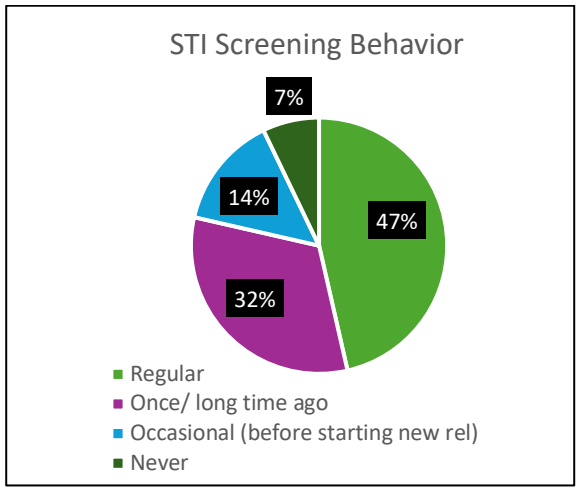
- *My sexual reproductive system and sexual practices; the way I have sex.*
- *Checking to see if you have any STDs; ensuring that you're practicing safe sex.*
- *Being clear of STIs; the general functionality of genital arrangements.*
- *Any activity concerning sex, taking into consideration the repercussion. Protection.*
- *The wellbeing of my private part- how well I take care of it, how I consider it, how much I prioritize it.*
- *If I have proper inside health, healthy womb, etc.*
- *Self awareness- knowing your body, the way it works, how to care it, your reproductive needs.*
- *Your health and rights; making choices of your own when it comes to your health.*
- *It means health for all, no matter your sexual orientation.*
- *Ensuring that you're healthy when you're going to engage in sexual activity- it's a responsibility.*
- *Being careful of your sexual organs whereby you're doing checks, examining, making sure that your reproductive parts are ok, how they should be. Also making sure that whoever you're going to have private time with, that they're taking care of themselves too.*
- *How to do the right thing to maintain health down there*
- *Having multiple partners, STDs*
- *To be healthy while having sex, maintaining sexual health balance.*
- *Safe sex. Making wise choices.*
- *Everything related to your sexual parts- how to take care of yourself, who do you allow access to your body, what steps do you take to ensure that your sexual health is positive, who are the people you're interacting with, etc.*
- *The physical aspect as well as a spiritual aspect.*
- *Care and wellbeing- physical, mental, and emotional.*
- *Protecting myself from STDs mainly. Also getting an injection against HPV*

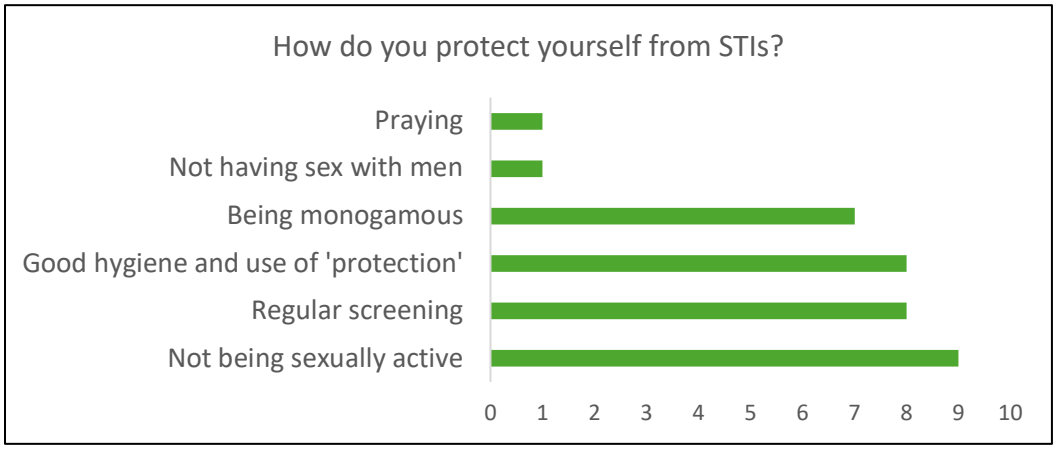
STI Screening and Sexual Health Concern

More than half the study participants reported low levels of concern about their sexual health.

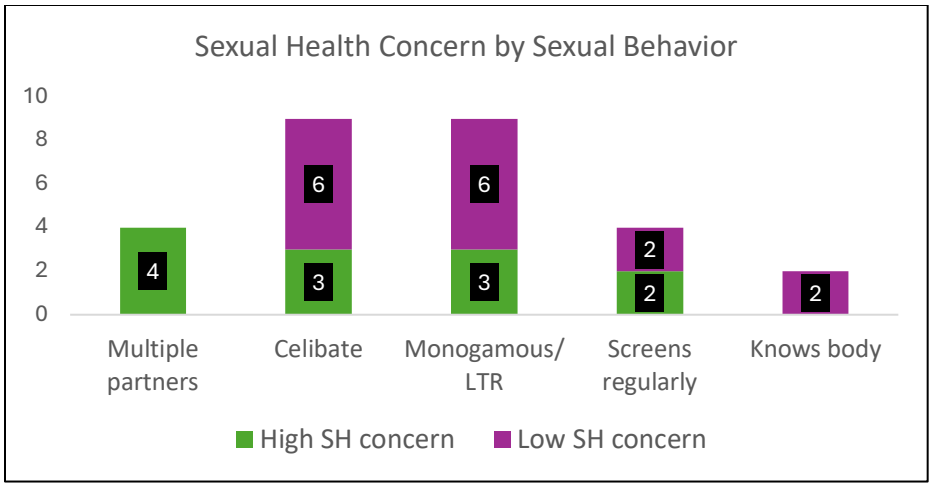
- Almost half of study participants reported getting screened for STIs regularly; only two persons had never been screened because they were not yet sexually active. Everyone else had been screened at least once in their lifetime, and several were careful to get screened before engaging in sexual activity with new partners.







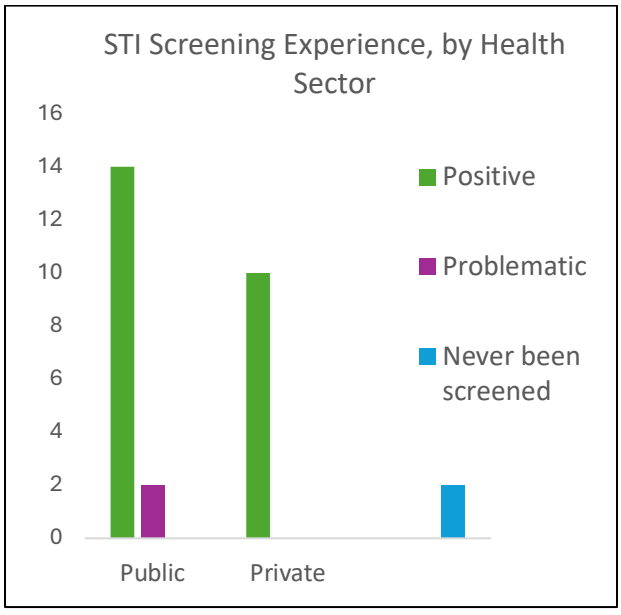
- A quarter of the research participants mentioned being in a monogamous relationship as the way they protected themselves from STIs. (7/28; 25%)
- One person cited not having sex with men as a protective factor and another person mentioned prayer as her method of protection.
- About a third (9/28; 32%) stated that they were currently not sexually active and therefore not concerned about STIs.
- Approximately thirty percent of persons (29%) reported engaging in safe sex (ie using protection) and implementing self-care and hygienic practices as preventative measures against contracting STIs.



- Interestingly, more than half of the people who expressed moderate and high levels of concern (7/12; 58%) were not currently sexually active, were in monogamous relationship with a single long-term partner, or were getting tested regularly. This apparently disproportionate level of concern could indicate a more anxious personality, and/or be a possible indicator of a lack of ability of some persons to accurately access their risk, possibly due to lack of information or misunderstanding of certain concepts.

STI Screening Experience

- The majority of persons reported uneventful STI screening experiences (24/26; 92%).



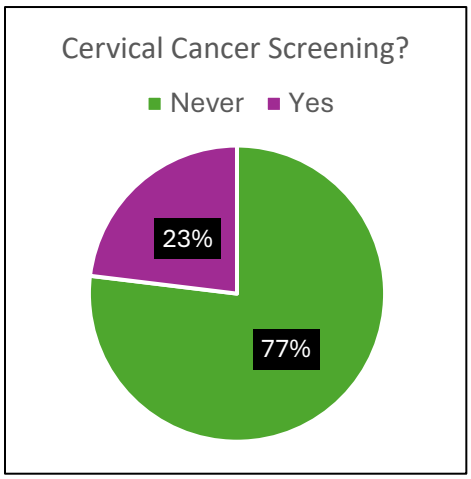
- The majority of STI screening was done in the public health sector (15/26; 58%).
- Only one person reported explicit discrimination based on sexual orientation.
- One individual reported having to educate the doctors on their gender identity, but was ok doing that.
- Several (9/26; 35%) deliberately chose to utilize services at facilities where they had established good rapport with providers over the years, and/or where friends of theirs were employed.
- Several had utilized STI testing services that were part of public outreach events.
- Three had been tested as part of prenatal care services.

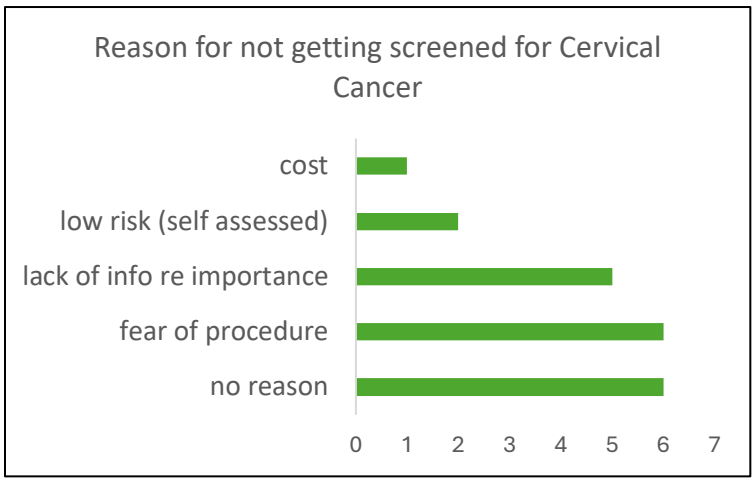
- *You can see from their face that they don't like it when I tell them I have relationship with females- they look at you in disgust, but they still do everything.*
- *Went to a friend; they did all my testing, confidentially.*
- *Other people make you feel embarrassed, as a young person. Being Indian- people make you feel a certain way about it. The way the people were looking at us in the waiting area, I felt shame.*

Cervical Cancer

The majority of study participants (20/26; 77%) had never been screened for cervical cancer.

- A quarter of those who had never been screened for cervical cancer (5/20) reported not having enough information about the procedure or the importance of being screened.
- Thirty percent of unscreened persons (6/20) reported being afraid and unwilling to deal with the discomfort they anticipated/associated with the procedure.
- Another thirty percent of unscreened individuals didn't have a particular reason for not getting screened; it simply wasn't a priority for them.
- Two people had self-assessed themselves as being low risk.
- Public and private services were equally utilized, with two persons using the public sector and two private. Two persons did not specify the sector where they had obtained the screening.





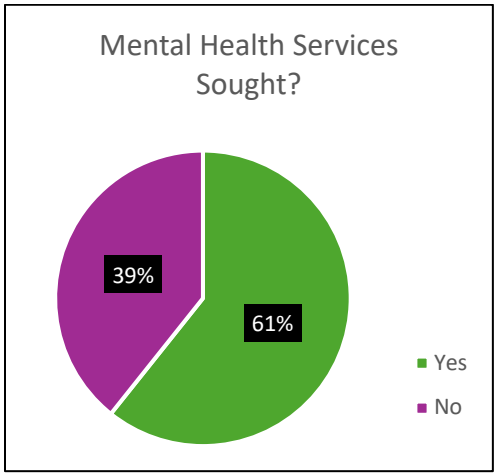
- Half the persons who had been screened reported that the experience was painful and uncomfortable for them. In each instance, the healthcare provider failed to make them feel comfortable, or was actually discriminatory towards them on SOGI grounds. However, two of these persons still returned for another screening, at another location, with another provider because they understood the importance of getting screened (one also has a family history of cervical cancer which was motivating.)
- Of the persons who didn't report any explicitly negative screening experience, only one had gone back for a second screening (that was because cancerous cells were found and cryotherapy was needed). The other hadn't been screened again for over a decade because she didn't have an understanding of the importance of the procedure.

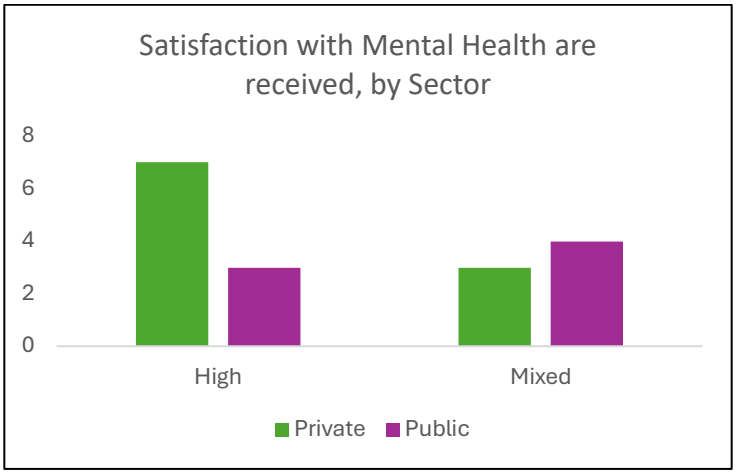
- *I'm just scared- don't want to get anything up there.*
- *Didn't get any education about it growing up. Don't have a lot of information about the procedure, how much it's going to pain etc.*
- *Nobody tells you how important it is; don't have the knowledge of it.*
- *Ignorant about it; not sure about relevance to me.*
- *Was advised to do it but haven't yet. I don't really know what it's about, am kinda scared.*
- *I saw the information but when I think about the doctor pushing their hand in me, I don't feel comfortable.*

Mental Health

The majority of research participants (17/28; 61%) had accessed mental health care at some point in time in their lives. For some this was a one-time experience while others were accessing regular or episodic support.

- Just over half the mental health care was sought and received in the private sector (10/17; 59%). Over a third of persons accessed mental health care in the public sector (6/17; 35%). Only one person had accessed care in both the public and private sectors.





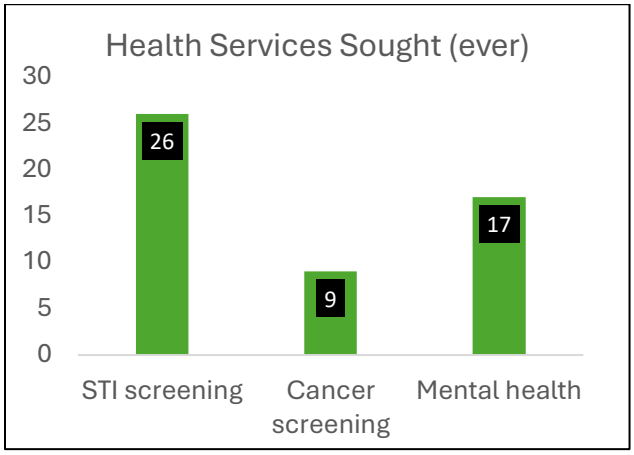
- Most persons accessing mental healthcare (10/17; 59%) reported a positive experience. However, 41% (7/17) of respondents reported some dissatisfaction in the care they received.
  - The majority of positive experiences were obtained in the private sector (7/10; 70%).
  - The majority of negative experiences (4/7; 57%) occurred in the public sector.
  - However, almost a third of the people receiving mental health care in the private sector (3/10; 30%) also reported some dissatisfaction with the services they received.
  - Reasons for dissatisfaction included lack of confidentiality in the public sector, poor
  - provider rapport, as well as specific discrimination on SOGI grounds.

- *The environment at GPHC isn't conducive; it's too loud there- you can hear other people talk about their issues. Also- they would have nurses training in the room with you, sitting and taking notes, asking for explanation- without getting consent. Plus you have to wait outside to collect your meds.*
- *I started the counseling when I was in relationship with a girl; the counselor didn't approve. When I then got in a relationship with a man, she said "I'm so happy you're in a healthy, normal relationship." I just don't listen to her when it comes to the gay stuff.*
- *Counselor was gay himself, so I was comfortable talking to him.*
- *The therapist accepted my sexuality; even if she's not a member of the community, she still understood enough, didn't pass judgment on queer people. Didn't put me in a defensive mode; I could bare my soul.*
- *Feel safe, supported, respected.*
- *It was refreshing because she didn't discriminate; I was openly gay, dressing masc. She created a safe space for me- I got to lie down and speak; it was really nice. I felt comfortable being myself.*

Comparison between the different types of sexual health services sought:

Overall, research participants sought STI screening much more (93%) than mental health care (61%) or cancer screening services (32%).

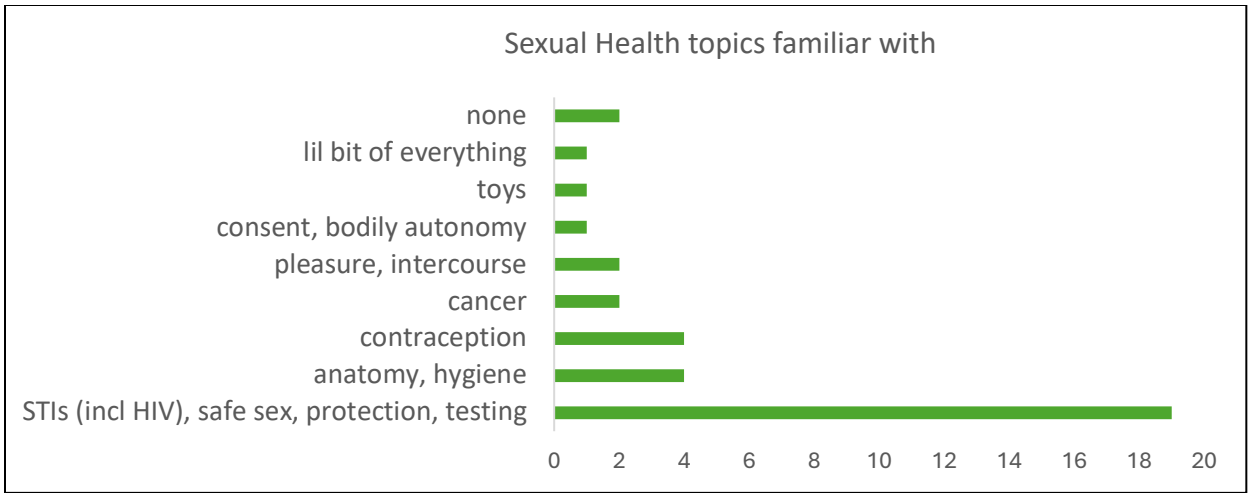
- Clearly, the same awareness that exists around the importance of screening for sexually transmitted infections doesn't exist around screening for cancer.
- This may be for various reasons including the youthful age range of the research subjects, a general lack of information about this topic in the public domain, and/or discomfort against discussing the difficult topic of cancer.

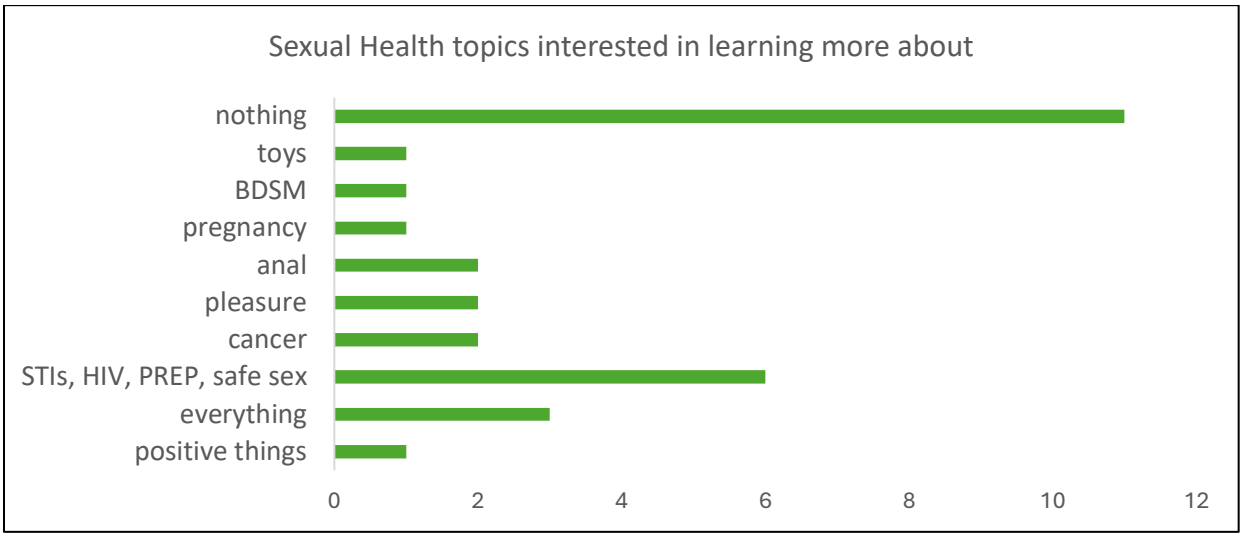


Continuing Sexual Health Education

While Sexually Transmitted Infections was the sexual health topic that research participants were most familiar with, it remained the topic persons wished to learn more about- those who were still curious about sexual health, that is.

- Almost 40% (n=11; 39%) of all research participants declared that there wasn't any particular sexual health topic they wished to learn more about.
- This may be an artifact of the way the question was worded, its placement in the survey, or a reflection of people's unfamiliarity with the plethora of sexual health topics that exists- inherent reason therefore to provide more of this information to persons.

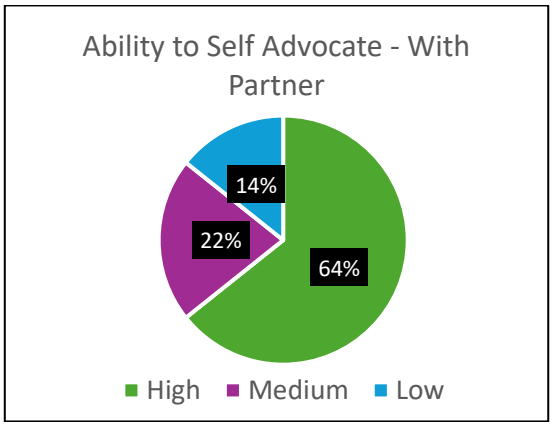


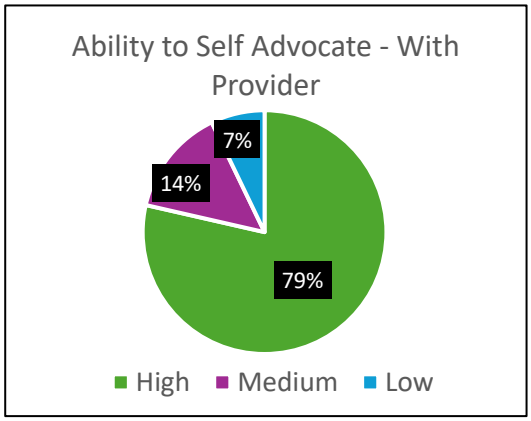


- *Sexual pleasure and how related to orgasms. Fetishes, BDSM. The uses and needs of contraceptives. I want to be a resource to others.*
- *I'm actively teaching myself about reproductive health during and after pregnancy.*
- *Toys etc. As somebody who's fluid- even within the community, certain topics aren't discussed enough..*
- *Why my body doesn't react (get wet) when I'm turned on..*

Ability to Self-Advocate around Sexual Health- with Partner(s) vs Healthcare Providers

More persons rated themselves are being more able to advocate around their sexual health concerns with healthcare providers (79%) rather than their partners (64%), citing a greater delicacy around intimate partner communication (i.e. unwillingness to hurt feelings or shame a partner) versus communicating with a professional who they deemed as likely to be better trained and able to deal with questions from the public.





Self-Advocacy with Partner:

- *With partner(s), I would try to consider their feelings, don't want to hurt them- is more delicate.*
- *I would probably feel weird but would tell myself I should do this.*
- *It really have to bother me before I say something. Sometimes when you're supposed to speak up, you don't; sometime I ignore stuff.*
- *With partner, at times it's hard to speak. I don't feel understood at times; sometimes I just leave it. I don't want to make them feel insecure about themselves, by me asking them.*
- *I have this thing about not making people feel uncomfortable or offended. Even if know it's for my benefit.*
- *It's a bit trickier with partners- depends on their gender. Imo it's easier with female partners because the risk is lower. With male partners, it's harder- most of the time they're less reasonable when it comes to sex.*
- *There's always that little voice in my head thinking that I could be physically hurt. I don't mind the verbal abuse but when it gets physical that's scarier. I try to keep that in the back of my head because I need to do what I need to for myself.*
- *With partner(s), now I feel able. Wasn't like that before; was quiet and shy, scared to talk up for what's right.*
- *It's my right to know stuff, plus it's right to tell them stuff.*
- *I'm very able, very vocal, very informed- for both sets of people.*
- *Feel fully able; I'm a very outspoken person.*
- *I am not open up that much to talk about it; I don't know if it's because of how I grew up. Maybe in the future when I have enough information, I would be able to do it.*
- *I just have very little information about the whole issue as a whole; my partner is a lot more knowledgeable than me.*

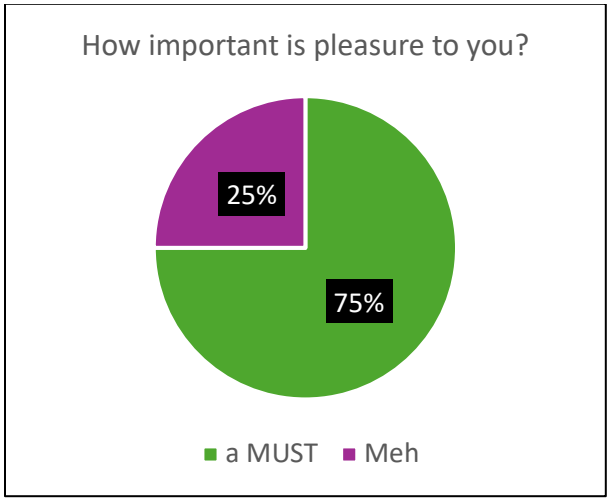
Self-Advocacy with Healthcare Provider:

- *With healthcare provider(s), I'm not afraid to speak. If I hear them discriminating, I confront them. They should know it's not ok to be like that.*
- *No issue talking with healthcare providers- is for my benefit.*
- *With healthcare provider(s)- if they're making assumptions, then I would definitely be able to represent myself.*
- *With healthcare provider(s) I'm not usually shy to ask for information; it's nothing new to them.*
- *Easier with providers.*
- *With healthcare provider(s), I don't have much confidence; I'm afraid of their judgment.*
- *With providers, I'd be more confident speaking to a woman, if I trust them, and if confidentiality is assured.*
- *With healthcare provider(s), it depends on the gender of the provider; if I get a read off them, tone etc, then maybe I'll answer. If the environment is one that induces comfort.*
- *I don't make jokes. I'm very much serious about it.*
- *I would proudly do it with anybody.*
- *Depends on the crowd. I'm not sure I have the capacity to get them to fully understand me- sometimes I think maybe I don't have the proper language, words etc. But I have the confidence, and the knowledge, just not the scientific terms.*
- *Everybody has rights, and the right to speak up for themselves. To be a leader you have to learn these things, so that whenever problem and situations come up, you can deal with them.*

Further analysis did not reveal any association between age, ethnicity, geographic location, or educational attainment and ability to self advocate.

Pleasure

Three quarters of research participants noted that sexual pleasure was very important to them, while a quarter gave higher priority to other things such as emotional connection and their partner's pleasure. Only two persons noted that the lack of sexual pleasure could be an issue requiring professional medical intervention; most other people said it would trigger self and relationship reflection and communication with their partner(s).



- *I could live without it; am close to being asexual. If I noticed a drastic change, would go to a doctor to check to see if there's nerve damage.*
- *"What's good for your hole might not be good for your soul.. It should be balanced; if they're not good for you mentally then the physical stuff doesn't really matter to me.*
- *I'd be concerned but would go on with my day; I could get pleasure in other ways.*
- *For me, I need everything else then that.*
- *As long as my partner is enjoying that would be ok for me.*

CONCLUSION AND RECOMMENDATIONS

It is clear from this research that much more work needs to be done in terms of educating healthcare providers as well as lesbian, bisexual, trans, and queer Guyanese about sexual health issues and practices.

Comprehensive sexuality education is crucial to help all Guyanese- including current and future healthcare providers- properly understand and meet the needs of queer Guyanese youth and adults- i.e. to provide more respectful, appropriate, and queer-friendly care.

Comprehensive sexuality education is also necessary to help individuals better understand their own physical and psychological needs, along with those of their sexual partners, to become more effective sexual health advocates with their intimate partners as well as healthcare professionals, and to make better sexual health decisions overall.

Specific Recommendations:

- Individual and community level sensitization and public education campaigns are needed to expand persons' understanding of sexual health beyond physical disease prevention (as important as that is), to a broader, more holistic approach that prioritizes healthy relationships beyond the physical/sexual aspect, encourages non-judgmental, violence-free, mutually respectful dialogue between intimate partners, potential partners, family members, and healthcare providers.

- Interventions must also acknowledge and deal with the larger socioeconomic, cultural, and religious environment in Guyana that shapes people's understanding of their sexuality- especially in childhood- and impacts their corresponding intimate relationships in adulthood.

- Educational campaigns specifically targeting queer women-identified Guyanese would help to dispel myths, empower persons when seeking care and communicating with partners and healthcare providers, and enjoy better sexual health overall.

- Advocacy campaigns that promote the sexual health and rights of queer Guyanese women-identified persons are also necessary to shift the structural barriers that currently oppress members of this group and prevent them from living their best possible lives.

- In terms of specific physiological sexual health needs, more education is needed around breast, cervical, and other cancers of the reproductive system, as well as more initiatives to increase early and regular screenings, and to dispel myths and misinformation that discourage individuals from seeking cancer screening services.

- These campaigns and interventions must, as much as possible, not be limited to Georgetown or Region 4 alone, not be solely online. Ideally they would also reach persons in the hinterland

regions and areas of Guyana where internet access is limited and enable them to better access the quality sexual health services that they deserve.

APPENDIX A: Research Tools- Consent Form

Tamùkke LBTQ Sexual Health Research Consent Form

Research Summary:
This research project is being conducted by Sherlina Nageer, independent consultant, on behalf of Tamùkke Feminists. This research focuses on the understanding of sexuality among lesbian, bisexual, trans, and other queer (LBTQ+) persons in Guyana, focusing on sexual behaviours, attitudes, and knowledge gaps.

Research Methodology:
This research will take the form of a qualitative one-on-one interview, conducted either in person, face to face, or virtually via phone or online platform (to be determined based on individual preference and logistical needs). There are 30 questions total to be answered, on topics such as sexual identity and expression, childhood messages around sexuality, and sexual health.

Time and Compensation: The interview will take approximately one hour and will be recorded (voice), as well as via the compilation of written notes. Each participant will receive a participation stipend of $5K GYD.

Safety*:* There are **no** physical risks associated with this research. There is the slight possibility that discussing this topic may be uncomfortable for some persons, and some may experience slight emotional distress. Participants are free to skip any question(s) they wish, or to pause, stop, or re-schedule the interview at any time; there will be no coercion or penalty for ending the interview prematurely or for not answering all the questions. Affected persons will be provided with mental health support and resources, and will still receive the full participation stipend.

Confidentiality*:* The information obtained in this research will NOT be linked to anyone personally in any way at any time. If the researcher wishes to use direct quotes from any individual's statement, they will employ the use of pseudonyms instead of real names. The interview recordings and notes will be stored on a password-protected device and online storage location, accessible by the researcher only.

Benefits of the research and benefit to you: By participating in this research you may reflect and learn about other resources and supports you were not previously aware of. This research may also benefit other LBT persons as your experiences will be used to help shape advocacy and community interventions.

Agreements and Understanding
By agreeing to participate in this research, I agree to:
- answer honestly and as best I'm capable;
- have my voice recorded and/or for notes to be taken during the interview;
- remove any liability from the researcher and entities funding the research for any emotional distress I may experience during the conduct of this research.

I understand that:

- Participation in this research is completely voluntary. I do not HAVE to answer any question I don't want to; I am free to skip any question at any time. I am also free to stop/end the interview at any time, and/or ask to pause and take a break anytime I so wish.
- Some of the information I provide will be used to write a report on this topic for public dissemination, educational, and advocacy purposes.

By signing this document, I hereby indicate my understanding and agreement with all the above statements.

Name: _____ Signature: _____

Date: _____

APPENDIX B: Research Tools- Survey

Knowledge, Attitudes, and Practices around Sex and Sexuality of Lesbian, Bisexual, and Trans Guyanese

Demographics

1. Age: _____ 2. Ethnicity: _____
3. Language you are most comfortable expressing yourself in: (English/ Creolese/ Indigenous/ Other?)
4. Highest Level of Schooling Completed: _____
5. How do you make $$/ earn a living?: _____
6. (a) Where did you grow up? (Community/Region): _____
   (b) Where do you currently live/ spend the majority of your time? (Community/ Region): _____
   _____
7. What is your current relationship status? Check as many as apply.
   (Single// Separated// Divorced// Married to a man// In a monogamous relationship with a man// In a monogamous relationship with a woman// In multiple simultaneous relationships with multiple people (ie dating)// Transactional// Other) Please be specific. _____
   _____
8. Do you have any children- biological or otherwise? Y/N
   - If yes, #, age(s)s, gender(s)? _____
   _____

Current Understanding of the Sexual Self: Identification, Comfort Level, Expression

[This set of questions is designed to get an understanding of respondents' current sense of their sexual self- how they self-identify, how comfortable they are with their sexuality, the role their sexuality plays in their life currently, etc]

9. (a) How do you identify/define/describe your sexuality? (Straight// Gay// Lesbian// Bisexual// Asexual// Queer// Pan// Other)
   (b) What does this label/term mean to you? Please be as specific as possible.

10. Do you express your sexuality (either in public or in private)?
    - If yes, how do you express your sexuality? Please be specific, give examples etc. (Prompt: daily choices/ decision-making, public vs private, in all or limited/specific settings only, in your sexual practices?)
    - If not, why not? (What are the barriers/reasons you don't express your sexuality?)

11. Are there any aspects of your sexuality that you struggle with currently? Please be as specific as you feel comfortable sharing.

How Did We Get Here?

[This set of questions is intended to unpack childhood lessons around sex/sexuality, in order to understand how respondents came to have their current sense of their sexual self.]

12. When did you come to realize your sexual identity? (Prompt: At what age did you come to realize who/the types of people you were and weren't attracted to?)
    - Please say more about how you came to that realization.

13. (a) While growing up, what messages did you receive about sex and sexuality? What were you taught about sex/sexuality at home, in school, in your community? Please be as specific as possible (Prompt: Looking here for direct messages/lessons- HFLE etc.)
    - At home:
    - In school:
    - Other people and places (religious community, sports group, friend circle,

    (b) Was queerness/gayness/non-heterosexuality acknowledged in those lessons? Were the messages positive or not?

14. While growing up, did you have any queer/gay people in your life on a regular basis?/ Did you have any personal, direct, close interactions (see/know/talk with) with queer/gay persons during your childhood?
    - If yes, what were your interactions with these queer/gay persons like? Please be as specific as possible. (Prompts: Were these interactions positive or negative? In what ways, specifically?)
    - If no, did you go online to find examples of such people? (Prompts: Did you find them? What were those interactions like?)

15. While growing up, did you have any conversations about gayness/queerness/non-heterosexuality with trusted adults in your life- ie relatives/parental figures, teachers, other adult caregivers or community members?
    - If yes, what was the content of those conversations?
    - If yes, what information or views about sex/sexuality were expressed/what did you learn from those conversations/interactions? (Prompts: Was the information about gayness/queerness positive or negative? In what ways, specifically?)

16. (a) Where else did you get information about sex/sexuality while growing up? (Prompts: media- social, music, friends, etc)
    (b) What did those other sources say about gayness/queer sexuality? Please be as specific as possible (Prompt: Was the information/messages about gay/queer sexuality from those sources mostly positive or negative?)

(Notes: Look out for messages around shame, religious views, conversion therapy, values, as well as instances where consent and bodily autonomy may not have been respected..)

Sexual Health Specific

[This set of questions is designed to explore respondents' experiences and concerns regarding their sexual health as LBTQ individuals, as well as their access to respectful and relevant sexual health services. This is <u>not</u> an assessment of persons' knowledge of LBTQ sexual health practices overall. Note- this question set also encompasses mental health.]

17. (a) How often do you access healthcare services, generally? (Prompt: for preventative care/regular check ups- not sexual healthcare specifically.)
    (b) What kinds of healthcare services do you regularly seek and receive? Please be as specific as you feel comfortable sharing.
    (c) Where do you generally access healthcare services- publicly or privately? (Prompt: Always at the same place/provider, or different?)
    (d) What kind of experience have you had, overall, when accessing general healthcare services? *(Prompt: Have you ever been denied healthcare, or felt disrespected/discriminated against by a healthcare provider based on your sexual orientation/gender identity, or way you*

presented/were dressed, etc?) Note: checking here to see if non-gender conforming individuals have issues accessing services even when they're not going for sexual healthcare specifically..

(e) Have you ever accessed mental health care services specifically?
- If yes, how often and where? Please be as specific as possible for you.
- If yes, how was that experience like for you? Please be as specific as possible for you. (Prompt: If sex/sexuality was a factor in your desire to seek mental healthcare services, were you able to satisfactorily discuss that topic with your provider and obtain the assistance you needed? Did you feel safe, supported, and respected as a LBTQ Guyanese seeking this kind of healthcare?)

18. What does the term sexual health mean to you? (Prompt: What falls into this category? What does it cover? What things does it make you think of?)

19. Where did you learn about sexual health? (Prompts: books/articles, friends, family members, online, talking with healthcare professionals, media, other)

20. How concerned are you about your sexual health? (Prompt: Is this something you think about regularly? Proactively? Or only if you experience something out of the ordinary, or if someone-friend/sexual partner/other says something to you?)
    - If not particularly concerned, please explain why not (Prompt: not sure what sexual health is, self-assessed as low-risk, jus clueless, jus don't care, in denial/scared, other)

21. Where do you get information about sexual health topics? Please be specific. (Prompts: real life vs online, anonymous vs face-to-face, private vs public?)

22. (a) What sexual health topics do you feel very knowledgeable about? Please be specific.
    (b) What sexual health topics do you have questions about/ wish to learn more about? Please be specific.

23. What do you think your current risk is for contracting a Sexually Transmitted Infection (STI)- low, medium, or high? Please explain your answer.

24. What do you do currently to protect/prevent yourself from contracting a Sexually Transmitted Infection (STI)? Please be as specific as possible. (Prompt re condom use, PREP)

25. Have you ever gotten tested for sexually transmitted infections?
    - If yes, when was the last/most recent time you were screened?
    - Please describe how that experience was for you (Prompt: Was it a good or not so good experience overall? What made it so? Provider rapport, other?)
    - If never/long time ago- What are your reasons for not getting screened regularly? Please be specific. (Prompts: not sexually active, not concerned/don't care to know, self-assessed as low-risk, unsure about where to access services, fear, past experience of discrimination, other)

26. For cis women respondents: Have you ever gotten screened for cervical cancer (by way of a Pap Smear, VIA, or HPV blood test)?
    - If yes, when was the last/most recent time you were screened?
    - Please describe how that experience was for you (Prompt: was it more positive or negative? What made it so? Provider rapport, other?)
    - If never/long time ago- What are your reasons for not getting screened regularly? Please be specific. (Prompts: not aware of the need, not concerned, unsure where to access services, fear, past experience of discrimination, other)

27. For trans women respondents who have not undergone gender transformative surgery: Have you ever gotten screened for testicular cancer?

- If yes, when was the last/most recent time you were screened?
- Please describe how that experience was for you (Prompt: was it more positive or negative? What made it so? Provider rapport, other?)
- If never/long time ago- What are your reasons for not getting screened regularly? Please be specific. (Prompts: not aware of the need, not concerned, unsure where to access services, fear, past experience of discrimination, other)

28. (a) How able do you feel to advocate for yourself around sexual health issues- with your partner(s), as well as healthcare providers? Use Likert scale- 1 being not confident, 5 being medium/so-so, and 10 being highly confident/able. (Prompt: Advocating for self means speaking up, asking questions/for clarification when needed, making decisions about use of condoms and other barrier methods to prevent STIs, asking about partner's sexual history and health status, deciding if/when to reproduce, etc)
    - With partner(s):
    - With healthcare provider(s):

    (b) What affects your ability to advocate for yourself around sexual health issues? (Prompts: lack of information/knowledge, shame, fear of having trust violated, fear of getting hurt- physically and/or emotionally, other)

29. (a) How important is experiencing sexual pleasure to you? (Prompts: Would you be concerned if you don't experience sexual pleasure, stop experiencing sexual pleasure, or don't experience sexual pleasure regularly/in the way you used to?)

    (b) What would you do if this happened to you?

30. (a) If you could go back in time and speak to your younger self, what would you tell them about sex and sexuality, based on what you know/have experienced since?

    (b) If you have children, what do you tell/teach them about sex and sexuality?

APPENDIX C: Mental Health Resource List

Mental Health Support/ Resource List

- Carlotta Boodie Walcott: 665-0228
  *also offers virtual sessions
  ** Queer friendly

- Guyana Rainbow Foundation: 650-7830
  ** Mental Health Fund for Queer Persons

- Guyana Responsible Parenthood Association: 225-4743
  ** Queer friendly; very affordable

- The Art of Wellbeing (Michelle Amsterdam): 676-8557

- Guyana Foundation (Essequibo): 690-9890