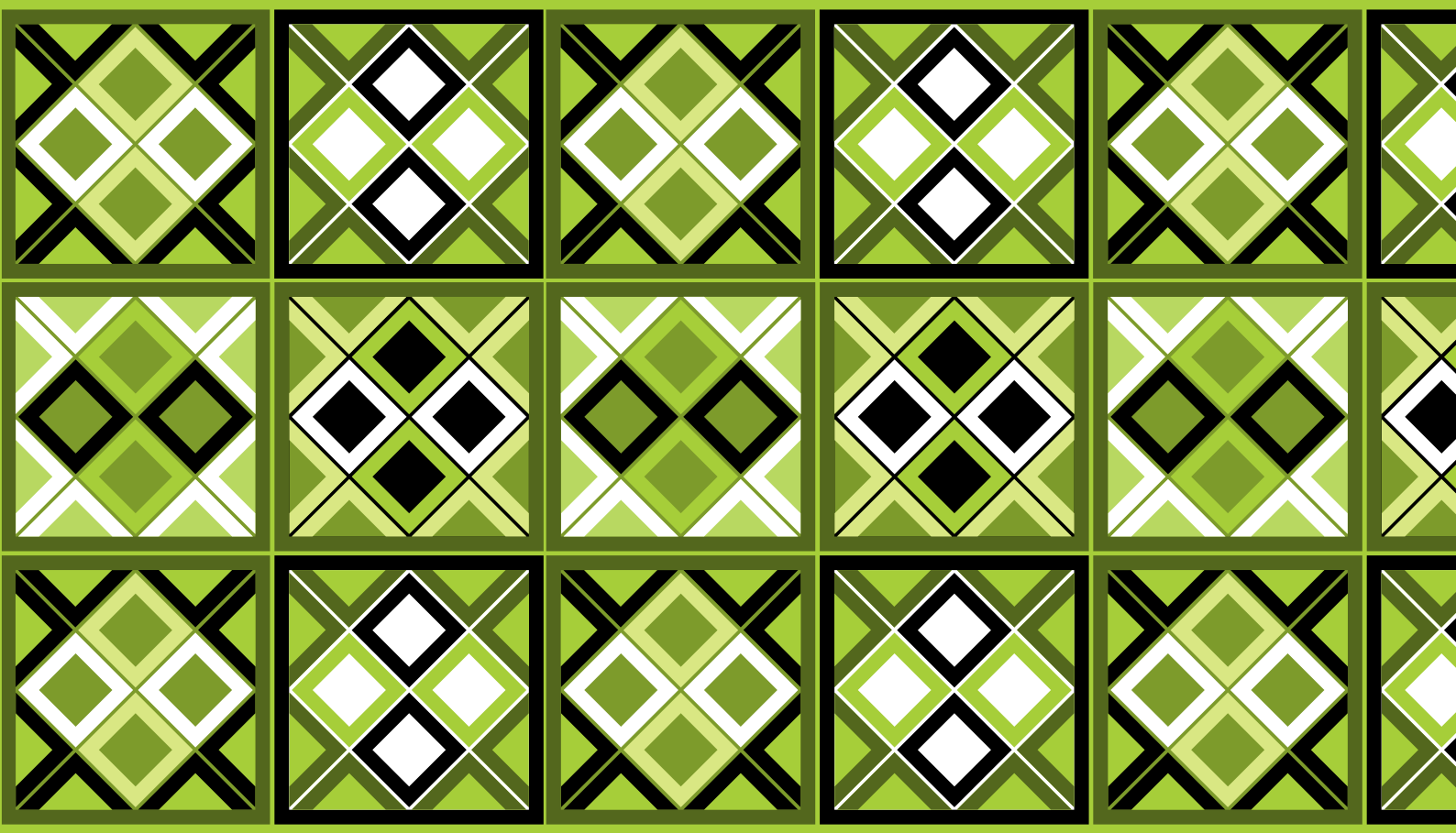
2019

OUR VOICES

Mapping the Needs of LBQ Women and Trans People in Ghana

RESEARCH REPORT BASED ON A COMMUNITY-LED STUDY IN FOUR ANGLOPHONE WEST AFRICAN COUNTRIES



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Contributors to the Ghana country report:

The research team in Ghana consisted of research coordinators, research assistants and field officers of Courageous Sisters Ghana, Sisters of the Heart and the Alliance for Dynamics Initiative.

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GLOSSARY

Advocacy	An activity by an individual or group which aims to influence decisions within political, economic, and social systems and institutions.
Anxiety	Frequently intense and excessive and persistent worry and fear about everyday situations.
Bisexual	A person who is romantically or sexually attracted to both men and women.
Cisgender	This relates to a person whose sense of personal identity and gender corresponds with their birth sex.
Coercion	The practice of forcing another party to act in an involuntary manner by use of threats or force.
Criminalisation	The process by which behaviours and individuals are transformed into crime and criminals. Previously legal acts may be transformed into crimes by legislation or judicial decision.
Depression	Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest.
Discrimination	Treatment or consideration of, or making a distinction in favour of or against, a person based on the group, class, or category to which the person is perceived to belong rather than on individual attributes.
Drug	Any substance when inhaled, injected, smoked, consumed, absorbed via a patch on the skin, or dissolved under the tongue causes a temporary physiological change in the body.
Eligibility	If you are qualified for something or allowed to take part in it.
Feminine	Qualities and things relating to or are considered typical of women.
Gender expression	The way a person publicly shows one's **gender** identity through clothing, speech, body language, wearing of make-up and/or accessories and other forms of displaying masculinity or femininity.
Gender identity	Gender identity is one's personal experience of one's own gender. Gender identity can correlate with assigned sex at birth, or can differ from it.
Hate speech	Verbal attacks on a person or group on the basis of attributes such as race, religion, ethnic origin, sexual orientation, disability or gender.
Interviewee	The person providing answers to questions.
Interviewer	Someone who is asking questions.

Intimate partner	Relationship that involves physical and/or emotional intimacy. Physical intimacy is characterized by friendship, platonic love, romantic love, or sexual activity.
Lesbian	A lesbian is a woman who is romantically or sexually attracted to other women.
Masculine	Qualities and things relate to or are considered typical of men.
Mob attack	Mob is a large disorganized and often violent crowd of people.
Paralegal	Paralegal is an individual, qualified by education, training or work experience, who is employed or retained by a lawyer, law office, corporation, governmental agency, or other entity and who performs specifically delegated substantive legal work for which a lawyer is responsible.
Physical assault	Any intentional act causing injury or trauma to another person by way of bodily contact.
Queer	An umbrella term for sexual and gender minorities who are not heterosexual.
Respondent	A person who is called upon to issue a response to a communication made by another.
Sexual assault	Any type of sexual contact or behaviour that occurs without the consent of the recipient.
Sexual orientation	Sexual orientation is an enduring pattern of romantic or sexual attraction to persons of the opposite sex or gender, the same sex or gender, or to both sexes and more than one gender.
Social support	The perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network.
Stigma	A set of negative and often unfair beliefs that a society or group of people have about something or someone Trans: Binary gender identity is the opposite of their assigned sex, and who form the core of the transgender umbrella.
Suicide	The act or an instance of taking one's own life voluntarily and intentionally.
Transitioning	The process of changing one's gender presentation permanently to accord with one's internal sense of one's gender.
Violence	The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in death or bodily harm.

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PART A
INTRODUCTION

In 2016, activists and organisations from West and Central Africa met with COC Netherlands during the Changing Faces, Changing Spaces Conference (CFCS) held in Kenya to discuss and exchange best practices and experience of activism in relation to LBQT human rights issues from the different countries.

From the 'We Exist' research document published in 2015, it was clear that there was relatively little information available about the situation of Lesbian, Bisexual, Queer and Transgender men and women in West Africa. In early 2017, during a national Ghana PRIDE workshop, one of the key future project lines that needed attention was identified as research/data gathering and analysis on LBQT women's needs and contexts. There was an explicit request by Anglophone West African partners not to make the LBQT research part of a wider LGBTIQ+ research, but to focus specifically on LBQ women and Trans persons. Following series of conversations with West African activists and COC, a regional context analysis on the situation of LBQT people in Anglophone and Francophone West Africa was commissioned in 2017 with COC Netherlands providing financial, technical and logistical support.

The initial plan was to work in five (5) Anglophone countries; Nigeria, Liberia, Sierra Leone, Ghana, and The Gambia. All efforts to identify an activist or organisation to be part of the study from The Gambia failed, leading to the study being conducted in four (4) countries viz: Ghana, Liberia, Nigeria, and Sierra Leone. The Participatory Action Research (PAR) was conducted by the following seven (7) organisations in four (4) countries:

- Alliance for Dynamics Initiative - Ghana
- Concerned Women Initiative - Sierra Leone
- Courageous Sisters Ghana
- Sisters of the Heart - Ghana
- The Lesbian and Gay Association of Liberia
- Women Action on Gender Equality - Nigeria
- Women's Health and Equal Rights (WHER) Initiative - Nigeria

Although there was a clear interest from Francophone West African LBQT organizations, it was decided to support two separate processes. The Francophone context analysis will be implemented starting in 2019, which will also be supported by COC.

The results of this survey clearly provide valuable evidence, which shows that across West Africa, LBQT persons face grievous health challenges and consequences partly or entirely because of their sexual orientation and gender identity/expression. These conditions are exacerbated by threats and abuse posed by repressive (punitive) laws, social attitudes, and practices. Arbitrary arrests and detentions, blackmail and extortions, and in some cases rape and violent attacks are a common occurrence in the lives of LBQT persons across the countries studied.

It is hoped that evidence from this research will contribute to the existing body of work done in this area and that it will help in advancing the much-needed discussions and interventions in West Africa, towards improving the situation of LBQT persons in the sub-region.

I couldn't cope with it, I considered suicide for a while, my childhood is messed up, my family is messed up… If I fall ill and told my mother how I felt, she tells me it is because I am a sinner and I am suffering from my sins… All the issues combined made me suffer from depression and constant anxiety and panic attacks. I like to be alone as this calms me down. It has been very difficult being a lesbian…

Nigerian lesbian, May 2018 meeting

When they got out of the building, they poured petrol on me. I started urinating, They said I was a curse and the reason the town did not have water and people are dying … When I was rescued from being burnt my family said they will make a decision on what they will do with me as I am likely to destroy my family reputation…

Ghanaian lesbian, May 2018 meeting

The two anecdotes above reflect the lived realities of many LBQT persons in West Africa

AN OVERVIEW

An overwhelming number of lesbians, bisexuals, queers and trans persons interviewed in 2015 (*We Exist: Mapping LGBTQ organisation in West Africa)* alluded to the claim that the African society has refused to accept them. This assertion has been corroborated by the survey conducted in four countries that shows that lesbian, bisexual queer and trans people face harsh judgement even from family members who are supposed to be part of their support network. Some of this lack of acceptance is attributed to the popular rhetoric that being gay is 'Un-African' and a foreign culture. (*Philip P. Rodenbough: Being LGBT in West Africa July 2014*).

The result of this 'Un-African' notion is the discrimination based on sexual orientation and gender identity/expression that impedes educational opportunities, trainings, employment opportunities and adequate healthcare for LGBT persons, including regressive laws and practices found in some of the countries studied. In 2014, the former President of the Federal Republic of Nigeria Good luck Jonathan signed into law the Same-Sex Marriage (Prohibition) Act. A similar new law was passed in October 2014 by the then President – Yahya Jammeh of the Gambia. Although the laws in Burkina Faso are silent on same-sex practices, there are campaigns for equivalent laws, likewise in Liberia. Also, there is a wave of violence and arrests in Ivory Coast, Mali, and Senegal that target LGBT people. All these converge to make life difficult for LGBT persons in West Africa!

In all the four countries studied, there exists some form of discriminatory law against LGBT persons. The Ghana Criminal Code of 1960 Act 29 criminalizes "sexual intercourse with a person in an unnatural manner," and this is widely interpreted as the criminalisation of homosexuality, mostly for men. The case for lesbians is less clear. Irrespective of this lack of clarity, LBQT persons are not spared in the abuse faced by LGBT persons in the country. "Voluntary sodomy" is a first-degree misdemeanour under the Liberian law, and has been for a very long time. The law is written into Liberian criminal law section 14.74,140 and punishable by up to a year in prison.

In Nigeria, the criminal code provides punishment of 14 years in prison for "carnal knowledge of any person against the order of nature." In 2000 & 2001 the Northern states in Nigeria adopted Islamic Sharia law, under which homosexuality can be punished by death. In January 2014, President Good luck Jonathan signed into law the Same-Sex Marriage Prohibition (SSMP) Bill. This further criminalised homosexuality including attempt to engage in a union with any person of the same sex, with the prohibition of making a "public show" of same-sex relationships, and the imposition a 10-year sentence on all those who "register, operate, or participate in gay clubs, societies, and organisations, "including supporters of those groups."

In Sierra Leone, Section 61 of *The Offences against the Person Act of 1861* criminalises buggery with punishment ranging from 10 years to life in prison. The impact of these laws

even in countries where they are not actively enforced is that they stir homophobia against LGBT persons.

There is limited research on the health status and health needs of LBQT people. Most interventions have focused on sexually transmitted infections among Men who have Sex with Men (MSM), with very little focus on sexual minority women i.e. lesbians, bisexual women, and women who have sex with women). This lack of attention on the health needs of sexual minority women combined with a hostile social environment caused by societal stigma, prejudice, and discrimination leads to stress, depression and suicidal feeling. In some other cases, negative feelings regarding one's sexual orientation commonly referred to as internalised homophobia have an undesirable effect on mental health. Stories of curative sex and forced marriages are challenges that can affect the health and stress levels of LBQT people. It is therefore worrisome and of great concern that the health needs of LBQT persons are not prioritised.

Considering the myriad of problems facing LBQT communities, it is safe to infer that achievement of the UN 2030 Agenda – Sustainable Development Goals, which the countries studied are a party to, will face significant obstacles as there is no mention of LGBT persons in the targets and indicators. There is no means of measuring government compliance of rights protection of people who do not conform to sexual heteronormativity and achieving the promise of 'leaving no one behind' as espoused by this document signed by these countries.

Given the dearth of information on LBQT women and trans men health needs in the West African region, this regional assessment provides an important opportunity to generate baseline data on LBQT persons, in this regard. Although the research themes identified in the partner meeting showed country-specific concerns and needs based on socio-cultural, legal, and health systems contexts, many of the issues were cross-cutting throughout the countries studied. The partners, therefore, agreed to generate comparative data, where possible, among the four countries of assessment while still retaining country-specific reports. This report is focused on the study findings in Ghana.

The research in the four countries indicates high levels of violence and sexual abuse, which are mostly not reported to the police for fear of being attacked, as indicated by participants in the survey. Fifty-four (54%) of the respondents surveyed say they have suffered sexual violence and did not report to the police. Fifty-eight (58%) of the respondents in the 4 countries reported that they have faced some form of violence and 1 in every 3 of the respondents said they have attempted suicide.

It is hoped that the result from this research will facilitate and provide the evidence to help focus the attention of relevant stakeholders on the health needs of LBQT persons, and consequently lead to concrete legislative and administrative measures, among others, to improve situations of LBQT persons in West Africa.

Structure of the report:

This report has been structured into four main parts. **Part A** covers glossary, a brief introduction, overview of the study and structuring of the report. **Part B** examines the methodology of the report – covering aspects such as the approach adopted during the research, study design, limitations of the study, demographics, training of field workers, eligibility issues, data collection, and data analysis. **Part C** deals with the research findings, socio-demographic characteristics, gender-affirming care, and experiences of violence, depression, anxiety, alcohol, drug abuse and how these impact lives of LBQT persons. **Part D** comprises of recommendations, conclusion and bibliography.

PART B

STUDY OBJECTIVES AND METHODOLOGY

Participatory Action Research Approach

This research project is firmly rooted in the COC's and partners' Community-based Participatory Action Research methodologies.

In September 2017, COC Netherlands explored the potential needs; rationale, focus and way forward on an LBQT women and trans men specific community-based needs assessment in Anglophone West Africa, with seven organisations from Ghana, Nigeria, Sierra Leone, and Liberia, as mentioned in the introductory section; and with the regional organisation - Coalition of African Lesbians (CAL). A meeting was held for this purpose.

During this gathering, partners agreed that there is a need for context-specific evidence on LBQ women and trans people in Anglophone West Africa, stating that it is of crucial importance in planning interventions both linked to empowerment, service provision and lobby and advocacy on the rights of LBQ women and trans people in the continent.

Partners acknowledge research that has been done on the ground in the sub-region; there has been documentation of life stories and violations of human rights. Overall, however, the amount of data available on LBQ women and trans people in the sub-region has been very limited hence the need for a study that focuses on LBQT persons.

During the September 2017 workshop, partners agreed on 3 main objectives of the community-based needs assessment viz:

1. To develop more effective and efficient models of activism that are targeted and avoid duplication of efforts;
2. To generate knowledge that will guide national, regional and international advocacy; and
3. To strengthen the design and implementation of interventions/activities.

The September 2017 meeting identified (a) key LBQ women and trans peoples' health and human rights themes of concern to the organisations, with respect to the communities

they represent, for the development of data collection instruments, and (b) strategies around sampling and the development of a research methodology. Understanding the safety issues in West Africa, and in taking precautionary measures, the survey adopted the MSM guidance 2011 model of RESPECT, PROTECT and FULFIL. (www.amfAR.org). from inception to completion, all activities were undertaken by partner organisations to this research, with COC Netherlands providing technical, logistical and financial support.

Study Design

The various dialogues between country partners and COC produced a broad range of issues affecting LBQT persons in West Africa. For focus and reliability, it was agreed that health concerns, human rights issues and stigma and discrimination should be prioritised. The next step was to agree on the study design, noting the challenge of internet connections in Africa, especially rural communities and cost of focus group discussions, it was agreed that the questionnaire should be designed for country-specific report and comparative analysis between the countries and organisations by asking the same questions in all countries where possible.

The research adopted some parts of the questionnaire developed by the Gender Health and Justice Research Unit of the University of Cape Town in 2016, which was part of the assessment project with LGBTI organisations in East and Southern Africa commissioned by COC.

The Survey

There was a separate workshop in Ghana in May 2018 to agree on the form of research protocol that will be most effective in the Anglophone West African context. The possibility of an online questionnaire was jettisoned based on the concern of safety and security, and challenges posed by unreliable internet connections, which might make it difficult for rural areas to participate in the study. The research protocol relied on the work already done in Southern and East Africa especially work on mental health issues, which were thoroughly revised and found to match the situation of LGBT persons in the countries of study. Most of the questions on violence, stigma, and discrimination were jointly developed by the partners based on lived experiences and documents on human rights situations in the continent especially Anglophone West Africa. A research protocol was eventually developed, revised and finalised by country research persons. It was agreed that Training Manual should be developed alongside the questionnaire to facilitate the step-down training planned for data collectors and other field research assistants.

Question design and data cleaning

Partners had final responsibility for the design of the questionnaire and retained the sole responsibility for the analysis and interpretation of its findings. The questionnaire took approximately 30 to 40 minutes to complete. Of the 850 questionnaires, only 6 were not used as more than 60% of the responses were not provided.

Translations

The questionnaire was designed in English language. However, it was agreed that respondents should translate to the best of their abilities some concepts that are unknown to the respondents during the data collection. The glossary of words in the Training Manual also explained in very simple terms words for the benefit of the respondents.

Data Collectors' training

Country partners received a three-day training of trainers on data collection from May 10-12, 2018. The objective of the training was to ensure uniform data quality in all the countries studied by training the country representatives on research ethics and data collection quality assurance. Each participating country research focal person was requested to bring an additional research assistant to the training towards facilitating the step-down training at the country level. Some of the topics discussed during the three (3) day training include: Attitudes to LBQT community, introduction to survey materials, ethical considerations, confidentiality and privacy statements, informed consent, eligibility questions, the accuracy of data, procedures and guidelines for completing the questionnaire, conducting the interview and the art of interviewing. This was followed by role play and mock interviews. The findings from the mock interviews provided some insights and led to further adjustment of the questionnaire.

Equipped with this knowledge, country members who were trained as research coordinators and assistants carried out a two-day step-down training in their various countries. The trainings further led to the final review of the questionnaire and explanation of terms unknown to the respondents. Participants conducted the training using the Training Manual. They used it to clarify questions as it had information on every question on the questionnaire.

Eligibility to participate

Participants' eligibility to participate was governed by the following as set out in the questionnaire and Training Manual:

Participation is voluntary.

The question on eligibility explains that all persons to be interviewed must have attained the age of 18 by the time the study commences.

It was clearly stated that beneficiaries MUST identify as LBQT. (Lesbian, bisexual, queer and trans men). During the course of the study, it was agreed that transwomen could be involved in the survey, because they face similar challenges as cis-gendered lesbian women. It was clearly stated that participants MUST be citizens of ANY of the 4 West African countries of study; Ghana, Nigeria, Sierra Leone or Liberia.

Sampling methodology

Leveraging the partner organisations' access to the respondents (LBQT community), the sample method adopted for this study was a simple random sampling, which enabled the use of statistical methods to define a confidence interval around a sample mean. It was agreed by all partners that a total of eight hundred and fifty (850) questionnaires be administered in the 4 countries in this breakdown:

Partner organisations	Number of questionnaires administered (planned)
Women's Health and Equal Rights (WHER) Initiative Nigeria	150 questionnaires
Women Initiative for Empowerment and Equality (WISE) Nigeria	200 questionnaires
Sisters of the Heart, Ghana	100 questionnaires
Courageous Sisters, Ghana	100 questionnaires
Alliance for Dynamics Initiative Ghana	100 questionnaires
The Lesbian and Gay Association of Liberia	100 questionnaires
Concerned Women Initiative Sierra Leone	100 questionnaires
Total number of questionnaires administered (as planned)	850

Data collection

Data was collected using a self-administered questionnaire issued to the respondents by the Research Coordinators, with the help of research assistants who had been trained on data collection and ethical considerations in research. In compliance with the safety needs of each country, it was agreed that partners should prioritize the safety of the respondents; hence the questionnaires were administered in safe environments. It was also agreed that an online questionnaire might link respondents to families or other people who might have access to their password or hack the internet. In Nigeria, Women's Health and Equal Rights (WHER) Initiative used a training format to administer the questionnaires in Lagos state and Abuja Federal capital territory. Women Initiative for Empowerment and Equality (WISE) located in Kano Northern Nigeria conducted the research in Kano, Jigawa and Katsina

states. In Kano, the organization administered a total of 100 questionnaires in 4 local government areas, while it administered a total of 50 questionnaires in Jigawa and Katsina states respectively.

Liberia and Sierra Leone adopted a training format to conduct the survey at different counties in their respective countries. In Sierra Leone; two safe locations were identified, they are the urban western area and the rural western area in Freetown, the capital.

Ghanaian participants held meetings and conducted the research in safe meeting halls. In a bid to ensure a wider reach, the Ghanaian team administered 10 questionnaires in Northern Ghana through telephone interviews. While most of the questionnaires were self-administered, some were filled with the help of the Research Coordinators and their Assistants and other staff trained for this purpose. This was done to assist respondents who are not literate.

Data analysis

Data was entered using a Statistical Package for Social Science (SPSS Version 20) and analysed using the same.

Measurement scale

Demographic measurement

We asked a number of questions to learn about participants' socio-demographic circumstances. These included age, religion, education, housing, employment, race, and financial security (assessed by the question "On average do you have enough money to cover your basic needs?").

Sexual orientation and gender identity measurement

In public health literature, there is no recognised standard definition of sexual orientation. Sexual orientation is widely accepted as being comprised of three elements: sexual identity, sexual attraction, and sexual activity. A range of studies have used different combinations of these three elements to define participants' sexual orientation (King *et al.*, 2008). In order to paint a nuanced picture of the participants' sexual orientation, we aimed to assess each of these three elements.

Sexual identity was assessed by asking participants "In terms of your sexual orientation, how do you identify?", **2) Attraction** was assessed by asking participants who they were sexually and emotionally attracted to (2 questions) and **3) Sexual activity** was assessed by asking participants about who they have had "sexual experiences with in the past year and their lifetime" (2 questions). There is also no standardised way of asking participants about gender identity. We decided to combine two questions: **1) Gender identity** was assessed by asking "In terms of your gender identity, how do you identify?" 2) We asked about **sex**

assigned at birth, and 3) We asked what sex/ gender was recorded in the participant's identity document(s).

Furthermore, the study enquired about self-stigma experiences by three groups: (1) sexual minorities (for the purposes of this scale, sexual minorities were those who are not heterosexual or asexual) (2) gender minorities (those who identified as transgender, gender non-conforming, or gender queer and (3) participants with diverse sex characteristics. To measure self-stigma, the Likert scale measurement was adopted that had been used in other research with sexual minority people (Meyer, 1995; Pinel, 1999; Frost and Meyer, 2009; Herek, Gillis and Cogan, 2009).

Social support measurement

The survey asked three questions about participants' social support: "Who do you go to when you need someone to talk to about problems in your life?", "Who in your life knows that you are LBQT?", and "Of those, who have you told yourself about being LBQT?"

Health service access measurement

We developed a number of general questions to ask about the kind of healthcare participants access, and where. Additionally, we adopted questions about experiences of discrimination in healthcare from other studies with LGBTI people (Bazargan and Galvan, 2012; Cruz, 2014; Calton, Cattaneo and Gebhard, 2015).

Mental health measurements

To measure depression, anxiety, drug use and alcohol use, we used internationally used and recommended scales. We chose scales that had been used in research on the African continent (specifically the countries in this study), and, if possible, that had been used in research with LGBTI people (anywhere in the world). However, there was little information about whether scales had been used with LGBTI populations (King *et al.*, 2008; Myer *et al.*, 2008; Chishinga *et al.*, 2011). We also considered the ease of understanding and potential ease of translation to other languages when choosing scales. We reviewed literature about LGBTI health to develop suicidality measures (Haas *et al.*, 2010; Marshall *et al.*, 2016). Additionally, for participants who reported lifetime experiences of violence, we asked about three signs of post-traumatic stress (flashbacks, nightmares reliving the event; avoiding situation/people reminding them of the violent incident; jumpiness, irritability or restlessness following the incident).

Violence measurement

The survey developed the questions that asked about experiences of violence based on the GHJRU's previous work in violence research. Additionally, the study reviewed literature about intimate partner violence among LGBTI people (Calton, Cattaneo and Gebhard, 2015). Series of "yes/no" questions about experiences with verbal harassment, emotional

violence, physical violence were asked. ("Have you been physically assaulted?"), and sexual violence ("Have you been sexually assaulted?"). For physical and sexual violence, the survey asked about experiences in the last 12 months and in participants' lifetime. For those who experienced violence, it asked additional questions about access to related-health services. The survey asked about three signs of post-traumatic stress: flashbacks; avoidance; and feelings of jumpiness, irritability, or restlessness. The survey created a binary variable for signs of post-traumatic stress: those who showed all three signs were categorised as having signs of post-traumatic stress; those who showed one, two, or no signs were categorised as not having signs of post-traumatic stress. This binary variable was used when post-traumatic stress was included as a co-variate in logistic regression models.

Limitations of the Study

The limitations to this study are culled from a similar study recently conducted in 8 South and East African Countries. Although there are contextual differences in the location of the study, it is observed that the limitations are similar. "It is important to note that because respondents were recruited by LBQT organisations, there might be bias and over estimation of persons suffering fear, anxiety or discrimination as some of the participants may have received series of awareness about their rights, how to respond and counter discriminations. It is also possible that some of those who reported anxiety, fear or depression are already receiving some form of services through the LGBTQI organisations. "This means that the levels of mental health problems that were reported in this study might be higher than in a general sample of LGBTQI people" (Müller, A., Daskilewicz, K. (2019)

It was also noted that surveys that ask survivors of violence to report their experiences are likely to produce higher violence estimates than police-recorded administrative data. This is because often, violence is not reported to the police and survivors of violence deal with incidents that not necessarily match the legal definition of a violent crime. Although data from surveys with survivors of violence are likely to elicit better disclosure of experiences of violence than data from police records, they can also be subject to undercounting, because some survivors may be reluctant to speak about their experiences. The study also noted that it is difficult to compare findings on LBQT people's health across studies nationally and internationally. This is because there is currently no standardized means of measuring or identifying sexual orientation and gender identity. As others have observed (Bradford et al., 2013), the "lack of a standardized methodology to measure self-reported experiences of direct discrimination, lack of psychometric measures regarding validity or reliability of instruments, potential reporting biases and measurement error, and variability in assessing chronic and acute exposures, as well as intensity, duration, and frequency of exposure" (Krieger, 1999) limit the current research evidence that we have on topics of discrimination and mental health" (Müller, A., Daskilewicz, K. (2019).

Furthermore, basic reliable data are not easily accessible in West African countries where this study was conducted, hence the inability to make detailed comparison of variables that border on discrimination and right violations, access to health care, mental health and well-being of participants in this study. The study relied heavily on participants' self-reports to determine whether they had been victims of violence and whether that violence was a result of sexual orientation and gender identity. Finally, it should be noted that the reliability and comparability of the study are limited, as it was not possible to compare between countries or cultural backgrounds.

PART C
FINDINGS: GHANA

Introduction

According to Human Rights Watch Report, "No Choice but to Deny Who I am: Violence and Discrimination Against LGBT in Ghana" (2018) many LGBT Ghanaians say their lives have been torn apart. This is as a result of stigma and discrimination associated with homosexuality. As mentioned earlier, the Ghanaians law criminalizes homosexuality mostly for men but the effect of the law on societal perceptions of homosexuality does have implications on how LBQT persons are perceived. Criminalizing adult consensual same-sex conduct contributes significantly to a climate in which violence and discrimination against LBQT persons are common. Retention of section 104(1)(b) also referred to as anti-gay law is seen as tacit approval of discrimination that often fuels violence and arbitrary arrests and detentions. As in other countries with discriminatory laws, this law runs contrary to the Constitution of the Republic of Ghana whose chapter 5 guarantees fundamental human rights of all persons, though it did not explicitly mention sexual orientation and gender identity. Furthermore, Article 17 of the Constitution[1] does not include "sex" as a protected ground of non-discrimination.

Ghana has signed and ratified several regional and international human rights treaties that oblige it to respect and protect the rights of LGBTQI people, albeit not explicit, including the right to equality before the law, non-discrimination, human dignity, privacy and the right to be free from violence. These include the African Charter on Human and Peoples' Rights (African Charter), the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the International Covenant on Civil and Political Rights (ICCPR). In 2017, Ghana was one of the countries that committed to the Sustainable Development Goals with the promise of 'living no one behind'. The country also has an independent National Human Rights Institution and a relatively responsive police

1 Constitution of the Republic of Ghana: https://www.wipo.int/edocs/lexdocs/laws/en/gh/gh014en.pdf

force but how far these commitments have been translated into action with regards to the lives of LBQT persons is yet to be seen.

Ghana has been very reluctant to heed to calls to address human rights abuses based on sexual orientation and gender identity including at the Human Rights Council during the Universal Periodic Review (UPR) of Ghana's human rights record to repeal the law against 'unnatural Carnal Knowledge', which has been used by groups such as religious groups to flame homophobia in the country. In its 2012 UPR, the government did not mention anything regarding Sexual Orientation and Gender Identity. It had 3 recommendations in its 1st cycle and 12 in the 2nd cycle (2 of which it accepted bothering on ending violence against persons). On December 1st, 2013, Ghana's Commission on Human Rights and Administrative Justice (CHRAJ) established a Health Rights Desk through which it received reports of Stigma and Discrimination via a Discrimination Reporting System developed by the Ghana AIDS Commission and the Health Policy Project (HPP). Through this mechanism, it receives complaints online, via SMSs or in person, investigates them and attempts to resolve them. As of April 2016, 66 complaints had been filed, 27 of which were from LGBTQI people. However, how far violators have been brought to justice and sanctions implemented where necessary is yet to be seen. Ghana is lagging behind in reporting its human rights situation to the African Commission on Human and Peoples' rights, (Resolution 275) including information relating to violence and discrimination based on sexual orientation and gender identity.

The result from this survey indicates a high incidence of abuse and rejection of LBQT persons by families, media and the general public. 46% of respondents surveyed say that they have failed to report cases of hate speech by family members, media and the general public. This failure to report is not unconnected with harsh judgements by law enforcement officers and the likelihood that nothing will be done to the right violators.

Ghana has an Independent National Human Rights Institution and it is gratifying that 31% of the LBQT persons surveyed reported that they were able to report cases of stigma and discrimination. It is hoped that this research report will showcase the challenges faced by LBQT persons, leading to improvement on the existing mechanism for the pursuit of rights of all Ghanaian citizens irrespective of their respective sexual orientation and gender identity.

Research Findings

The study population: sample characteristics

In Ghana, a total of three hundred (300) questionnaires were administered. Of these 300, 5 were not analysed due to inadequate information. Structured questionnaires were administered to the target population (LBQT) in order to gain their subjective responses to the questionnaire. Open-ended questions were used when it became overwhelmingly necessary for respondents to provide additional information. Ten (10) of the remainder 295 questionnaires were administered through telephone in a bid to reach more respondents in the Northern part of Ghana. A total of 3 organisations undertook the assignment viz:

- Alliance for Dynamics Initiative
- Sisters of the Heart
- Courageous Sisters Ghana

Each organization was assigned 100 questionnaires. All the 295 remaining questionnaires were filled at least 90% which was the threshold used for the analysis. After the training for the country research focal persons, they stepped down the training as planned. The study was conducted in six regions. Greater Accra Region, Western Region, and Central Region, Eastern Region, Ashanti Region, and Volta regions. The duration of the step-down training was 3 days for field workers on the appropriate way to conduct the research to enhance their techniques in research and to produce accurate results. The assessment tool used to fill out the questionnaire comprised both face-to-face meetings and telephone calls. In terms of the language barrier, translators within the LBQT community were engaged.

Some of the challenges faced during the research period include visiting respondents several times due to their busy schedules. Others include;

- Language/communication which was a barrier in instances where there was no translator around
- Securing safe venues in certain regions was a problem especially in the Volta region
- Attack on fieldworker
- Insecurities on the part of respondents
- Psychosocial problems among participants.

Despite all the limitations, the target for the research was reached.

Socio-Demographic Information

A total of 295 questionnaires were analysed. The median age of the participants was 27 years. About half of the population (149) lives in an apartment or flat (52%), which has toilet and kitchen facilities separately for every tenant and often is more expensive than bungalows. Twenty-five (25%) or one in every four participants live in shanty or shacks and 10% live in bungalow. Among the persons interviewed, one hundred and fifty-nine (159)

or about 55% live in rented houses, seventy-seven (77) or 27% are sharing housing with others and 35 participants or 12% own the houses where they live while 20 or 6.9% lives on the street. One hundred and five (105) or 36% live in the urban areas, one hundred and twenty-one 121 or 41% live in the semi-urban areas and the remaining 66 participants or 7% live in the rural areas. Two hundred and five (205) or 70% disclosed that they had not enough money for basic needs, a major concern from this research is the number of LBQT persons who do not have money for basic needs, indicating poverty levels that might affect decision making and undermine access to health care. One hundred and sixty-eight (168) or 57% had no paid job; either formal or informal representing almost 6 out of every 10 participants. Poverty has a negative impact on LBQT persons leading to fear, stress, and depression. Seventy-two (73%) said they are of the Christian religion, ten (10%) are Muslims, Thirteen percent (13%) do not identify with any religion while others identify with indigenous African traditional religion.

Educational levels are quite poor (160 participants or 54%) have a secondary school education, 84 or 29% have post-secondary education and 41 or 14% have primary education. In Ghana and West Africa in general, educational qualifications contribute significantly to the type of job that an individual can access. LBQT persons are more likely to drop out of schools or face stigma if they are 'outed'. Some families go to the extent of disowning their children if they find out their sexual orientation, leading to poor educational outcomes.

TABLE 1: Socio-demographic information

Variable	Frequency	Percentage	N (295)
Age (Grouped)			292
<21	22	7.5	
21 – 30	207	70.9	
31 – 40	56	19.2	
41 – 48	7	2.4	
(Mean age and SD: 27.2 ± 5.1)			
Type of House Lived			288
Bungalow	29	10.1	
Apartment/flat	149	51.7	
Shanty/Shack	72	25.0	
Hotel	6	2.1	
On the street	24	8.3	
Others	8	2.8	

Variable	Frequency	Percentage	N (295)
Do you own your housing?			291
Yes I own it myself	35	12.0	
No, I rent it	159	54.6	
No, I share housing	77	26.5	
Living on the street	20	6.9	
Area lived			292
Urban	105	36.0	
Semiurban/Periurban	121	41.4	
Rural	66	22.6	
Have enough money for basic needs			293
Yes	88	30.0	
No	205	70.0	
Have a paid job			295
No, I do not have a paid job	168	56.9	
Yes I have formal employment	40	13.6	
Yes I have informal employment	87	29.5	
Religion			292
African tradition	11	3.8	
Islam	30	10.3	
Christianity	213	72.9	
Not religious	38	13.0	
Highest qualification			294
No formal Education	8	2.7	
Primary education	41	13.9	
Secondary education	160	54.4	
Post-Secondary	84	28.6	
Others	1	0.3	

Sexual behaviour

Two hundred and twenty-four (224) participants or 76% said they feel sexually attracted to women and about the same number, 222 or 75% said they are emotionally attracted to women. This is not surprising considering that the study targets lesbian, bisexual, queer and trans persons. One hundred and eleven (111) or 38% said they feel sexually attracted to men, while 109 or 37% feel emotionally attracted to men. Thirty-three (33) or 11% said they feel emotionally attracted to Trans men. Two hundred and twenty-four (224) or 76% have had sexual intercourse with women in their lifetime. One hundred and forty-four (144) have had sexual intercourse with men in their lifetime and thirty-five 35 or 12% have had a sexual experience with Trans men in their lifetime. In the last one year, two hundred and twenty (220) or 75% have had a sexual experience with women, one hundred and seventeen (117) or 40% have had a sexual experience with men and twenty-five 25 or 9% have had a sexual experience with Trans men.

TABLE 2: Participants Emotional and Sexual Attraction

Variable	Frequency (Yes)	Percentage	N (295)
Who do you feel sexually attracted to?			295
Women	224	75.9	
Men	111	37.6	
Trans men	32	10.8	
Trans women	8	2.7	
Gender non-conforming people	4	1.4	
Do not feel sexual attraction	2	0.7	
Who do you feel emotionally attracted to?			295
Women	222	75.3	
Men	109	36.9	
Trans men	33	11.2	
Trans women	4	1.4	
Gender non-conforming people	1	0.3	
Do not feel sexual attraction	3	1.0	

Variable	Frequency (Yes)	Percentage	N (295)
Had sexual experience in a lifetime with?			295
Women	224	75.9	
Men	144	48.8	
Trans men	35	11.9	
Trans women	5	1.7	
Gender non-conforming people	5	1.7	
Did not have a sexual experience	2	0.7	
Had sexual experience in the last 1 year with?			295
Women	220	74.6	
Men	117	39.7	
Trans men	25	8.5	
Trans women	8	2.7	
Gender non-conforming people	2	0.7	
Did not have a sexual experience	2	0.7	

TABLE 3: Participants' Sex at birth and current gender identity

Sex at birth	Legal sex/gender currently recorded in identity document			
	Female	Male	Do not have identity document	Total N = 287
Female	227 (99.6)	0 (0.0)	1 (0.4)	228 (79.4)
Male	1 (1.7)	56 (96.6)	1 (1.7)	58 (20.2)
Intersex	0 (0.0)	0 (0.0)	1 (100.0)	1 (0.3)
Total	228 (79.4)	56 (19.5)	3 (1.0)	287 (100.0)

From table 3 above, two hundred and twenty-eight (228) were born females and 227 participants currently reported as females and one has no gender identity document. Fifty-eight (58) were born males and 56 currently reported and identify as females while one has no identity document. One person reports having an identity document in which their sex recorded, is different from their sex registered at birth. Another participant who reported being born intersex reported no current identity document.

Participants' self-identification of sexual orientation and current gender identity

From the table below on sexual orientation and current gender identity, one hundred and fifty-five (155) participants or 57% self-reported and identified as lesbian, sixty-two (62) or 23% identify as bisexual, 39 or 14% currently identify as Gay, while the remaining participants are asexual and others.

TABLE 4: Sexual Orientation

Sexual orientation	Current gender identity					N = 272
	Woman	Man	Trans man	Trans woman	Gender non-conforming	Total
Lesbian	85 (95.8)	12 (7.7)	54 (34.8)	4 (2.6)	0 (0.0)	155 (57.0)
Bisexual	53 (96.3)	4 (6.5)	4 (6.5)	1 (1.6)	0 (0.0)	62 (22.8)
Gay	13 (50.0)	6 (15.4)	6 (15.4)	12 (30.8)	2 (5.1)	39 (14.3)
Asexual	4 (57.1)	3 (42.9)	0 (0.0)	0 (0.0)	0 (0.0)	7 (2.6)
Others	5 (55.6)	0 (0.0)	3 (33.3)	1 (11.1)	0 (0.0)	9 (3.3)
Total	160 (58.8)	25 (9.2)	67 (24.6)	18 (6.6)	2 (0.7)	272 (100.0)

Gender Expression

In the area of gender expression both in thought and behaviour (femininity and masculinity expression), eighty-five (85) participants or 29% think extremely feminine while 76 or 26% do not think they are feminine at all while the remaining are in between. When asked about their masculinity, one hundred and thirteen (113) or 39% think they are not masculine at all and do not appear masculine to others while 64 or 22% think they are extremely masculine and 65 or 23% indicate they appear masculine to others.

TABLE 5: Gender Expression

Variable	Not at all	A little	Somewhat	Very much	Extremely	N
How feminine do you think you are?	76 (26.1)	59 (20.3)	23 (7.9)	48 (16.5)	85 (29.2)	291
How feminine do you behave in front of others?	75 (25.8)	50 (17.2)	32 (11.0)	42 (14.4)	92 (31.6)	291
How feminine do you appear to others?	80 (27.5)	48 (16.5)	29 (10.0)	47 (16.2)	87 (29.9)	291
How masculine do you think you are?	113 (39.2)	49 (17.0)	22 (7.6)	40 (13.9)	64 (22.2)	288
How masculine do you behave in front of others?	114 (39.6)	41 (14.2)	26 (9.0)	40 (13.9)	67 (23.3)	288
How masculine do you appear to others?	117 (40.6)	44 (15.3)	23 (8.0)	39 (13.5)	65 (22.6)	288

Gender-affirming practices

Only 6 participants (2%) out of 284 have used hormones sourced from either local private health care provider for gender-affirming care and transitioning while only one respondent has visited public health care provider for this. Also, 33 or 12% out of 284 participants have used any form of binding to hide breast and 15 or 5.3% have used any method to hide their penis.

TABLE 6: Gender affirming practices

Variable	Frequency (Yes)
Use hormones for gender-affirming care (transitioning)	
Local private health care provider	6
Local public health care provider	1
Another source	0
Use any form of binding or any method of hiding breasts	33
Tuck or use any method of hiding your penis	15

Sexuality and self-identity for those who do not identify as heterosexual or asexual

Over two hundred (200) or two third of the participants (2 out of every 3 participants) feel happy about their sexual identity and sexual orientation as observed in table 7 below. Two hundred and twenty-four (224) participants or 77% disclosed that they do not dislike themselves for wanting to have sex with people of the same sex while 66 or 23% dislike themselves. Two hundred and twenty (220) or 74% do not agree that they would wish that they were only sexually attracted to people of the opposite sex while 66 or 23% wish they were only sexually attracted to people of the opposite sex. 228 or 79% are not ashamed of their sexual attraction and 60 or 20% are ashamed, two hundred and thirty-four (234) or 82% would not agree to completely transition to heterosexual if offered the hypothetical chance to do so. Two hundred and seventy-seven (277) or 79% don't feel bad about their sexual orientation and gender identity.

TABLE 7: Sexuality and self-identity for those who do not identify as heterosexual or asexual

Variable	Disagree	Agree
Sometimes I dislike myself for being a person who has (or wants) sex with people of the same sex.	224 (77.2)	66 (22.8)
I wish I was only sexually attracted to the opposite sex	220 (74.3)	66 (23.1)
I am ashamed of myself for being sexually attracted to people of the same sex	228 (79.2)	60 (20.8)
I feel that being attracted to people of the same sex is a personal weakness of mine	211 (73.8)	75 (25.3)
If someone offered me the chance to be completely heterosexual, I would accept the offer	234 (82.4)	50 (17.6)
Whenever I think about having sex with someone of the same sex, I feel bad about myself	227 (79.1)	60 (20.9)

Sexuality and Self-Identity for those who identify as Transgender, Genderqueer, and/or Gender Non-Conforming

Out of the eighty eight (88) participants that self-identify as transgender, genderqueer, and gender non-conforming, twenty four (24) or 27% reported dislike for being transgender or gender non-conforming. Twenty seven (27) or 31% wish they were not transgender, genderqueer or gender non-conforming, twenty eight (28) or 32% revealed that they think of their gender status when interacting with people. Twenty five (25) or 28% think being transgender is a personal weakness of theirs, thirty participants out of the eighty eight representing 34% respondents disclosed that they would accept the hypothetical chance to be cisgender if offered the opportunity.

TABLE 8: Sexuality and self-identity for those who identify as transgender, genderqueer and/or gender non-conforming.

Variable (N = 88)	Disagree	Agree
Sometimes I dislike myself for being transgender and/or gender non-conforming	64 (72.7)	24 (27.3)
Sometimes I wish I wasn't transgender and/or gender non-conforming	61 (69.3)	27 (30.7)
I think about the fact that I am transgender and/or gender non-conforming when I interact with people	60 (68.2)	28 (31.8)
I feel that being transgender and/or gender non-conforming is a personal weakness of mine	63 (71.6)	25 (28.4)
If someone offered me the chance to be cisgender, I would accept the offer	58 (62.9)	30 (34.1)

Have Private Medical Aid or Health Insurance

Fifty four (54%) or at least five in every ten participants have private medical aid or health insurance while 46% disclosed that they lack private medical aid. This is to be expected because according to Alhassan R. K et al, (2016), Ghana is one of the few countries in sub-Saharan Africa that spends a relatively high percentage of 5.4% of its GDP on health. The government budget was 10.1% of the total annual budget in 2016. Also, it is worthy of note that the country's "National Health Insurance Scheme" was created in 2003 to provide financial access to quality basic health care for all residents in the country, the country adopted free maternal care in 2008 and free mental care in 2012, although the NHIS is still believed to be lacking in quality of care and facilities but access to health care in Ghana is relatively high when compared to other Anglophone West Africa countries.

FIGURE 1: Have Private Medical Aid or Health Insurance

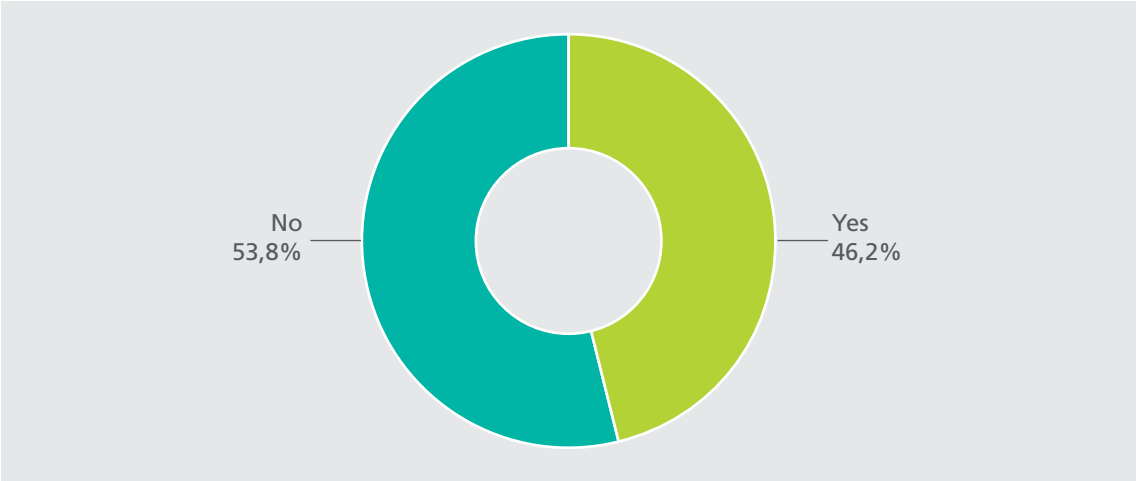
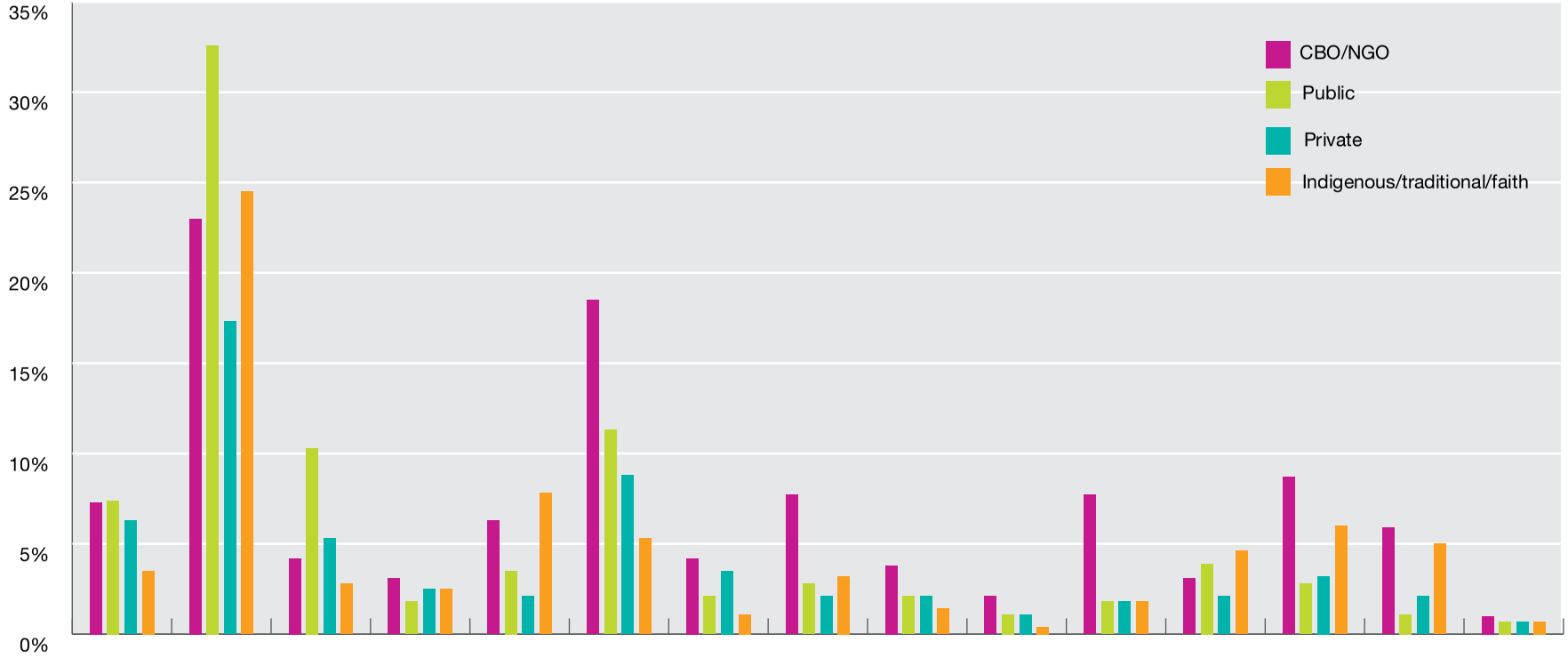


FIGURE 2. Services Accessed in the last one year and point of service



	Regular check-ups when not feeling well	Check-ups when not feeling sick	Emer-gency care	Care after a sexual assault	Care after a physical assault	Test for HIV	HIV Care and treatment	Testing, care, or treatment for other STDs	Counsel-ling or psycho-social support	Care for mental health condi-tions	Barrier methods (condoms etc)	Contra-ception (injection etc)	Breast and throat cancer checks	Cervical cancer checks	Gender affirming treatment
CBO/NGO	7,3	23	4,2	3,1	6,3	18,5	4,2	7,7	3,8	2,1	7,7	3,1	8,7	5,9	1
Public	7,4	32,6	10,3	1,8	3,5	11,3	2,1	2,8	2,1	1,1	1,8	3,9	2,8	1,1	0,7
Private	6,3	17,3	5,3	2,5	2,1	8,8	3,5	2,1	2,1	1,1	1,8	2,1	3,2	2,1	0,7
Indigenous/ traditional/faith	3,5	24,5	2,8	2,5	7,8	5,3	1,1	3,2	1,4	0,4	1,8	4,6	6	5	0,7

Numbers are in percentage, N = 293

From the above figure, 72.7% sought for health care in indigenous/traditional/faith-based facilities, seventy-nine percent (79%) got care in private health care facility, and 62.5% in public health care and 74.6% got health care in CBO/NGO facilities.

Health Service Barriers

It is expected that LBQT persons will face health service barriers if their orientation was known to health care providers. In most of Anglophone West Africa, access to service in a non-judgemental environment is one of the major challenges faced by LBQT persons. One hundred ninety-three (193) participants or 67% representing 2 in every 3 participants revealed that they had never disclosed being LBQT to any health worker but 59% stated that health care workers made assumptions about their sexual orientation. These assumptions can push LBQT persons underground and negatively impact their access to health care services.

TABLE 9: Health Service Barriers

Variable	Yes n (%)	No n (%)	N
Ever disclosed being LBQT to a health staff member in health facilities	95 (33.0)	193 (67.0)	288
Health-care staff member ever made assumptions about your sexual orientation or gender identity?	116 (40.6)	170 (59.4)	286

Perception about Health Service Received

One hundred and eighty-eight (188) participants or 65% disclosed that they were never treated disrespectfully by health care staff for being LBQT. Seventy-eight participants or 27% said they sometimes or often received poorer health care services than other people who are not LBQT due to their sexual orientation or gender non-conforming identity, while 186 or 64% report to have never received poorer service. Two hundred and seven (207) participants or 71% revealed that they were never called names or insulted by health care workers while 20 persons or 6.8% said they were sometimes called names or insulted. Two hundred and twenty-five (225) or 77% representing almost eight out of ten participants disclosed that they were never denied services because of being LBQT. Thirty-four (34) or 12% revealed that health care workers sometimes or often threatened to call police on them.

TABLE 10: Perception of Health Service Received

Variable	Never	Rarely	Sometimes	Often	N
When seeking health-care, how often do you think you have been treated disrespectfully by health care staff for being LBQT?	188 (64.6)	18 (6.2)	67 (23.0)	18 (6.2)	291
When seeking health-care, how often do you think you have received poorer service than other people you are LBQT	186 (63.7)	28 (9.6)	55 (18.8)	23 (7.9)	292
How often have you been called names or insulted by health care staff because you are LBQT	207 (70.9)	31 (10.6)	34 (11.6)	20 (6.8)	292
How often do you think health care staff has denied you service because you are LBQT	225 (77.3)	23 (7.9)	30 (10.3)	13 (4.5)	291
How often has health care staff threatened to call the police or law enforcement agent because you are LBQT	246 (84.2)	12 (4.1)	22 (7.5)	12 (4.1)	292

Impact of Previous Experiences on Health Seeking Behaviour

From the table below, it is observed that 195 or 67% or two out of every three revealed that they had postponed needed health care when they were sick or injured due to lack of funds although over 50% said they had access to medical aid or health insurance.

TABLE 11: Impact of Previous Experiences on Health Seeking Behaviour

Variable	Yes	%	N
Have you postponed or not tried to get needed health care when you were sick or injured because you could not afford it?	195	67.5	289
Have you postponed or not tried to get HIV testing because you could not afford it?	120	41.7	288
Have you postponed or tried not to get STI or STI/HIV treatment because you could not afford it?	103	35.9	287
Have you postponed or not tried to get needed healthcare when you were sick or injured because of disrespect or discrimination because you identify as LBQT from doctors or other healthcare providers?	124	42.9	289
Have you postponed or not tried to get HIV testing because of disrespect or discrimination because you identify as LBQT from doctors or other health care providers?	106	36.7	289
Have you postponed or not tried to get STI testing or STI/HIV treatment because of disrespect or discrimination because you identify as LBQT from doctors or other healthcare providers?	97	33.7	288
Have you postponed or tried not to get cervical, breast or throat cancer screening because you could not afford it?	166	57.6	288
Have you postponed or not tried to get cervical, breast or throat cancer screening because of disrespect or discrimination because you identify as LBQT from doctors or other health care providers?	132	46.0	287
Have you ever hidden or tried to hide being LBQT from a health care provider for fear of discrimination?	165	57.5	287
Are you aware of a situation where a health care professional shared that you are LBQT with others without your permission?	106	36.9	287

Alcohol Use

Sexual minority individuals have a heightened risk for substance use than for heterosexuals (Marshal et al, 2008)[2]. Societal stigma, discrimination and lack of acceptance are some of the factors that could lead to alcohol use. According to this study, about two-thirds or 65% of the study population take alcohol. Forty (40) participants or 12% disclosed that they take alcohol more than four times a week. Only eight participants or 4% usually had more than six drinks on a typical day. Fourty-three (43) participants or 22% disclosed that they feel guilt or remorse after a heavy drinking session weeky or more frequently than weekly. Thirty-six (36) or 19% revealed that their relative, friend or doctor have expressed concern in the last year about their drinking and suggested them to cut down on drinking.

FIGURE 3: Alcohol Use

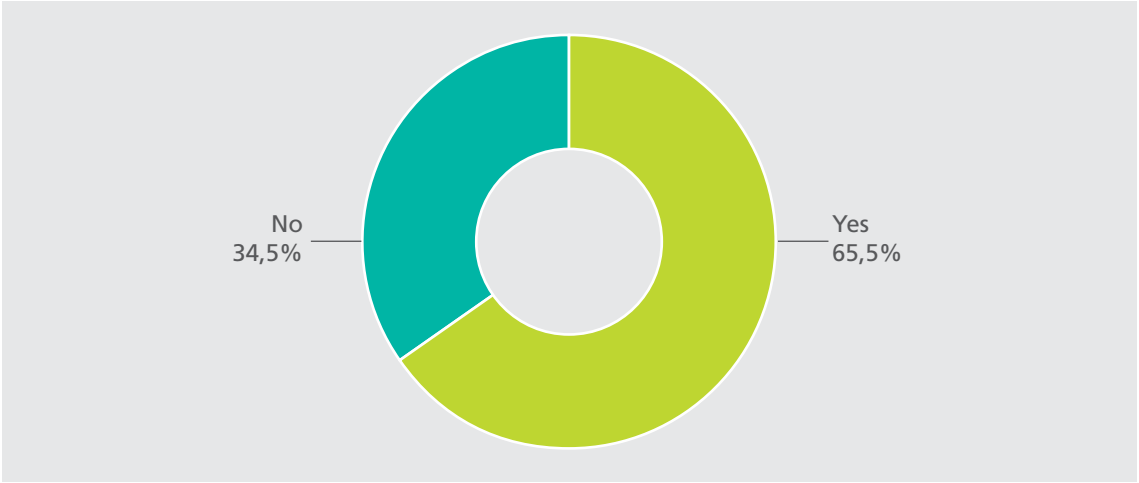


TABLE 12: Alcohol use

Variable	Frequency	%	N
How often do you have a drink containing alcohol?			281
Never	97	34.5	
Monthly or less	79	28.1	
2-4 times a month	42	14.9	
2-3 times a week	23	8.2	
4 or more times a week	40	14.2	

2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2680081/

Variable	Frequency	%	N
How many drinks containing alcohol do you have on a typical day?			189
1 or 2	112	59.3	
3 or 4	54	28.6	
5 or 6	15	7.9	
7 or 8	4	2.1	
9 or more	4	2.1	
How often do you have six or more drinks on one occasion?			192
Never	77	40.1	
Less than monthly	34	17.7	
Monthly	38	19.8	
Weekly	31	16.1	
Daily or almost daily	12	6.3	
How often during the last year have you had a feeling of guilt or remorse after a heavy drinking session?			193
Never	117	60.6	
Less than monthly	29	15.0	
Monthly	21	10.9	
Weekly	14	7.3	
Daily or almost daily	12	6.2	
Have you or someone else been injured because of your drinking?			193
No	152	78.8	
Yes, but not in the last year	25	13.0	
Monthly	6	3.1	
Yes during the last year	10	5.2	

Variable	Frequency	%	N
Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?			194
No	129	66.5	
Yes, but not in the last year	28	14.4	
Monthly	1	0.5	
Weekly	0	0.0	
Yes during the last year	36	18.6	

Drug Use

Sixty-seven (67) participants or 24% of the surveyed population revealed that they use drugs. Twenty-eight (28) participants or 10% use drug four or more times per week. Thirty-eight (38) or 48% of those that do use drugs other than alcohol said they are heavily influenced by drugs at least weekly.

FIGURE 4: Ever used drug

TABLE 13: Drug Use

Variable	No	%	N
How often do you use drugs other than alcohol?			277
Never	210	75.8	
Monthly or less	20	7.2	
2-4 times a month	7	2.5	
2-3 times a week	12	4.3	
4 or more times a week	28	10.1	
How many times do you use drugs on a typical day when you do drugs?			75
1 or 2	3	4.0	
3 or 4	23	30.7	
5 or 6	14	18.7	
7 or 8	0	0.0	
9 or more	5	6.7	
How often are you influenced heavily by drugs?			75
Never	32	42.7	
Less than monthly	4	5.3	
Monthly	3	4.0	
Weekly	9	12.0	
Daily or almost daily	27	36.0	
How often during the last year have you had a feeling of guilt or a bad conscience because you used drugs?			76
Never	36	47.4	
Less than monthly	9	11.8	
Monthly	6	7.9	
Weekly	12	15.8	
Daily or almost daily	13	17.1	

Variable	No	%	N
Have you or someone else been hurt because you use drugs?			76
No	45	59.2	
Yes, but not in the last year	8	10.5	
Monthly	6	7.9	
Weekly	5	6.6	
Yes during the last year	12	15.8	
Has a relative, friend, doctor, or other health care worker been concerned about your drug use?			81
No	38	46.9	
Yes, but not in the last year	10	12.3	
Monthly	4	4.9	
Weekly	7	8.6	
Yes during the last year	22	27.2	

Depression and Anxiety

Thirty-seven (37) participants or 14% revealed that they feel anxious or edgy all the time, 44 or 16% feel anxious occasionally. Forty-seven (47) or 17% worry too much about different things all the time and 57 or 21% worry about different things occasionally. Sixty-four (64) persons or 23% become easily annoyed and irritable all the time and 45 or 16% are annoyed and irritable occasionally. Fifty-three (53) or 19% are rarely hopeful about the future and 130 or 48% are hopeful all the time about the future. Ninety-seven (97) or 35% are happy all the time 73 or 27% feel lonely all the time. Fifty-seven (57) or 21% feel depressed all the time.

TABLE 14: Depression and Anxiety

Variable	Rarely or none of the time (less than 1 day during the past week)	Some or a little of the time (1-2 days during the past week)	Occasionally or a moderate amount of time (3-4 days during the past week)	All of the time (5-7 days during the past week)	N
Feeling nervous, anxious or on edge?	116 (42.3)	77 (28.1)	44 (16.1)	37 (13.5)	274
Worrying too much about different things?	81 (29.3)	91 (33.0)	57 (20.7)	47 (17.0)	276
Becoming easily annoyed and irritable?	94 (34.1)	73 (26.4)	45 (16.3)	64 (23.2)	276
Feeling hopeful about the future?	53 (19.4)	47 (17.2)	43 (15.8)	130 (47.6)	273
Feeling happy?	56 (24.4)	47 (17.1)	75 (27.3)	97 (35.3)	275
Feeling lonely?	86 (31.5)	74 (27.1)	40 (14.7)	73 (26.7)	273
Been bothered over things that usually don't bother you?	112 (40.7)	58 (21.1)	74 (26.9)	31 (11.3)	275
Feeling depressed?	109 (39.6)	66 (24.0)	43 (15.6)	57 (20.7)	275

From table 15 below, 22 persons out of 278 or 8% said they have been told that they have clinical anxiety by a health worker and 40 or 14% disclosed that they were told they had clinical depression but only 18 out of the 62 participants with clinical anxiety or depression reported being treated by either medication or therapy.

TABLE 15: Ever been diagnosed with clinical depression or anxiety

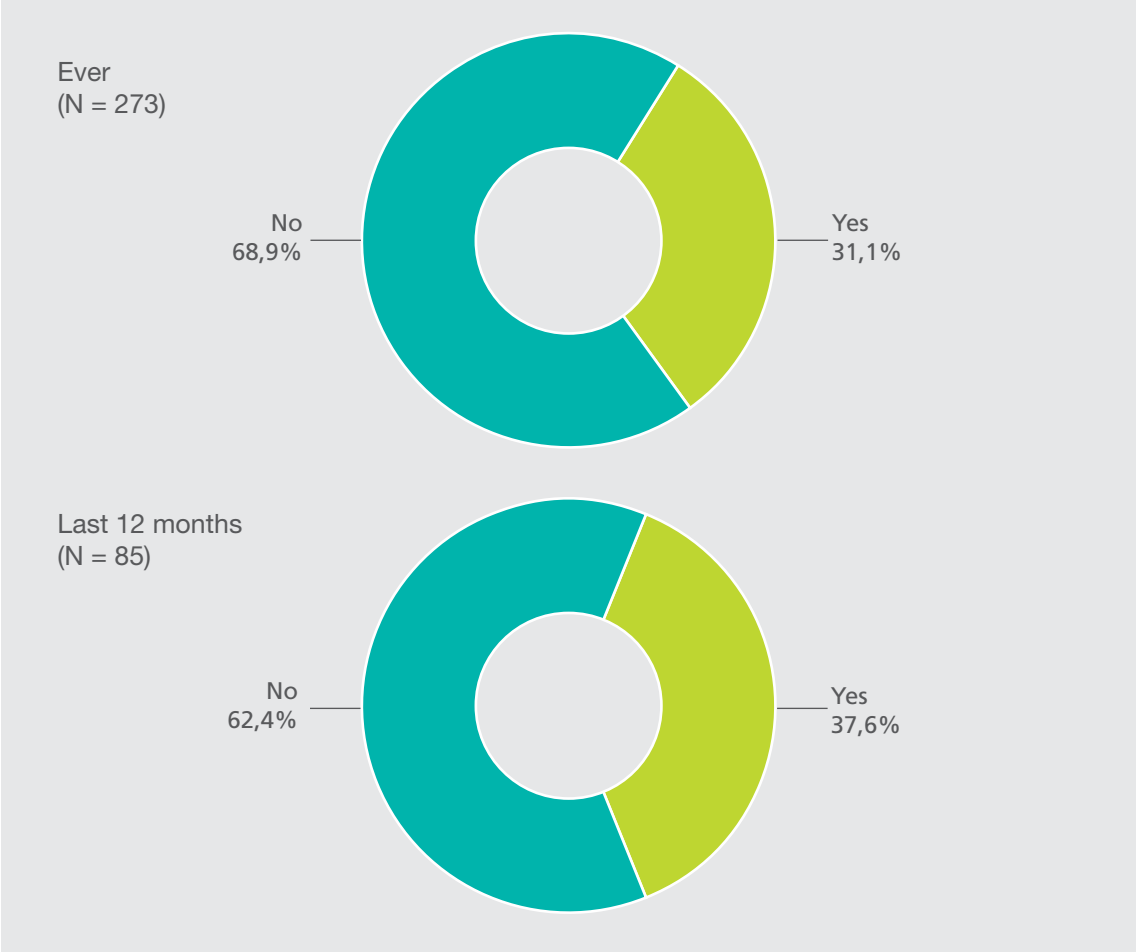
Variable	Frequency	%
Has a health care provider ever told you that you have clinical anxiety?		
No	256	92.1
Yes	22	7.9
Has a health care provider ever told you that you have clinical depression?		
No	238	85.6
Yes	40	14.4
Being treated for either clinical anxiety or clinical depression (N= 46)	18	39.1

Suicide Ideation and Attempt

Suicide ideation

Almost a third (31.1%) has ever had suicide ideation out of this, 37.6% reported this in the last one year preceding the study (Fig. 5)

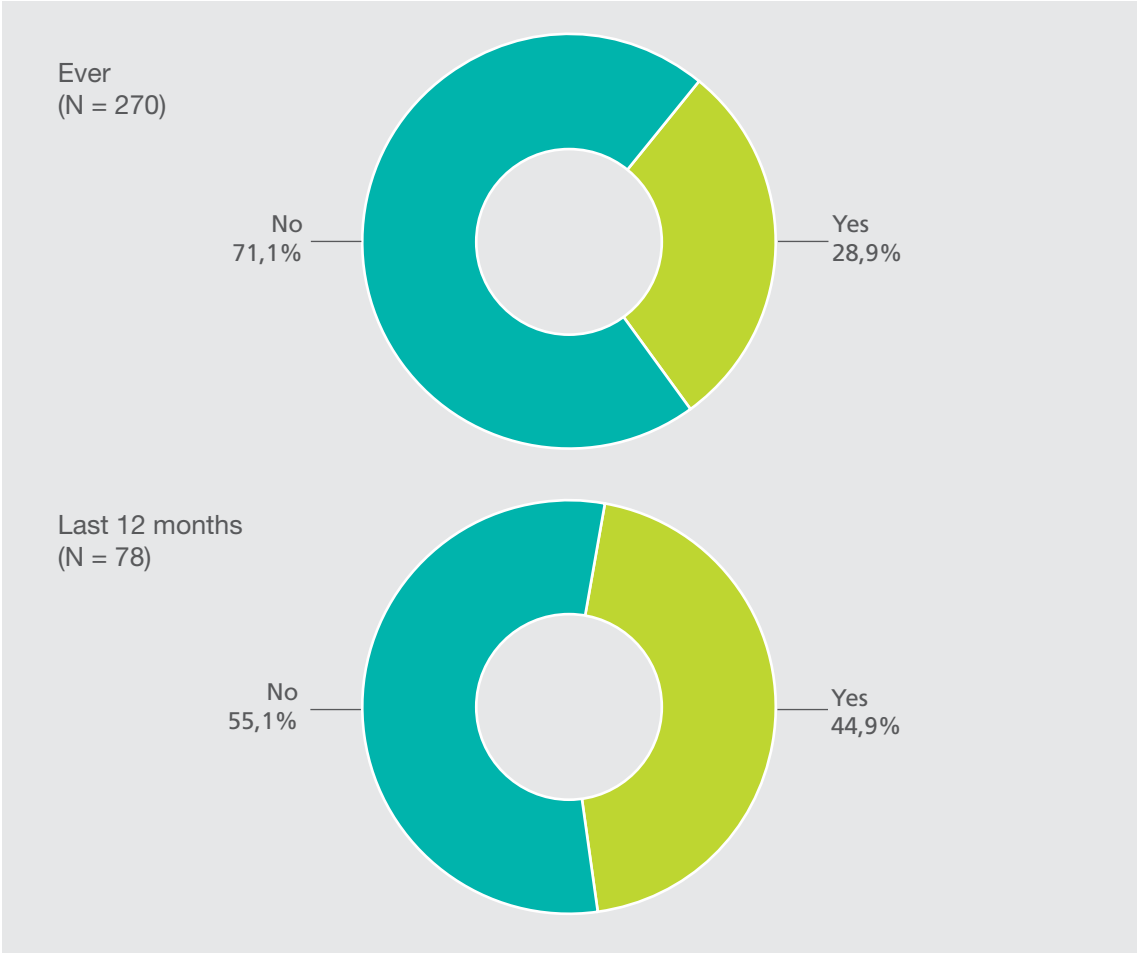
FIGURE 5: Suicide ideation: Ever and last 12 months



Suicide attempt

Some (28.9%) of the respondents have ever attempted suicide. Out of this, 55.1% reported this experience during last one year preceding the study (Fig. 6).

FIGURE 6: Suicide attempt: Ever and last 12 months



Social Support: Help Seeking

From table 16, it is observed that participants go more to a friend when they need someone to talk to about their problems that relate to being LBQT as one hundred and eighty-seven (187) participants or 66% go to their friends. The same number of participants also stated that they go to current partner(s) when they need someone to discuss their LBQT issues while ninety- seven (97) or 34% said they go to LGBQTI organisations and 42 participants report to go to family members. The low figure of those who go to families when they need someone to talk to about their problems corroborate the findings of the 2015 'We Exist' report, which shows that lesbians face harsh conditions from families who expect them to conform to the societal value of getting married or face outright rejection and disownment. Other conditions that can make it difficult for LBQT persons to go to family for help include incidences of 'curative' rape sometimes arranged by family members. Others include rape of lesbian women aimed at 'cleansing' them from same-sex desire, bullying, and exorcism to mention a few.

TABLE 16: Social Support: Help-Seeking

Who do you go to when you need someone to talk to about problems that relate to being LBQT? (N=285)		
Variable	**Frequency**	**%**
Current partner(s) (at least one)	187	65.6
Family (at least one member)	42	14.7
Friends (at least one)	187	65.6
People I live with (at least one)	25	8.8
Health care providers (at least one)	13	4.6
People I work with (at least one)	11	3.9
People living nearby me (at least one)	14	4.9
LGBTQI organisations	97	34.0
Religious leaders	5	1.8
Traditional / cultural leader	3	1.1
No one	20	7.0

Experience of stigma/discrimination and hate speech

Ghana has an independent National Human Rights Institution and a relatively responsive police force. This could give respondents some level of courage to report stigma and discrimination. On disclosure of their sexual orientation and/or gender identity, only 89 or 32% said they had disclosed being LBQT to law enforcement agents or human rights groups when they experienced stigma or discrimination. Seventy-three (73) or 26% said

police have been reluctant to take up their cases of violence. Ghana's Criminal Code of 1960 Act 29 which criminalizes "sexual intercourse with a person in an unnatural manner,' on the other hand could stop respondents from reporting offence as 122 or 44% respondents stated that they had failed to report stigma or discrimination for fear of judgement by a law enforcement agent. In most Anglophone West Africa, societal prejudice has exacerbated the risk of mob attacks and killing of LGBTQI persons[3]. It is therefore not surprising that 130 or 46% of the surveyed population said that they have postponed reporting cases of hate speech by media, family member and the general public to law enforcement due to fear of judgement by the law enforcement agents.

One hundred and twenty-six (126) or 45% have failed to report cases of blackmail or extortion due to their sexual orientation and/or gender identity. Thirty-eight (38%) failed to challenge the case of job denial or termination as a result of sexual orientation and gender identity, 32% stated that their employment was terminated as a result of their real or perceived sexual orientation or gender identity. 39% have faced eviction from the rented apartment and about the same number have been denied housing on account of dress preference (appearance), real or perceived sexual orientation and gender identity. Forty-three percent (43%) have been ejected from home by their families and discriminated within religious institutions and community gatekeepers as a result of real or perceived sexual orientation, 31% revealed that they have been punished or expelled from school and 28% stated that they have faced sexual harassment in school as a result of real or perceived sexual orientation or gender identity.

TABLE 17: Experience of stigma/discrimination and hate speech

Variable	No	%
Have you ever disclosed being LBQT to law enforcement agency/agent/human rights groups when you experience stigma or discrimination on the basis of your orientation?	89	31.9
Has the law enforcement agent/agency human rights groups been reluctant to take up your case of stigma and discrimination?	73	26.2
Have you postponed or failed to report a case of stigma and discrimination for fear of judgement by law enforcement agent/ agency human rights groups?	122	43.9
Have you postponed or failed to report cases of hate speech by media, family member or the general public to law enforcement agent/agency for fear of judgement by law enforcement agent/agency?	130	46.8

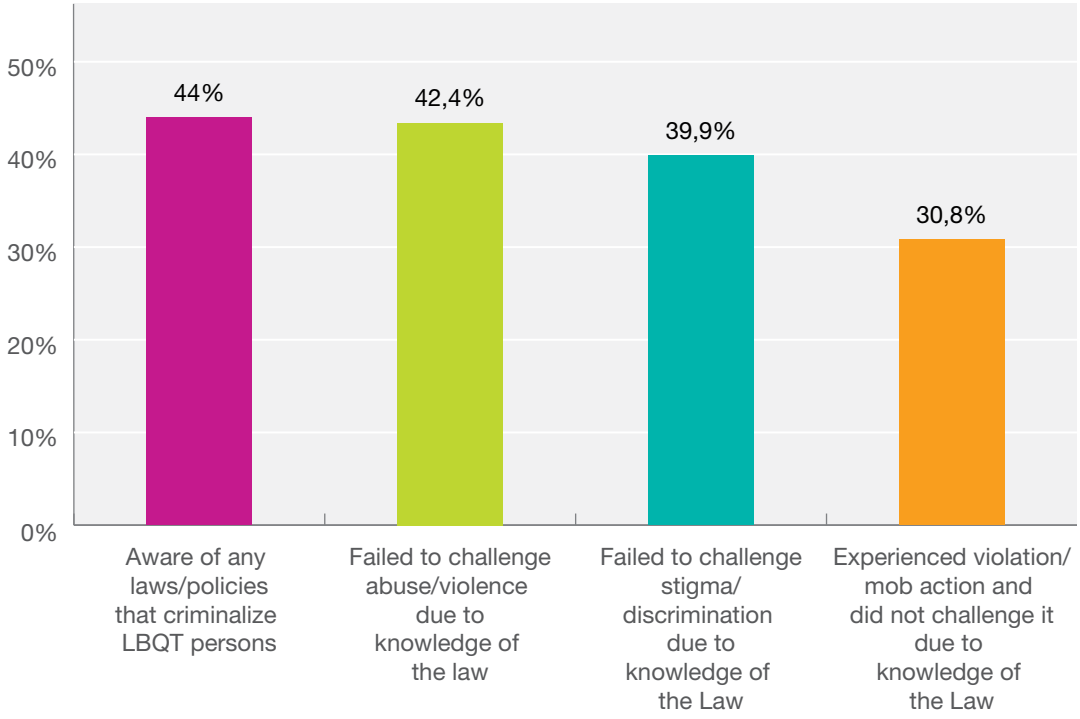
3 Human Rights Watch Report (2018) P.36: No choice but to deny who I am.

Variable	No	%
Have you postponed or failed to report a case of blackmail and extortion on account of your sexual orientation and gender identity to law enforcement agent/agency/human rights groups?	126	45.3
Have you ever been harassed at work as a result of your real or perceived sexual orientation or gender identity?	121	43.5
Have you postponed or failed to challenge the case of a job denial/termination as a result of/ on assumption about your sexual orientation or gender identity?	92	33.1
Have you ever been terminated from employment as a result of your real or perceived sexual orientation or gender identity?	88	31.8
Have you faced eviction from a rented apartment on account of your sexual orientation and gender identity?	108	38.8
Have you been denied housing on account of your dress preference or real or perceived sexual orientation and gender identity?	106	38.1
Have you experienced ejection from home by family members, religious institutions, and cultural gatekeepers as a result of your real or perceived sexual orientation or gender identity?	120	43.2
Have you ever been dismissed from or punished at school as a result of your real or perceived sexual orientation or gender identity?	86	30.9
Have you ever faced sexual harassment at school as a result of your real or perceived sexual orientation or gender identity	79	28.4

Awareness of Laws or Policies that Criminalises LBQT Persons

Two hundred and seventy-six responses were completed and analysed here (N= 276). Persons who face violations are reluctant to report to police due to fear of sanctions. From the survey figure below, almost 4 out every 10 participants have experienced right violations but have not taken action i.e. 42% failed to challenge abuse or violence due to the knowledge of the law and 40% failed to challenge stigma or discrimination due to the knowledge of the law and 31% have experienced violations or mob action but did not take action due to the knowledge of laws that criminalise same-sex sexual relationships.

FIGURE 7: Awareness of Laws/Policies that Criminalizes LBQT Persons



Concerning experience of rights violations, one hundred and ninety-seven (197) or about 70% disclosed that their sexual orientation and/or gender identity has been revealed to others without their permission. One hundred and sixty two (162) or 58% stated that they have been threatened to reveal that they are LBQT and over 60% have experienced insult or verbal abuse in their lifetime. One hundred and twenty-eight (128) or 26% report that their intimate partner (current or past) has ever threatened to reveal to others that the respondent is LBQT.

One hundred and twenty-four (124) or four out of every ten participants reported that they have been coerced into marriage. This is an unfortunate trend in Anglophone West Africa where LBQT persons are forced into marriage in order to 'fit' into societal expectation of who a woman should be. Others include poverty, marriage as a means of correcting sexuality and as a means of ending shame on family members.

TABLE 18: Unwilling disclosure of sexual orientation and gender identity

Variable	Frequency (Yes)	%	N
Are you aware of anyone ever revealing that you are LBQT to others without your permission?	197	69.9	282
Has anyone ever threatened to reveal that you are LBQT to others without your permission?	162	57.7	281
Experience of insult or verbal harassed			
Lifetime	168	60.4	278
Last 12 months	113	67.3	113
Has an intimate partner (past or current) ever threatened to reveal that you are LBQT to others without your permission?	128	45.6	281
Has an intimate partner (past or current) ever made you feel worthless because of your sexual orientation and gender identity?	119	42.3	119
Has an intimate partner (past or current) ever made you feel ashamed because of your sexual orientation and gender identity?	117	41.6	281
Have you ever been coerced, pressured or forced into marriage?	124	44.1	281

Sexual Violence

Respondents were asked their experience with sexual violence. It was not surprising to discover that 40% or four in every ten participants disclosed that they have experienced sexual violence. This report has already cited instances when family members arranged abuse in order to 'cure' LBQT persons of their love for the same sex. Some family members engage LBQT in exorcism, stating that same-sex love is demonic. Sixty-nine (69) participants or about 25% have experienced sexual violence in their lifetime of which 42 persons or 61% reported to have experienced sexual violence in the last 12 months. Nonetheless, this does not necessarily suggest an increase in participant's sexual violence experience because the question of life experience of sexual violence and experience in the last twelve months was treated separately.

For instance, 69 participants reported to have experienced sexual violence from an intimate partner of the same sex in their lifetime which is 25% of the survey respondents; and 42 persons out of the 69 reported that they have experienced sexual violence from an intimate partner of the same sex in the last 12 months. Also observed, is the fact that violence from an intimate partner of a different sex was at 22%, from someone they know 16% and from a stranger 17%. Ghana is a signatory to regional and international treaties that seek to protect the lives of its citizens. There is also the 2007 Domestic Violence Act. LBQT persons do not apply this law in its entirety based on their knowledge of laws that ban same-sex sexual relationships.

FIGURE 8: Ever experienced sexual violence

TABLE 19: Experience of sexual violence

Experience of sexual violence:	Frequency (yes)	%	N
From an intimate partner of the same sex as you?			
Lifetime	69	24.6	281
Last 12 months	42	60.9	69
From an intimate partner of a different sex than you?			
Lifetime	59	21.5	274
Last 12 months	35	59.3	59
From someone you know (not an intimate partner)			
Lifetime	54	19.7	274
Last 12 months	26	48.1	54
From a stranger			
Lifetime	43	15.6	275
Last 12 months	28	65.1	43
From someone, you live with? (an intimate partner or another person)			
Lifetime	43	16.1	267
Last 12 months	28	65.1	43

Physical Violence

Physical violence is a common occurrence in the lives of LBQT persons. According to the We Exist report, "West Africa is experiencing a backlash against LGBTQ people. There is an increased risk of arrest, public humiliation, extortion, social isolation, and suicide… Even in countries that do not criminalize homosexuality, many LGBTQI people believe they are "illegal" and do not know when their rights have been violated. Most victims avoid legal action, fearing the repercussions of being out". This assertion is corroborated with the result of this research, which shows that 45% of the respondents reported that they have experienced physical violence which is higher than those that have experienced sexual violence. Ninety-one participants or 33% have experienced violence in their lifetime and within which 73.6% of this experience was in the last 12 months preceding the study.

FIGURE 9: Ever experienced physical violence

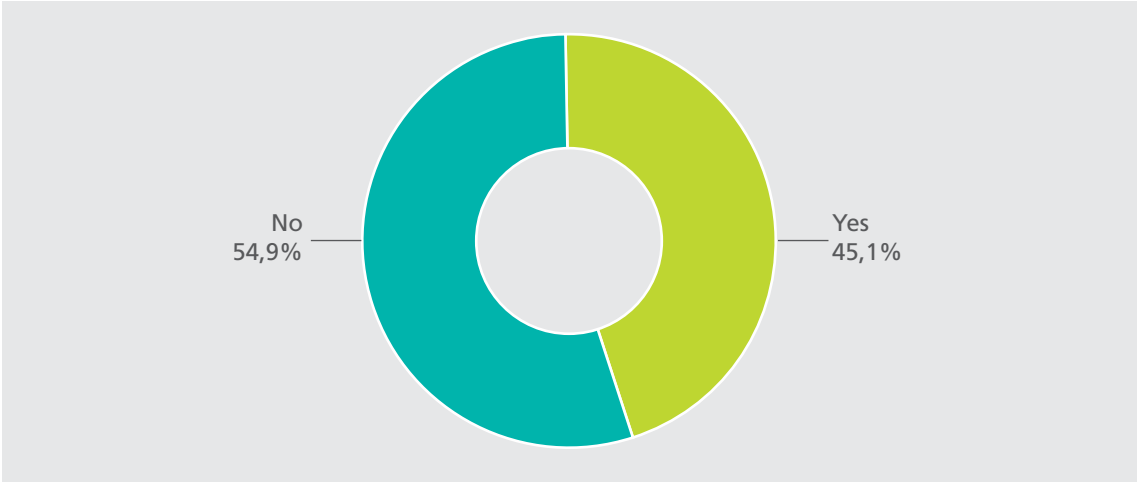


TABLE 20: Experience of physical violence

Experience of physical violence	Frequency (yes)	%	N
From an intimate partner of the same sex as you?			
Lifetime	91	33.0	276
Last 12 months?	67	73.6	91
From an intimate partner of a different sex than you?			
Lifetime	57	20.7	275
Last 12 months	41	71.9	57
From someone you know (not an intimate partner)			
Lifetime	59	21.5	274
Last 12 months	36	61.0	59
From a stranger			
Lifetime	50	18.3	273
Last 12 months	32	64.0	50
From someone you live with? (an intimate partner or another person)			
Lifetime	43	15.9	270
Last 12 months	37	86.0	43

Help-Seeking to Violence Experienced (In the last 12 months)

With regard to help-seeking as a result of violence experienced by participants, in the last 12 months, fifty-two (52) or 63% out of 82 that reported an experience of physical violence in the last 12 months stated that they have never sought for help to address physical or sexual violence abuse they experienced.

TABLE 21: Experienced any of physical or sexual assault in the previous 12 months

Variable N= 82 (Experienced any of physical or sexual assault in the previous 12 months)	**Frequency (Yes)**	**%**	**N**
Sought medical help for physical or sexual assault in the experienced in the last 12 months	30	36.6	82
Reported experience of physical or sexual assault to the police in the last 12 months	23	28.0	82
When seeking help for physical or sexual assault, how often do you think you have been treated with less courtesy than other people by police or healthcare staff for being LBTQ?			
Never	2	6.7	30
Rarely	9	30.0	
Sometimes	12	40.0	
Often	7	23.3	

Resultant Effects of Lifetime Experience of Any form of Violence

On the impact of the violence experienced by LBQT persons, 121 persons or 83% of participants who ever experienced any form of physical or sexual assault believed that the physical and sexual violence experienced was because of their sexual orientation while 106 or 39% believed it was due to their gender identity. 112 or 77% believed the sexual and physical violence incidents were motivated by their bodies not being typically male or female. On the lifetime impact of the violent experiences, 96 or 66% or one in three participants said the violent incidents had resulted in incidents of flashbacks and nightmares. Two thirds (66%) of the participants who ever experienced any form of physical or sexual assault now feel jumpy, irritable or restless and most of them (88%) now try to avoid the situations or people who remind them of the violent incidents. The situations above present a vivid picture of the reasons for which LBQT persons are reluctant to disclose their sexual orientation or gender identity.

TABLE 22: Ever experienced any form of physical or sexual assault

Variable N= 145 (Ever experienced any form of physical or sexual assault)	**Frequency (yes)**	**%**
Do you think any of these incidents (sexual or physical assault) were motivated by your sexual orientation?	121	83.4
Do you think any of these incidents (sexual or physical assault) were motivated by your gender identity?	106	73.1
Do you think any of these incidents (sexual or physical assault) were motivated by your body is not typically female/typically male?	112	77.2
Did any of these incidents result in flashbacks, nightmares, or reliving the event?	96	66.2
Have you avoided situations or people who remind you of the incident(s)?	128	88.3
Following the incident(s), have you felt jumpy, irritable, or restless?	95	65.5

PART D
RECOMMENDATIONS

To the President of Ghana

- The President should publicly condemn all threats and acts of violence against lesbian, bisexual, queer and transgender people, including violence perpetrated by family members.
- Adopt measures and take steps aimed at raising public awareness of the harm of homophobia and transphobia that prevails in the country, and the need to combat it. In particular, hold accountable all public officials who make homophobic and transphobic statements.
- Propose comprehensive legislation that prohibits all forms of discrimination, including on the grounds of sexual orientation and/or gender identity.
- Invite the African Commission on Human and Peoples' Rights and the Country Rapporteur for the Republic of Ghana to conduct an official visit to engage in constructive dialogue with the government and all stakeholders on the progress and challenges to domestic implementation of the African Charter on Human and Peoples' Rights, and other relevant regional human rights treaties that Ghana has ratified.

To Parliament of Ghana

- Repeal sections 104(1(b) of the Criminal Offences Act that criminalizes adult consensual same-sex conduct.
- Amend Chapter 5 of the 1992 Constitution on Fundamental Human Rights and Freedoms to include a specific prohibition of discrimination based on sexual orientation and gender identity.
- Introduce legislative and policy measures to prevent, protect, punish and provide effective remedies for lesbian, bisexual, queer and transgender individuals who are victims of violence on the basis of their real or imputed sexual orientation and gender identity and ensure enjoyment of their constitutional rights to equality and non-discrimination.
- Follow-up effectively on the various recommendations from the human rights treaty

bodies, the universal periodic review and special procedures in order to ensure improved protection from violence and discrimination on the basis of sexual orientation and gender identity, in particular the recommendations contained in the Concluding Observations adopted by the United Nations Human Rights Committee in August 2016 pursuant to consideration of Ghana's initial report to:

- Take necessary steps to protect lesbian, gay, bisexual and transgender persons against all forms of discrimination, intimidation and violence and amend section 104 of the Criminal Offences Act, 1960, to ensure that sexual relations between consenting adults of the same sex are not considered a misdemeanour and not punishable by law.

To the Inspector General of Police ; Ghana Police Services

- Undertake prompt, independent, and effective investigations into allegations of acts of violence against LGBT people—whether in public spaces or in the home—always taking into account that such crimes may be motivated by hatred of their real or perceived sexual orientation and gender identity.
- Ensure that police stations provide a safe environment for LGBT persons to report cases of violence, including by establishing a human rights desk and a reporting hotline for cases of domestic violence.
- Ensure all law enforcement officials fully comply with the Ghana Police Service Standard Operating Procedures while executing their duties in respect of providing services to LGBT victims of crime, in particular, to identify and arrest perpetrators.
- Ensure that police apply the provisions on equality, human dignity and discrimination in the Constitution in all their dealings with LGBT individuals.

To the Ministry of Justice and Attorney-General's Department

- Issue clear directives to prosecutors and members of the judiciary to ensure that reported cases of violence against LGBT people are effectively prosecuted without delay and perpetrators punished in accordance with the law.
- Conduct capacity-building workshops for court officials and related personnel and integrate human rights of LGBT people into educational curricula to enhance officials' understanding of constitutional rights and sexual orientation and gender identity.

To the Commission on Human Rights and Administrative Justice

- In accordance with the mandate to promote human rights set out in relevant provisions of the 1992 Constitution and Commission on Human Rights and Administrative Justice Act 456, 1993; implement public education programs focusing on LGBTI rights.
- Monitor, investigate and report on incidents of hate speech and incitement based on sexual orientation and gender identity in accordance with the protection mandate.

- Effectively implement the actions adopted at the March 2017 workshop hosted by the Network of African National Human Rights Institutions in Nairobi, Kenya for staff of national human rights institutions on sexual orientation, gender identity and human rights, in particular:
    - Conduct internal training on sexual orientation and gender identity issues for all staff at regional and district levels.
    - Organize symposia and workshops for police, non-governmental organizations, the judiciary, media, health practitioners and religious leaders on human rights and sexual orientation and gender identity issues.
    - Continue to actively engage with LGBT human rights organizations to encourage LGBT persons to file discrimination complaints with the Commission.
- Launch a national public education campaign about rights protections, legal remedies, and social services available for victims of violence and discrimination, particularly as they relate to women's rights, sexual orientation, and gender identity.

To healthcare providers

- All practitioners are to undertake needed trainings on gender and sexuality
- The regulatory body (Ghana Health Service) should take legal action against practitioners who go against their oaths
- Should participate in workshops addressing LBQT issues

To Religious and Traditional leaders

- They should speak out publicly against violence and discrimination perpetrated against people based on their real or perceived sexual orientation - They should stop propagating hate speech and inciting violence against LBQT persons.

To NGOs and CBOs

- More focus should be placed on empowering LBQT person's so that can better understand the law and how to seek redress when their rights are violated.
- More focus should be directed toward issues that are specific to LBQT persons
- Assist and support existing LBQT NGOs to be more visible and also provide technical support to these NGOs.
- Should focus on the needs of the LBQT Community and plan project and activities in that line which will be beneficial to the community. Example is to have a project on HIV and Peer- Education for LBQT persons.
- Should make use of all platforms to intensify the fight for the rights of LBQT persons.
- Should organize a workshop targeting key stakeholders and allies to educate them on LBQT issues and build a strong network with these allies.

To the Media

- Give platforms to LBQT persons to educate the general public on the issues of the community.
- Report on cases of abuse and violence against LBQT persons.
- The focus should be directed towards facts and not myths and sensationalising the lives of LBQT persons.
- They should not shy away or intentionally avoid reporting violations perpetrated against LBQT people.
- Should engage themselves in workshops that addresses LGBT issues.

To Donors

- Increase financial and technical assistance to civil society organizations providing services to lesbian, bisexual, queer and transgender people who have suffered violence, including domestic violence, and discrimination on the basis of their sexual orientation and/or gender identity.
- Specifically, increase funding for community organizing, advocacy, and direct services, including short and long-term shelters, legal aid, crisis hotlines, counselling, medical assistance, and job training to lesbians, bisexual women, and transgender men.

To LBQT Community

- They should participate in community based empowerment meetings to become more empowered as LBQT persons and on LBQT issues
- They should seek for information and support from existing organisations when the need arises.
- They should join existing social media groups and other safe spaces towards enhancing their capacities.
- They should report cases of violence and discrimination against them and the community at large
- They should be responsible so that the can be respected
- They should seek for support from other existing stakeholders when the need arises
- They should exercise the knowledge gained from community meetings and trainings by speaking up for their rights and other LBQT persons' rights
- They should be cautious about who they open up to wherever they find themselves

CONCLUSION

This study of the health and human rights' needs of lesbians, bisexuals, queers and trans persons in Ghana comes at a time where interventions have always maligned this population. There is a culture of invisibility that the population suffers, which has an impact on how they have perceived the society in which they live.

The survey results give some indications of the enormous challenge faced by lesbian, bisexual, queer and trans people in Ghana. One of the most common occurrences from this report is forced marriage of LBQT persons. The report indicates that out of the 295 respondents reached, one hundred and twenty-four (124) or more than four out of every ten participants have been coerced into marriage. This is a common trend in most Anglophone West African countries where LBQT persons are forced into marriage in order to 'fit' into societal expectation of a woman. In addition, the low number of persons (42) who go to family member when they need someone to talk to about their problems is in line with the findings of the 2015 'We Exist' report, which shows that lesbians face harsh conditions within their families who expect them to conform to the societal norm of getting married or face outright rejection and disownment. Other conditions that can make it difficult for LBQT persons to go to family for help include incidences of 'curative' rape sometimes arranged by family members; rape of lesbian women aimed at 'cleansing' them from same-sex desire, bullying, and exorcism to mention a few.

From the finding of this study in Ghana, there is evidence that shows that LBQT people are often victims of physical assault, sexual assault, discrimination in access to housing, education, employment and family rejection on grounds of sexual orientation and gender identity. Situations such as those described above often lead to fear and intimidation which force LBQT people into silence when they face abuse.

Human Rights Watch 2018 report entitled: "No Choice but to deny who I am" confirm that abuse of LBQT people in Ghana often take place in the privacy of their homes. Also, it states that when family members suspect that their family member(s) are LBQT, they beat them up and evict them from their homes. It is therefore not surprising that the study shows that 43% of the respondents have been ejected from their homes.

Furthermore, like in other countries surveyed, we have seen even more clearly that a stable society where persons could live their lives without fear has a great impact on their livelihood. We see in this study that discriminatory laws and societal prejudice have had negative impacts on how respondents see themselves as human beings, how they live their life and how they believe they should be treated. In addition, the social, economic and political contexts in Ghana do not help much. Given the common problem of lack of social infrastructure faced by the general population, exacerbated by societal prejudice, prioritising the needs of disadvantaged groups has not been on the top echelon of duty for the government.

In essence, the findings revealed the opportunities for engagements and partnerships of different sectors engaged in development and social justice. Addressing the health and human rights' needs of LBQT persons would therefore require a cross-sectoral and multi-stakeholder approach, as expressed in the recommendations addressed to the government, civil society organisations, law enforcement agencies, media, religious institutions and family.

Thus, this report provides LBQT rights activists and their supporters with a tool that could be used for health programming, advocacy for the promotion and protection of LBQT rights including their sexual and reproductive health and rights, as well as literature baseline for further research on this subject.

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APPENDIX
QUESTIONNAIRE

WEST AFRICA-ENGLISH

Section 0

Instructions for Administration

You will be required to either fill this questionnaire by yourself or be assisted by a field worker. A field worker will review what the study is about and check that you are eligible and willing to be in the study.

Kindly check and confirm that you have filled every section or responded to all sections with the help of a field worker.

Thank you for your time and support!

For most questions, choose one response

Some items allow you to tick more than one response

Sometimes the same question is asked twice-once about the last 12 months and once about your whole life-time.

Be sure to answer both questions. Remember that if you experienced something in the last 12 months, you have also experienced it in your life time.

If you make a mistake, make the correction clearly. Place one or two lines through the incorrect responses and circle the correct response.

Questionnaire consent statement

The (Insert name of your organisation), in partnership with COC Netherlands and community based organisations across 4 countries, (Nigeria, Ghana, Sierra Leone and Liberia) is surveying people who are/identify as LBQT. The aim is to develop an understanding of health, human rights violations, experiences of violence, stigma and discrimination, in order to inform advocacy efforts both in-country and with other partners for improved service and human rights protection.

For the survey we use LBQT to mean someone who identifies as any of the following: Lesbian, bisexual, queer, gender non-conforming, trans-men, women who have sex with women.

Kindly fill out the questionnaire to let us know about your experience with accessing health care, attitude of service providers, human rights protection, stigma and discrimination, violence and self-acceptance.

This survey should take about 30-40 minutes, to complete. It is anonymous, meaning that we will not ask for your name or any other identifying information. What you share in this survey will be kept confidential. You can choose to stop participating in this survey at any time without any penalty.

At the end of the survey, we will include a list of resources in your country should you need someone to talk to about your health needs or experiences of violence, stigma and discrimination.

The outcome of the survey will be used for agenda setting by LGBTQI organisations and other partners to plan advocacy efforts around improving health needs of LBQT persons and response to violence, rights violation as it affects LBQT persons in West Africa.

The findings of this study may be published in academic literature, in which case your answers will not be linked to any information that will make your identity known. We can email you a report with the outcomes of this survey. If you wish to receive this report, please contact the organisation that gave you this questionnaire.

Please do not hesitate to contact us if you have any questions.

Thank you.

Kind regards,

The question should be filled by a fieldworker

1. Are you 18 years of age or older?
   - ○ $_1$ Yes
   - ○ $_0$ No >< Not eligible

2. Do you identify as LBQT?
   - ○ $_1$Yes
   - ○ $_0$ No >< Not eligible

3. Do you currently live in (**Ghana, Liberia, Sierra Leone, Nigeria**)
   - ○ $_1$Yes
   - ○ $_0$ No ><Not eligible

This question should be ticked by the participant, but can be asked by a fieldworker

4. Do you agree to participate in this survey, based on the information outlined above? (this will be regarded as your informed consent to participate in this survey)
   - ○ $_1$Yes
   - ○ $_0$ No >< Not eligible

5. Are you completing the questionnaire by yourself?
   - ○ $_1$Yes (self-administered)
   - ○ $_0$No (field worker administered)

The following question should be completed by the field worker

6. Has the participant answered yes to questions 1, 2, 3 and 4?

- ○ $_0$ No > Sign and STOP HERE. Explain to participant they are not eligible for the survey. Place this completed form in a secure place.
- ○ $_1$ Yes > Sign and continue data collection per guidelines in the fieldworker Manual

Field worker's signature---------- Date ----------

Section 1a: Background

101	How old are you?	**Please write your age _____**
102	In which country do you currently live? **PLEASE TICK ONE**	○ 1 Nigeria ○ 2 Sierra Leone ○ 3 Liberia ○ 4 Ghana
103	How did you hear about this study	○ 1 Through the organisation that issued this questionnaire ○ 2 Through a sister organisation ○ 3 Through a network
104	In what type of housing do you currently live? **PLEASE TICK ONE**	○ 1 Bungalow ○ 2 Apartment / flat ○ 3 Shanty / shack ○ 4 Hotel ○ 5 On the street ○ 7 Other specify ----------
105	Do you own your own housing? **PLEASE TICK ONE**	○ 1 Yes I own it myself ○ 2 No I rent it ○ 3 No I share housing and do not pay for it ○ 77 Not applicable (living on the street) ○ 5 Other specify ----------
106	What type of area do you live in? **PLEASE TICK ONE**	○ 1Urban ○ 2Semi-Urban/Peri urban ○ 3 Rural

107	On average do you have enough money to cover your basic needs?	◯ 1 Yes ◯ 2 No
108	Do you have a job for which you are paid? **PLEASE TICK ONE**	◯ 1 Yes, I have formal employment (I have an employment contract) ◯ 2 Yes I have informal employment (I am paid for work but do not have an employment contract) ◯ 0 No I do not have any work for which I am paid
109	Which religion (if any), most closely aligns to your beliefs? **PLEASE TICK ONE**	◯ 1 African tradition ◯ 2 Islam ◯ 3 Christianity ◯ 4 I am not religious ◯ 5 Other, specify _____
110	What is the highest level of education that you have completed? **PLEASE TICK ONE**	◯ 1 No formal education ◯ 3 Primary education ◯ 4 Secondary education ◯ 5 Post secondary, A-levels, Diploma, University ◯ 6 Other specify ……
111	Who do you feel sexually attracted to? **PLEASE TICK <u>ALL</u> THAT APPLY**	◯ 1 To women ◯ 2 To men ◯ 3 To trans men ◯ 4 To trans women ◯ 5 To gender non-conforming people ◯ 6 I do not feel sexual attraction

		○ 7 Other specify ----------
112	Who do you feel emotionally attracted to? **PLEASE TICK <u>ALL</u> THAT APPLY**	○ 1 To women ○ 2 To men ○ 3 To trans men ○ 4 To trans women ○ 4 To gender non-conforming people ○ 6 I do not feel emotional attraction ○ 7 Other specify ----------

113	In the last year, whom have you had sexual experience with? **PLEASE TICK <u>ALL THAT APPLY</u>**	◯ 1 With women ◯ 2 With men ◯ 3 With trans men ◯ 4 With trans women ◯ 5 With gender non-conforming people ◯ 6 I have not had sexual experiences in the last year ◯ 7 Other specify ----------
114	In your life time, who have you had sexual experience with? **PLEASE TICK <u>ALL</u> THAT APPLY**	◯ 1 With women ◯ 2 With men ◯ 3 With trans men ◯ 4 With trans women ◯ 5 With gender non-conforming people ◯ 6 I have not had sexual experiences in my life time ◯ 7 Other specify ----------
115	In terms of sexual orientation, how do you identify? **PLEASE TICK ONE**	◯ 1 Lesbian ◯ 2 Bisexual ◯ 3 Gay ◯ 4 Heterosexual ◯ 5 Asexual ◯ 6 Other, specify ----------

116	In terms of your gender identity how do you identify? **PLEASE TICK ONE**	○ 1 Woman ○ 2 Man ○ 3 Trans man ○ 4 Trans woman ○ 5 Gender non-conforming ○ 6 Other specify ----------

117	How was your sex classified at birth? **PLEASE TICK ONE**	○ 1 Female ○ 2 Male ○ 3 Intersex (persons born with sex organs/genitals that do not appear typically female or male)
118	What is the legal sex/gender currently recorded in your identity document? **PLEASE TICK ONE**	○ 1 female ○ 2 Male ○ 3 Other please specify ---------- ---------- ○ 77 I do not have any identity document

Section 1b: Gender Expression

We would like to know more about your gender expression. Indicate on a scale from 1 (not at all) to 5 (extremely) how masculine and feminine you think you are. This question is just to help us understand how much you conform to society's expectations of what is masculine or feminine.

Place an X in one box that best describes your answer to each question.

119	In general, how feminine do you think you are?	1 Not at all	2 A little	3 Somewhat	4 Very much	5 Extremely
120	In general, how feminine do you behave in front of others?	1 Not at all	2 A little	3 Somewhat	4 Very much	5 Extremely
121	In general how feminine do you appear to others?	1 Not at all	2 A little	3 Somewhat	4 Very much	5 Extremely
122	In general, how masculine do you think you are?	1 Not at all	2 A little	3 Somewhat	4 Very much	5 Extremely
123	In general, how masculine do you behave in front of others?	1 Not at all	2 A little	3 Somewhat	4 Very much	5 Extremely
124	In general how masculine do you appear to others?	1 Not at all	2 A little	3 Somewhat	4 Very much	5 Extremely

The following questions are about your use of some different gender-affirming practices. We understand that not everyone does these practices. However, we appreciate any information you are able to share with us, whether you do these practices or not.

138	Do you use hormones for gender affirming care (transitioning)?	1 Yes, from a local private health care provider	2 Yes, from a local public health care provider	3 Yes from another source	0 No
139	Do you use any form of binding (binders, bandages, etc.) (Or use any method of hiding your breasts)?		1 Yes		0 No
140	Do you tuck (or use any method of hiding your penis)?		1 Yes		0 No

Section 1c: Sexuality and self

Complete this section if you do **not** identify as heterosexual (also known as straight) or asexual (do not experience sexual attraction). If you do identify as heterosexual or asexual, go to the next page.

Place an X in one box that best describes your answer to each question

Please answer these questions based on YOUR OWN feelings about yourself

125	Sometimes I dislike myself for being a person who has (or wants) sex with people of the same sex.	1 I disagree strongly	2 Disagree	3 Agree	4 Agree strongly
126	I wish I was only sexually attracted to the opposite sex	1I disagree strongly	2 Disagree	3 Agree	4 Agree strongly
127	I am ashamed of myself for being sexually attracted to people of the same sex	1 disagree strongly	2 Disagree	3 Agree	4 Agree strongly
128	I feel that being attracted to people of the same sex is a personal weakness of mine	1 disagree strongly	2 Disagree	3 Agree	4 Agree strongly
129	If someone offered me the chance to be completely heterosexual, I would accept the offer	1 disagree strongly	2 Disagree	3 Agree	4 Agree strongly
130	Whenever I think about having sex with someone of the same sex, I feel bad about myself	1 disagree strongly	2 Disagree	3 Agree	4 Agree strongly

Section 1d: Gender Identify and self

Complete this section if you identify as transgender, genderqueer, and/or gender non-conforming. If you do not identify as transgender, genderqueer, and/or gender non-conforming, go to the next page.

Place an X in one box that best describes your answer to each question

Please answer these questions based on YOUR OWN feelings about yourself

131	Sometimes I dislike myself for being transgender and/or gender non-conforming	1 I disagree strongly	2 Disagree	3 Agree	4 Agree strongly
132	Sometimes I wish I wasn't transgender and/or gender non-conforming	1 I disagree strongly	2 Disagree	3 Agree	4 Agree strongly
133	I think about the fact that I am transgender and/or gender non-conforming when I interact with people	1 I disagree strongly	2 Disagree	3 Agree	4 Agree strongly
134	I feel that being transgender and/or gender non-conforming is a personal weakness of mine	1 I disagree strongly	2 Disagree	3 Agree	4 Agree strongly
135	If someone offered me the chance to be cisgender, I would accept the offer (cisgender relates to a person whose sense of personal identity and gender corresponds with their birth sex; the opposite of transgender)	1 I disagree strongly	2 Disagree	3 Agree	4 Agree strongly

The following questions are about your use of some different gender-affirming practices. We understand that not everyone does these practices. However, we appreciate any information you are able to share with us, whether you do these practices or not			
136	Can you get hormones for transitioning from a local health care provider if you need them?	1 Yes	0 No
137	Can you get gender affirming surgery from a local healthcare provider if your need it?	1 Yes	0 No

Section 2a: Health Service Use

The following questions will ask about your health service use at community based organisation/non-governmental organisation, public services, private services, and indigenous or traditional healers or providers.

201	Do you have private medical aid or health insurance?	1 Yes	0 No
202	For which health services have you accessed C**ommunity-based or non-governmental organisation health care** in the last 12 months? **TICK <u>ALL</u> THAT APPLY** (If you do not use community based organisation or non-governmental organisation health care, tick none' at the bottom)	○ 1 Regular check-ups when I am feeling well ○ 2 Check-ups when I am feeling sick ○ 3 Emergency care ○ 4 Care after a sexual assault ○ 5 Care after a physical assault ○ 6 Test for HIV ○ 7. HIV Care and treatment ○ 8 Testing, care, or treatment for other sexually transmitted infections (STIs) (Not HIV) ○ 9 Counselling or psychosocial support ○ 10 Care for mental health conditions ○ 11 Barrier methods (condoms, dental dams or finger condoms) ○ 12 Contraception (injection, pill, IUD/loop, implant) ○ 13 Breast and throat cancer checks ○ 14 Cervical cancer checks ○ 15 Gender affirming treatment (hormones, surgery) ○ 16 other, specify: ---------- ○ 17 None	

203	For which health services have you accessed **public health care** (clinic/hospital) in the last 12 months? **TICK <u>ALL</u> THAT APPLY** (If you do not use public health, tick 'none' at the bottom)	○ 1 Regular check-ups when I am feeling well ○ 2 Check-ups when I am feeling sick ○ 3 Emergency care ○ 4 Care after a sexual assault ○ 5 Care after a physical assault ○ 6 Test for HIV ○ 7. HIV Care and treatment ○ 8 Testing, care, or treatment for other sexually transmitted infections (STIs) (Not HIV) ○ 9 Counselling or psychosocial support ○ 10 Care for mental health conditions ○ 11 Barrier methods (condoms, dental dams or finger condoms) ○ 12 Contraception (injection, pill, IUD/loop, implant) ○ 13 Breast and throat cancer checks ○ 14 Cervical cancer checks ○ 15 Gender affirming treatment (hormones, surgery) ○ 16 other, specify: ---------- ○ 17 None

204	For which health services have you accessed **private health care** (clinic/hospital) in the last 12 months? **TICK <u>ALL</u> THAT APPLY** (If you do not use private health care tick 'none' at the bottom)	○ 1 Regular check-ups when I am feeling well ○ 2 Check-ups when I am feeling sick ○ 3 Emergency care ○ 4 Care after a sexual assault ○ 5 Care after a physical assault ○ 6 Test for HIV ○ 7. HIV Care and treatment ○ 8 Testing, care, or treatment for other sexually transmitted infections (STIs) (Not HIV) ○ 9 Counselling or psychosocial support ○ 10 Care for mental health conditions ○ 11 Barrier methods (condoms, dental dams or finger condoms) ○ 12 Contraception (injection, pill, IUD/loop, implant) ○ 13 Breast and throat cancer checks ○ 14 Cervical cancer checks ○ 15 Gender affirming treatment (hormones, surgery) ○ 16 other, specify: ---------- ○ 17 None

205	For which health services have you accessed **indigenous or traditional healthcare** or faith healing in the last 12 months? **TICK <u>ALL</u> THAT APPLY** (If you do not use indigenous or traditional health care or faith healing, tick 'none' at the bottom)	○ 1 Regular check-ups when I am feeling well ○ 2 Check-ups when I am feeling sick ○ 3 Emergency care ○ 4 Care after a sexual assault ○ 5 Care after a physical assault ○ 6 Test for HIV ○ 7. HIV Care and treatment ○ 8 Testing, care, or treatment for other sexually transmitted infections (STIs) (Not HIV) ○ 9 Counselling or psychosocial support ○ 10 Care for mental health conditions ○ 11 Barrier methods (condoms, dental dams or finger condoms) ○ 12 Contraception (injection, pill, IUD/loop, implant) ○ 13 Breast and throat cancer checks ○ 14 Cervical cancer checks ○ 15 Gender affirming treatment (hormones, surgery) ○ 16 other, specify: ---------- ○ 17 None

Section 2b: Health service barriers

Place an X in one box that best describes your answer to each question: Answer these questions in relation to your experience in the country you currently live in.

206	Have you ever disclosed being LBQT to a health staff member? (this includes doctors, nurses, counsellors, other people working at public private, or traditional healthcare facilities			₁ Yes	₀ No
207	Has a health-care staff member ever made assumptions about your sexual orientation or gender identity? (For example, assumed you are LBQT based on your appearance)			₁Yes	₀ No
208	When seeking health-care, how often do you think you have been treated disrespectfully by staff for being LBQT? (this includes doctors, nurses, counsellors, other people working at public, private or traditional health care facilities)	₁ Never	₂ Rarely	₃ Sometimes	₄ Often
209	When seeking health-care, how often do you think you have received poorer service than other people because you are LBQT?	₁ Never	₂ Rarely	₃ Sometimes	₄ Often
210	How often have you been called names or insulted by health care staff because you are LBQT (this includes doctors, nurses, counsellors, other people working at public, private or traditional health care facilities)	₁ Never	₂ Rarely	₃ Sometimes	₄ Often
211	How often do you think health care staff has denied you a service because you are LBQT (this includes doctors, nurses, counsellors, other people working at public, private or traditional health care facilities)	₁ Never	₂ Rarely	₃ Sometimes	₄ Often
212	How often has health care staff threatened to call the police or law enforcement agent because you are LBQT (this includes doctors, nurses, counsellors, other people working at public, private or traditional health care facilities)	₁ Never	₂ Rarely	₃ Sometimes	₄ Often

Section 2c: Impact of previous experiences on health seeking behaviour

Place an X in one box that best describes your answer to each question

213	Have you postponed or not tried to get needed health care when you were sick or injured because you could not afford it?	1 Yes	0 No
214	Have you postponed or not tried to get HIV testing because you could not afford it?	1 Yes	0 No
215	Have you postponed or tried not to get STI or STI/HIV treatment because you could not afford it?	1 Yes	0 No
216	Have you postponed or not tried to get needed healthcare when you were sick or injured because of disrespect or discrimination because you identify as LBQT from doctors or other healthcare providers?	1 Yes	0 No
217	Have you postponed or not tried to get HIV testing because of disrespect or discrimination because you identify as LBQT from doctors or other health care providers?	1 Yes	0 No
218	Have you postponed or not tried to get STI testing or STI/HIV treatment because of disrespect or discrimination because you identify as LBQT from doctors or other healthcare providers?	1 Yes	0 No
219	Have you postponed or tried not to get cervical, breast or throat cancer screening because you could not afford it?	1 Yes	0 No
220	Have you postponed or not tried to get cervical, breast or throat cancer screening because of disrespect or discrimination because you identify as LBQT from doctors or other health care providers?	1 Yes	0 No
221	Have you ever hidden or tried to hide being LBQT from a health care provider for fear of discrimination?	1 Yes	0 No
222	Are you aware of a situation where a health care professional shared that you are LBQT with others without your permission?	1 Yes	0 No

Section 3a: Alcohol

Here are some questions about alcohol use. Please answer as correctly as possible

Place an X in one box that best describes your answer to each question

301	How often do you have a drink containing alcohol?	0 Never **(Go to next section)**	1 Monthly or less	(2) 2-4 times a month	(3) 2-3 times a week	(4) 4 or more times a week
302	How many drinks containing alcohol do you have on a typical day?	(0) 1 or 2	(1) 3 or 4	(2) 5 or 6	(3) 7 or 8	(4) 9 or more
303	How often do you have six or more drinks on one occasion?	0 Never	1Less than monthly	2monthly	3Weekly	4Daily or almost daily
304	How often during the last year have you had a feeling of guilt or remorse after a heavy drinking session?	0 Never	1 Less than monthly	2 Monthly	3 Weekly	4Daily or almost daily
305	Have you or someone else been injured because of your drinking?	0No		1Yes, but not in the last year		2Yes during the last year
306	Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	0No		1Yes, but not in the last year		2Yes, during the last year

Section 3b: Drugs

Here are a few questions about drugs. Please answer as correctly and honestly as possible

By drugs, we mean any of the following:
Cannabis: skunk,loud,arizona marijuana, hashish, dagga
Amphetamines: Methamphetamine, Phenmetraline, khat, Betel nut, Ritalin (Methylphenidate)
Cocaine: Crack, freebase, coca leaves
Opiates: Smoked heroin, heroin, opium, tramadol, codeine
Hallucinogina: Ecstasy, LSD (Lysergic acid), Mescaline, Peyote, PCP (angel dust), (Phencyclidine), Psilocybin, DMT
Solvents/inhalants: Thinner, Trichloroethylene, Gasoline/Petrol, Gas, Solution, Glue, gutter water
GHB and others: GHB, Anabolic steroids, laughing gas (halothane), amyl nitrate (poppers), anticholinergic compounds
Tik or rocks

Place an X in one box that best describes your answer to each question

307	How often do you use drugs other than alcohol (See list of drugs above)	0 Never **(Go to next section)**	(1) Monthly or less	(2) 2-4 times a month	(3) 2-3 times a week	(4) 4 or more times a week
308	How many times do you use drugs on a typical day when you do drugs?	(0) 1 or 2	(1) 3 of 4	(2) 5 or 6	(3) 7 or 8	(4) 9 or more
309	How often are you influenced heavily by drugs?	0 Never	1Less than monthly	2monthly	3Weekly	4Daily or almost daily
310	How often during the last year have you had a feeling of guilt or a bad conscience because you used drugs?	0 Never	1 Less than monthly	2 Monthly	3 Weekly	4Daily or almost daily
311	Have you or someone else been hurt (mentally or physically) because you use drugs?	0No	1Yes, but not in the last year	2 Monthly	3 Weekly	2Yes during the last year
312	Has a relative, friend, doctor, or other health care worker been concerned about your drug use?	0No	1Yes, but not in the last year	2 Monthly	3 Weekly	2Yes, during the last year

Section 3c: Depression and anxiety

Below is a list of the ways you may have felt or behaved.

Please indicate how often you have felt this way during these past week

Place an X in the box that best describes your feeling

313	Feeling nervous, anxious or on edge?	$_0$Rarely or none of the time (less than 1 day)	$_1$Some or a little of the time (1-2 days	$_2$Occasionally or a moderate amount of time (3-4 days)	$_3$All of the time (5-7 days)
314	Worrying too much about different things?	$_0$Rarely or none of the time (less than 1 day)	$_1$Some or a little of the time (1-2 days)	$_2$Occasionally or a moderate amount of time (3-4 days)	$_3$All of the time (5-7 days)
315	Becoming easily annoyed and irritable?	$_0$Rarely or none of the time (less than 1 day)	$_1$Some or a little of the time (1-2 days)	$_2$Occasionally or a moderate amount of time (3-4 days)	$_3$All of the time (5-7 days)
316	Feeling hopeful about the future?	$_0$Rarely or none of the time (less than 1 day)	$_1$Some or a little of the time (1-2 days)	$_2$Occasionally or a moderate amount of time (3-4 days)	$_3$All of the time (5-7 days)
317	Feeling happy?	$_0$Rarely or none of the time (less than 1 day)	$_1$Some or a little of the time (1-2 days)	$_2$Occasionally or a moderate amount of time (3-4 days)	$_3$All of the time (5-7 days)
318	Feeling lonely?	$_0$Rarely or none of the time (less than 1 day)	$_1$Some or a little of the time (1-2 days)	$_2$Occasionally or a moderate amount of time (3-4 days)	$_3$All of the time (5-7 days)
319	Been bothered over things that usually don't bother you?	$_0$Rarely or none of the time (less than 1 day)	$_1$Some or a little of the time (1-2 days)	$_2$Occasionally or a moderate amount of time (3-4 days)	$_3$All of the time (5-7 days)
320	Feeling depressed?	$_0$Rarely or none of the time (less than 1 day)	$_1$Some or a little of the time (1-2 days)	$_2$Occasionally or a moderate amount of time (3-4 days)	$_3$All of the time (5-7 days)

321	If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?	$_0$Not difficult at all	$_1$Somewhat difficult	$_2$ very difficult	$_3$Extremely difficult
322	Has a health care provider ever told you that you have clinical anxiety?			$_1$Yes	$_0$No
323	Has a health care provider ever told you that you have clinical depression?			$_1$Yes	$_0$No
324	If your answer is yes to either of the above 2 questions, are you being treated for clinical anxiety or clinical depression (e.g. medication, therapy)?			$_1$Yes	$_0$No

Section 3d: Suicide

325	Has there ever been a period of time when you thought about committing suicide?	a) In your lifetime	1Yes	0No
		b) In the last 12 months?	1Yes	0No
326	Did you ever try to end your own life, whether or not you had thought about it ahead?	a) In your lifetime	1Yes	0No
		b) In the last 12 months?	1Yes	0No

Section 3e: Social support

327	Who do you go to when you need someone to talk to about problems that relate to being LBQT? **TICK ALL THAT APPLY**	○ 1 Current partner(s) (at least one) ○ 2 Family (at least one member) ○ 3 Friends (at least one) ○ 4 People I live with (at least one) ○ 5 Health care providers (at least one) ○ 6 People I work with (at least one) ○ 7 People living nearby me (at least one) ○ 8 LGBTQI organisations ○ 9 Religious leaders ○ 10 Traditional / cultural leader ○ 11 No one
328	Who in your life know that you are LBQT? **TICK ALL THAT APPLY**	○ 1 Current partner(s) (at least one) ○ 2 Family (at least one member) ○ 3 Friends (at least one) ○ 4 People I live with (at least one)

		○ 5 Health care providers (at least one) ○ 6 People I work with (at least one) ○ 7 People living nearby me (at least one) ○ 8 LGBTQI organisations ○ 9 Religious leaders ○ 10 Traditional / cultural leader ○ 11 No one
329	Of those mentioned so far, who have **you** told yourself about being LBQT? **TICK <u>ALL</u> THAT APPLY**	○ 1 Current partner(s) (at least one) ○ 2 Family (at least one member) ○ 3 Friends (at least one) ○ 4 People I live with (at least one) ○ 5 Health care providers (at least one) ○ 6 People I work with (at least one) ○ 7 People living nearby me (at least one) ○ 8 LGBTQI organisations ○ 9 Religious leaders ○ 10 Traditional / cultural leader ○ 11 No one

Section 3d: Experience of stigma/discrimination and hate speech

330	Have you ever disclosed being LBQT to law enforcement agency/agent/human rights groups when you experience stigma or discrimination on the basis of your orientation? (this includes police, army, mainstream human rights institutions, government paralegals or human rights officers)	1 Yes	2 No
331	Has the law enforcement agent/agency human rights groups been reluctant to take up your case of stigma and discrimination? (this includes police, army, mainstream human rights institutions, government paralegals or human rights officers)	1 Yes	2 No
332	Have you postponed or failed to report a case of stigma and discrimination for fear of judgement by law enforcement agent/agency human rights groups? (this includes police, army, mainstream human rights institutions, government paralegals or human rights officers)	1 Yes	2 No
333	Have you postponed or failed to report cases of hate speech by media, family member or general public to law enforcement agent/agency for fear of judgement by law enforcement agent/agency? (this includes police, army, CSO mainstream human rights institutions, government paralegals or human rights officers)	1 Yes	2 No
334	Have you postponed or failed to report a case of blackmail and extortion on account of your sexual orientation and gender identity to law enforcement agent/agency/human rights groups? (this includes police, army, mainstream human rights institutions, government paralegals or human rights officers)	1 Yes	2 No
335	Have you ever been harassed at work as a result of your real or perceived sexual orientation or gender identity?	1 Yes	2 No
336	Have you postponed or failed to challenge case of a job denial/termination as a result of/ on assumption about your sexual orientation or gender identity?	1 Yes	2 No
337	Have you ever been terminated from an employment as a result of your real or perceived sexual orientation or gender identity?	1 Yes	2 No
338	Have you faced eviction from a rented apartment on account of your sexual orientation and gender identity?	1 Yes	2 No
339	Have you been denied housing on account of your dress preference or real or perceived sexual orientation and gender identity?	1 Yes	2 No
340	Have you experienced ejection from home by family members, religious institutions, and cultural gatekeepers as a result of your real or perceived sexual orientation or gender identity?	1 Yes	2 No
341	Have you ever been dismissed from or punished at school as a result of your real or perceived sexual orientation or gender identity?	1 Yes	2 No
342	Have you ever faced sexual harassment at school as a result of your real or perceived sexual orientation or gender identity	1 Yes	2 No

Section 3e: Experience of rights violation

343	Are you aware of any laws/policies that criminalize LBQT persons?	1 Yes	2 No

344	Have you postponed or failed to challenge abuse or violence as a result of your knowledge of existence of discriminatory law/policies?	1 Yes	2 No
345	Have you postponed or failed to challenge stigma and discriminatory practices as a result of your knowledge of existence of discriminatory laws/policies?	1 Yes	2 No
346	Have you experienced violations and mob action and failed to challenge it as a result of your knowledge of existence of discriminatory laws/policies?	1 Yes	2 No

Section 4: Experience of violence and infringement on rights

This is the last section of the questionnaire. The following questions ask about your experiences with violence.

401.	Are you aware of anyone ever revealing that you are LBQT to others without your permission?			1 Yes	0 No
402.	Has anyone ever threatened to reveal that you are LBQT to others without your permission?			1 Yes	0 No
403.	Has anyone ever **insulted or verbally harassed** you because of being LBQT?		a. In your life time?	1 Yes	0 No
			b. In the last 12 months?	1 Yes	0 No
404.	Has an **intimate partner** (past or current) ever threatened to reveal that you are LBQT to others without your permission?			1 Yes	0 No
405.	Has an intimate partner (past or current) ever made you feel worthless because of your sexual orientation and gender identity?			1 Yes	0 No
406.	Has an intimate partner (past or current) ever made you feel ashamed because of your sexual orientation and gender identity?			1 Yes	0 No
407.	Have you ever been coerced, pressured or forced into marriage?			1 Yes	0 No
408.	Have you ever been **sexually assaulted** **(TICK ALL THAT APPLY)**	By an intimate partner of the same sex as you?	a. In your life time?	1 Yes	0 No
			b. In the last 12 months?	1 Yes	0 No
		By an intimate partner of a different sex than you?	c. In your life time?	1 Yes	0 No
			d. In the last 12 months?	1 Yes	0 No
		By someone you know (not an intimate partner but a neighbour, friend, family member, etc.)	e. In your life time?	1 Yes	0 No
			f. In the last 12 months?	1 Yes	0 No
		By a stranger	g. In your life time?	1 Yes	0 No
			h. In the last 12 months?	1 Yes	0 No

		By someone you live with? (an intimate partner or other person)	i. In your life time?	1 Yes	0 No
			j. In the last 12 months?	1 Yes	0 No
409.	Have you ever been **physically assaulted**	By an intimate partner of the same sex as you?	a. In your life time?	1 Yes	0 No
			b. In the last 12 months?	1 Yes	0 No
		By an intimate partner of a different sex than you?	c. In your life time?	1 Yes	0 No
			d. In the last 12 months?	1 Yes	0 No
	(TICK ALL THAT APPLY)	By someone you know (not an intimate partner but a neighbour, friend, family member, etc.)	e. In your life time?	1 Yes	0 No
			f. In the last 12 months?	1 Yes	0 No
		By a stranger	g. In your life time?	1 Yes	0 No
			h. In the last 12 months?	1 Yes	0 No
		By someone you live with? (an intimate partner or other person)	i. In your life time?	1 Yes	0 No
			j. In the last 12 months?	1 Yes	0 No

If you answered yes to sexual or physical assault in your life time please complete these questions:

	We know that our sexual orientation and gender identity is not always easily separated. However, please choose the best response to these last questions.		
413.	Do you think any of these incidents (sexual or physical assault) were motivated by your sexual orientation?	1 Yes	0 No
414.	Do you think any of these incidents (sexual or physical assault) were motivated by your gender identity?	1 Yes	0 No
415.	Do you think any of these incidents (sexual or physical assault) were motivated by your body being not typically female/typically male?	1 Yes	0 No
416.	Did any of these incidents result in flashbacks, nightmares, or reliving the event?	1 Yes	0 No
417.	Have you avoided situations or people who remind you of the incident(s)?	1 Yes	0 No
418.	Following the incident(s), have you felt jumpy, irritable, or restless?	1 Yes	0 No

If you answered yes to sexual or physical assault in the last 12 months, please complete these questions:

410.	If you have experienced physical or sexual assault in the last 12 months, have you **sought medical care** for it?				1 Yes	0 No
411.	If you have experienced physical or sexual assault in the last 12 months, have you **reported it to the police**?				1 Yes	0 No
412.	When seeking help for physical or sexual assault, how often do you think you have been treated with less courtesy than other people by police or healthcare staff for being LBTQ?	1 Never	2 Rarely	3 Sometimes	4 Often	5 I have not sought help for physical or sexual assault

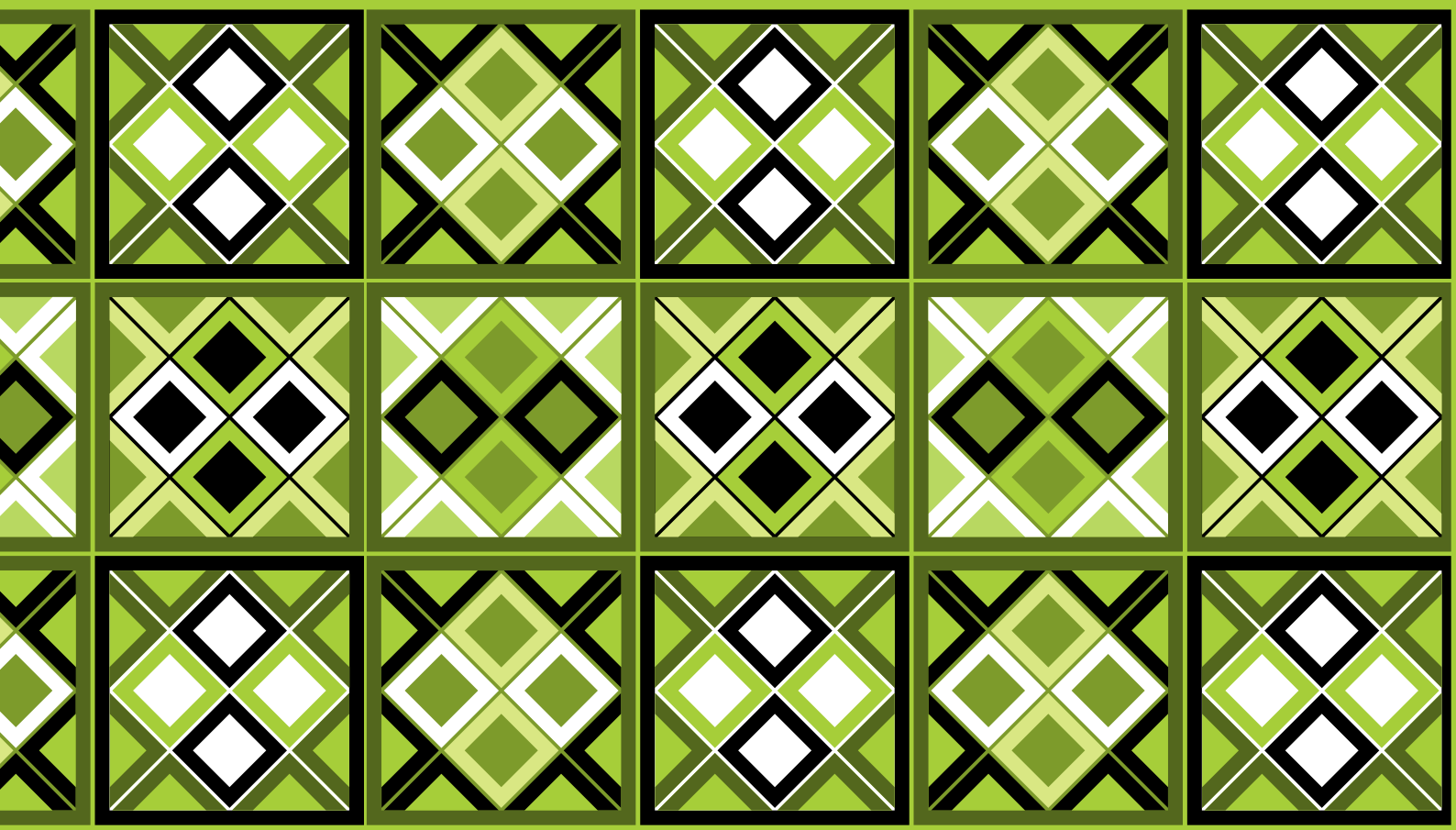
WEST AFRICA –ENGLISH

Thank you for contributing to this survey. Kindly take a moment to confirm that you answered all the questions. RETURN THIS SURVEY WHEN COMPLETED TO THE PERSON WHO GAVE IT TO YOU.

Column for story sharing:

We have added a column for those who would like to share their stories. We wish to assure you that it will be treated with the strictest confidence

Thank you for sharing your experience on health, drug use, stigma and discrimination. If you would like to talk to someone about these issues, kindly contact the organisation(s) below:

LIST OF ORGANISATIONS TO CONTACT:

This will be included by member organisations conducting this survey.