



DEFEND • PROTECT • EMPOWER

LEAVE NO ONE BEHIND DURING COVID-19

Impacts of COVID-19 pandemic amongst the LGBTIQ⁺ in Masvingo

**Commissioned By
Citizen in Action Southern
Africa
August 2021**

Impacts of COVID-19 pandemic amongst the LGBTIQ⁺ in Masvingo

Copyright © 2021 Citizen in Action Southern Africa. All Rights Reserved

Leave No One Behind Project
Citizen in Action Southern Africa (CIASA)
10 Plantation Drive, Morningside
Mutare
Zimbabwe

Recommended Citation

Citizen in Action Southern Africa (2021). Impacts of COVID-19 pandemic amongst the LGBTIQ⁺ in Masvingo. CIASA Publications, Zimbabwe

Open access document

This is an open access document distributed which permits any non-commercial use, distribution and reproduction in any medium, provided the original author and source are credited.

Produced by CIASA, Zimbabwe, August 2021
Designed By: Chris Katsaura

Contents

Key findings.....	ii
1.0 Introduction And Background.....	1
1.1 Introduction.....	1
1.2 Background.....	1
1.3 Research objectives.....	2
2.0 Methodological Approach.....	2
2.1 Methodology.....	2
2.2 Ethical considerations.....	3
3.0 Analytical findings.....	3
3.1 Denied sexual rights and intimacy.....	4
3.2 Denied rights to access health facilities and services.....	4
3.3 Denied mental health and LGBTIQ+ community engagement.....	5
3.4 Denied livelihood chances.....	6
4.0 LGBTIQ+ hitherto COVID-19 pandemic.....	6
5.0 Recommendations and Conclusions	6
5.1 Recommendations.....	7
5.1.1 For Government.....	7
5.1.2 For relevant CSOs.....	8
5.1.3 For the society.....	8
5.2. Conclusions.....	8
References.....	9

Key Findings

- LGD are a vulnerable social group and their conditions were devastatingly worsened by the outbreak of COVID-19 pandemic.
- Their vulnerability is not uniform, the lesbians and bisexuals are better-off ahead of all others in navigating difficult survival terrains in Masvingo.
- Accessing health services and other sex consumables during the COVID-19 pandemic lockdown is a mammoth task for majority.
- Majority are suffering from serious mental health illness such as depression and stress due to challenges caused by disconnection from the society, accessing amenities and other interests. This has resulted in intensified drug and substance abuse and in worst cases suicide.
- They appeal to the government and the society to tolerate and accept them and their conditions so as make their lives better.
- They also appealed to the CSOs in the human rights domain to offer them undisrupted longstanding help and services especially during times of disaster outbreak.

1.0 INTRODUCTION AND BACKGROUND

1.1 Introduction

LGBTIQ+ (commonly known referred to as Ordaa) conditions and preferences are unacceptable orientations in the conservative and restrictive moral and legal platforms in Zimbabwe. Monumental lobbying by civil society organisations (CSOs) to the government and the society have been trending but facing unbreakable resistance in making the 'sexual minority LGBTIQ+ community's rights to be visible and recognised from disregard and rejection. Albeit the normative and pragmatic activism and lobbying at national and international platforms, the Zimbabwean government is practically adamant in recognizing and legalising all forms LGBTIQ+ and homosexuality. In spite of the government committing itself in ensuring every citizen's enjoyment of their civil rights, however, it took a serious downturn on the LGBTIQ+ 's sexual rights and preferences.

Apart from government's resistance, the active human rights defenders (HRD) are also fighting a rigid patriarchal cultural regime and Christendom dogmas amongst other barriers to the tolerance of LGBTIQ+'s rights. Rigid cultural regime and religious teachings does not entertain anything which is not heterosexual in orientation. Basing on these trending conditions, projections highlighted that the LGBTIQ+'s rights and welfare will be severely eroded by COVID-19 pandemic induced 'lockdowns' (Matambanadzo, 2020). The stay-in-doors are detrimental in cutting the movement freedoms and supply chains of other critical health and sexual consumables amongst the secretive LGBTIQ+ community. In effort to identify complex dynamics and experiences faced by the LGBTIQ+, CIASA conducted field research on the impacts of COVID-19 pandemic on the LGBTQ's experiences. The study was carried out in Masvingo urban.

1.2 Background

In Zimbabwe, the government through the constitution and authority have aggressively rejected the rights and welfare of homosexuals and rest of the LGBTIQ+ community. On the same note, conservative patriarchal cultural regimes and Christianity are also in direct rejection of homosexual unions and other conditions outside the 'normal' male or female orientation. Such rejections and deprivation have been considered by HRDs as unwarranted beliefs with devastating impacts on wellbeing of LGBTIQ+ community (Hendriks, 2013). In this discourse, the 2013 Zimbabwean Constitution was criticised for the failure clearly elaborate the rights and welfare which it purports to safeguard in the following sections;

- a) Chapter 4
 - i. Section 49 – Right to personal liberty – all citizens have the liberty to express themselves
 - ii. Section 51 – Right to dignity - the right to be treated with dignity in both private and public life.
 - iii. Section 56 – Right to non-discrimination – all people, men and women have the right not to be discriminated.
 - iv. Section 58 – Right to freedom of Assembly and Association – given the right to associate with all the assemblies
 - v. Section 60 – Freedom of conscience – right to propagate thoughts, opinions and entitled to decisions made by individuals and groups etc.

Defined to as, Lesbians, Gays, Bisexual, Transgender, Intersex and Questioning+.

Ordaa – usually referred to all the members of the LGBTIQ+ who are at the intersection of multiple sexual identities, preferences and behaviours.

CIASA – An abbreviation for Citizens in Action Southern Africa.

'Normal' – referring to heterosexual relationships and unions with reproductive results.

Whilst these rights are stated in the 2013 Constitution, ironically, they do not include the freedom of expression and association on the part of the LGBTIQ+. As a result of the constitutional and societal rejection of LGBTIQ+'s rights, lethal effects have been noted amongst these key population (KP) in Zimbabwe. The common noted outcomes are social and economic discrimination and exposure to psychological violence - inclusive of harassment, arrests, public ridicule, discrimination and exclusion alike (Kartz-Wise, 2020; King, 2008; Meyer, 2003). The general public usually regards them as aliens and social misfits suffering from severe mental disorders. To make matters worse, the untimely strike by the dreaded COVID-19 pandemic amplified their vulnerability to the already existing legal abolishment and societal rejection. It is undeniable that, the COVID-19 crisis will inevitably disregard their safety, legal protection and rights and welfare – inclusive of sexual reproductive health and rights (SRHR) and mental health.

Despite agreements that COVID-19 crisis affects everyone's rights, anecdotal data highlighted that the LGBTIQ+ will be the worst affected in Zimbabwe (Matambanadzo, 2020; Kartz-Wise, 2020). Their vulnerability is worsened by the closure of the already inadequate LGBTIQ+ service providers. As has been noted elsewhere, continuous hostility and homophobia will lead to colossal effects such serious mental health problems and irregular behavioural practices like drug abuse (King, 2008). Furthermore, the other noted worst outcome of this denial is suicide. It is against this background, the government and WHO's guidelines and lockdown as measures to curb the spread of COVID-19 pandemic amplified more shocks and stresses on their rights and welfare in Zimbabwe.

1.3 Research Objectives

- a) To document experiences and challenges faced by of the LGBTIQ+ reception of health services and other sex consumable during the outbreak and recovering phases of COVID-19.
- b) Identify gaps between the fast-paced lockdown measures, organisations, policies and rights of the LGBTIQ+ during the COVID-19 pandemic lockdown.
- c) To document potentials and challenges of service providers in assisting LGBTQ during the lockdown phases.
- d) To identify grey areas and opportunities for lobbying for policy, service provision and funding of the LGBTIQ+ community during disasters.

2.0 METHODOLOGICAL APPROACH

2.1 Methodology

In this study, a qualitative paradigm was utilized in data collection. Crystallization of the data collecting tools offered a triple-tracking strategy which provided sublime data in expressive form and presentation. Unstructured in-depth interviews (UIIs) and key informant interviews (KIIs) were used in collecting of expressive data from the selected respondents. On UIIs, about ten LGBTIQ+s were identified and selected using the snowballing sampling strategy. Among the identified and selected respondents were five 'males' and five 'females' so as balance the experiences encountered during the lockdown and the recovering phases of COVID-19 pandemic. On KIIs, three representatives from three CSOs in Masvingo were selected. The key informants are presented in the table I below:

Key Population – comprises of the highly mobile population with behaviours which are considered to be of high risk in the spreading of HIV and AIDS.

'Males' – people with male physical appearances but with their intersecting sexual identities.

'Females' – those with female physical appearances but with their complex biological sexual identities.

CSO	Justification for participation
One program officer: Population Services International (PSI)	PSI representative was selected because it's the main CSO offering health services and other amenities to the key population (KP)
One program officer: Gays and Lesbian Association of Zimbabwe (GALZ)	GALZ representative was selected because it is the main CSO with large memberships of the LGBTIQ+. They also offer wide ranging services in form of health, counselling and livelihoods.
One officer: CeSHHAR	CeSHHAR representative was selected because they offer HIV and AIDS services among the KP inclusive of the LGBTIQ+

Table I: List of Key informants

In addition to the above-mentioned data collection tools, a systematic review was also embraced in buttressing existing experiences of the LGBTIQ+ during the outbreak and recovering phases of COVID-19 pandemic. In this context, online sources and other grey literature was reviewed and consolidated in bringing out wide ranging and a holistic picture on rights, welfare and livelihoods deprivation and experiences of the LGBTIQ+.

2.2 Ethical Considerations

In this study, strict adherence to research ethics and COVID-19 pandemic compliance was prioritized. On COVID-19 pandemic regulations, the researcher minimized contact with research participants. In few incidences of contact, temperature was regularly checked, always putting on face mask, and constant use of alcoholic hand sanitizer.

Secondly, the research ethics were consciously followed owing to the sensitivity of the issue under investigation. In compliance of this, the following ethics were considered:

- I. Inform consent – due to the sensitivity of LGBTIQ+s secrecy and illegality, all the participants were informed of their consent to participate without using duress or misrepresentation.
- II. Pseudonyms – as a follow up measure of maintaining the sensitive research under control, the participants were not asked of their real identities. This was done protect them from state security agents as well as stigmatization and rejection from the broader community. To make sure that is practical, pseudonyms were used.
- III. Confidentiality – all the participants were assured that their views, ideas and experiences were going to be kept in confidence and no harm was never to befall them. They were also, informed that, all the data gathered was going to be strategically used in lobbying for their rights, livelihoods and access to health amenities from both the government and other relevant and active CSOs.
- IV. (No harm – they were guaranteed that no harm will befall them after their participation in this study. The assurance was reinforced the operationalization of other ethics such as pseudonyms and confidentiality.

3.0 ANALYTICAL FINDINGS

The Zimbabwean government's announcement of the 'state of emergency' following WHO's declaration of COVID-19 as a global pandemic in March 2020 created untimed and unanticipated grave consequences to every sector, groups and

individuals alike. The grave consequences emerged after arbitrary declaration of the 'total lockdown' transcending to different levels of 'partial lockdown' during the recovering phases. To make sure that public adhere to the lockdown call, excessive police and army were deployed. Though this handy fast-paced reaction was applauded for prioritizing human security at the centre, however, there are also, some rights, privileges and entitlements which were eroded and vilified in the process. Amongst the overlooked considerations were the rights, needs, safety and welfare of the LGBTIQ+ minority community. Albeit the general agreement that this group was devastatingly affected by the impacts of COVID-19 pandemic, nevertheless, their levels of vulnerability are not uniform. The presentation below is categorical in showing the different aspects which were disproportionately affected by the lockdown.

3.1 Denied sexual rights and intimacy

All the participants in the study confirmed aggravated denial of intimacy to their partners due to the strictly enforced lockdown. The stringent movement restrictions have devastatingly affected their rights and opportunities to meet, socialize and to be intimate with their partners. The participants also expressed that, the banning of intercity travels, boarders, all socializing public spaces and restaurants has thus denied them opportunities for interaction, hence creating serious emotional voids. One participant, a gay expressed the following in Box 1 below:

Restricted movements have been dangerous for us since March 2020, we have lost emotional contact with our loved ones especially those in other cities and South Africa. Relying on phone communication alone is traumatizing to us. Also staying at home with all the non-homosexuals is painful and some of us are ending up raping others and risking being dismissed from home or locality. This has taken long time for us to continue pretending to be 'normal' when we actually miss to our true selves. We hope the government should also prioritizing people's movements as an essential right for many other people.

Box 1: Gay participant narration on how COVID 19 affected their sexual rights and intimacy.

In lieu of these arguments, the study noted that most LGBTIQ+ preferred distant relationships for the known reasons. Critical among them was that, they do so in order to reduce public attention and surveillance on their relationships which are treated as weird and criminal by both the society and security agency. Ideally, this skill of concealing their condemned intersectional sexual emotional orientation is a functional pragmatic strategy of evading harassment, public ridicule and violence. However, though this strategy has been working to some extent, the impromptu attack by COVID-19 pandemic posed a serious backlash on their emotional right and welfare. Majority complained to have been suffering from serious emotional traumas which caused stress and depression, Majority of them ended up engaging in excessive alcohol and substance abuse. Amongst the worst abused illicit drugs and substances are marijuana and 'mutoriro' which is prepared in Muccheke popularly known as 'kurank'.

3.2 Denied Rights to Access Health Facilities and Services

The study discovered that there are only two clinics offering health services to the KP in Masvingo urban, which are the CeSHHAR clinic located in Mazorodze clinic in Muccheke suburbs and other at the PSI's New Start Centre in the CBD. However, the services offered by these clinics are mixed and also consider other groups such as commercial sex workers hence making them an uncomfortable place for the LGBTIQ+. However, importantly, these clinics also offer the goods and services which greatly needed by the Ordaa. Due to lockdown, the following services have been affected which are namely:

- I. HIV and AIDS testing – some of the respondents complained their limited access to the testing facilities due to restricted movements.
- II. Treatment – some of the LGBTIQ+ who are already on ART (Anti-Retroviral Treatment) have been facing challenges in constantly getting their medication during the lockdown. The issue of adherence has been affecting majority due to the tightly enforced stay-in-door strategy by the security agency.
- III. HIV and AIDS prevention – majority who have been separated from their long distant spouses ended up getting in fictive relationships with those available, and to the detriment caused by lockdown, majority end up engaging in sexual consummation without undergoing testing. At the same time, in cases of unprotected sex, majority also didn't have access to PrEP (Pre-exposure Prophylaxis).
- IV. Failure to access contraceptive pills – gay respondents revealed that they have lost constant supplies of contraceptive pills or injections. The female contraceptive pills help them in boosting their feminine hormones as well as building up sexy bodies with enlarged hips which sexually entice their spouses. So, the disruption in supplies due to COVID-19 pandemic gravely affected their needs, preferences and interests.

As a result of inconsistent supplies of sexual consumables, majority end-up improvising strategies for having sex. However, the consequences of such strategies are dreaded and subjects them to STIs – inclusive of HIV, syphilis, gonorrhoea among others. For lesbians, the intermittent supply of dental dams has also exposed majority to STIs as they are critical for them in oral sex. On the other hand, gays also face related challenges due to the absence consumables such as condoms and sex lubricants for sexual intercourse. One gay participant in the study revealed the following as shown in Box 2 below:

During these difficult times, when we fail to access lubricants, we used Vaseline or our saliva to lubricate during sex and unfortunately our condoms always burst and we are vulnerable to STIs. The only two sources of these consumables are sometimes closed or they ran out of supplies with intermittent replenishing due to lockdown. As a result, we are facing serious challenges.

Box 2: Gay participant narration on effects of COVID 19 on access health facilities and services

The interviewed LGBTIQ+ group in Masvingo confirmed experiencing serious challenges in accessing sexual and reproductive health facilities and services due to many reasons. Firstly, the two clinics are not enough to cater for them all in the whole town. Secondly, the lockdown and restricted movements for non-essential staff into town has put a strain on the at Mazorodze clinic. As a result, this clinic is always overwhelmed by those seeking for health services hence leading to fast depletion of consumables and stalled health services provision. A CeSHHAR coordinator as one of the key informants in the study expressed the following in Box 3 below:

This clinic is covering a wide area in Masvingo and majority of the Ordaas are resident here and their failure to access services from our partners like New Start Centre in town has put a lot of pressure on us. Our nurses were overwhelmed by those seeking treatment and also, there is rapid depletion of other consumables such as condoms, lubricants and dental dams. These problems are worsened by inconsistent supplies from Harare due to lockdown.

Box 3: Key Informant view on how COVID 19 affected LGBTIQ+'s access to health facilities and services

Apart from restricted movements into town, the LGBTIQ+ also pointed one of the greatest challenges which they are facing during the lockdown in effort to get health services. Mazorodze clinic is not only for them – the participants expressed that this clinic is mainly for KP. As a result, being included in the KP does not specifically and adequately attend to their complex challenges. They lamented that, mixing up with other commercial sex workers in receiving help is disastrous to them. In some cases, commercial sex workers may divulge the concealed statuses of other Ordaas soon after noticing their conditions when they meet at the clinic. Thus, revealing their concealed conditions is dangerous since it subjects them to stigma, rejection and harassment in homes and communities.

3.3 Denied mental health and LGBTIQ+ community engagement

The continued denial for LGBTIQ+ to access health services, partners and other rights during the lockdown is causing serious mental health problems for them. The denied freedom and critical amenities is thus forcing majority to suffer from serious anxiety and depression. In coping up with the stigmatized conditions and lockdown related stress majority resort to serious drug and illegal substance abuse. The abuse of drugs exposes them to deadly mental illness and related bodily harm. Unfortunately, these incidences are worsened by the absence of other critical services such as rehabilitation and counselling which used to be offered by GALZ. Before the lockdown, GALZ confirmed to offer the following services to their members:

- I. Counselling services – usually given to those in stress because of rejection at home or by parents and community. Also, those in serious problems with their relationships, the ill and also those who have been raped.
- II. Rehabilitation – usually offered to those that are into serious drug and substance abuse which is triggered by depression and stress caused by their different experiences.
- III. Trainings – the trainings are wide ranging including, avoiding alcohol abuse, human rights literacy – educating them to know how they should enjoy their rights as other human beings. Majority of them in these conditions do not equate themselves as human beings due to societal rejection and stigma.

A key informant from GALZ expressed that the government's criminalization of LGBTIQ+ is the first blow and the situation got worsened by COVID-19 lockdown. He expressed that navigating these barriers was problematic hence forcing them to have challenges extending their services to their need members. His expressions are shown in Box 4 below;

Before lockdown, we used to offer many services to our members in Masvingo urban. Our members would come for get together meetings, counselling sessions, trainings and also to collect some sex consumables from our offices. We also used to cooperate with our partners DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe), PSI and CEISHAR. Unfortunately, all our partnerships have been shuttered by the lockdown hence plunging our members into serious chaos and problems. Furthermore, the stay-in-doors strategy disrupted other critical and vibrant programs like the Enhanced Peer Mobilizing (EPM) which used track and monitor ART adherence amongst the LGBTIQ+ who are in our databases. Unfortunately, the government didn't consider us as essential service provider hence creating chaos and fatal outcomes like suicides.

Box 4: GALZ key informant expressions on the effects of COVID 19 induced lockdown

3.4 Denied Livelihood Chances

The stringent lockdown has thus, devastatingly affected livelihoods of the LGBTIQ+ minority community. Majority of them are considered as the mobile population because being fixed on one place is stressing and sometimes risk because of their unacceptable conditions. As a result, majority survive through commercial sex work. However, abrupt closure of business, hotels, lodges, bars and restaurants has negatively affected their source of income. The stay-at-home strategy has forced majority to starve especially for those that are not formerly employed with no other source of income.

4.0 LGBTIQ+ HITHERTO COVID-19 PANDEMIC

The LGBTIQ+ minority community experienced double trouble since March 2020 to date. The abrupt attack by the lethal COVID-19 pandemic and measures to curb it from spreading multiplied troubles ranging from interests/preferences, livelihoods, health (both mental and physical) and rights alike. The conservative government and society caused a lot of uncharacteristic setbacks on their welfare as human beings. Criminalization and total rejection have driven majority to be considered as 'COVID-19 pandemic refugees' a condition which places them amongst the worst affected social categories. Also, the government's bias in categorising the 'essential services' let majority to drown downstream during all the phases of COVID-19 pandemic. Amongst the worst affected and forgotten categories are the LGBTIQ+ living with disabilities (PWDs). A combination of these conditions has pushed them to worst levels of survival and welfare during the outbreak and recovering phases of COVID-19 pandemic.

5.0 RECOMMENDATIONS and CONCLUSIONS

5.1 Recommendations

After having noted the experiences of the LGBTIQ+ community, the following recommendations were noted. The recommendations are multi-sectoral, are also presented in that logic.

5.1.1 For Government

1. The government should reconsider LGBTIQ+'s rights as critical entitlements to those at the intersection of multiple sexual identities. Incorporating their rights in the constitution will help in bringing them back to the society and make them live like all other human beings.
2. The government should also educate the society to accept them and their conditions. Including them in the law will open avenues for them to be integrated into the society and national development.
3. The government should collaborate with active CSOs which promote the rights of the LGBTIQ+. In the same domain, they should also create an enabling environment for the CSOs to fully exploit their potentials in upholding their rights.
4. The government should embrace a multi-stakeholder consultative approach in making decisions especially during the outbreak of disasters or state of emergency. Thus, multi-stakeholders will help in factoring in all the critical issues with an inclusive representation to all social sectors including the invisible and the often neglected.

5.1.2 For relevant CSOs

1. CSOs should open a One Stop Shop (OSS) which may offer all the LGBTIQ+'s needs and preferences. This shop is critical since it may separate them from mixing with others so as to avoid being noticed and which resultantly subject them to stigma and discrimination.
2. Leaders in many CSOs should be selected based on their condition of being one of the LGBTIQ+ so that they may understand, represent and lead people from an informed position. In most cases, the LGBTIQ+'s causes are not seriously considered due to lack of practical leadership.
3. CSOs should also invest in projects for these groups. Doing their own projects is critical for saving them from engaging in risk commercial sex work as well as dependence on others. The projects will also help them taking care of them even during disaster outbreaks.
4. CSOs should also be located in residential areas so as to reduce challenges of accessibility even in times of restricted or banned distant movements.
5. CSOs should be consistent in their operations so as to avoid disrupted service provision to the marginalized LGBTIQ+ community.

5.1.3 For the society

1. Families should understand and consider LGBTIQ+ as a condition in order to avoid harassment, stress and rejection.
2. Families and society should support, accommodate and involve them in inclusive participation in all initiatives.
3. Groups like churches should also play leading roles in accepting and tolerating LGBTIQ+ as a real conditions and accord rights to people with such conditions

5.2 Conclusion

The study discovered that the LGBTIQ+ have the worst life experiences in coping up with effects of COVID-19 pandemic induced lockdown. The abrupt disconnection from others due to business closure and stay-in-doors gravely affected their rights, access to LGBTIQ+ services, mental health among others. The worst effects witnessed herein are escalating drug abuse, increased risk to STIs, suicides and increased violence and stigma in their places. In spite of the fact that these problems have been existing prior to COVID-19 pandemic, their prevalence have doubled or tripled the effects on their rights and welfare. Basing on these observations, the study concluded that, the government needs to reconsider the rights of LGBTIQ+ as essential entitlements in Zimbabwe. Such a move will act as a springboard for them to be prioritized in future 'state of emergence' plans for disaster management strategies and reduction of fatal outcomes.

REFERENCES

- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460–467. <https://doi.org/10.1037/a0029597>.
- Katz-Wise S. L. (2020). COVID-19 and the LGBTQ Community: Rising to the unique challenges. Harvard Health Publishing. (Accessed 27 July 2021; <https://www.health.harvard.edu/blog/covid-19-and-the-lgbtq-community-rising-to-unique-challenges-2020043019721>)
- Bella Matambanadzo (2020). Covid-19 and LGBTQ women in southern Africa – a test for universal human rights. MAVERICK CITIZEN: SOUTHERN AFRICA: HUMAN RIGHTS ROUNDUP #20 (Accessed 27 July, 2021; <https://www.dailymaverick.co.za/article/2020-09-11-covid-19-and-lgbtq-women-in-southern-africa-a-test-for-universal-human-rights/>)
- Michael King I, Joanna Semlyen, Sharon See Tai, Helen Killaspy, David Osborn, Dmitri Popelyuk, Irwin Nazareth. 2008. A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*; doi: 10.1186/1471-244X-8-70 (Accessed 27 July, 2021: <https://pubmed.ncbi.nlm.nih.gov/18706118/>).
- Meyer. I. H. 2003. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull.* 129(5): 674-697. doi: 10.1037/00332909.129.5.674 (Accessed: 27 July 2021: <https://pubmed.ncbi.nlm.nih.gov/1295739/>)
- Ntsabo M (2018). <https://www.mambaonline.com/2018/07/27/zimbabwe-50-of-gay-men-have-been-assaulted-over-the-last-5-years/>. Mambaonline.com



DEFEND • PROTECT • EMPOWER

CIASA Contact Details

10 Plantation Drive, Morningside, Mutare, Zimbabwe

Cell: +263735827645

Email: info@ciasouthernafrica.org

Toll Free: +2638004432

Regional Address

8 McGhie Road, Rhodene,

Masvingo, Zimbabwe

www.ciasouthernafrica.org



Account: [Citizen in Action Southern Africa](#)



Twitter Handle: [@CiasaOfficial](#)