LGBT COMMUNITY AND THEIR SEXUAL HEALTH CHALLENGES IN NIGERIA.

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ABSTRACT

Nigerian Legal system in January 2014 officially criminalized the act of being gay with consequent punishment of 14 years imprisonment. The vulnerable LGBT community were disadvantaged in various ways and had huge obstacles to integrate socially in the wider Nigerian community. The LGBT community are faced with higher risk of health issues because of the situation where it is difficult to have freedom to live in line with ones identified sexuality which results to challenges in having a quality healthcare to maintain such sexuality. The socio-cultural, religious and traditional system support and perceive the LGBT community and their associates as social misnomers and spiritually possessed by certain evil spirits, as such their sexuality should not be encouraged. The result of the wrong social perceptions towards the LGBT community members were exclusion of identified individuals in different social systems ranging from family, occupation or career, friendly circles, religious associations and also health systems. Despite the affirmative position of human rights laws that health is the right of every individual, most of the health centers and healthcare facilities in Nigeria violate these rights by secluding and consciously or unconsciously mismanaging the confidential information in their possession relating to their services to the LGBT community. The thesis will focus on the LGBT community in Nigeria and the challenges or obstacles that hinder their ability to seek, receive, manage and sustain their sexual health. Various identified reasons for this obstacles faced by the LGBT community can be traced to the Anti-Same Sex law that was passed in Nigeria in 2014 as well as deep rooted internalized stigma arising from culture, traditions and religious doctrines and their impact will be extensively discussed. Many scholars and authors argue that a change in the legal framework that limits social inclusion of LGBT will reduce the health challenges being faced they face. The paper will therefore use existing literature, interviews from health workers and LGBT members in Nigeria to elaborate the situation.

KEY WORDS: LGBT Community, Sexual Health, Socio Cultural and Religious Challenges and Obstacles, Nigeria, Inclusion and Exclusion, Stigma.

1. INTRODUCTION

1.1 Background of the Study

The long struggle to officially criminalize same sex in Nigeria began in 2011 when the Senate passed the same sex Prohibition Act which was followed by various interest raised in favor and against the bill till January 2014 when the former President of the Federal Republic of Nigeria, Dr. Goodluck Jonathan signed the Anti-Same sex bill into law. The summary of the Explanatory memorandum for the law prohibits a marriage contract or civil union entered into between persons of same sex, and provides penalties for the solemnization and witnessing of same thereof. Registration of homosexual clubs and societies. A marriage contract or civil union entered into between persons of same sex by virtue of a certificate issued by a foreign country is void in Nigeria, and any benefit accruing therefrom by virtue of the certificate shall not be enforced by any court of law. Only a marriage contracted between a man and a woman shall be recognized as valid in Nigeria. Fourteen (14) years imprisonment is the punishment for offenders. Ten (10) years imprisonment for any association or support effort towards the LGBT community. The consequence of this legal development was increased fear for the Lesbian, Gay, Bisexual and Transgender Community members in Nigeria. Before the advent of this law, there has been considerable and tolerable level of social stigma, discrimination and violence among the LGBT community, the post law experience is still currently becoming unbearable to the LGBT members regarding seeking and maintaining healthcare.

The United States through her Secretary of State, John Kerry in 2014 said the law is US Secretary of State John Kerry referred to the law as "dangerously restricts freedom of assembly, association, and expression for all Nigerians"(Telegraph Media: 2014). Nigeria therefore becomes one of the first 5 countries where there is high rejection of same sex union or relationship.

A right denied to a certain population is a right denied to all. The LGBT community continued to experience several degrees of violation of their rights as well as covert and open violence in Nigeria, which includes different forms of exclusion in healthcare services after the official signing of the Law. Before the advent of Anti - Same Sex Law, same sex marriage was

prohibited by the Colonial Laws handed over to Nigeria under anti sodomy laws in 1960. However, the social system and general social interaction was peaceful to the LGBT community, although the idea of marriage between same sexes was not widely accepted.

The LGBT community in Nigeria faces several sexual health challenges which many view it as a result of their sexual health practice, while some view it as a normal biological process within a sexually active community. Most of the healthcare services and facilities where people receive support and cure for sexually transmitted diseases seems hostile for the LGBT community because of the legal pronouncements (Merrigan et al 2011). It is true that health is the right of all persons as enshrined both in the local and domestic legal instruments, however, the huge social structure supported by the law became a barrier which resulting to increased prevalence of Sexually Transmitted Diseases in Nigeria. The major concern or reason why this group seems to have such challenge is probably as a result of the inequalities in health care services they experience in Nigeria as compared to their heterosexual partners. Merrigan et al (2011) in their study in Nigeria believe that Sexual Health Disease prevalence among the LGBT in Nigeria is four times greater than their counterparts in other developed world like USA, Great Britain and Europe. These health issues may include Human Imunno - Deficiency Virus (HIV), which is currently rapidly rising among Nigerian population and especially the LGBT community. Other STIs which include gonorrhea, syphilis, staphylococcus, hepatitis b and c, chlamydia, genital warts (human papilloma virus, HPV), pelvic inflammatory disease, pubic lies (crabs), thrush (candida), tichomonas vaginalis (TV) , among others (Keshinro et al, 2016). The usual normative way of sexually transmitted disease in Sub Saharan Africa and Nigeria is Heterosexual interaction, currently, the heavy burden of STD transmission through same sex intercourse are becoming a social reality and health burden.

Ahonsi et al (2014) narrated UNAIDS 2010 report which shows that many more gay men are affected by HIV and other STDs than heterosexuals, with 2010 statistics estimating national HIV prevalence at 4 percent compared to 17 percent among gay men. While assessing Nigeria again in 2016, Ahonsi et al (2014) presented UNAIDS report which revealed that prevalence of STD among same sex community amounts to 23%, while people that inject themselves with drugs are 3.2% prevalence rate. In a related study by Merrigan et al (2007), carried out within July and September, 2007, a total of 893 men that have sex with men were sampled for HIV prevalence

test, 109 among them tested positive, having had anal sex, sex with other men, unprotected sex without condom, and also sex with their girlfriends within the period of past 6 months.

One of the reasons for this prevalence rate can be found in their sexual practice which exposes them to anal sex , most times with no condom (generally the acceptance and use of condom is still a challenge to the Nigeria sexually active community), and maintenance of multiple sexual partners which is common among the LGBT community. The most case for concern is the socio legal system characterized by high level of discrimination and stigma which makes it difficult for the community members to freely seek treatment and health support.

The behavioral aspect of the community life which usually promotes having many partners at the same time and having unprotected sex among them encourages the rapid transmission of these diseases. This is also one of the reasons why many believe that LGBT community members are never loyal sex partners. However, the fact that that they tend to also engage in unprotected sex exposes them to various infection levels. Medical and Psychology analysts posits that the use of recreational drugs for sex encourages addicts not to use protective measures in sexual intercourse. Drugs such as Cannabis, Amphetamine, Cocaine Powder, Crystal Meth, Ecstasy and Methylenedioxymethamphetamine (MDMA) as well as others are predominantly used by LGBT community members to have sexual exploration and pleasure. Due to traditional ideas of patriarchy and gender role ideologies, it is believed that young men are more likely to use drugs than young women. Most LGBT members are also forced to use these drugs due to the social stigma, discrimination and rejection level from family members and close friends, they therefore tend to find comfort and get opiated by these substances. This assumption is supported by the model which maintains that discrimination, internalized homophobia and social stigma can create a hostile and stressful social environment for human populations (Ottu and Oladejo, 2014), which connects the prevalence of sexually transmitted health problems and alcohol use disorders among lesbian, gay and bisexual populations.

The religious and cultural situation in Nigeria which consist mainly of christians, muslims and negligible number of traditionalists still perceive the LGBT community as abnormal and sexual misfit which increases the social inequality and cultural barriers faced by the community

members in Nigeria. Most are believed to be possessed by evil spirits and therefore require spiritual attention. The result of this therefore is that community members find solace among themselves and stay away from the hostile environment that perceives them as evil. The Christians believe the saying in the Holy bible concerning gay such as in the Old Testament in Leviticus 20:13 commented that "you shall not lie with a male as with a woman; it is an abomination" and "if a man lies with a male as with a woman, both of them have committed an abomination; they shall surely be put to death; their blood is upon them". The New Testament of the Bible in 1 Corinthians 6: 9-10 says that **"**Even their women exchanged natural sexual relations for unnatural ones; in the same way, men committed shameful acts with other men". The preceding verse of the same Bible portion also in a bid to negate gay or homosexuality commented "do not be deceived: neither the sexually immoral …. nor men who practice homosexuality, will inherit the kingdom of God". Archbishop Peter Akinola, the immediate past Primate of the Anglican Communion in Nigeria, was heralded because of his heroic support against legitimizing homosexuality in Nigeria. Obasola (2013) therefore wrote the Archbishop's comments about homosexuality stating "in our African set up, when you talk of a man cohabiting with another man, it is an abomination, it is unheard of".

The Islamic religious group in the Quran overwhelmingly teach that same gender relationship is abnormal, not recommended as a lifestyle for their faithful. In Islamic terminology, homosexuality is alternatively called *al-fahsha* (an obscene act), *shudhudh* (abnormality), or *amal qawm Lut* (behavior of the People of Lut - those dwelt in the towns of Sodom in Palestine who were believed by the Muslim religion to reject the teachings of the Prophet concerning the ill nature of homosexual lifestyle). The Holy Quran in Qur'an 7:80-81 asked, "Will you commit lewdness .for you come in lust to men in preference to women. No, you are indeed a people transgressing beyond bounds". The law was fully supported by the cultural, religious and traditional social structure of the Nigerian society. The Spokesman to the President of Nigeria, Reuben Abati, in his reaction to activists that are against the Law stated in Guardian newspaper in 2014 that "it is a law that is a reflection of the beliefs and orientation of Nigerian people … Nigerians are pleased with it" (The Guardian, 2014).

The above situation generated by the Socio- Legal, religious and traditional systems translates to the unfair social interaction of individuals of different sex orientation in Nigerian healthcare

systems. This is because individuals are a product of their social environment. When the law was passed in Nigeria, a lot of healthcare institutions and their personnel began to exhibit some kind of social discrimination towards LGBT members which became a challenge and an obstacle to the community members because healthcare facilities are not friendly to them. Challenges in form of limited access to healthcare facilities, negative experiences of LGBT members in the healthcare facilities and from healthcare staff as well as exhibition of Lack of knowledge by the healthcare staff on how to handle the health problems of LGBT community members were experienced. Different healthcare institutions in Nigeria will be accessed in details to justify these claims.

The advent of the Anti-Same Sex law heralded fear of opening up as a gay as well as of seeking prevention and treatment by The LGBT community. According to the article and research done by Keshinro et al (2016) in Nigeria which showed a relevant practical situation where it is difficult and a challenge for the LGBT community members to freely access healthcare with no hindrance. The study enrolled 862 members of LGBT in Nigeria comprising of gay men and transgender women and recorded a limitation of study which includes stigmatization of LGBT members which may have impeded recruitment into the study. LGBT community members do not also receive confidentiality from health workers in some centers because of internalized stigmatization of the health workers and the general public as the study noted.

Most health workers in Nigeria have in many times of consultation exhibited ignorance on tackling and caring for LGBT members and their health issues. Apart from the first attitudinal changes that appear at once a health worker notices the sexual orientation of some patients, they attribute their health problems to be normal with that of the heterosexuals and as such do not take deeper expertise to unravel their health challenges and as well advice on the need to live a healthy sexual life. The paper therefore believes that if friendly centers were to be established to care for LGBT health issues and health workers well trained to handle the patients therein, there will be more self-disclosure of health problems and reduced prevalence of Sexually Transmitted Diseases .

1.2 Statement of the Problem

Right to health is right to all. It is not only enshrined in all domestic laws of Nigeria and upheld by international treaties. The challenges encountered by the LGBT community in seeking and maintaining sexual healthcare is a violation of their rights and should be addressed. Most heterosexuals and other conservatives seems fulfilled to see the draconian law passed in Nigeria without considering the Transmission of Sexual Diseases especially as some data has supported that many LGBT members have multi sex partners and also have sex even with heterosexuals.

In a situation of unequal distribution of healthcare services, most people became victims of exclusion which is not a desired social system in a just society. Because health care is for everyone, all race, ethnicity, religion, ages, and background are entitled to healthcare. When people have bad experiences with health care staff simply because they are (or seem) different, they may hide important information about themselves – or worse, they may not return for needed health care (Fenway, 2016). People of different vulnerable groups like the LGBT community members tend to face some degree of exclusion in healthcare services in Nigeria, which results to limitations they experience in seeking healthcare. The problem of stigmatization, which makes the health officials treat some LGBT people in different ways than others can generate limitations in the use of health care facilities in Nigeria. The impact of the Anti-Same Sex law passed in Nigeria on the members of LGBT community resulted in PEN Nigeria, a Human Rights Organization to categorize the LGBT members as "Silenced Voices, Threatened Lives" in their 2015 annual report.

1.3 Purpose of the Study:

The purpose of this study is to explore the different aspects of limitations, obstacles and challenges that are faced by the LGBT community members in Nigeria in their bid to seek and maintain sexual health care. Having identified the LGBT community members as a risk population in view of sexual health, I will therefore in this paper describe the forms of these challenges and proffer solutions to overcome these challenges among the LGBT community in Nigeria.

1.4 Significance of the Study:

Research on the LGBT community members and the challenges regarding to their sexual healthcare is beneficial to the Nigerian country because it will unravel the cause of uncontrolled widespread of Sexually Transmitted Diseases among the LGBT community.

Not much research have been done to this area of interest especially as it is a discussion that is legally unaccepted in Nigeria due to the Anti-Same Sex Law towards the LGBT community and this study will add to the wealth of knowledge about the LGBT in Nigeria. Health facilities and health workers through this study will learn to be inclusive in health care services.

1.5 Scope of the Study:

The study intends to cover the experiences encountered by the LGBT community members in Nigeria while seeking and maintaining sexual healthcare.

Some members of LGBT community and health workers in Nigeria will be required to complete interview session with the Researcher from two notable health care facilities in Nigeria.

The study will endeavor to understand the role of social workers in the Nigerian social system if they are actually recognized, as well as elaborate the extent social work theories if applied will enhance the accessibility of healthcare to Nigerian LGBT community members by providing the critical and relevant social work perspectives on the issues of LGBT struggle in Nigeria.

1.6 Research Methodology:

I will use the wide available literature, employ the qualitative literature review methodology. I intend to reach the LGBT community members with online interview through online facilities such as Skype etc., and filling out of interview questions. The respondents will be basically obtained or sourced from two Government Hospitals saddled with infectious disease management. Interview questions will be semi-structured while emphasizing on the main research questions. The social work theories such as the Systems theory, Ecosystems theory and other theoretical models of Stigmatization and Labelling, Conflict theory, Minority stress theoretical model and Symbolic Interactionist mode will be employed to critically analyze the social structural situation and the situation of social work in Nigerian system. The use of online

media for interview is as a result of limited resources to travel to Nigeria for a possible direct interview session with participants.

2. THEORETICAL BACKGROUND AND REVIEW OF LGBT RELATED LITERATURE.

Overview:

Various theories support the inequality and the background that supports the unequal structural relationship that LGBT members face in different communities. This section will focus on answers to the research questions which views the LGBT community as objects of stigma and discrimination. According to Merriam-Webster Dictionary, theories are set of ideas that are intended to explain facts or events.

2.1 Systems Theory:

Drawing from the work of Forder in 1976 during the period of identity formulation and practice framework modelling for social work. Emphasis was on a model that could place Human behavior in the understanding of a "desired equilibrium and maintenance of the social and economic status quo" (Walker, 2012, p. 4).

The Systems Theory considers the effect of landmark events in the macro social system on the individual's behavior. Incidents such as Structural changes or conflict or wars, expansion of the population and economy, significant socio-cultural and religious changes which results in people's attitudes in sexual relationship like marriages, leisure and intimate relationships, (Walker 2012).

The theory identifies the family system as a whole that continues to shape and influence her members through diverse means of communications and interaction as a result of the possible attachment with individuals and families. It summarizes that the family and all her parts (members) are interrelated. It is therefore a challenge for an ignored or neglected part (member of the family who could in most cases get involved in unwanted behavior as a result of getting marginalized or given an unwanted treatment.

Practically member of the family especially in Nigeria tends to neglect members who they feel are not fit into their acceptable behavioral norm, assuming that such treatment could be a positive changing therapy for such member. In this case, many LGBT members have experienced outright alienation from their family. Social work systems theory therefore suggests that family

functioning “cannot be fully understood by simply treating each of the parts separately” (Walker, 2012, P.5), but should incorporate and consider as well as endeavor to solve the needs of all members.

Different characteristics of family structures were identified by the theory such as the family with permeable impervious borders which enables their members to be glued to each other and isolated from the external social systems or network. For example, the individual who does not fit into their accepted norms tends to suffer acceptance and integration problem increasing the member’s psychological challenges of belongingness. Many LGBT members in Nigeria find themselves in this situation and choose to leave the family system finding security among friends and other LGBT community members. If the family system is permeable, it promotes disengagement of individuals and easy identification with the wider social community. This situation is quite difficult in Nigeria where the family system is still a central part of the social system.

2.2 Ecosystems Theory:

The theory was populated by Germain and Giterman in 1966 using the notion of ecosystem as a metaphor to focus and explain transactions within and across the social system. The theory therefore tries to explain the nature of interaction between the web of life taking place at the systems and sub systems which relates to adaptability of the individual in a system, (Sipron 1980).

Staub- Bernasconi (2007) explained that problems arises within the system in form of behavioral conflict when the individual could not find a solution adequate for his social needs, or capacities, rights and aspirations within the social systems. This can be associated to the experiences of the LGBT members in Nigeria where there seems to be poor fit between their environment (Nigeria) and their rights to sexuality, freedom to aspire to become a gay, lesbian, transgender, queer, bisexual, etc., their needs of expression between people of same sexual identity.

The ecosystem theory in metaphorical consideration with the bio ecosystem emphasizes that the social works remains one of the reliable source to provide strong social network to clients especially people of challenging backgrounds in a tough and challenging environment. Staub Bernasconi (2007) identified that the vulnerable groups in the society, and in this case, LGBT

members must obtain support from the social work structure at the organizational level using the school, labor, social services institutions such as the media with strong advocacy aimed towards radical changing and transformation of a social system which is not conducive and comfortable for the vulnerable people. Relevant skills therefore needed for this transformation must include coalition of interest groups and organization as well as persons, positioning of interest groups, lobbying and testifying (Staub- Bernasconi 2007).

2.3 Conflict Theories Perspective:

Conflict theory is a very influential theory which addresses the power relations between groups in the society. Lumen (n.d) view the struggle for LGBT recognition as a situation in which different interests in the form of power players are experienced and where the stronger power actively endeavors to promote their ideology. There are two key dimensions to the debate over same-sex marriage—one ideological and the other economic. Dominant groups (in this instance, heterosexuals) wish for their worldview which embraces traditional marriage and the nuclear family to win. Homosexual activists argue that legal marriage is a fundamental right that cannot be denied based on sexual orientation and that, historically, there is a trend for changes to marriage laws which have practically taken place in many western world including Nigeria (Lumen, n.d).

Many of the social issues on sexuality and discrimination arise due to structural conflict supported by social structure and individuals respond to these structural changes. Gore Vidal cited by Guerrenro (2016) observes that ruling class control the society with arbitrary prohibitions. Sexual taboo is the most useful of the prohibitions because sex involves everyone especially controls women, administer people and maintain morality and social order. Guerrenro (2016) believes that the ruling powers to divides the society into two: One team is good, godly, and straight; the other is evil, sick and vicious. Heterosexuals therefore tend to enjoy more benefit in most societies than others. Nigeria is identified as a normative society where the citizens are shaped by the values and ideologies of the predominant group - the heterosexuals. The nature of the society being normative promotes the definition of the right sexuality to be heterosexual.

In Nigerian societies, individuals are regarded as mature and responsible only when they have entered into a sexual partnership with an opposite sex. Generally, compliments such as 'now you have become a man', 'you must have to marry or be under a man for your womanhood to be complete', and 'a woman is nothing without a man' are only used for people in heterosexual relationship.

From a conflict perspective and relating it to Nigerian context, the Federal government with her vested powers helped to institutionalize heterosexual ideology by promulgating that legally recognized marriage institution is between man and woman and further signed into law the Anti-Same Sex Marriage Act of 2014 which is one of the major evidence of the heterosexual bias. By this also most of the government benefits and social welfare policies are granted through the social recognition of heterosexuality. This situation gives rise to tough conflicts among the different sexually oriented persons as the law defines the accepted marriage standard as well as recipients of marriage benefits if there are any.

Social workers therefore use this theory to understand the power structure as well as competitions and differences among groups and organizations in the society, and identify the groups in the society which are unequally treated (LGBT members) by reason of unequal distribution of resources (justice and rights). With the information of the one sided group treatment, social workers can upset the society to achieve a certain acceptable equilibrium and use different means such as lobbying or boycotting to make power shift to the LGBT members.

One of the major weakness of this theoretical perspective is the over emphasis on only power as being used to control people and their sexual preferences. This perspective tends to overlook the role that cultural and learned attitudes play in molding peoples' perceptions.

2.5 Labelling Theory:

Since 1960, Labelling Theory is used as a contributory effort of major sociologists like Emile Durkheim, Howard Becker and George Hebert Mead, being one of the major theories used to analyze situations in criminology. Goffman (1963) made notable contributions on this theory while discussing the concept of Stigma. He used this theory to explain the role of branding groups or individuals based on their behavior and the adverse consequences such branding may have on

their social image, identity and participation. The viewing society interprets the character of individuals according to the deviants labelled characteristics. Hacking (2006) in his discourse on Making Up People asked a question if there are perverts before the late 19th Century?, The answer was that the people named as perverts are not biologically so but are 'constructs of the social system'. This idea was reinforced by Foucault (1977) when he discussed vital points in his book Discipline and Punishment and identified that the purpose of reformers of punishment in the late 18th century was not to pacify the offenders or make the weight of punishment lesser, but to exercise theory power structure, as such the actors or perpetuators of labels on individuals were only exercising the extent of their power influence on people as can be discovered concerning the LGBT community , and further views the creation of delinquent behaviors by the ruling powers as a means to marginalize and control popular behavior in the society. He believes that the delinquent creation makes it possible to have a distinct group from the rest of the society and easily monitor them, as such the creation of additional punishment cites like the prison. From the above, the LGBT members are causalities of the delinquent creation of a distinct group in the society by the power players with the notion to marginalize and control their behaviors and criminalize their activities by applying some restrictions and boundaries as to what they are allowed to do and what they are not allowed to do, thereby violating series of freedom for this vulnerable group.

Labelling are usually done by people who have certain degree of power: political, religious, legitimate and economic as opined by Hamlin (n.d) when he identified two levels of labelling are identified, namely the Primary and secondary labelling. Primary labelling occurs when an individual within himself defines and categorizes his actions and conduct in line with his self-identity, in this regard, when a member of the LGBT within him or herself defines himself as a person with a certain sexual orientation. The secondary labelling occurs when an individual takes his identity from the societal reactions and responses to his actions.

Therefore Gay (2000) opined that the process of making a criminal is a process of "tagging, defining, identifying, segregating, emphasizing, making conscious and self-conscious; …and evoking the traits complained of. . . . The person becomes the thing he is described as being". Foucault (1965) also in his book The History of Madness correlated this view that the madness is

not natural but a definition of the cultural and intellectual as well as economic structure which allocates roles of madness and insanity to individuals. He explained that societies define roles of madness within a cultural "space", and that the shape and effects of the space depends on the society entirely not even on the bearer of that role. The LGBT community members in Nigeria are likened to the Foucaultian idea of "madmen". By labelling the behavior of homosexuals as abnormal, the society has placed the LGBT community in a space where they are taken to be insane and has a limit of acceptability within the normal society or group.

Labelling theory tries to identify the role of agents or creators of the labels or *"*agents of control" as Gay (2000) stated identifying the agents as the police, court systems, psychiatrists, teachers and parents who are responsible in defining social structure and evoking labels and suggested that suggested that the perspective of labelling should be moved from the 'condemned' (victims of the labels) to the 'condemners' (initiators of labels). Hawkings and Tiedemann (1975) correlated this idea when they added that "the critical variable in the study of deviance is the social audience rather than individual, since it is the audience which eventually decides whether or not any given action or actions will become a visible case of deviation".

2.6 Deviant Labels and Stigma:

Labelling and stigmatization are closely related evolving stages in human interaction in the social system. Stigma has been as the labels whether deviant or criminal whereby the mainstream culture attaches specific, negative images or stereotypes to deviant labels (Link and Philen 2001).Labels create a new social status for the bearers through the use of stereotypes named as Stigma to discriminate between individuals. Goffman (1986) explained that these stereotypes or stigma are manifested in the mainstream culture intended to attach specific, negative images in everyday activity and language, and individuals that are labelled with certain deviant characteristics are therefore 'set aside and treated with certain level of disdain by the members of the society' and further opined that stigma is an attribute that deeply 'discredits its bearer'.

Therefore a new problem, challenges and identity issues for people who are labelled with certain markers arises in the mainstream culture of the society similar to Goffman's (1986) description of the situation that people with stigma are often avoided, punished, ridiculed, or otherwise singled out for special treatment. Society establishes the means of categorizing persons and the complements of attributes felt to be ordinary and natural for members of each of these categories.

The category and attributes are what Goffman (1986) referred to as ‘a person's actual social identity’ .Gay (2000) throws a practical insight showing that labelling a person with a deviant behavior is to imply a distinction from ordinary people and show that the person’s lifestyle is as a result of his or her problems., as such the individuals identity is interpreted based on this understanding.

In trying to understand stigma, the marks that the society places on individuals are not meaningful but derives their meaning from the social self which can be described as a set of ideas that defines the social concept of attitudes of the members of the society which Telliti (2015) noted that most times this evaluation may be from the negative perspective especially as it relates to the evaluation of the LGBT in Nigeria.

The paper will focus more on the concept of sexual stigma as it relates to the core concern of LGBT community and their sexual health challenges in Nigeria. Herek (2007) wrote that Institutional Stigma are more evident and overt in all societies and that defines not just an individual but a group and defined stigma as ‘set of cultural practices occurring in societies where the minority sexual group are disadvantaged’. He identified that the religious, legal and medical institutions are places where heterosexuals tends to treat and interact with the homosexuals in a discriminatory way, creating inferiority between them and heterosexuals. These institutions tend to promote the assumption that all individuals are heterosexual or should be heterosexual, thus making the homosexuals invincible in different social setting. Some situations where the homosexuals are visible and overt, the heterosexuals problematizes them and tags them as abnormal conduct that requires explanation, unnatural conduct that should be stopped and many times become target of hostility and legal victims of punishment. Herek (2007) pointed that the formation of a recognized sexual minority group who deserve the citizenship rights and full respect from all members of the society could be one of the positive effects of Stigmatization and the paper agrees with this idea as one of the positive development which stigmatization and labelling could achieve in a society. Most of the LGBT recognized States formed such strong minority as a result of this labelling and the paper hopes that Nigerian LGBT community may evolve to be a recognized minority in future.

2.7 Social Identity Theory:

Influenced by Tajfel and Turner (1986) idea that tried to describe the way intergroup relationships and discriminations as well as perceptions are formed within the social setting. Social units or groups within the society tends to create membership and association criteria that mostly favors them (in-group) and disfavors the other group (out-group). According to this theory as supported by Guittar (2013) who opined that 'groups (in-groups)' actively and consciously and positively differentiate and position themselves from 'other groups (out-groups)' through creating a sense of superiority on some valued dimension (religion, race, sexual orientation, achievements and education backgrounds , etc. The theory therefore assumes that people tend to behave in the way they define themselves within their in - group and also towards the out - group. In this situation, individuals or groups separate themselves from groups or people that perpetrate hate crimes or discriminatory or exclusion attitude them.

In Nigeria, the heterosexual groups define themselves as the normal sexual and superior group, they tend to create a feeling of superiority in their group (in-group), and therefore the consequent effect is to perpetrate discriminatory attitudes towards the members of other groups (out-groups) such as the Gay, Lesbians, Bisexuals, Transgender and other sexual minorities. Heterosexuals create a negative evaluation of gay men and lesbians (homosexuals) with intention to create a positive differentiation between the two groups and increased personal self-esteem for the heterosexuals (Tajfel and Turner, 1986). Different social settings such as the family, social groups of social relationships, occupational settings, and religious groups tends to have the sexual in-group and out-group that promotes this sense of superiority over the other as explained above.

This theory explains the bias motivated discrimination which occurring among different sexually oriented groups in the society, heterosexual and homosexual groups. Messages and reactions are viewed as vehicles used by the groups to define other groups. Guittar (2013) tried to exemplify this idea by taking a closer look at how families and micro organizations socialize their own through coding of acceptable and unacceptable behaviors influences the relationship of the family members towards other people who does not conform to their learned definition of sexuality. Increased hate crime and discriminatory attitude of heterosexuals towards homosexuals which goes beyond the micro level to the macro level, especially in institutions of

healthcare. Beyond the family level, these messages are also pushed and pressured through the media, religious groups, schools, political venues as well as other political organizations mostly packaged as factual truth intended to instill in members fear, panic and sense of superiority over others, and it is believed that with this sense of conformity, a society builds a certain level of cohesion; a concept Guittar (2013) referred to as Top-down Model of Influence.

Cultural messages as explained above reach us from all directions and it is perceived that the originator is the larger society. Foucault (1977) explains that people tend to behave and think in line with the power elite control using multiple social institutions to exercise an element of control and influence over the beliefs, thoughts, attitudes and conducts of the people in the society. Regardless of the originator of the source of the messages and influences passed on individuals from the polity or society, people's attitude and behaviors are affected by them and such messages tends to leave the society in fear and moral panic, which seemingly are not real panics (Foucault, 1977). The power elite constituted by the heterosexuals transmits messages that suits them impact the society with a false panic information about homosexuals and the LGBT community ,thus the society the LGBT community as dangerous and harmful. In Nigeria, homosexuality has been the main stay of different moral panics over the years because homosexuals create a false picture about homosexuals and increase the violence against them with intention to maintain a moral system and traditional norms as Cohen (1972) argues, and summarizes that moral panic is a result of social identity construction which have their bases on stereotypes and misconstrued ideas about the marginalized minority sexual group namely here, the LGBT community.

2.8 Symbolic Interactionist Theory:

Africa views homosexuality is sickness and treat LGBT members with same understanding. The theory assumes that homosexuality should be understood within the locality wherein it exists and not in isolation. Plummer (1996) argues that if homosexuality is a commonplace and widely accepted in the society, then it will not be a case of deviant behavior as tagged, but a case of human experiences and reactions of experiences among individuals within the society. The theory argues that homosexuality cannot be understood as an individual phenomenon, but as an interactive phenomenon and role playing is part of individuals' life and the dynamisms involved

in coping with everyday situation. Most of the theorist agree that homosexuality is a culturally based practice, varying from culture to culture, as well as from group to group. Plummer (1996) added that a role is something that one either has or does not have, can adopt or drop, embrace or become distant from, and as a metaphor it raises new problems than that of the condition.
In Goffman (1986) concept of dramaturgy, he discussed a lot about Symbolic Interactionism and described the 'stage' as a place where social interaction takes place, which can be private or public and identified two stages namely the front stage and the back stage. The latter is the only place where the individual behaves with no external influence while the former an individuals' behavior that tends to suit the external influence.

Individuals tend to construct their identities through the social interactions and their perceived reality and human behavior consists of certain values attached to it which includes sexual behavior. Plummer (1996) believes that social reality is constructed by our interactions as well as our sexual nature which is dynamic and varies from one person to another. On the basis of this understanding, he maintains that individuals within a social setting construct their behavior through negotiations and role-taking as well as role-making behaviors. This is where Goffman (1986) research style and staging details come into play, showing how the presentations of self are manifested deep in our everyday lives. Homosexuality is assumed to be one of those discrete habits by members to avoid hurting or damaging their identity (a totality of their self-perception and external perception). Plummer (1996) therefore opined that individuals are exposed to sexual culture and multiple connotations are associated with sexual terms, which vary by gender, social class, and other social characteristics. These connotations often come into play in how individuals (LGBT members) present themselves in different healthcare centers and health related institutions.

2.9 LGBT and Prevalence of Sexually Transmitted Diseases in Nigeria

A relevant study by Keshinro et al (2016) in Nigeria on High prevalence of high prevalence of HIV, chlamydia and gonorrhea among men who have sex with men and transgender women attending trusted community centers in Abuja and Lagos, Nigeria shows that sexually transmitted infection (STI) and HIV prevalence have been reported to be higher amongst men who have sex with men (MSM) in Nigeria than in the general population, as well as the LGBT community at large. 862 persons were recruited from different LGBT backgrounds and

orientations (Gays, Lesbians, Transgender and Bisexuals). 663 participants reported insertive anal sex always and low use of condom among them. This study therefore recorded that among the vulnerable and highly marginalized LGBT community in Nigeria, there is a high burden of HIV infection and other STDs such as gonorrhea and chlamydia which ranks as highest in some Men that have Sex with Men (MSM) and Trans Gender Women (TGW).

Merrigam et al (2011) on another study conducted in Nigeria recruited 879 LGBT community members across three states in Nigeria, namely, Kano, Cross River and Lagos States as a cross sectional study focusing on HIV prevalence and risk behaviors among men having sex with men in Nigeria. The sample characteristics were basically Men that have Sex with Men and recorded over 80% of anal intercourse within the last 6 months. Behavioral tendencies ranged from the rate of use of condom in sex with was below 28%, the maintenance of different sex partners and having unprotected sex was high. This sample was also characterized with purchasing sex from female and male commercial sex workers and having sex without condom with them .The purpose of the study survey was to provide insight into the burden of HIV and other STD s and understand the risk behaviors engaged by the LGBT community . Findings and conclusion were inconsistent use of condom and behavioral links which includes having multiple sex with male and female partners with the potential of transmission of HIV and other STD s within the LGBT network and between community members and other sexually oriented people. This study therefore is a progression from the former one discussed above in that it also focused on the behavioral tendencies which the LGBT community are faced with and which makes it possible for the members to be at high risk of STD transmission. The study posits that this behavior and findings were basically drawn from the median age of 22 years. This informs that the young LGBT community members tends to involve in behaviors that are risky towards sexually transmitted diseases among and outside the community members.

Tun et al (2013) further studied the prevalence of HIV, hepatitis b and c virus, syphilis, gonorrhea and chlamydia among male injection drug users in Nigeria. Although the proportion of men that inject drugs in Nigeria can be said to be 1% of the population, the relevance of this study to the research is that the proportion of all new HIV infections that is due to injection drug use is estimated to be disproportionally higher than 9.4%. Sexual behaviors include anal sexual

intercourse in the past six months, and of those who had sex, less than half were with a steady partner, most times with commercial and casual sex partners with unprotected sex, nearly half reported having two or more female sex partners in the past two months according to the study reports. Here we perceive behavioral tendencies and exposures to injecting drugs as one of the transports of STD s in the LGBT community in Nigeria.

Related study by Vu et al (2013) conducted in Nigeria involved a total of 712 members of the LGBT community who were recruited and reported with the high risk behavior which includes unprotected sex with men, unprotected vaginal and anal sex with women, bisexual behavior and never having been tested with HIV and having history of sexually transmitted disease. The study concluded that HIV and sexually transmitted diseases among LGBT community was 3-4 times higher than the general population prevalence and was behaviorally linked. It linked the set of risks and disadvantages that put African men that have sex with men at a greater risk of different health challenges which mostly includes HIV and other STDs.

2.10 LGBT and Healthcare Professionals Attitude in Nigeria.

Sekoni et al (2016) conducted a study in Nigeria which centered on perceived outright intolerance of the LGBT community members at the health providers sectors because the Anti-Same Sex Law provides a punishment of 10 years imprisonment for organizations that may provide assistance to LGBT members, as such different service institutions such as healthcare institutions become places that promote homophobic attitudes and behaviors. The study and survey was carried out using the samples drawn from healthcare professionals and medical students in the Lagos University Teaching Hospital, Lagos Nigeria. Less than 37% supported outright denial of MSM and LGBT members for treatment, medical undergraduates agreed that healthcare providers should not provide services to men that have sex with men and they should not have access to HIV prevention services. The study identified that the homophobic statement with the highest support was that doctors and healthcare workers should be compelled to report MSM who come to access treatment. The study concluded that a very high proportion of the respondents exhibited high level of homophobic behavior. This is quite a burden of challenge for

the health providers and the LGBT community to cope with seeking and maintaining health care especially regarding their sexual health and wellness.

Healthcare providers have been unable to create an inclusive healthcare services to the LGBT members in Nigeria and sometimes exhibit a high level of ignorance in handling their health issues. Most of the results on the interview questions shows this challenge and this obstacle will be fully discussed in the results and analyses chapter of this thesis.

2.11 Obstacles to Healthcare for LGBT Community Members in Nigeria.

LGBT members face several obstacles while seeking healthcare as shown by the study carried out by Bisi Alimi Foundation (an LGBT activist organization based in the UK owned by a Nigerian gay man) in Nigeria in 2017 with 446 LGBT members who responded to the online survey revealing that since the Anti-Same Sex Law was passed, LGBT members tends to be afraid of seeking healthcare. A very important statement of the survey is that "*It is not just the legal framework against LGBT members, but more is the deliberate attempt by healthcare providers to moralise healthcare by deciding who is fit to have access to it and who is not*" (Human Rights News, 2017). Access to medical care is almost non-existence in Nigeria for LGBT members beyond what the Non-Governmental Orgarninsations (NGOs) can provide and the study identified clinic opening hours and location of the healthcare facilities as one of the challenges that constitute obstacle to healthcare and concluded that LGBT members are afraid to seek medical assistance because of the feeling of distrust towards the healthcare workers.

Ahonsi et al (2014) identified the Legal framework against LGBT community as punitive and contravenes public health and human rights, with the ability to endanger individual safety and restrict the LGBT community from accessing healthcare and further places them as disadvantaged in view of being a High Risk population for sexually transmitted diseases. As a result of the law, LBGT members recorded low health seeking behavior to protect themselves from prosecution and Health Providers decline assistance to LGBT people while the willing health providers for fear of the law. The law also makes it difficult to identify the LGBT people in order to offer specialized healthcare to them. In his findings, Ifekandu (n.d) identified the reduced and declined health status of LGBT members as caused by intense fear of the law with

concrete evidence. HIV and STD prevalence among LBGT members in Nigeria is 17.2% (Federal Ministry of Health, 2015), which is five times higher than the national prevalence among the general populations as positioned by the study because that the atmosphere was not conducive to continue to curb this epidemiological increase of sexually transmitted disease among the LGBT community. Ifekandu (n.d) opined that victims of violence and the injured among the LGBT members are afraid to disclose and prefer to die in silence than risk imprisonment and the adverse effect is the total shut down of the outreach events which are designed to encourage LGBT community members to get tested as it will be interpreted as offering aid to the LGBT community and constitutes offence in the Anti-Same Sex law.

3. RESEARCH METHODOLOGY.

This study is based on interviews and an overview of the challenges that are faced by the LGBT community while seeking healthcare in Nigeria. It also reveals the relationship between the members and healthcare providers in view of the Anti-Gay law in Nigeria

3.1 The Data

The data is based on semi-structured interviews conducted in two large Nigerian hospitals with Friendly Centers (where HIV and other sexually transmitted diseases are managed, and where the largest number of LGBT members seeks healthcare on different healthcare issues). 15 participants from each hospital were interviewed using the guided questions in Appendix 1 and the participants were informed in advance about the purpose of the interviews, assured them of their confidentiality in view of the sensitivity of the study. Interviews were conducted through online media such as of Skype audio, Whatsapp Audio call and Facebook with no video. The respondents were recruited with the help of two workers that are in the two named hospitals. The interview was held through these online media due to 2 reasons namely: (1) the researcher could not afford the cost to travel to Nigeria, and (2) it will be easy to have more participants feel free to engage in the interview through the anonymous online media to increase confidentiality and freedom to answer questions. The interviews were all recorded and kept safe with the researcher, so the voice of the participant and the Researcher asking questions were archived by the researcher.

It is important to state that the Researcher followed the questions guideline (Appendix I) during the course the interview which embodies the vital assumptions of the paper, however, there are instances when the questions have to be followed with another unwritten questions to obtain a clearer explanation from the participant. Such questions arose due to unclear response from the participants which will require detailed explanation.

3.2 The Interview Participants

A total of 30 persons were interviewed in the course of the research and due to the sensitivity of this research, the questions did not include their names, however, every other bio data were obtained from them.

They are made up of 10 Health Providers and 20 LGBT members who have a history of sexual health. These details about the LGBT members having a history of sexual health was confirmed by the two health providers I used to recruit the participants.

Among the ten (10) healthcare workers, three (3) work as HIV counsellors ages 42, 32 and 36, all men. Three (3) are medical doctors ages 45, 40 and 35, one woman and two men. Four (4) are professional nurses, all women ages 35 and 40. Two (2) are Doctorate Degree holders among the counsellors specializing in Guidance and Counseling, Two (2) are Masters' Degree holders in their fields, and others are Bachelors' Degree holders. They are all married and exhibit religious affiliations with Christianity (6), and Muslim (4). These healthcare providers have gained not less than 3 years' experience in managing healthcare for people living with HIV/AIDS as well as counseling people with challenging health and behavior.

We could not have or recruit social workers in the hospital because the Nigerian system have not fully accepted the role of Social Workers as such they are very silent. Most times they tend to assume social workers to be health counsellors. The bill to establish the Nigerian Council for Social work began in 2017 and in February 2018 the Nigerian President declined signing it into law. The bill is expected to grant the full structural operative manual and wide acceptability to social workers in Nigeria, thus, currently there is no such structure, its only voluntary individuals and organizations that engage in various social, humanitarian and legal activities.

The members of LGBT community consist of fifteen (15) Gay men, (men who have sex with men), four (4) Lesbians, and one (1) Transgender. All exhibited educational qualifications of at least secondary school stage. Only five (5) are students at the university level, six (6) are Traders in different consumable commodities, while nine (9) are civil servants working in different governmental institutions. Eleven (11) out of the gay men are married with women and children (Nigerian societal pressure), while the Lesbians and the Transgender still maintain their sexual partners and are not in a heterosexual relationship. Again these 20 members of the LGBT community expressed affiliation with religious groups having fourteen (15) as Christians, and five (5) Muslims.

3.3. Interview Settings

Wibeck (2007) claims that it is important that interviews are conducted in an environment friendly to the participants. From the foregoing, suggested to the participants to choose the time and place where they wish to have the interview conducted. Most of the interviews were conducted while in the hospital clinic for the health workers as well as the availability of internet connection which is essential for the interview to take place. Fifteen (15) LGBT members were interviewed in their private addresses, only (5) were met in the hospital environment and interviews held in the closet because they have none of the online media facility to have a private interview with. All interviews were conducted and recorded personally by the researcher.

3.4. Instrumentation

I prepared my interview guide with the research questions; I took into consideration article 25 of Universal Declaration of Human Rights (UDHR), Article 12 of the International Convention on Economic, Social and Cultural Rights (ICESCR), Nigerian anti-gay law of 2014 as well as the Chapter 5, Article 33 of Nigerian 1999 constitution.. All interviews started with a couple of introductory questions regarding the participants, career experience and perceived religious as well as sexuality bias.

Interview questions had two different sections for the members of the LGBT and health service providers alike. Some were very concrete like “How long have you been doing this job?” and “will you consider yourself as a bi sexual, gay, transgender, lesbian, or any type of homosexuality?’’. The other type of questions were more like ethical questions which required some reflections before answering, In this case, answers from participants reveal their personal views and experiences as well as their personal biases on the subject matter.

3.5. Procedure

While searching for participants, I targeted the two major hospitals where there are more LGBT members seeking and obtaining healthcare services. The 82 Division Military Hospital Enugu and National Hospital Abuja were used to get respondents. The two hospitals have Friendly Centers where HIV/AIDS and other sexually transmitted diseases are managed. It was assumed that these locations attract both the heterosexuals and homosexuals to work as health providers

and also seek health care. The assumption was true and the participants needed for the interview were easily recruited by the assistance of the two contacts I used in the locations who are also staff of the hospital. It was a difficult challenge to have a common social forum where LGBT members can be reached in Nigeria due to legislative problems against such association. It was also a positive method to use the services of the healthcare workers in these health institutions to recruit the participants due to easy reachability and confidence as well as already having a data base of LGBT members and health care service providers to reach. The health providers used in each Hospital to recruit the participants were known to me during my stay in Nigeria on a social basis, so when the need for this interview arose, I contacted them and we discussed on the logistics to recruit participants for the interview. Each interview lasted around 15-20mins and were duly recorded. Kvale and Brinkmann (2014) claims that using a recorder is the most common way to maintain an interview and a positive aspect of recording is that the researcher can concentrate on the conversation instead of constantly making notes.

3.6. Generalizability

Kvale and Brinkmann (2014) maintained that the researcher can choose to conduct any volume of interviews, as long as he or she is ready to have enough facts to aid generalization but sometimes less interviews may not lead to accurate generalization. The interviewees expressed reactions in line with the details presented in the Literature Review and that makes it possible to have a degree of generalization.

Kvale and Brinkmann (2014) claims that transcribing takes a lot of time and that it can be a quite stressful process. I transcribed the 30 interviews with a degree of delight and sense of adventure which enabled me discover some underlying points which were not in the picture at the onset of this research, especially the structure of relationship between the LGBT members and the health providers. The entire interviews were in English and that made it easier to transcribe. The summary of the participants' responses will be presented in the later Chapter of this thesis.
The major re-occurring themes in our interviews and the thesis assumptions are presented in the Results and Analysis, connecting them with the Literature Reviews.

3.8. Ethical Considerations

Kvale and Brinkmann (2014) identified three ethical concepts that are needed for every Researcher which includes information about consent, confidentiality and consequences. In the beginning of each interview, the participants were informed about the voluntary choice of being a respondent and their choice to discontinue in event of discomfort with the interview process, as well as decline to answer any question. They were informed that the interview will be recorded and only the Researcher and my supervisors can listen to their responses and this was described as informal consent (Kvale and Brinkmann, 2014).

The participants were informed of the need not to say their names to create deeper assurance of confidentiality. Consequences were met when the participants were assured the use of the study was only for academic purposes, or possible policy changes in future. This therefore created the absence of harmful consequences on the outcome of the research result on the participants.

One ethical consideration I have is the fact that the contacts used to recruit the participants, are also colleagues in the health clinic or Friendly Centers as well as LGBT members who are referred by the clinics as clients or health care receivers. That nature of relationship could possibly affect the quality of their responses, I hope the effect on this on the study is positive.

3.9. Validity

I have assured the participants that they will read the parts of the research thesis that are related to the interviews. Validity could also be improved if the respondents will read the transcribed work on their interviews, this may be considered to be done later if there are divergent reactions to the results and analysis section of their interviews which they will read after the thesis is approved. It is possible therefore that another researcher will do some likely interviews with them and I am hopeful that their responses will remain the same.

3.10. Limitations of the Methodology

Limitations include challenges, conditions, influences that were met in the field which the researcher cannot control, and which can restrict the methodology and conclusions.

The vulnerable group of LGBT in Nigeria are closed community difficult for an outsider to gain access due to the Anti LGBT law that restricts their freedom of expression. Such challenge the researcher tried to combat by using the Healthcare Providers to conduct the research. These Healthcare Providers do interface with them and have gained their trust over a period of time.

I could not travel to Nigeria to source for the participants and conduct the interview physically because of lack of funds to take care of the travel and living costs for overseas trip. Cost also affected the number of participants enrolled because most of the participants such as the LGBT members are not financially independent, as such the researcher paid for the transportation to the place of interview and internet connection costs to enable a smooth interview process. If there were more funds, the scope of the participants would be increased.

Time allocated to conclude the interviews changed and was extended longer from one month to two months. The process of recruiting participants and conducting all interviews lasted longer than expected due to dynamics of participants' private schedules and cancellation of interview dates with late notifications, therefore fresh participants were enrolled to complete the required respondents which resulted to the delay.

4. RESULTS AND ANALYSIS

4.1 Healthworkers' Ignorance of the Sexual Health Challenges of the LGBT.

The ten health workers that were interviewed expressed a superficial knowledge about the health challenges of the LGBT members. Even the two Doctorate Degree holders at first expressed some knowledge about the LGBT health issues, but the question on 'Do you think their lifestyle results in the health problems they face?' was answered with "yes, because they engage in anal sex which weakens the tissues of the anus". In this response, they were able to show a certain degree of ignorance because they perceive heterosexual sex as free from health issues compared to homosexual sex. Another evidence to show this lack of knowledge was when a health provider, a counsellor mentioned that one of the diseases faced by LGBT community is ''malaria fever'', while some could not mention any other disease apart from HIV /Aids.

On the part of the interviewed LGBT community members, five expressed a certain degree of not being sure that their expectations can be met by the health workers at the designated clinics as such they rely more on information received from the internet to manage their sexual problems. One of the interviewee who is also HIV positive and Gay man when asked how he managed his sexual health problems, commented that "I managed it by getting necessary information and following instructions from people who have experienced such health problems from social media".

The outright show of ignorance and lack of knowledge of the health problems of the LGBT community member in Nigeria is a huge obstacle and a challenge with negative consequences to the community members. The paper therefore agrees with the result and analysis of the FENWAY institute research which was discussed in Chapter Two. The situation in the hospitals that show lack of knowledge from the health workers can be traced also to their lack of interest to manage this population. What about social work institutions?? Some of the Health Providers interviewed wished that the LGBT members change from homosexuals to heterosexuals. Such wishes can be characterized with lack of interest to learn more about the health of the LGBT community and homophobia

A situation where the unanimous response of health provider generalizes the cause of health issues of the LGBT community to be the result of anal sex can be viewed as lack of knowledge. The LGBT community is not only made up of men who have anal sex with each other, there are the lesbians and other members such as the research done by Sekoni et al (2016) which revealed that most Nigerian Homosexuals do not engage in anal sex, these were included in the generalization and as such made it possible to treat he cases of LGBT with high degree of ignorance. The health workers' response to the interviews erroneously assume that all LGBT members and also gay men engage in anal sex.

4.2 Stigmatization of the LGBT Members in Health Care Institutions.

Almost all the interviewees that are LGBT members expressed lack of courage to present to the health providers that they are sick of one disease or another. The question as to ''have you they had a history of sexual health problem, and what was the first fear you entertained''? were answered by 11 interviewees as "I was devastated and never knew where to start from". "It was difficult to engage a health provider because of stigma and societal perception", 'the health provider I met gave me a feeling of insecurity at first". The other student of 24 years commented that "the first questions from the health care providers made me ashamed". Others mentioned one experience of negative reception and questions as to how they contracted the disease, and they confessed their sexuality was welcomed with a very negative and cold star from the healthcare providers.

Their heterosexual counterparts had less difficulty in relating with the health workers. One of the interviewees, 35 year old gay man narrated that at the first time he had Syphilis, he lied to the Health workers that his female partner was responsible for the transmission, he was only advised to use protective measures in sex and never asked further questions or made mockery of his pretentious sexual life. Later he presented with HIV and then he said the true transmission mode to be Homosexual sex. The result of his confession was detest from the counselor who totally rebuked him and presented religious reason why homosexuality is a sin and a crime against God and humans.

Most of the challenges presented by the LGBT community members who were interviewed exposed the magnitude of Stigmatization they face while seeking healthcare services. Like Goffman (1986) explained, the LGBT members in the hospital or healthcare settings are tagged as deviant in their sexual life in comparison to their heterosexual partners. The healthcare workers tends to make LGBT members uncomfortable with blaming questions that produce guilt such as "how did you contract the STD", "Why do you engage in same sex, are you not a Christian?''. Such questions some of the LGBT respondents explained that it makes them ashamed and uncomfortable, and the paper believes that this is not in line with the best health practices.

Stigmatization can be mentally challenging because the recipient or tagged individual could associate himself with the stigmatized role and that could have devastating effect on the health seeking behavior. Internal homophobia is clearly spelt out in these situations of social relationship between the LGBT and health providers. A situation where the heterosexuals are preferably treated in the healthcare centers than the homosexuals was described as "Sexual Stigma" by Herek (2007). The paper will liken this situation as described by Herek to be the same experienced by Nigerian LGBT community in Nigeria. Most of the interviewees described a situation where the treatments given to them in some health centers affected their turnout to appointments with their health providers. The LGBT members seems weary of the incessant religious sermon.

Guilt, blaming and shaming of homosexuals in Nigeria takes a lot of forms. The resistant and blaming questions that arise from LGBT member interaction with health workers exposes that homosexuals behaviors are not supported by culture or religion and as such they have to be stopped by shaming questions and interviews at the health centers. The case of a 26 year old gay respondent who said that the first questions he was asked at the health center was making him ashamed can be seen as well as other forms of negligent treatments which the health workers poise to the clients raises the feeling of guilt, shame and blaming. One of the health workers blamed the sexually transmitted diseases to the lifestyle of homosexuals, thus creating the understanding that if they were heterosexuals, they will be free from contracting some diseases. This deep rooted false understanding of sexuality contributes to the pressure among homosexuals to probably have double sex partners (a man and a woman), and avoid to disclose their sexual

life with same sex. The religious and cultural beliefs which are intricate part of the individuals' social life are instruments which can be used to increase guilt among homosexuals such as the question above which tried to judge the individual based on religious belief and most of these attempts to raise guilt tends to be successful because of the position of religion in the individuals thinking and belief.

4.3 Effect of Anti-Gay Law on LGBT Members Sexual Health

It is interesting that some of the health workers responded that they are aware of the rights to Health for everyone despite diverse backgrounds as enshrined in international and domestic laws. Six (6) of the healthcare workers explained having experienced difficulty in obtaining some important information from their clients (LGBT community members), and when asked a complimentary question as to the reason, they cited that the fear of the Anti - Gay law in Nigeria made it difficult for them to open up and be free with their sexuality experience at the early stage. One of the health workers narrated that before the law, "they were free with anyone not emphasizing of the sexuality really, but the law made them start asking, but not to do anything with it anyway". Another suggested that the LGBT "should be included in the Nigerian constitution and treatment to make them feel belonged and access healthcare". One of the health workers commented thus "the fear of the law and lack of trust makes it difficult for them (LGBT members) to open up".

The LGBT community members' response to the effect of Anti - Gay law were different. One 35 year old gay man said that it made it difficult for LGBT members to go and get tested on sexually transmitted disease because they fear exposure at the inquiry of their sexuality and the cause of their health problems. In his answers he said that "he was afraid for police people and made him not to say he is gay until he was sure the hospital people are friendly with him". Another 32 year old Gay man expressed fear of allowing his friends know about his Homosexuality because they may use it against him, especially in the hospital setting, where he says he does not know "who is who' .'One of the respondents shouted "noooooooooo!, just don't say you are homo (homosexual), or they will arrest you", that's how they arrested my friend some time ago". A younger gay man of 24 years commented that "the Anti-Gay law made it difficult for people to know that they are positive or for healthcare". Many expressions from the

LGBT interviewees exposed the dangers that Antigay law posits to health among the community members.

While the interviewees, health workers and LGBT members alike expressed the effects of the anti - gay law towards the healthcare services offered to the LGBT members. This supports the Structural Functionalist theory which posits that any change or effect in one part of the social structure tends to affect the others. Prior to the time of Anti - Gay law, there seems to be considerable access and freedom towards the LGBT from the health workers but the advent of Anti – Gay law changed the entire social relationship and interaction between the LGBT and Health workers. For example, as stated above, one of the health workers commented that before the law, there was a considerable freedom of interaction void of sexuality investigation at the healthcentres and this situation changed when the law came. The paper will therefore agree that the absence of law provided less restrictive treatment to LGBT members, but the advent of law increased this restrictions in so many situations including the healthcentres.

As earlier pointed out in the Theory chapter of this study, Ahonsi et al's (2014) report of the UNAIDS on Nigeria showed clearly that the legal framework is an obstacle to attaining and maintaining a healthy LGBT community in Nigeria compared to other countries where LGBT is not a crime.

4.4 High Level of Homophobic Attitude by Health Workers to the LGBT Community.

The health workers, doctors, nurses, and counsellors alike responded that they recognize that the right to health is for all and there should not be any violation of such right due to sexual background. However, three questions in the interview revealed their true and personal conviction beyond official or learned practices. For instance questions regarding the LGBT having experienced feeling of indifference from health workers were all answered with "yes" , but the interviewees were careful to exonerate themselves from the cause of the feeling of indifference as they attribute such to ''other colleagues''. Another health worker when asked if there is anything she is not comfortable with answered "yes, I am not comfortable with the sexual lifestyle of the LGBT members which has negative consequences and not good", she also

answered in one of her questions if she will like homosexuals to change to heterosexuals, her answer was “I prefer they should change to heterosexuals”. One of the health workers also answered that he is not comfortable with “open display of sexuality”. He further highlighted that “some providers (health workers) have indifferent and pretend to be friendly to LGBT people only because of their training”. Another health worker commented “some workers act indifferently to the LGBT because of their personal bias”. About 6 of the health workers would prefer that the LGBT patients change from Homosexuality to Heterosexuality, and further get married or have sexual relationships only with the opposite sex.

The LGBT members interviewed wished that there could be a place dedicated to the care of LGBT members’ sexual health. A very important comment from one of the LGBT members commentated that “health providers location should be meant to protect the LGBT because they are hiding and not comfortable to go to some clinics as such some die in secret out of diseases”. The reason for this desire stemmed from the answers that they are not comfortable to attend the same clinic with heterosexuals. A complimentary question to this revealed that the health workers tend to have a preferential respect and treatment to the heterosexuals than the homosexuals. The interviewees mentioned instances where the heterosexuals are given prompt appointment dates and longer medications, while the homosexuals are given a shorter period medication to ensure they return to the clinic to be constantly monitored.

Hospitals and healthcare facilities have been identified as a place of high exhibition of homophobic tendencies and sometimes violence towards the LGBT community members. Still referring to the study by Sekoni et al (2016) where a higher percentage of health workers and those in training in Nigeria’s large health institutions preferred to care for the heterosexuals and may not wish to assist homosexuals in health care promotion.

Factors such as personal bias, religious and traditional affiliations tends to be the root for this sexuality preferment by the health workers. Many of the LGBT members explained in complimentary answers that the Health workers constantly preach to them to change from their “wicked ways” and stop living a “bad sexual life”. To the health workers, LGBT members are the bad eggs, while the heterosexuals are the good ones. Many of the quotes from the interview above suggest this notion. The healthworkers most times try to appeal to religious beliefs, a situation where they ask “are you sure you are a Christian?” to an LGBT member could suggest

that being gay is being unchristian. Another LGBT member responded that the health worker he met at first “gave him feeling of insecurity”.

4.5 Lack of Health Facilities and Man Power to Care For the LGBT Community Sexual Health Problems.

The interview session revealed that the LGBT community members still have challenge with health facilities. Three of the participants that live in a rural area of Enugu State explained that they drive about two hours from their location to the city to meet hospital appointment as there are none within their locality. About 10 of the participants expressed their desire to have a distinct Heath Institution that cares for the Sexually Transmitted Diseases of the LGBT community members. The questions testing preference of citing the healthcare facility to a private place was answered with unanimous ‘’yes’’ by the participants.

A larger number would prefer that these health facilities are cited closer to their locations to avoid the huge financial burden and incidents of road accidents. Within the large city of Enugu and the Capital city of Abuja, the Government only provided two centers that care for sexually transmitted diseases for all sexually oriented people. These facilities are not quite large nor well equipped to carry out immediate needed tests in handling Sexually Transmitted Diseases.

Having less or no health facilities well equipped to care for the LGBT community and their sexual health burden contributes to the population having a high risk of infection to the population. A situation where early detection would control the spread of disease seems to be impossible in this case because of unreachability of healthcare facilities.

A study by Bisi Alimi Foundation in Nigeria in 2017, with 446 LGBT members who responded revealed that the facilities in Nigeria as well as the manpower seems tailored to care for the heterosexuals, and there is no dedicated center for the LGBT nor skilled health workers that are specialists in their health challenges. The existing health facilities in locations of dire need are provided by NGOs who are also limited by financial resources, manpower and Legal barriers to the care of the LGBT community and their sexual health challenges.

SOCIAL WORKERS AND LGBT IN NIGERIA

Educational framework of social work in Nigeria: Currently a total of nine (9) social work departments exist in Nigeria and they are Babcock University, Federal University, Nigerian Police Academy, Redeemers University, University of Benin, University of Calabar, University of Ilorin, University of Lagos and University of Nigeria Nsukka as recorded by the Nigerian Scholars 2018 figures. Each of the universities admit an average of 75 students each year for a study of three to four years depending on each university structure. It is estimated that a total of 225 students are undertaking social work courses in each of these different universities, therefore an approximate of 2,025 students are taking social work courses in all the Nigerian universities each year. Ogundipe and Edewor (2012) recorded that the first university to offer social work as a course was the University of Nigeria, Nsukka as a sub department under sociology and Anthropology department, it was only in 2006 that Social work became a full-fledged department in the University, and other Universities established their department of Social Work after 1976 in Nigeria. The paper believes that if the social work profession will be granted full recognition legally and integrated into the country's institutions, there will be radical change of the situation of the LGBT people in Nigeria.

Social work efforts before and after the advent of Same Sex Law in Nigeria: Social workers in Nigeria has been a pillar of support to Nigerian homosexuals in different shapes. Most are in form of Human Rights activist, especially since the framework and style of social work functions are not yet very clear to Nigerian system. Therefore Olookoba and Mahmud (2014) noted that different groups such as the indigenous House of Rainbow (House of Rainbow Metropolitan Community Church, a Lesbian, Gay, Bisexual, and Transgender Church in Lagos), Amnesty International, Human Rights Watch, the Nigerian Bar Association Non-Governmental Organizations and paralegal organizations were making efforts to maintain and build social cohesion among the LGBT community members. At this time, there was no pressure from the Nigerian legal structure to criminalize the LGBT community, however, the homophobic attitude of the Nigerian community was very evident towards the LGBT life. A study conducted by NOI Polls in 2013 compared the situation of acceptability of same sex in 2013 and 2017, periods before and after the Anti-Gay law, showed a steady increament in the proportion of Nigerian citizens who support the Anti-Gay Law, (NOI Polls, 2017).

While efforts to enact the law was ongoing in the background, Olookoba and Mahmud (2014) cited the incident in 2018 which was an adverse attack on one of the major social and human rights as well as religious LGBT group, the House of Rainbow which started with the publishing of 12 members pictures on guardian newspaper and this resulted to beating, stoning, and threatening of some of the members, many were noted to flee the country and also go underground. No legal action was taken on the perpetrators, rather, surprisingly the Minister of Justice of Nigeria (who should protect the minority rights) presented and pursued a Bill to criminalize the LGBT members in Nigeria to the Federal executive Council within same period (Kaleidoscope Trust, 2014). This is an indication of the level of acceptance of the LGBT in Nigeria even before the law was signed, as well as the weakness inherent in the legal system to protect the minorities in the Nigerian Society. It could also inform the level of almost no support that social workers receive within this type of system which weakens their efforts. A very notable effort of a Human Rights activists, and a lawyer in Nigeria who is openly living as a gay woman took place in 2011 after the Senate passed the bill awaiting the presidential approval, where she spoke against the Anti-Same sex law and the adverse effects not only to homosexuals, but heterosexuals, The reaction of the Senate was noted by the Guardian Newspaper (2011) to be call for his arrest, as well as neglect to his speech as they (The Nigerian Senate) have done their wish to pass the bill. That would be assumed to be a social work effort to stop the bill being passed into law, however the response was quite the opposite.

Currently after the law was passed, many of these frontline organizations went underground. Human Rights Watch (2016) described the situation after the Anti-Gay law as troublesome for the Human Rights Organizations. The African Commission on Human and Peoples Rights through the Commissioner Rene Alpini Gansou, the African Commission's special rapporteur on human rights defenders in Africa, spoke loudly about "physical violence, aggression, arbitrary detention and harassment carried out against human rights defenders dealing with sexual minority rights issues" in 2014, (HRW, 2016). Queer Alliance immediately after the Anti-Gay law was passed made a notable press statement calling on all stakeholders on issues of LGBT to strengthen the rule of law in support of the LGBT minority group, (Queer Alliance, 2014). Strategically regarding the health of the LGBT, In April 2011, the International Center for Advocacy on Right to Health (ICARH) a registered Nigerian non-governmental organization established a health clinic in response to LGBT

health care service provision in Abuja as reported by the Initiatives for Equal Rights in Nigeria with the help of funding from International Centre for Disease Control (ICDC). The clinic was set up in April 2011 and managed by a team of 5 staff members of ICARH, comprising a Nurse and Case Manager, 2 Care and Support officers and 2 M&E (record) officers and two volunteer doctors coming to visit on clinic days, (Akoro, 2014). The clinic is limited by space and utilisation of the equipment as well as low manpower and inadequate medications needed.

The paper has tried to explain the different situations where social work efforts were made in respect of the LGBT situation in Nigeria, it was earlier noted that although there is social work education on going in Nigeria, their focus is not specifically on the defense of LGBT concerns, rather they try to do this from diaspora or under the guise of managing health problems such as HIV AIDS, this is as a result of the law which is totally against the LGBT community in Nigeria. Social workers therefore struggle to make an impact in form of Human Rights Activists and Health workers. There is need to demarcate between the social work efforts and others. This the paper assumes will take place when the Social Work profession is granted its legal place in Nigeria.

5. SUMMARY AND CONCLUSIONS

When the Nigerian President, Good Luck Jonathan in January, 2014 signed the Anti - gay bill into law, he and other numerous anti - gay supporters probably did not consider the adverse effect it can have on health of the Nigerian citizens. Violations of almost all the rights of the LGBT community members with special focus on their health which is the source of life cannot be overemphasized in Nigeria. More depressive trend is the challenges posed by the Health Providers which perpetrates this violation trend in the hospitals and designated healthcare Centers.

The research questions such as the limits to which the anti-gay law has affected healthcare accessibility, and revealed that the Antigay law is like a blockage similar to the long standing Berlin Wall which needs to be broken or the country continues to record death tolls of members of LGBT who could not access healthcare due to fear of the law and the Police and well as blackmail.

Health providers have proven by the research findings that they are not well quipped to manage the sexual health problems of the LGBT vulnerable group, and further seems not interested to learn how to assist them due to their numerous burden of religious, traditional and societal beliefs which fuels stigma and discrimination between the Heterosexuals and Homosexuals. The paper agrees that these Homophobic attitudes embedded in the manner health services are offered by the Health workers are mentally challenging and deters LGBT members from seeking heath care.

Social workers constitute a very important part of this change agent in Nigeria. The major challenge for social workers in Nigeria is still the unacceptability of the profession as a formal and distinct profession that has a goal to remedy social problems. If the profession of social work will be accepted and fully integrated into the country's national practice. The paper therefore

suggest that social workers engage the organizational structures such as the executive and judiciary as well as the legislative bodies of the government on the dangers of continuing to maintain the Anti-Gay law which tends to destroy the fabric of the social system including families, religious bonding and individual interaction, thereby putting people in enmity and conflict with each other. Social workers should engage in overt and covert lobbying, this could be dangerous in some cases in Nigeria due to the in-depth homophobic tendencies, however social workers will need to employ the subtle means of lobbying. Another suggestion is to involve certain legal interventions where justices should be sough not directly on LGBT rights violation but indirectly using molestation, jungle justice treatment, and denial of some rightful benefits as in road to sensitize the Nigerian population on the need to respect each other in all cases. Education cannot be over emphasized and social workers will need to use this tools effectively especially emphasizing on the need to uphold and respect Human Rights Declaration as the most acceptable level of treatment to everyone.

The paper therefore recommends that the Antigay law must be changed as soon as possible to create a social system free of Rights violations to the LGBT community members. Having known and established that Right to Health is for all, Nigerian Government should reduce the death rate and spread of sexually transmitted disease within and outside the LGBT community by increasing the accessibility to healthcare for all despite their sexual background.

During the research and interview process, the paper discovered that the health workers still determine and describe diagnosis according to their cultural belief in line with Foucaultian arguments in his book *History of Madness,* for example, taking homosexuality to be a psychiatry problem. Further studies and investigation should measure the extent of inclusionary measures taken by different Human Rights Programs to ensure an inclusionary society for the LGBT members.

Deeper studies are recommended to equally reveal the extent Stigma and Labelling of the LGBT in negative ways have pushed them away from seeking healthcare and further find solution to reduce the effect of such “totalizing marker” (in the words of Goffman,1986) on the LGBT community members.

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APPENDIX 1

INTERVIEW QUESTIONS FOR RESEARCH THESIS ON LGBT COMMUNITY AND THEIR SEXUAL HEALTH CHALLENGES IN NIGERIA.

1 FOR LGBT (CLIENTS) AND HEALTHWORKERS (SERVICE PROVIDERS)

1. How old are you?
2. How long have you lived here in this locality?
3. Are u religious or a part of any belief system? What is it?
4. What is your highest educational qualification?
5. Are u in any relationship or have a partner?
6. Do u have children and what age range are they?
7. What is you occupation?
8. How long have you been doing this job?
9. What are your duties at work?
10. Do you enjoy the job you do?
11. What do you enjoy most about your job?

FOR LGBT (CLIENTS) AND HEALTHWORKERS (SERVICE PROVIDERS)

Are you aware of the Rights you have to health?

1. Do you believe that the Right to health is for everyone despite the social, economic, religious, and sexual orientation?
2. Do you think this is the practice or belief of all health service providers in Nigeria?
3. Do u think there are people that should not be allowed to enjoy treatments from the hospital?
4. Are there some social lifestyles you are not comfortable with from your patients?

3. FOR SERVICE PROVIDERS ONLY.

1. Do you know about the LGBT people?
2. Have you had any LGBT person as a patient?
3. Do u think their lifestyle results in the health problems they face?

4. Do you think they have the right to be treated like others in view of Nigerian Constitution?

5. What type of illnesses do they face as you know well?

6. Do u care for them as people that needs help?

7. Do u think with much counselling from you, they need to change their lifestyle and become heterosexuals?

8. Do you believe you are doing the right thing to care for their health?

9. Will it not be wise to involve their trusted family members in effort to change their lifestyle, in case they do not change over a time?

10. Have you experienced a certain level of difficulty in obtaining information from them?

12. Why do you think they have problems confiding with their healthcare providers?
13. Have you noticed a feeling of indifference towards them by you or your colleagues?
14. Will you prefer if they change their sexual orientation to heterosexuals?
15. Will it be wise to advise them to marry or have sexual partners only with the opposite sex?

4. FOR CLIENTS OR RECEVERS ONLY

1. Will you consider yourself a bi sexual, gay, transgender, lesbian, or any call of homosexuality?

2. Have you ever had a sexual health problem?

3. What was your first fear when you discovered it and must go to the hospital or a healthcare Centre?

4. Were you asked the source of the problem? Was it easy to tell them?

5. Why was it difficult to see a healthcare provider and why was it hard to discuss with them the reason for the problem?

6. What was the reaction of the service provider when he discovered your sexual orientation?

7. Did the reaction make you more comfortable with them or a feeling of insecurity?

8. Did you get blames for being a homosexual and having a sexual health infection?

9. Did you feel comfortable going back to that same clinic, or you preferred to change there?

10. Do you think the services of the health workers are friendly to LGBT members in Nigeria?

11. Why do you think it is not?

12. Will you prefer that your clinic is situated in a more private place where only LGBT people go or are you ok to attend same clinic with heterosexuals?

13. Do you think that your friends will meet you one day at the clinic?

14. How will you feel if they find out that you are homosexually oriented?

APPENDIX 2 – INTERVIEW ANSWERS FROM FIVE (5) RESPONDENTS (Answers in italics)

INTERVIEW RESPONDENT ONE (1)

1 For LGBT (Clients) and Healthworkers (Service Providers)

1. How old are you?
- *41 years*
2. How long have you lived here in this locality?
- *10 Years In Enugu State*
3. Are u religious or a part of any belief system?, what is it?
- *Yes, I am a Christian*.
4. What is your highest educational qualification?
- *Have Doctorate Degree in Guidance and Counselling*.
5. Are u in any relationship or have a partner?
- *Yes, I am married to a man.*
6. Do u have children and what age range are they?
- *We have children.*
7. What is you occupation?
- *I am a Social Counsellor to patients in the Hospital*.
8. How long have you been doing this job?
- *I have done the job for 5 Years.*
9. What are your duties at work?
- *To discuss the healthy lifestyles of patients and their adherence to behaviors*.
10. Do you enjoy the job you do?
- *Yes I do.*
11. What do you enjoy most about your job?

Happy when people do what I tell them to do and report good results.

2. For LGBT (Clients) and Healthworkers (Service Providers)

12. Are you aware of the Rights you have to health?
- *Yes I am aware of the Rights*.
13. Do you believe that the Right to health is for everyone despite the social, economic, religious, and sexual orientation?
- *Yes I agree*.
14. Do you think this is the practice or belief of all health service providers in Nigeria?
- *Not all healthcare providers practice tis, although it is in paper. Most of them are influenced by their beliefs and backgrounds and it makes them behave differently*.
15. Do u think there are people that should not be allowed to enjoy treatments from the hospital?
- *No all should.*
16. Are there some social lifestyles you are not comfortable with from your patients?

- *I am not comfortable with drug users, LGBT lifestyle are not good for me because they have a lot of negative consequences.*

3. For Service Providers Only.

17. Do you know about the LGBT people?

- *Yes I know what it means and who they are*.

18. Have u had any of as a patient?

- *yes I have some*.

19. Do u think their lifestyle results in the health problems they face?

- *Yes, Anal Sex is not good and should be avoided*.

20. Do you think they have the right to be treated like others in view of Nigerian Constitution?

- *they should be included in the Nigerian Constitution and treatment to make them feel belonged and also access healthcare*.

21. What type of illnesses do they face as you know well?

- *Prostrate, HIV, pains are the common health problems*.

22. Do u care for them as people that needs help?

- *yes.*

23. Do u think with much counselling from you, they need to change their lifestyle and become heterosexuals?

- *I care for them as people that needs help*

24. Do you believe you are doing the right thing to care for their health?

- *Yes.*

25. Will it not be wise to involve their trusted family members in effort to change their lifestyle? In case they do not change over a time?

- *I will preserve their privacy and confidentiality*.

26. Have you experienced a certain level of difficulty in obtaining information from them?

- *Yes most times they are not open to divulge information to us*.

27. Why do you think they have problems confiding with their healthcare providers? *They are really afraid of so many things, no trust to people*.

28. Have you noticed a feeling of indifference towards them by you or your colleagues?

- *Colleagues yes but me no*.

29. Will you prefer if they change their sexual orientation to heterosexuals?

- *I will prefer they change after my counselling*.

30. Will it be wise to advise them to marry or have sexual partners only with the opposite sex?

- *I always make effort to convince them to change to heterosexuals. I wish they would*.

INTERVIEW RESPONDENT NUMBER 2 (TWO)

1 <u>For LGBT (Clients) And Healthworkers (Service Providers)</u>

1. How old are you?

- *49 years*.

2 How long have you lived here in this locality?

- *5 Years in Abuja*

3 Are u religious or a part of any belief system? What is it?

- *I am a Christian*

4 What is your highest educational Qualification?

- *M. Sc*

5 Are u in any relationship or have a partner?

- *I am married to a woman*.

6 Do u have children and what age range are they?
I have three Children.

7 What is you occupation?
*I am a Nurse in the Hospita*l.

8 How long have you been doing this job?
10 years' experience.

9 What are your duties at work?

- *I assist the doctors to treat the patients and also double as the health counsellor in this clinic.*

10 Do you enjoy the job you do?

- *Yes I do*

11 What do you enjoy most about your job?

- *Helping sick people to feel better*.

<u>2. For LGBT (Clients) and Healthworkers (Service Providers)</u>

Are you aware of the Rights you have to health?

- *Yes everyone should be treated*.

12 Do you believe that the Right to health is for everyone despite the social, economic, religious, and sexual orientation?
   - *Yes.*
13 Do you think this is the practice or belief of all health service providers in Nigeria?
   - *It's not the practice for all healthworkers. Some do what they like*.
14 Do u think there are people that should not be allowed to enjoy treatments from the hospital?
   - *Everyone should.*
15 Are there some social lifestyles you are not comfortable with from your patients?
   - *I do not like when people make their sexuality open or public*.

3. For Service Providers Only.

16. Do you know about the LGBT people?

- *Yes I do.*

17. Have u had any of as a patient?

- *Yes some come here for one problem or the other.*

18. Do u think their lifestyle results in the health problems they face?

- *my dear most of the homo (homosexuals) people have the type of sex that makes them have health problems.*

19. Do you think they have the right to be treated like others in view of Nigerian Constitution?

- *Well yes I think so.*

20. What type of illnesses do they face as you know well?

- *it's too much, every sickness they have.*

21. Do u care for them as people that needs help?

- *Yes I try my best.*

22. Do u think with much counselling from you, they need to change their lifestyle and become heterosexuals?

- *They should try and change ooo (exclamation). That is not life.*

23. Do you believe you are doing the right thing to care for their health?

- *since they are human beings we will care for them.*

24. Will it not be wise to involve their trusted family members in effort to change their lifestyle, incase they do not change over a time?

- *No not an emergency case, we do when its emergency.*

25. Have you experienced a certain level of difficulty in obtaining information from them?

- *Yes I have*

26. Why do you think they have problems confiding with their healthcare providers?
- *They have distrust and lack of information divulging.*

27. Have you noticed a feeling of indifference towards them by you or your colleagues?
- *Some providers behave indifferently to them, but pretend to be friendly only because of their training.*

28. Will you prefer if they change their sexual orientation to heterosexuals?
- *Its better they do.*

29. Will it be wise to advise them to marry or have sexual partners only with the opposite sex?
- *It will be advisable for them to get married and have children.*

INTERVIEW RESPONDENT NUMBER THREE (3)

1 <u>For LGBT (Clients) and Healthworkers (Service Providers)</u>

1. How old are you?
- *36 years.*

2 How long have you lived here in this locality?
- *5 years.*

3 Are u religious or a part of any belief system?, what is it?
- *I am a Christian.*

4 What is your highest educational Qualification?
- *B. Sc*

5 Are u in any relationship or have a partner?
- *I am married with children.*

6 Do u have children and what age range are they?
- *I have Children.*

7 What is you occupation?
- *I am HIV Testing Counsellor.*

8 How long have you been doing this job?
- *3 years' experience.*

9 What are your duties at work?
- *I discuss with patients before and after HIV Counselling or testing.*

10 Do you enjoy the job you do?
- *Yes I do*

11 What do you enjoy most about your job?
- *I like to have a chat with patents before and after their testing.*

2. For LGBT (Clients) and Healthworkers (Service Providers)

12 Are you aware of the Rights you have to health?
- *Yes I am.*

13 Do you believe that the Right to health is for everyone despite the social, economic, religious, and sexual orientation?
- *Yes I believe.*

14 Do you think this is the practice or belief of all health service providers in Nigeria?
- *Some health workers act indifferently to the LGBT because of personal bias.*

15 Do u think there are people that should not be allowed to enjoy treatments from the hospital?
- *Everyone is entitled to health care.*

16 Are there some social lifestyles you are not comfortable with from your patients?
- *Some people engage in unsafe and non-protective sexual behavior.*

3. For Service Providers Only.

17. Do you know about the LGBT people?

- yes *I know.*

18. Have u had any of as a patient?

- *yes most of the come to test for HIV here.*

19. Do u think their lifestyle results in the health problems they face?

- *Yes they usually do funny sexual things that makes them contract some sexual diseases.*

20. Do you think they have the right to be treated like others in view of Nigerian Constitution?

- *The Anti-gay law makes it hard for treatment.*

21. What type of illnesses do they face as you know well?

- *HIV, Staphylococcus, Malaria, etc.*

22. Do u care for them as people that needs help?

- *Yes.*

23. Do u think with much counselling from you, they need to change their lifestyle and become heterosexuals?

- *It will be preferable to change.*

24. Do you believe you are doing the right thing to care for their health?

- *Yes I do the right thing to help. I believe I do.*

25. Will it not be wise to involve their trusted family members in effort to change their lifestyle, in case they do not change over a time?

- *involving the family members is an infringement of their rights I think.*

26. Have you experienced a certain level of difficulty in obtaining information from them?

- *it is always hard to obtain information from them.*

27. Why do you think they have problems confiding with their healthcare providers?
- *Yes it is a problem.*

28. Have you noticed a feeling of indifference towards them by you or your colleagues?
- *Yes my colleagues usually sometimes treat them like they are not worth the treatment.*

29. Will you prefer if they change their sexual orientation to heterosexuals?
- *Yes it will be better if they do.*

30. Will it be wise to advise them to marry or have sexual partners only with the opposite sex?
- *It will be preferable to change from homo (homosexual) to heterosexual because of family and children.*

INTERVIEW RESPONDENT NUMBER FOUR (4)

1 1. For LGBT (Clients) And Healthworkers (Service Providers)

1. How old are you?
   - *24 years male.*
2. How long have you lived here in this locality?
   - *Born here in Enugu*
3. Are u religious or a part of any belief system?, what is it?
   - *Muslim*
4. What is your highest educational qualification?
   - *Ordinary National Diploma.*
5. Are u in any relationship or have a partner?
   - *It's private to me.*
6. Do u have children and what age range are they?
   - *No children*
7. What is you occupation?
   Student and a Musician.
8. How long have you been doing this job?
   - *Since three years.*
9. What are your duties at work?
   - *Study at school, music entertainment at clubs.*

Do you enjoy the job you do?

- *yes*

10. What do you enjoy most about your job?
    - *Entertaining people is fun.*

2 2. For LGBT (Clients) And Healthworkers (Service Providers)

11. Are you aware of the Rights you have to health?
    Yes.
12. Do you believe that the Right to health is for everyone despite the social, economic, religious, and sexual orientation?
    - *Yes it is for all my brother but not in Naija (Nigeria) oo*
13. Do you think this is the practice or belief of all health service providers in Nigeria?
    - *No, some are better cared for especially when you have more money.*
14. Do u think there are people that should not be allowed to enjoy treatments from the hospital?
    - *Everyone is to be allowed to have treatment.*
15. Are there some social lifestyles you are not comfortable with from your patients?
    - Yes, most of the sexual advances are not ok with me.

3. For LGBT Members (Clients or Receivers) Only

16. Will you consider yourself a bi sexual, gay, transgender, lesbian, or any call of homosexuality?

- *I am gay, but I want to have children.*

17. Have you ever had a sexual health problem?

- *Yes. HIV, Gonorrhea and Syphilis.*

18. What was your first fear when you discovered it and must go to the hospital or a healthcare Centre?

- *Their (healthworkers) thinking about STIs made me afraid.*

19. Were you asked the source of the problem? Was it easy to tell them?

- *No I did not tell them because they may think I am a bad person.*

20. Why was it difficult to see a healthcare provider and why was it hard to discuss with them the reason for the problem?

- *The Anti-gay law made it difficult for people to go to the clinic to know if they are positive or not.*

21. What was the reaction of the service provider when he discovered your sexual orientation?

- *Many questions from them which are not necessary.*

22. Did the reaction make you more comfortable with them or a feeling of insecurity?

- *the questions were making me feel ashamed of myself.*

23. Did you get blames for being a homosexual and having a sexual health infection?

- *yes in one way because they started telling me about religion and good behavior.*

24. Did you feel comfortable going back to that same clinic, or you preferred to change there?

- *I think it's better to have people that are friendly to all persons of any sexual orientation.*

25. Do you think the services of the health workers are friendly to LGBT members in Nigeria?

- *at first no, but maybe when they know you more you will be used to them.*

26. Why do you think it is not?

- *the reception and face look when they know u are gay or bisexual.*

27. Will you prefer that your clinic is situated in a more private place where only LGBT people go or are you ok to attend same clinic with heterosexuals?

- *Yes there should be separate clinic for LGBT people.*

28. Do you think that your friends will meet you one day at the clinic?

- *Well its possible but I wish they don't.*

29. How will you feel if they find out that you are homosexually oriented?

- *Hmmm, I really wish they don't find out, not a good situation.*

INTERVIEW RESPONDENT NUMBER FIVE (5)

1 <u>For LGBT (Clients) and Healthworkers (Service Providers)</u>

1. How old are you?
   - *32 years*
2. How long have you lived here in this locality?
   - *15 years*
3. Are u religious or a part of any belief system?, what is it?
   - *Yes, Christianity.*
4. What is your highest educational Qualification?
   - *B. Sc*
5. Are u in any relationship or have a partner?
   - *No relationship*
6. Do u have children and what age range are they?
   - *No children*

7 What is you occupation?
   - *Event Management*
8 How long have you been doing this job?
   - *7 years*
9 What are your duties at work?
   - *To prepare ceremonies and events for clients*.
10 Do you enjoy the job you do?
   - *yes*
11 What do you enjoy most about your job?
   - *Making business*.

3 <u>2. For LGBT (Clients) And Healthworkers (Service Providers)</u>

12 Are you aware of the Rights you have to health?
   - *Yes I am*
13 Do you believe that the Right to health is for everyone despite the social, economic, religious, and sexual orientation?
   - *Yes I believe and it should be so.*
14 Do you think this is the practice or belief of all health service providers in Nigeria?
   - *Not the practice for all in Nigeria*
   - Do u think there are people that should not be allowed to enjoy treatments from the hospital?
   - *Everyone should be allowed*

15 Are there some social lifestyles you are not comfortable with from your patients?
   -*Well im a Christian so I try to dislike behavoiurs like smoking and drinking*

<u>3. For Clients or Receivers Only</u>

16. Will you consider yourself a bi sexual, gay, transgender, lesbian, or any call of homosexuality?

- *I will say I am more bisexual.*

17. Have you ever had a sexual health problem?

- *I am currently HIV positive.*

18. What was your first fear when you discovered it and must go to the hospital or a healthcare Centre?

- *I was so devastated and never knew where to start from.*

19. Were you asked the source of the problem?, was it easy to tell them?

- *Normally a lot of crazy questions.*

20. Why was it difficult to see a healthcare provider and why was it hard to discuss with them the reason for the problem?

- *Its because of stigma and societal ideas and feelings about HIV and bisexual or gay or whatever.*

21. What was the reaction of the service provider when he discovered your sexual orientation?

- *the health provider I met gave me feeling of insecurity at first but afterwards I felt ok.*

22. Did the reaction make you more comfortable with them or a feeling of insecurity?

- *Just he looked somehow disappointed that I have sex with a fellow man.*

23. Did you get blames for being a homosexual and having a sexual health infection?

-yes he said to me are u not a Christian, why do u do this?

24. Did you feel comfortable going back to that same clinic, or you preferred to change there?

- *Healthcentres location should try and protect the LGBT because they are hiding and not comfortable to go to the same clinics and also some of them die because of this.*

25. Do you think the services of the healthworkers are friendly to LGBT members in Nigeria?

- *not at the first time of meeting them.*

26. Why do you think it is not?

- *they try to preach to you to stop your sexuality and become heterosexuals.*

27. Will you prefer that your clinic is situated in a more private place where only LGBT people go or are you ok to attend same clinic with heterosexuals?

- *a different secured location will be fine for LGBT but this law (anti-gay law) will not allow (government and health ministry) them do it*

28. Do you think that your friends will meet you one day at the clinic?

- *God forbid.*

29. How will you feel if they find out that you are homosexually oriented?

- *I will not like them to know I am also homosexual.*