

THE EXCLUSION OF ESSENTIAL HEALTH SERVICES FOR YOUNG LBQTI INDIVIDUALS IN NIGERIA

INTRODUCTION

The health inequities faced by young LBQTI individuals in Nigeria are fundamentally affected by our social and policy environment. Despite positive developmental efforts have been made to ensure that health services are available through specific friendly facilities and there are steps taken at the policy level to ensure access to HIV prevention, testing, treatment, and care services for key populations such as Men who have sex with men (MSM) and transgender women.

However, women who identify as lesbians, bisexual, transgender men, and intersex persons have been systematically excluded even in these efforts and their needs are not fulfilled. They have been excluded from all discussion and service provisions due to the flawed presumption that they are not as vulnerable to HIV. Even, it is a double exclusion for those who are LBQTI persons who are disabled, who are sex workers, and those who inject drugs. This will continually increase negative physical and mental health outcomes such as poor general health, depression, lifetime chronic conditions, increased substance use and suicidality.

The exclusion of young LBQTI individuals in SRHR programming and policymaking is alarming. As such, LBQTI-specific and friendly health services have also remained unavailable to young LBQTI persons, exposing LBQTI people to health risks and a steadily deteriorating quality of life. Additionally, the lack of LBQTI-specific and targeted SRHR information and services affects the right to health for LBQ women by limiting access to necessary services.

This is a direct violation of the Nigeria's obligations to ensure access to the highest attainable standard of health for all persons under the CEDAW, the ICESCR and under the African Charter on Human and People's Rights, as well as the Maputo Protocol.¹ There is a need for lesbian, bisexual, queer, transgender, and intersex (LBQTI)-specific health centres or lesbian-friendly physicians embedded in existing health centres. The absence of, or challenges to accessing STI screening, as well as general health screening for routine physical exams, chronic disease.²

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¹ Universal Periodic Review of Uganda 40th Session January - February 2022 Joint Stakeholder Submission The Uganda LBQ Loose Netwo. (n.d.). Sexual Rights Initiative. Retrieved May 21, 2022, from https://sexualrightsinitiative.com/sites/default/files/resources/files/2021-11/UPR40%20Uganda%20CREA%20and%20SRI_0.pdf

² Bianca D. M. Wilson, Leah C. Neubauer, Andrew Park, Paula Abuor & Gary W. Harper (2019): The sexual health needs of sexual minority women in Western Kenya: An exploratory community assessment and public policy analysis, Global Public Health, DOI:

Recommendations

1. Meaningfully engage LBQTI individuals in policymaking processes on provisions of SRHR services to ensure that the unique health needs of LBQTI persons are addressed.
2. Provide LBQTI-specific and friendly health services to access proper and adequate targeted SRHR information and services.
3. Enhance capacity building for public and private healthcare service providers by providing comprehensive Sexual and Reproductive Health (SRH) services for all women in their diversity without discrimination.
4. Develop and incorporate knowledge and attitude transformation within the training curriculum for healthcare service providers.



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