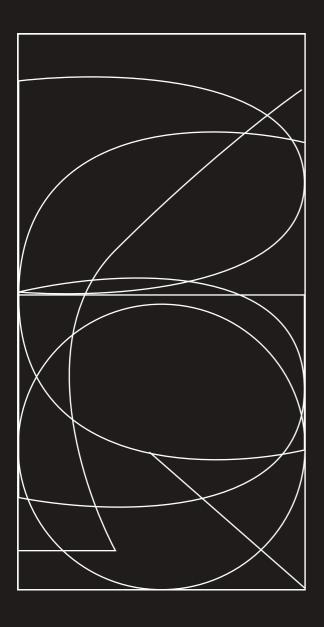


A Policy Brief on Sexual and Reproductive Health and Rights Advocacy for LBQTI Persons in Nigeria

TO A CENTRE

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**GLOSSARY OF KEY TERMS** 

**Cisgender:** Denoting or relating to a person whose sense of personal identity and gender corresponds with their sex assigned at birth."

**Cisheteronormativity:** A pervasive belief system that centres and naturalises heterosexuality and the binary female-male sexes to the extent that the only two normal ways of being are cisgender heterosexual masculine men and cisgender heterosexual feminine women.

**Cisheterosexual:** Someone who identifies with the gender they were assigned at birth, such that there is no incongruence with their gender identity and sex, and is romantically, emotionally and physically attracted to persons of a different sex.

**Biphobia:** Fear of, contempt of, and/or discrimination against bisexual people, usually based on negative stereotypes of bisexuality.

**Bisexual:** The sexual orientation of a person whose primary sexual and romantic attractions are toward people of the same sex and people of a different sex.

**Conversion practices:** Any form of intervention, including psychiatric, psychological, medical or religious interventions, given to individuals to change their sexual orientation from homosexuality or bisexuality to heterosexuality or their gender identity from transgender or gender nonconforming to cisgender. In some cases, people carry out sexual violence, including rape, to force the "change" of sexual orientation and/or gender identity/expression.

**Gender identity:** A person's internal, deeply felt sense of being female or male, both, or something other than female or male.

**Gender expression:** External manifestation of one's gender identity, usually expressed through masculine, feminine or gender-variant behaviour, clothing, haircut, voice or body characteristics. Typically, transgender persons seek to make their gender expression match their gender identity rather than their birth-assigned sex.

**Gender-based violence:** Violence directed against a person based on gender or sex. Gender-based violence can include sexual violence, domestic violence, psychological abuse, sexual exploitation, sexual harassment, harmful traditional practices, and discriminatory practices based on gender. The term initially described violence against women but is now widely understood to include violence targeting women, transgender persons, and men because of how they experience and express their genders and sexualities.

**Homophobia:** Fear of, contempt of, and/or discrimination against homosexuals or homosexuality, usually based on negative stereotypes of homosexuality.

**Homosexual:** The sexual orientation of a person whose primary sexual and romantic attractions are toward people of the same sex.

**Interphobia or Intersexphobia:** The negative attitudes, feelings and behaviour of persons towards persons with biological traits and sex characteristics that are regarded as not within the typical notions of female and male bodies. It is usually done through violence and discrimination, including intersex genital mutilation (IGM).

**Intersex:** An umbrella term that refers to a range of biological traits and conditions that cause individuals to be born with chromosomes, gonads, and/or genitals that vary from what is considered typical for female or male bodies.

**Intersex genital mutilation (IGM):** Medically unnecessary and invasive surgeries and treatments carried out on young intersex people, including babies, to achieve conformity with typical female or male bodies.

**Homophobia:** Fear of, contempt of, and/or discrimination against homosexuals or homosexuality, usually based on negative stereotypes of homosexuality.

Lesbian: A woman who is emotionally, romantically, sexually or relationally attracted to other women.

**LGBTIQ:** Lesbian, gay, bisexual, transgender, intersex, and queer; an inclusive term for groups and identities sometimes also grouped as "sexual and gender minorities." We also use LGBTQ (lesbian, gay, bisexual, transgender, and queer), LGBT (lesbian, gay, bisexual, and transgender), LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual, and others, and LGBT (lesbian, gay, bisexual, and transgender) as needed. When discussing specific women's issues, we use LBQ (lesbian, bisexual, and queer), LBQI (lesbian, bisexual, queer, and intersex), or LBQT (lesbian, bisexual, queer, and transgender), as appropriate.

**Queer:** An inclusive umbrella term covering multiple identities, sometimes used interchangeably with "LGBTQ." It also describes divergence from heterosexual and cisgender norms without specifying new identity categories.

**Sex characteristics:** These are traits which are associated with sex identity. They can be present at birth and comprise the external and internal genitalia (e.g., the penis and testes in males and the vagina and ovaries in females). Secondary sexual characteristics emerge during the prepubescent through postpubescent phases. They are not directly connected with reproduction, including facial hair, breast size, voice quality, or voice depth.

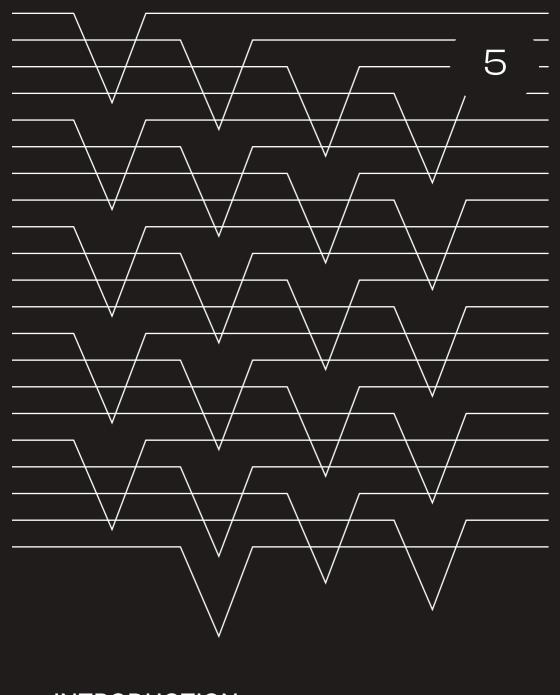
**Sexual orientation:** The way or ways in which a person's sexual and romantic desires are directed. It is an inherent or immutable enduring emotional, romantic, sexual or relational attraction to another person. The term describes whether a person is attracted primarily to people of the same or different sex or both or others.

**Transgender:** The gender identity of people whose sex assigned at birth does not conform to their identified or lived gender. A transgender person usually adopts, or would prefer to adopt, a gender expression in tandem with their gender identity but may or may not desire to permanently alter their physical characteristics to conform to their gender.

**Transgender men:** Persons designated female at birth but who identify and may present themselves as men. Transgender men are generally referred to with male pronouns.

**Transgender Women:** Persons designated male at birth but who identify and may present themselves as women. Transgender women are generally referred to with female pronouns.

**Transphobia:** The fear of, contempt of, hatred of, discomfort with and other negative feelings towards and/ or discrimination against transgender persons and gender diverse and gender nonbinary persons based on binary notions of gender identity.



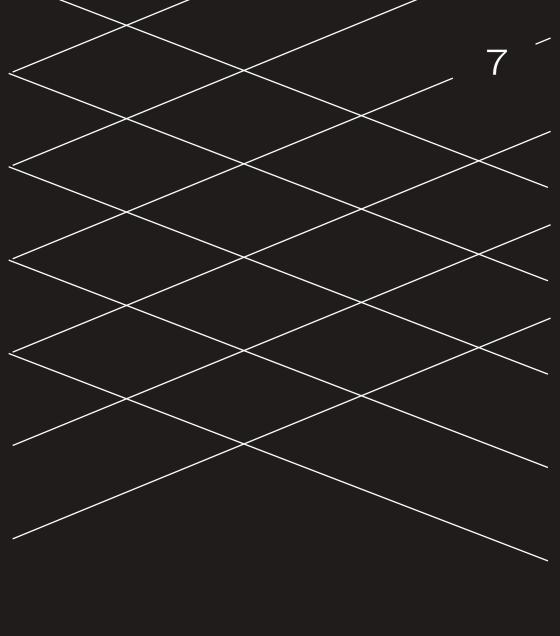
## INTRODUCTION

In Nigeria, the criminalisation of same-sex acts between consenting adults, the restriction on the registration of lesbian, gay, bisexual, transgender, and queer (LGBTQ) organisations, and prevalent homophobia combine to create an unsafe environment for sexual and gender minorities. This policy brief seeks to discuss the lived experiences of lesbian, bisexual, queer, transgender and intersex (LBQTI) persons and justify the inclusion of this class of persons in human rights advocacy and sexual and reproductive health and rights (SRHR) service provision.

The following are the objectives of this paper:

- 1. To provide context to the lived experiences of LBQTI rightsholders in Nigeria, including youth.
- 2. To discuss the importance of including LBQTI rights holders in social, legal, economic, health and technology programmes.
- 3. To provide evidence on the human rights violations, particularly based on sexual orientation, gender identity, gender expression and or sex characteristics (SOGIESC), which impede access to human rights, SRHR and bodily autonomy advocacy and services.
- 4. To highlight challenges providers and organisations face in advocating for the rights of LBQTI persons in Nigeria.
- 5. To discuss best practices and highlight case studies of the provision of SRHR and human rights services to LBQTI persons in Africa.
- 6. To provide recommendations for civil society organisations (CSOs) on effective strategies for programming and advocacy for LBQTI persons, including young LBQTI rightsholders, in Nigeria.

This policy brief fulfils the above objectives, targeting the achievement of inclusive human rights and SRHR services for LBQTI persons in Nigeria.



THE CONTEXT AND LIVED EXPERIENCES OF YOUNG LBQTI RIGHTSHOLDERS IN NIGERIA

LBQTI persons in Nigeria experience extensive human rights violations based on their sexual orientation, gender identity, gender expression, or sex characteristics (SOGIESC). There are repressive laws and widespread negative social perceptions about homosexuality, bisexuality and gender diversity that impact the lives of young LBQTI rightsholders in the country. Nigeria criminalises same-sex acts between consenting male adults through its Criminal Code, applicable in southern Nigeria, and the Penal Code, applicable in northern Nigeria. In addition, Shariah criminal law, applicable in 12 northern states, criminalises sodomy and lesbianism.<sup>2</sup>

In addition, the Same Sex Marriage (Prohibition) Act 2014 (SSMPA) prohibits "civil unions" or romantic same-sex partners living together and marriage contracts by persons of the same sex.<sup>3</sup> It also outlaws the registration of "gay clubs, societies and organisations," as well so-called "public show of same sex amorous relationship."<sup>4</sup> Lagos State has a similar law, the Same Sex Marriage (Prohibition) Law, 2007. Some states have laws that directly and indirectly target sexual and gender minorities. For instance, Kano State enacted the Prostitution and Immoral Acts (Prohibition) Law, 2000, targets sex workers, transgender and gender-diverse persons.<sup>5</sup> Also, the Borno State Prostitution, Lesbianism, Homosexuality, Operation of Brothels and Other Sexual Immoralities (Prohibition) Law, 2000 targets sexual minorities and already marginalised populations, including accommodating "a prostitute, lesbian or homosexual person."<sup>6</sup>

LBQTI persons, including women, are excluded from laws and policies that protect and safeguard women's rights. No laws explicitly protect LBQTI women from intimate partner violence, conversion practices, or intersex genital mutilation. Amidst these, LBQTI persons face widespread negative social perceptions. There has been only one instance where research on violence against women has specifically included LBQTI women's voices and experiences.<sup>7</sup>

<sup>1.</sup> See sections 214 and 215 of the Criminal Code — "offenses against morality." See also section 217 of the Criminal Code which provides that: "Any male person who, whether in public or private, commits any act of gross indecency with another male person, or procures a male person to commit any act of gross indecency with him, or attempts to procure the commission of any such act by any male person with himself or with another male person, whether in public or private, is guilty of a felony and is liable to imprisonment for three years." Section 284 of the Penal Code provides that t anyone who has carnal intercourse against the order of nature with a man or woman is liable to imprisonment up to fourteen years and a fine. Section 405 of the Penal code describes a 'vagabond' to include someone 'who dressed or is attired in the fashion of a woman in a public space or who practices sodomy as a means of livelihood or as a profession,' seeking to criminalize transgender persons and same-sex activities.

<sup>2.</sup> See sections 129 and 133 of the Sharia Penal Code Law No 10 of 2000, Zamfara State, for example.

<sup>3.</sup> See sections 1, 2, 3 and 5. Also see Joint Shadow Report, "Human Rights Situation for Lesbian, Gay, Bisexual and Transgender (LGBT) Persons and Sexual Rights in Nigeria," Report presented to the UN Human Rights Committee 126th Session – July 2019, https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/NGA/INT\_CCPR\_CSS\_NGA\_35448\_E.pdf, accessed 23 November 2022

<sup>4.</sup> Sections 4 and 5 of the SSMPA.

<sup>5.</sup> See the law generally, and section 9 specifically.

<sup>6.</sup> See sections 3, 7 and 10 of the Borno State Law.

<sup>7.</sup> See The Initiative for Equal Rights, "An Inclusive Study on Violence Against Women In Nigeria," 2021, <a href="https://theinitiativeforequalrights.org/wp-content/uploads/2021/07/FINAL-An-Inclusive-Study-on-Violence-Against-Women-in-Nigeria\_ADJUSTED\_Page.pdf, accessed 23 November 2022.</a>

Another study by The Initiative for Equal Rights found that healthcare professionals have minimal knowledge of intersex issues, which fosters intersex genital mutilation.<sup>8</sup> Generally, the impacts of these laws on LBQTI persons are horrendous; they expose "this class of women to increased violence, hatred, and discrimination," in addition to "the discrimination they face for just being women/girls." <sup>9</sup>

The realities of LBQTI persons in Nigeria is that they are disproportionately exposed to "murder/killings, rape and other forms of sexual assault; physical, verbal, financial, emotional, and psychological violence/abuse; FGM, IGM, domestic violence, intimate partner violence, "corrective" rape, forced marriage, among others."10 There is also the prevalence of peculiar forms of violence against LBQTI women in Nigeria in terms of acts aimed at "correcting" or "converting" them from their sexual orientation or gender identity or "altering and demonising their sex characteristics in the case of intersex persons."11 Healthcare providers exclude LBQTI persons from inclusive and holistic healthcare access. TIERs' 2021 documentary, "Equal in Dignity," sheds light on the levels of discrimination meted out against transgender persons within Nigerian healthcare institutions.<sup>12</sup>

Mainstream women's rights programming and advocacy, including SRHR programs, do not consider the specific needs of LBQTI women in Nigeria. In addition, LBQTI rightsholders in Nigeria face employment, health care access, housing, and education discrimination. Security and safety threats negatively impact this group of persons; they experience mental health concerns due to homophobia, biphobia, transphobia and interphobia and have no redress for intimate partner and sexual violence in queer relationships.<sup>13</sup> As a result, their fundamental rights are infringed upon by state and non-state actors, including the right to life, right to non-discrimination, right to equal treatment and equal protection before the law, freedom from torture, cruel, inhuman and degrading treatment, right to privacy, rights to freedom of expression, association and assembly, right to personal liberty, right to dignity, and so on.<sup>14</sup>

<sup>8.</sup> The Initiative for Equal Rights, "An Exploratory Study on Knowledge Practices of Healthcare Professionals and Families of Intersex Persons in Nigeria," January 2022, https://theinitiativeforequalrights.org/wp-content/uploads/2022/01/

AN\_EXPLORATORY\_STUDY\_ON\_KNOWLEDGE\_PRACTICES\_OF\_HEALTHCARE\_PROFESSIONALS\_AND\_FAMILIES\_OF\_INTERSEX\_PERSONS\_IN\_NIGERIA\_Spread\_-2-1.pdf, accessed 23 November 2022.

<sup>9.</sup> Ohotuowo Ogbeche, "Beijing 25+ Critical Area of Concern 10: Human Rights of Women," in "25 Years after Beijing: Perspectives of Young Nigerian Women," Vision Spring Initiatives, July 2021, <a href="https://vsinigeria.org/wp-content/uploads/2021/07/25-years-after-Beijing-Perspectives-of-young-Nigerian-women.pdf">https://vsinigeria.org/wp-content/uploads/2021/07/25-years-after-Beijing-Perspectives-of-young-Nigerian-women.pdf</a>, accessed 23 November 2022, page 119.

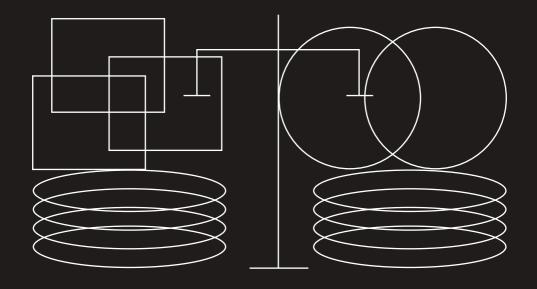
<sup>10.</sup> Ohotuowo Ogbeche, Alexandra Madagwu and Oluwaremilekun Makinde, "Trends in Violations Against Women and Girls in Nigeria 2021," in The Initiative for Equal Rights, "2021 Report on Human Rights Violations Based on Real or Perceived Sexual Orientation, Gender Identity/Expression and Sex Characteristics (SOGIESC) in Nigeria," December 2021, <a href="https://theinitiativeforequalrights.org/wp-content/uploads/2022/01/2021-Human-Rights-Violations-Report.pdf">https://theinitiativeforequalrights.org/wp-content/uploads/2022/01/2021-Human-Rights-Violations-Report.pdf</a>, accessed 23 November 2022, page 24.

<sup>11.</sup> Ibid, page 26.

<sup>12.</sup> TIERs Nigeria, "Equal In Dignity Documentary," 27 May 2021, https://www.youtube.com/watch?v=eqPE6-a0hj4, accessed 23 November 2022.

<sup>12.</sup> See Q Convos, a podcast by The Initiative for Equal Rights, <a href="https://open.spotify.com/show/576TEDSIX6XS3mHEr7F1n8?si=8c-OvSakSsehBCUyePcblw">https://open.spotify.com/show/576TEDSIX6XS3mHEr7F1n8?si=8c-OvSakSsehBCUyePcblw</a>, accessed 23 November 2022.

<sup>14.</sup> See Joint Shadow Report, "Human Rights Situation for Lesbian, Gay, Bisexual and Transgender (LGBT) Persons and Sexual Rights in Nigeria," (no. 3), page 3. See also, Human Rights Watch, "Tell Me Where I Can Be Safe: The Impact of Nigeria's Same Sex Marriage (Prohibition) Act," 20 October 2016, <a href="https://www.hrw.org/report/2016/10/20/tell-me-where-i-can-be-safe/impact-nigerias-same-sex-marriage-prohibition-act, accessed 23 November 2022.">https://www.hrw.org/report/2016/10/20/tell-me-where-i-can-be-safe/impact-nigerias-same-sex-marriage-prohibition-act, accessed 23 November 2022.</a>



THE IMPORTANCE OF INCLUSION OF LBQTI RIGHTSHOLDERS IN SOCIAL, LEGAL, ECONOMIC, HEALTH, AND TECHNOLOGY PROGRAMMES

The environment of marginalisation and the fact of exclusion of LBQTI persons in itself leads to violence, discrimination and inequalities in access to resources and developmental opportunities.<sup>15</sup> As long as LBQTI persons are excluded "from the design, implementation and monitoring of laws and policies that affect them," they are more vulnerable to health concerns and human rights violations.<sup>16</sup> In Nigeria, rather than inclusive laws and policies, LGBTIQ rights are trampled upon by politicians to garner more supporters. However, studies have shown that denying LGBTQ persons full and equal participation in society negatively impacts a country's development, while inclusion "is linked to a stronger economy."<sup>177</sup>

Inclusion will address LBQTI person's participation in society, not as second-class citizens, to ensure collective economic progress, and address the health disparities disproportionately experienced by LBQTI persons, including HIV, cervical cancer and mental health illnesses. It will also allow for collective technological advancement in Nigeria. Social, technological, economic, legal and health inclusions mean the repeal of all legislation which criminalise SOGIE and practices that facilitate intersex genital mutilation. There must be laws protecting LGBTIQ persons from all forms of discrimination. Inclusion also means awareness creation and mass sensitisation for public office holders and the general populace on gender and sexual diversity and debunking negative stereotypes and myths.

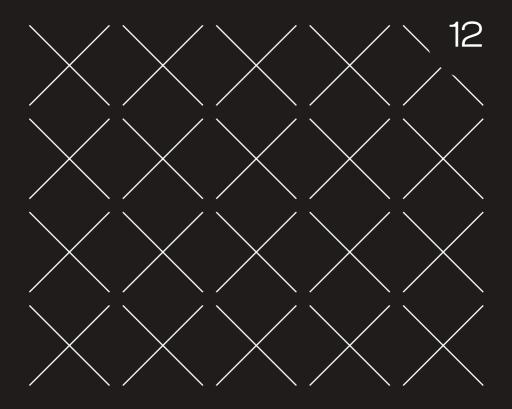
The exclusion of LGBTIQ persons "reduces the impact of investment while inclusion moves for "a dynamic and productive business environment." <sup>18</sup>

<sup>15.</sup> See Independent Expert on Sexual Orientation and Gender Identity, "Effective Inclusion of LGBT Persons," United Nations, Office of the High Commissioner of Human Rights, <a href="https://www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity/effective-inclusion-igbt-persons">https://www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity/effective-inclusion-igbt-persons</a>, accessed 23 November 2022.

<sup>16.</sup> Ibid.

<sup>17.</sup> M.V. Lee Badgett et al., "The Relationship Between LGBT Inclusion and Economic Development: Emerging Economies," Williams Institute, UCLA School of Law, November 2014, <a href="https://williamsinstitute.law.ucla.edu/publications/lqbt-inclusion-economic-dev/">https://williamsinstitute.law.ucla.edu/publications/lqbt-inclusion-economic-dev/</a>, accessed 23 November 2022.

<sup>18.</sup> Felicity Daly, "Developing Evidence for LGBT+ Inclusive Policy in Africa: A Literature Review," African Human Rights Policy Paper 4, January 2022, <a href="https://www.chr.up.ac.za/images/publications/ahrpp4/AHRPP4.pdf">https://www.chr.up.ac.za/images/publications/ahrpp4/AHRPP4.pdf</a>, accessed 23 November 2022, page 22.



HUMAN RIGHTS VIOLATIONS
THAT IMPEDE ACCESS TO SRHR
SERVICES, BODILY AUTONOMY
AND OTHER HUMAN RIGHTS OF
LBQTI PERSONS IN NIGERIA

There are several ways in which persons, laws and policies violate LBQTI peoples' rights and prevent access to SRHR services

- 1. The criminalisation of same-sex sexual activities between consenting adults: This is perhaps the most fundamental basis for the rise in violence and human rights violations against LBQTI persons. Law enforcement officers use the existence of these repressive laws to arbitrarily arrest, detain, extort, intimidate, and harass LBQTI persons. Non-state actors also capitalise on the situation to blackmail and abuse sexual and gender minorities in Nigeria.
- 2. The criminalisation of sex work and brothel ownership: This leads to the marginalisation of LBQTI persons who are sex workers. Criminalisation forces them to retreat into the shadows, work in isolation and in dangerous conditions. This situation makes sex workers more prone to abuse of power by the police. It also increases their vulnerability to human rights violations of bodily autonomy and privacy, including sexual harassment by brothel owners, law enforcement officers, clients, and the public.
- 3. Lack of inclusive training for healthcare workers: Medical and mental health professionals are not taught topics on sexual and gender diversity or the harmfulness of conversion practices.<sup>19</sup> This situation ensures that they are unaware and, in many cases, blind to the unique needs of sexual minorities. Thus, they cannot adequately address the needs, leaving the populations without tailored and inclusive healthcare services.
- 4. Biases and negative attitudes of healthcare workers: In many cases, healthcare providers in Nigeria hold and exhibit negative and discriminatory attitudes against LGBTIQ persons generally, and LBQTI women specifically. These negative attitudes arise from institutionalised homophobia through repressive laws, negative social perceptions fuelled by religious indoctrination, and cultural norms, including purity culture. As a result, LBQTI women cannot access health care services as cisgender, heterosexual and classed women in Nigeria.
- 5. Violation of the right to privacy for LBQTI persons: Healthcare professionals regularly violate the right to privacy for LBQTI persons, especially intersex persons, from infancy to adulthood. Intersex persons have reported that health practitioners have used them as 'specimens' showcased to medical staff and students, among other privacy violations.<sup>20</sup>
- 6. Lack of information on the health concerns experienced only or disproportionately higher than other populations by LBQTI persons: Transgender persons, especially, face higher rates and risks of HIV

<sup>19.</sup> See The Initiative for Equal Rights, "An Exploratory Study on Knowledge Practices of Healthcare Professionals and Families of Intersex Persons in Nigeria," (no. 8). See also Ohotuowo Ogbeche, 'The Nature, Extent and Impacts of Conversion Practices in Nigeria," The Initiative for Equal Rights, February 2022, <a href="https://theinitiativeforequalrights.org/wp-content/uploads/2022/02/The\_Nature\_Extent\_and\_Impacts\_of\_Conversion\_Practices\_in\_Nigeria\_Web.pdf">https://theinitiativeforequalrights.org/wp-content/uploads/2022/02/The\_Nature\_Extent\_and\_Impacts\_of\_Conversion\_Practices\_in\_Nigeria\_Web.pdf</a>, accessed 23 November 2022.

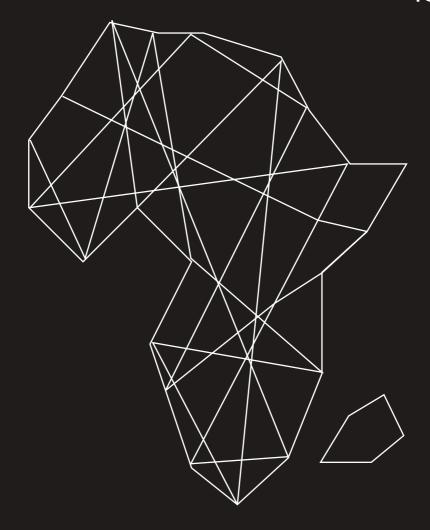
<sup>20</sup> See The Initiative for Equal Rights, "An Exploratory Study on Knowledge Practices of Healthcare Professionals and Families of Intersex Persons in Nigeria," (no. 8).

- vaccination primarily targets heterosexual women.<sup>21</sup> In addition, LGBTIQ persons generally face higher incidents of "mental health concerns such as anxiety, depression, self-harm and suicides."<sup>22</sup>
- 7. Lack of hormonal therapy and gender-affirming care: Transgender men and women lack access to hormonal treatment and gender-affirming care from established and mainstream institutions. In addition, the "reallocation of health resources" due to the COVID-19 pandemic has impacted the availability of this and HIV treatment, further exposing trans and gender-diverse persons to health risks.<sup>23</sup>

<sup>21.</sup> Alice Welburn, "Women Engage! Living with HIV and Cervical Cancer - A Guide to Our Involvement in Its Prevention, Screening and Early Diagnosis, Treatment and Research," The Polio Network, 25 Jund 2019, <a href="https://www.comminit.com/polio/content/women-engage-living-hiv-and-cervical-cancer-guide-our-involvement-its-prevention-screeni, accessed 23 November 2022.">https://www.comminit.com/polio/content/women-engage-living-hiv-and-cervical-cancer-guide-our-involvement-its-prevention-screeni, accessed 23 November 2022.</a>

<sup>22.</sup> Independent Expert on Sexual Orientation and Gender Identity, "Effective Inclusion of LGBT Persons," United Nations, Office of the High Commissioner of Human Rights, (no. 15).

<sup>23.</sup> Independent Expert on Sexual Orientation and Gender Identity, "Effective Inclusion of LGBT Persons," United Nations, Office of the High Commissioner of Human Rights, (no. 15).



BEST PRACTICES FOR PROVIDING INCLUSIVE ADVOCACY FOR LBQTI PERSONS IN AFRICA

Across Africa, several organisations have adopted strategies to advance the rights of LBQTI persons. I identify some of these best practices below.

- Developing evidence-based advocacy: Conducting "empirical research to contribute evidence" and filling knowledge gaps such as systematic data collection and analysis to understand advocacy and policy formulation needs.<sup>24</sup>
- 2. Utilising advocacy for Sustainable Development Goals to include LBQTI concerns and needs among the SGDs frameworks: This can also involve adopting strategies for the UN Agenda 2030 and the African Union Agenda 2063: The Africa We Want.<sup>25</sup>
- Lobbying Ministries of Health and healthcare providers: Health is a central issue and can be used to target and take care of marginalised populations, including LBQTI persons.
- 4. Lobbying Ministries of Women Affairs: These are possible entry points for engaging with mainstream women's rights organisations.
- 5. Engagement with National Human Rights Institutions: For instance, organisations like the Gay and Lesbian Coalition of Kenya have been engaging with their national human rights institution to aid the inclusion of SOGIESC data. In Nigeria as well, The Initiative for Equal Rights has carried out training for staff of the National Human Rights Commission across states on human rights and SOGIESC issues and to aid data collection on human rights violations based on SOGIESC as part of national data.
- 6. Partnerships, coalitions and collaboration with mainstream human rights and women's rights CSOs (including training): LBQTI organisations seek alliances with feminist and women's rights organisations, especially where they share common interests like abortion rights, gender-based violence and sexual violence. Such partnerships help to include intimate partner violence experienced by queer women, violence against trans and gender diverse persons and conversion practices that involve "curative" rape and forced and coerced marriages as gender-based violence. The strategy is to find points of common interests across fields and utilise those for LBQTI rights advocacy.
- 7. Political participation: LGBTIQ organisations in South Africa are extensively involved in political participation.<sup>26</sup> This civic involvement helps to ensure that they vote in persons who can canvass for LGBTIQ persons' rights. In Kenya, political participation by LBQTI groups also led to an intersex person being nominated for a local public office, although they did not win the seat.

<sup>24.</sup> Daly, (no. 18)

<sup>25.</sup> Daly (no. 18), page 5.

<sup>26.</sup> Jennifer Thorpe, "Power and Participation: How LGBTIQ People Can Shape South African Politics," The Triangle Project, 2018, <a href="https://triangle.org.za/wp-content/uploads/2020/08/Jennifer-Thorpe-Triangle-Project-LGBTQ-Victory-Institute-2018-Power-and-Participation-How-LGBTIQ-People-can-Shape-South-African-Politics.pdf, accessed 23 November 2022

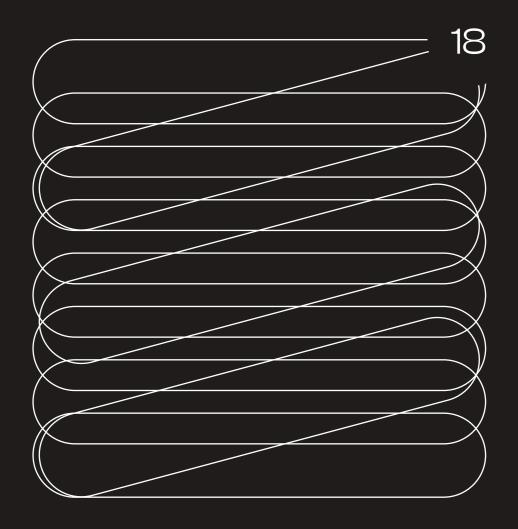
- 8. Centring rightsholders in advocacy: Outright International's conversion practices research and advocacy efforts in Nigeria, Kenya and South Africa centred and prioritised the survivors of conversion practices.<sup>27</sup> Centring rightsholders ensures that LBQTI organisations learn from their experiences and perspectives and adopt the right strategies to achieve advocacy goals.
- LBQTI organisations also train and support school staff, revise school curricula, and lobby state institutions and agencies on inclusive education policies.<sup>28</sup>
- 10. Adopting advocacy services to tailor local languages and cultural practices of rightsholders, especially in rural and hard-to-reach areas: culturally and linguistically competent services.<sup>29</sup> These bridge the gap and reaffirm the existence of sexual and gender diversity in indigenous and local cultures.

<sup>27.</sup> Outright Inernational, "The Fight to End Conversion Practices in Africa," 2022, <a href="https://outrightinternational.org/insights/fight-end-conversion-practices-africa">https://outrightinternational.org/insights/fight-end-conversion-practices-africa</a>, accessed 23 November 2022.

<sup>28.</sup> United Nations Educational, Scientific and Cultural Organisation, "Education Sector Responses to Homophobic Bullying," 2012, https://unesdoc.unesco.org/in/documentViewer.xhtml?v=2.1.1968id=p::usmarcdef\_00002164938file=/in/rest/annotationSVC/DownloadWatermarkedAttachment/

PDF/216493eng.pdf#%5B%7B%22num%22%3A221%2C%22gen%22%3A0%7D%2C%7B%22name%22%3A%22XYZ%22%7D%2Cnull%2Cnull%2C0%5D, accessed 23 November 2022.

<sup>29.</sup> J.M. Poirer et al., "Practice Brief 1: Providing Services and Supports for Youth Who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex or Two-Spirit," The National Center for Cultural Competence, Georgetown University, 2008, <a href="https://www.samhsa.gov/sites/default/files/lgbtqi2-s-practice-brief.pdf">https://www.samhsa.gov/sites/default/files/lgbtqi2-s-practice-brief.pdf</a>, accessed 23 November 2022



CHALLENGES TO ADVOCACY FOR THE RIGHTS OF LBQTI PERSONS IN NIGERIA LBQTI persons across ages and classes in Nigeria face extensive challenges, impacting advocacy for this group of rightsholders. I discuss these challenges under the following headings.

- 1. Widespread and institutionalised homophobia:
  - a. Homophobia, transphobia and biphobia have led to the criminalisation of homosexuality and lesbianism and the restriction on LGBTIQ rights advocacy in Nigeria, which violates the human rights of LBQTI persons. As a result, CSOs are unable to carry out public advocacy, they are unable to register as organisations catering to LBQTI populations, and they are unable to lobby for legal recognition of LBQTI persons in policies affecting persons and women, including maternal health policies. There is also no legal recognition of transgender, gender diverse and intersex persons in Nigeria. Sex and gender markers in Nigeria allow for only the female-male and woman-man binaries. These lead to considerable gaps in the laws and policies where there are no laws protecting LBQTI persons from specific forms of violence, including conversion practices.
  - b. On a personal level, widespread homophobia ingrained in society affects LBQTI persons such that they have internalised homophobia, internal conflicts and dissonance about who they are 30
  - c. Widespread homophobia and sexism lead to the over-sexualisation of LBQ women to the extent that men seem to think lesbianism and bisexuality are subordinate to homosexuality and that LBQ women should perform sexual acts for men's pleasure.<sup>31</sup> To this extent, SRHR advocacy targeting LBQ women and LBQTI persons can be challenging, especially concerning sexual pleasure and bodily autonomy. Not many CSOs have the requisite skills and knowledge to provide holistic advocacy efforts.
- 2. Exclusion from mainstream women's rights advocacy and marginalisation within the LGBTIQ movement: LBQTI persons, activists and organisations experience exclusion from the women's rights movement due to homophobia. They also face marginalisation from the LGBTIQ rights movement due to misogyny. LBQ women's organisations are grossly and disproportionately underfunded and lack visibility and recognition. These are barriers to formulating and implementing advocacy strategies for LBQTI persons in Nigeria.
- 3. Negative social perceptions and harmful stereotypes: Stereotypes about non-heterosexual relationships and diverse sexual orientations usually lead to the prevalent assumption that LBQ women or WSW do not desire children because of their sexual orientation.<sup>32</sup> This belief, coupled with institutionalised homophobia, leads to the exclusion of LBQ women in contraception efforts, fertility efforts, and general

<sup>30.</sup> I Meyer, "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence," (2003) 129(5) Psychological Bulletin, 674-697.

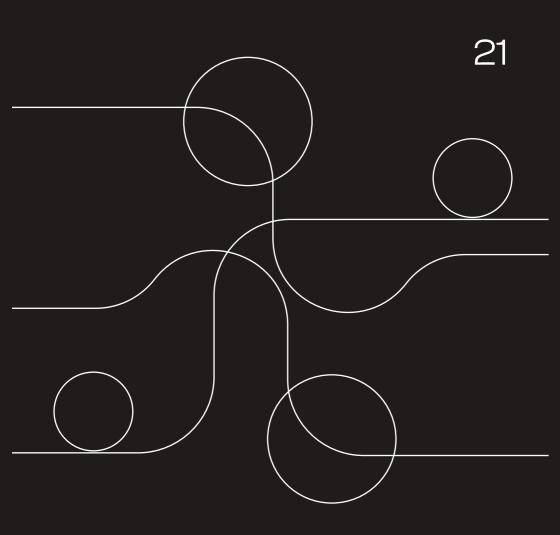
<sup>31.</sup> See H Williamson, "Misogyny And Homophobia: Patriarchy, Gender Policing, And The Male Gaze," 29 July 2015 Open Democracy, <a href="https://www.opendemocracy.net/en/5050/misogyny-and-homophobia-patriarchy-gender-policing-and-male-gaze/">https://www.opendemocracy.net/en/5050/misogyny-and-homophobia-patriarchy-gender-policing-and-male-gaze/</a>, accessed 23 November 2022.

<sup>32.</sup> K Hodson, C Meads & S Bewley. 'Lesbian And Bisexual Women's Likelihood of Becoming Pregnant: A Systematic Review And Meta-Analysis," (2017) 124(3) Wiley-Blackwell

reproductive healthcare.

- 4. Impacts of intersex genital mutilation (IGM): This acts as a challenge to advocacy for the rights of intersex persons in Nigeria. In addition to being medically unnecessary and done without informed consent, violating intersex persons' rights to bodily autonomy, IGM has extensive and long-term impacts. These include incontinence, infertility and loss of sexual pleasure. At the same time, mainstream human and women's rights advocates do not cater to intersex persons in programming about fertility issues.
- 5. Lack of comprehensive sex and sexuality education: Due to cisheteronormativity, sex education in schools and health institutions across all levels in Nigeria does not include issues about diverse sexual orientations, gender identities and intersex issues. The restrictions on sex education in schools to abstinence and on contraception to family planning for married cisheterosexual women are also exclusionary. As a result, knowledge gaps impact social perception and LBQTI person's enjoyment of their sexual rights. Closing the gap requires extensive human and material resources and policy review, which most CSOs that cater to LBQTI persons are currently unable to influence.
- 6. Exclusion in healthcare access: LBQ women and women who have sex with women have higher risks of contracting breast and cervical cancer than heterosexual women because they are less likely to be screened regularly or obtain pap smears to detect HPV.<sup>33</sup> Meanwhile, sensitisation efforts towards breast and cervical cancer prevention usually target cisgender heterosexual women. Organisations catering to LBQTI persons lack access to these mainstream spaces to influence policy and advocacy efforts to be inclusive of all women.
- 7. Negative social perceptions and biases: These ensure that programs about sexual diversity and inclusion cannot be directly targeted at minors persons under 18, as advocates and organisations would need to obtain parental or guardians' consent before they can do so. As a result, LGBTIQ CSOs cannot work in schools to reach young LBQTI persons.
- 8. Purity culture and other social norms: These influence social perceptions about women's bodies, sexual orientation and sex characteristics, affecting SRHR programming and the bodily autonomy of LBQTI persons. Therefore, organisations must dismantle negative stereotypes and address social norms to provide inclusive SRHR services and advocacy.

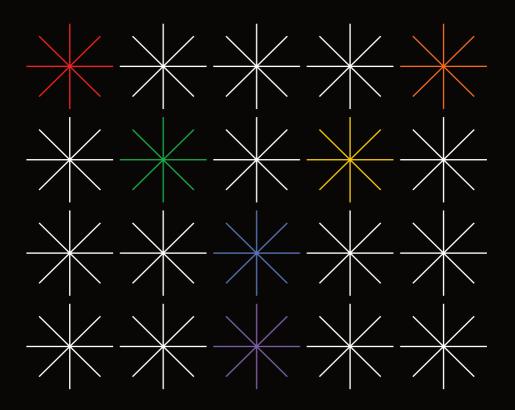
<sup>33.</sup> John Hopkins Medicine, "Lesbian And Bisexual Women's Health Issues," <a href="https://www.hopkinsmedicine.org/health/wellness-and-prevention/lesbian-and-bisexual-womens-health-issues">https://www.hopkinsmedicine.org/health/wellness-and-prevention/lesbian-and-bisexual-womens-health-issues</a>, accessed 23 November 2022.



RECOMMENDATIONS ON INCLUSIVE AND EFFECTIVE PROGRAMMING AND ADVOCACY FOR LBQTI RIGHTSHOLDERS, INCLUDING YOUNG PERSONS To adequately cater to the sexual and reproductive health rights and needs of LBQTI persons in Nigeria, I make the following recommendations.

- 1. Collaboration with mainstream women's rights organisations: LBQTI CSOs should collaborate with women's rights organisations to achieve inclusive movement building. These collaborations will create opportunities for inclusive advocacy within traditional feminist and women's rights groups and build a cohesive movement that can successfully lobby for law and policy review and implementation.
- 2. Extensive consultations with target rightsholders: In this wise, LBQTI organisations must engage with LBQTI persons to understand their needs, wants, and perspectives to provide tailored services. Consultations will include surveys, needs assessment studies, and reviewing baseline research from similar organisations.
- 3. Prioritisation of monitoring, evaluation and learning mechanisms: CSOs catering to LBQTI persons must include monitoring, evaluation and learning (MEL) mechanisms in all projects developed and implemented for LBQTI persons. MEL efforts ascertain that the organisations observe and address challenges, mitigate risks and meet set goals.
- 4. Targeted sensitisation and awareness-raising efforts: LBQTI CSOs must create awareness of SRHR rights among the target rightsholders, traditional and religious leaders, policymakers, law enforcement and the public. Such measures will include discourses on bodily autonomy, the right to choose, sexual pleasure, sexual violence, fertility issues and the de-stigmatisation of women's bodies and sexual pleasure. LBQTI CSOs should clearly define their target audiences and tailor messaging to suit each target audience.
- 5. Knowledge creation and documentation: LBQTI CSOs must conduct research to provide knowledge for and about the target rightsholders and document the lived experiences and persons of LBQTI persons regarding their sexual and reproductive rights and needs. These are important for noting gaps and areas that need programming and advocacy and evaluating advocacy efforts. LBQTI organisations should also research cross-cutting areas in collaboration with other human rights CSOs.
- Extensive training of staff and volunteers on human rights, SOGIESC and inclusive SRHR service provision: LBQTI organisations should train their staff and volunteers to aid the effective implementation of SRHR programming.
- 7. Privacy and confidentiality: LBQTI CSOs must prioritise the privacy and confidentiality of young LBQTI persons who access services, ensuring they can trust the providers. This will facilitate more access to inclusive services for the marginalised rightsholders. It will also include providing safe spaces for inclusive information on SRHR and safe sex practices for persons with diverse sexual orientations, gender identities and sex characteristics.
- 8. Adoption of Sustainable Development Goals (SDGs): LBQTI organisations should collaborate with organisations focused on actualising the SDGs to promote the rights of LBQTI persons. In this way,

- LBQTI CSOs can gain access to mainstream spaces.
- 9. Internal organisational restructuring: LBQTI organisations should ensure that their internal policies include LBQTI persons. Internal inclusion encompasses safe and welcoming non-gendered bathrooms and information sheets in facilities that use gender-neutral language and allow people to identify with any gender they choose, including "other."



## **ACKNOWLEDGEMENT**

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